



Department of
Mental Health

John R. Kasich, Governor
Tracy J. Plouck, Director

Federal Fiscal Year 2011 (State Fiscal Year 2012)

August 24, 2011 (All Compiled Revisions)

Prepared and Submitted by:

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Establishing mental health as a cornerstone of overall health

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Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): <input type="text"/> *Other (Specify) <input type="text"/>
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*3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier <input type="text"/>	*5b. Federal Award Identifier: <input type="text"/>
--	---

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION

***a. Legal Name:**

*b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="31-1334820"/>	*c. Organization DUNS: <input type="text" value="809550106"/>
--	---

d. Address

***Street1:**
Street2:
***City:**
County/Parish:
***State:**
Province:
***Country:**
***Zip/Postal Code:**

e. Organizational Unit

Department Name: <input type="text" value="Office of Community Supports & Clients Rights"/>	Division Name: <input type="text" value="Program and Policy Development"/>
---	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: ***First Name:**
Middle Name:
***Last Name:**
Suffix:

Title:

Organizational Affiliation:

*Telephone Number: <input type="text" value="614-466-9969"/>	Fax Number: <input type="text" value="614-466-1571"/>
---	--

***Email:**

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

Substance Abuse and Mental Health Services Administration (SAMHSA)

11. Catalog of Federal Domestic Assistance Number

93.150

CFDA Title:

FY 2011 PATH Application

*12. Funding Opportunity Number:

SM-11-F2

*Title:

FY 2011 PATH Request for Application (RFA)

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Ohio Counties: Butler, Columbiana, Cuyahoga, Franklin, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgome

15. Descriptive Title of Applicant's Project:

Ohio's FY 2011 PATH Application

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant	12, 15
b. Program/Project	1-3,5-17
Attach an additional list of Program/Project Congressional Districts if needed: <input type="text"/>	
17. Proposed Project:	
*a. Start Date:	July 1, 2011
b. End Date:	June 30, 2012
18. Estimated Funding(\$):	
*a. Federal	\$2,210,000
*b. Applicant	<input type="text"/>
*c. State	\$ 803,773
*d. Local	<input type="text"/>
*e. Other	<input type="text"/>
*f. Program Income	<input type="text"/>
*g. TOTAL	\$3,018,773
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a.	This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>
<input type="checkbox"/> b.	Program is subject to E.O. 12372 but has not been selected by the State for review.
<input checked="" type="checkbox"/> c.	Program is not covered by E.O. 12372.
*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes", provide explanation and attach.	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
a. Authorized Representative	
Prefix:	Ms.
*First Name:	Tracy
Middle Name:	J.
Last Name:	Plouck
Suffix:	<input type="text"/>
*Title:	Director
*Telephone Number:	614-466-2274
Fax Number:	614-466-1571
*Email:	Tracy.Plouck@mh.ohio.gov
*Signature of Authorized Representative:	<input type="text"/>
Date Signed:	5-20-2011

Application for Federal Assistance SF-424

* Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Not Applicable

**State of Ohio FY 2011 PATH
Application**

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Section A: Executive Summary

Project Narrative and Supporting Documentation (Section's A, B, & C)

Section A: Executive Summary (Organizations to Receive Funds, Service Areas, Services to be Supported by Federal PATH Funds, and Number of Clients to be Served.

(1) Organization to Receive Funds(all are entities of county government except (COHHIO))	(1) Provider Organization (received funds from organization in Column 1)	(1) Provider Organization Type	(2) Federal PATH Funds to be Received ¹	3)Service Area(s)	4)Services to be Supported by Federal PATH Funds	5) Number of persons contact/Literally Homeless	6) Numbers enrolled
Butler County Community Mental Health Board	<u>Transitional Living, Inc.</u> ; Age Range: 18+; Housing Status: Literally & at risk	Other mental health agency	\$ 85,787	Butler County	Outreach, Staff training, referrals, and housing services	264/222	238
Columbiana County MHRB Board	<u>The Counseling Center</u> Age Range: 18+; Housing Status: Literally	Community mental health center	\$ 50,000	Columbiana County	Outreach, Staff training, referrals, and housing services	87/87	35
Cuyahoga County Community Mental Health Board	<u>Mental Health Services for Homeless Persons</u> ; Age Range: 18+;Housing Status: Literally & at risk	Community mental health center	\$ 469,374	Cuyahoga County	Outreach, Staff training, referrals, and housing services; includes 2 nd year funding for Veteran's Pilot	910/802	710
The ADAMH Board of Franklin County	<u>Southeast, Inc.</u> ; Age Range: 18+; Housing Status: Literally & at risk	Community mental health center	\$ 403,953	Franklin County	Outreach, Staff training, referrals, and housing services; includes 2 nd year funding for Veteran's Pilot	375/320	320
Hamilton County Community Mental Health Board	<u>Greater Cincinnati Behavioral Services</u> ; Age Range: 18+; Housing Status: Literally& at risk	Community mental health center	\$ 284,158	Hamilton County	Outreach, Staff training, referrals, and housing services; includes 2 nd year funding for Veteran's Pilot	1000/800	470
Lake County ADAMHS Board	<u>Extended Housing, Inc.</u> Age Range: 18+; Housing Status: Literally & at risk	Other housing agency	\$ 50,000	Lake County	Outreach, Staff training, referrals, and housing services	141/106	98
Lorain County Board of Mental Health	<u>Gathering Hope House</u> Age Range: 18+; Housing Status: Literally & at risk	Consumer-run mental health agency	\$ 74,816	Lorain County	Outreach, Staff training, referrals, and housing services	200/180	116
Lucas County Mental Health and Recovery Services Board	<u>Neighborhood Properties, Inc.</u> Age Range: 18+;Housing Status: Literally & at risk	Other housing agency	\$ 164,754	Lucas County	Outreach, Staff training, referrals, and housing services	675/608	260
Mahoning County Mental Health Board	<u>Help Hotline Crisis Ctr.</u> ; Age Range: 18+; Housing Status: Literally & at risk	Other mental health agency	\$ 145,795	Mahoning, Trumbull Counties	Outreach, Staff training, referrals, and housing services	475/429	330
ADAMHS Board for Montgomery County	<u>Miami Valley Housing Opportunities, Inc.</u> ; Age Range: 18+;Housing Status: Literally & at risk	Other mental health agency	\$ 160,238	Montgomery County	Outreach, Staff training, referrals, and housing services	440/429	225
MH&RSB of Stark County	<u>ICAN, Inc.</u> ; Age Range: 18+; Housing Status: Literally & at risk	Other mental health agency	\$ 94,517	Stark County	Outreach, Staff training, referrals, and housing services	200/160	140
The County of Summit ADAMHSB	<u>Community Support Services, Inc.</u> Age Range: 18+;Housing Status: Literally & at risk	Community mental health center	\$ 136,678	Summit County	Outreach, Staff training, referrals, and housing services	400/321	125

7) Major Activities: Ohio PATH-eligible Services - Although SAMHSA permits the use of PATH funds for a wide range of diverse services, ODMH administers the grant at the state level, and limits the use of federal PATH funds in Ohio to: 1) Outreach Services and referral to appropriate mental health and other necessary services, 2) The delivery of and/or referral to housing services (not to exceed twenty percent (20%) of federal PATH funds), including, Minor renovation, expansion, and repair of housing; Planning for housing; Costs associated with matching eligible homeless individuals with appropriate housing; TA in applying for housing assistance; improving coordination of housing services, security deposits and one-time rental payments to prevent eviction. 3) Training to individuals who provide services to homeless persons with severe mental disabilities, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless persons receive services. This component must include training with respect to a) identifying individuals who are severely mentally disabled; b) Referring individuals to services available to them, including job training services, literacy education, community mental health centers, and substance abuse treatment and identifying programs that provide benefits to homeless individuals and referring such individuals to those programs. PATH providers are required to annually report on all of the above PATH-Eligible services. However, it is expected that providers will collaborate with their local continuum of care to identify areas of service need and avoid duplication of services.

8) Major strategies: Ohio has created a guidance document as a resource tool for all PATH providers that outline the eligible services. Ohio has an Expedited SSI program to benefit disable person experiencing homeless.

9) TA and Training activities: We have moved to quarterly reporting to help facility real time data entry at the provider level. ODMH has continued its relationship with COHHIO, as statewide TA provider, with specific focus around HMIS data. For this fiscal year HMIS is a priority for COHHIO. COHHIO has coordinated HMIS training for the 80 rural counties. We have asked all providers where they are in there implementation of HMIS. COHHIO conducts monthly HMIS trainings that are available for all provider organizations. ODMH will share with provider any information regarding HMIS implementation as it comes available.

BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non- Federal (f)	Total (g)
1.		\$ 1,530.00	\$ 510.00	\$	\$	\$ 0.00
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 1,530.00	\$ 510.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ 1,483,346.43	\$	\$	\$	\$ 0.00
b. Fringe Benefits	\$ 406,539.35	\$	\$	\$	\$ 0.00
c. Travel	\$ 77,064.00	\$	\$	\$	\$ 0.00
d. Equipment	\$ 15,841.22	\$	\$	\$	\$ 0.00
e. Supplies	\$ 50,446.00	\$	\$	\$	\$ 0.00
f. Contractual	\$ 2,730.00	\$	\$	\$	\$ 0.00
g. Construction	\$ 0.00	\$	\$	\$	\$ 0.00
h. Other	\$ 7,334.00	\$	\$	\$	\$ 0.00
i. Total Direct Charges (sum of 6a -6h)	\$ 2,043,301.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
j. Indirect Charges	\$ 76769.00	\$	\$	\$	\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 2,120,070.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
7. Program Income	\$ Admin. 88,400.00	\$	\$	\$	\$ 0.00

SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$ 0.00
9.	\$	\$	\$	\$ 0.00
10.	\$	\$	\$	\$ 0.00
11.	\$	\$	\$	\$ 0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non- Federal	\$ 0.00	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
19.	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks	

Section B: State-Level Information – Ohio Department of Mental Health (ODMH)

1. Provide Ohio's operational definitions

a. Homeless:

An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (such as an emergency shelter) that provides temporary living accommodations and an individual who is a resident in transitional housing.

b. Imminent Risk of Homelessness:

An individual who, without direct intervention, will become literally homeless (as defined above) within the next 30 days. The individual's current living situation may include one or more of the following criteria: doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears, high rent/utility payments, having received an eviction without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.

** This sub-population will not exceed more than 20% of those persons being served by any single PATH Project.*

c. Serious Mental Illness:

Persons ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

More specifically, a serious mental illness would include any mental health diagnosis that has impacted an individual's functioning to the point of being unable to maintain housing, employment, etc. When determining whether or not a diagnosis is serious, outside of major thought and mood disorders, ODMH advises outreach workers to consider the entire picture of the person's life circumstances and history such as:

- Current level of symptom distress
- Current functionality in all life areas, including but not limited to duration of homelessness
- Possibility of improvement without intervention, including but not limited to medication
- Functionality in all life areas during the past 7 months
- Involvement with other systems of care or benefit/assistance programs

d. Co-occurring serious mental illness and substance use disorders

The definition for co-occurring serious mental illness and substance use disorder in this application generally includes individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

NOTE: Definition of Substance Abuse: ODMH and all of the county boards receiving PATH federal funds use the definition of substance abuse found in Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)

2. Estimated Number of Homeless Individuals with Serious Mental Illness (Ohio)

Geographic Region (by County Board Area)	# Homeless with Serious Mental Illness	Total # Homeless in County
Adams-Lawrence-Scioto		
Allen-Auglaize-Hardin		
Ashland		
Ashtabula		
Athens-Hocking-Vinton		
Belmont-Harrison-Monroe		
Brown		
Butler*	264	753
Carroll-Tuscarawas		
Champaign-Logan		
Clark-Greene-Madison		
Clermont		
Clinton-Warren		
Columbiana	87	380
Coshocton-Guernsey-Morgan-Muskingum-Noble-Perry		
Crawford-Marion		
Cuyahoga*	910	5,347
Darke-Miami-Shelby		
Defiance-Fulton-Henry-Williams		
Delaware-Morrow		
Erie-Ottawa		
Fairfield		
Fayette-Highland-Pickaway-Pike-Ross		
Franklin*	375	1,585
Gallia-Jackson-Meigs		
Geauga		
Hamilton*	1,960	8,525
Hancock		
Holmes-Wayne		
Huron		
Jefferson		
Knox-Licking		
Lake*	141	280
Lorain*	116	240
Lucas*	675	2,300
Mahoning*	120	138
Medina		
Mercer-Paulding-Van Wert		
Montgomery*	225	745
Portage		
Preble		
Putnam		
Richland		
Sandusky-Seneca-Wyandot		
Stark*	200	870
Summit*	300	1,827
Trumbull		
Union		
Washington		
Wood		

* **Calculating the estimated number of homeless individuals with a serious mental illness:** Calculating the estimated number of homeless individuals with a serious mental illness: (a) Each Board would determine the **annual** number of homeless persons in their county; (b) Calculate 23% of the number above in order to determine the number of persons with a serious mental illness in your county to be used in the Federal PATH Application. **See Map on Page 21**

3. How PATH Funds are allocated to Areas and Local Providers

For federal fiscal year 2011, ODMH will continue to distribute PATH federal funds by formula. In 2010, ODMH performed a need-based analysis of statewide PATH programs and applied dollars toward programs shown to be in most need; therefore, ODMH will continue funding for the upcoming funding year in the same manner.

We continue to use poverty as a proxy for number of homeless, utilizing the number of people living at, or below, poverty level by county. Poverty in each PATH recipient county, as a proportion of total poverty for all PATH recipient counties, serves as a rationale for adjusting PATH funding. The goal of PATH funding redistribution is that the proportion of poverty in each county should be directly proportional to that county's PATH funding. We are confident the formula ODMH continues to use equitably distributes PATH funding.

a. Need for Services

Ohio continues to transition its model for identifying need for services based upon a reexamination of SAMHSA priorities and the result of an internal gap analysis of Ohio's past funding methodology. We examined population, poverty level, and past performance of PATH programs serving those experiencing homelessness.

Ohio's PATH allocation formula is a maximization model based on a per Board proportion of total poverty among all PATH recipients. The percentage of each Board's poverty is used to determine an "ideal" distribution of funds, such that if a Board has 38% of poverty among all PATH recipients, then ideally it should receive 38% of PATH funding. To prevent major funding disruption, each change in total PATH funding for Boards (e.g., new fiscal year, Board drops out of PATH or is added) is used to move each Board toward its ideal funding level. The method used to ultimately accomplish fiscal equity is:

- 1) Determine each Board funding variance between actual and ideal
- 2) When total PATH funding is increased, Boards over their ideal funding level receive the same amount of funding as the previous fiscal year. If there is a decrease in total PATH funding, these Boards receive a proportionate decrease (weighted by their poverty level) until they reach their ideal funding level or receive a policy determined minimum of \$50,000 (as funding less than this amount would provide no cost-effective benefit to consumers).
- 3) All Boards under their ideal funding level receive proportionate increases or decreases (weighted by their poverty levels) such that all of these Boards are at the same proportion higher, lower or equal to their ideal funding level.

Funding equity based on poverty was achieved SFY 2008, with the exception of a few Boards that received policy determined funding amounts. The model has continued to be used to maintain equitable distributions of PATH funding changes. Board poverty distributions are changed as the Census Bureau makes them available.

On August 12-13, 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA) completed a federal site review of Ohio's PATH Program. Two recommendations received from SAMHSA were: 1) to explore methods to serve more individuals with existing funds and 2) to consider a more competitive allocation process.

In response to SAMHSA’s recommendations, in SFY 2012 ODMH offered a competitive application process for one new PATH project in an additional Board area (see Columbiana County in IUP section). Additionally, ODMH will require and monitor the following for each currently funded PATH project:

- a minimum of a 10% increase in enrolled PATH consumers for each county, based upon SFY2011 numbers
- the timely and accurate submissions of applications, draw downs, and quarterly data reports to ODMH
- the ability to demonstrate the use of real-time data & outcomes in quality improvement process
- documented evidence of consumer involvement in the delivery of and planning for of PATH services at the local level

b. Demonstrated Effectiveness in Serving Homeless Veterans

Each of the PATH programs has institutionalized working regularly with their local or regional U.S. Department of Veterans Affairs (VA) office.

From July 1, 2010 - April 30, 2011—197known veterans were served by Ohio’s SFY2011 PATH funded projects.

Ohio begin funding three veteran pilot projects during SFY 2010, in order to increase Ohio’s effectiveness working with the veteran population, These pilot project demonstrations Ohio’s efforts to expand outreach, engagement , treatment, and other services to Veteran’s with mental illness who are experiencing homelessness.

Prior to SFY2007-2008 the state of Ohio was not requesting the tracking of Veteran specific data. However since that time we have made it a priority to track this data. Therefore, as illustrated below, while we have experienced increases and decreases the overall results indicate that we are demonstrating increase in serving this population and connecting them with services whether at their local VA or community mental health services.

Board Areas	2007-2008	2008-2009	% of Change	2008-2009	2009-2010	% of Change	2009-2010	2010-2011*	% of Change
	Served	Served	+/-	Served	Served	+/-	Served	+/-	+/-
Cuyahoga County	23	17	-26%	17	64	276%	64	111	73%
Franklin County	4	26	550%	26	32	23%	32	21	23%
Hamilton/Butler Counties	38	16	-58%	16	22	38%	22	65	195%

** July 1, 2010 through April, 2011*

Each of the three currently funded Veteran Pilot projects will be funded at 75% in this funding cycle. Subsequent funding years will demonstrate a 25% in funding until each project is self-sustaining in SFY 2015/FFY 2014.

4. Indicate How Services to be provided using PATH are Consistent with the State Comprehensive Mental Health Service Plan.

The PATH program complements Ohio’s comprehensive Mental Health Plan’s housing goals and strategies. These goals are as follows:

- a. Work extensively with local mental health boards regarding "housing needs and preferences for the purpose of carrying out effective advocacy and planning around housing".
- b. Coordinate with local mental health boards and ODMH to "identify new sources of capital, operations and services dollars to create needed units of supportive housing".
- c. Coordinate with local mental health boards and the ODMH to "strategize about allocating service dollars to permanent supportive housing providers".

Four (4) of the local PATH providers are certified by ODMH as “other housing agency’s”. Additionally, the PATH program works extensively in the following areas addressed in our state plan:

<p>Goal 2-8: Preventing Homelessness Increase coordination between state systems, such as behavioral health organizations, hospitals, and prisons with local Continuum of Care groups to enhance housing outcomes.</p>	<p>PATH providers actively participate in their local Continuum of Care (CoC). The CoC is the local planning body primarily responsible for developing strategies and solutions for persons who are homeless and at risk of homelessness. PATH providers are regularly briefed on policies and strategies emerging from the work of Ohio’s Interagency Council on Homelessness and Affordable Housing’s (ICHAH).</p>
<p>Goal 2-10: Successful Re-entry Improve reentry process and continuity of care for ex-offenders by removing barriers and improving collaboration of all systems.</p>	<p>PATH providers actively participate in their local Continuum of Care (CoC). The CoC is the local planning body primarily responsible for developing strategies and solutions for persons who are homeless and at risk of homelessness, including the re-entry population. PATH providers are regularly briefed on policies and strategies emerging from the work of Ohio’s Interagency Council on Homelessness and Affordable Housing’s (ICHAH) and the Advisory Committee on Mental Illness and Courts (ACMIC) Re-entry Sub-committee regarding successful re-entry.</p>
<p>Goal 5-12: Workforce Develop strategies to address the serious workforce issues that affect the ability to attract and retain skilled professionals.</p>	<p>Staff training topics taken from the PATH Monitoring Tool continue to drive PATH outreach worker training. We continue our commitment to ensuring each outreach worker is well-versed in the range of issues they face identifying and linking SMI homeless individuals to available services and employment.</p>

5. Indicate how the services to be provided using PATH funds are consistent with the State Plan to end homelessness.

The Interagency Council on Homelessness and Affordable Housing (ICHAH) was established by Governor Strickland’s Executive Order 2007-08S, as signed on April 23, 2007. The mission of the ICHAH is to “unite key state agencies to formulate policies and programs that address affordable housing issues and the needs of Ohioans who are homeless or at risk of becoming

homeless”. The ICHAH is further responsible for making recommendations to assist the Governor in “...devising and implementing a long-term plan to support affordable housing and to end chronic homelessness.” The current ICHAH has decided to focus on facilitating the development and implementation of permanent supportive housing (PSH) as a means to end homelessness in Ohio, particularly for those with the long histories of homelessness and significant disabilities. Ohio’s is awaiting the new Executive Order from Governor Kasich for the continuation of the Interagency Council on Homelessness and Affordable Housing.

PATH programs contribute to the achievement of this goal in multiple ways. First, PATH programs largely target their work and services to the most vulnerable, long-term homeless persons, which is also the target population for the ICHAH’s PSH work. Second, PATH programs often serve as the critical link between the homeless person and the appropriate permanent housing option. Thus, PATH workers are often directly responsible for getting homeless persons into PSH, and ensuring that PSH is used to serve and house homeless persons with the greatest service needs. Lastly, ODMH staff members have been appointed to the ICHAH and serve on various workgroup. ODMH staff members are able to directly impact the work of the ICHAH by being mindful of the experiences and needs of PATH programs and clients throughout decision-making processes. Additionally ODMH participation is helpful in that PATH programs are to move forward those ICHAH goals that are congruent with ODMH’s mission and policies.

Since all 11 PATH Programs are funded at local community mental health Boards, all PATH Projects have access to statewide resources made available through ODMH targeting housing. All efforts to expand and preserve existing housing stock assist in helping to eliminate homelessness. In March 2010 ODMH updated its Adult Housing Policy which now represents an array of housing options, with permanent supportive housing identified as the best practice among the various housing possibilities. The housing policy articulates a more clearly defined department-wide housing framework. Lastly, it emphasizes ODMH’s commitment to the collaborative work of the Interagency Council on Homelessness and Affordable Housing.

With respect to ODMH’s historic and direct funding of housing, ODMH still provides Boards with dollars that can be prioritized locally to go towards HAP funding, although now merged into one single line item (505). By merging all of 505 into one line-item ODMH provided Boards with more flexibility in determining where they want to target their financial resources without potential penalty if not spent within the designated line item. ODMH will continue to urge Boards to provide whatever continued support they can to local HAP programs across the state. Boards function as the local behavioral health authorities and are responsible for determining and appropriately funding priorities within their respective communities. As always with HAP there is an expectation that Boards are cultivating good relationships with local housing authorities and making full use of non-board housing resources. ODMH also continues to place a high priority on Capital Projects, within the community plan process, that expand safe, decent, permanent, and affordable housing options.

Below are a few of the steps that ODMH is taking to participate in leveraging resources in order to expand and preserve the continuum of existing housing stock:

- ODMH continues to collaborate on a number of statewide housing initiatives, through the Governor’s Interagency Council on Homelessness and Affordable Housing and its various subcommittees: Policy Team, Funders Collaborative, Local and State Permanent Supportive Housing Partnership, Operators workgroup and Services Coordination workgroup with the

anticipated outcomes of coordinating & leveraging resources along with the development of a partnership model & outreach strategy.

- ODMH lowered the match requirement for ODMH capital from 50 percent to 25 percent, recognizing the challenges of many local Boards that do not have local levies. (Please note this is a discretionary decision by the ODMH Director; match requirements could be adjusted based on the economy or availability of capital resources.)
 - ODMH continues to encourage local Boards' efforts to maximize the match that they can secure through local HOME, community development funds, NSP funds where appropriate, and funds from the future federal Housing Trust Fund.
 - ODMH lowered mortgage requirement from 40 to 30 years in July 2010.
 - ODMH changed its capital rules to allow for the use of ODMH capital funds to be used as leverage with OHFA Tax Credits. The Department is currently working with OHFA on ways to align the timing of available funds between the two agencies in order to maximize the use of those resources.
 - ODMH offers biannual training/networking meetings with housing developers.
 - ODMH offers limited scholarships for local Boards and their teams to attend the Corporation for Supportive Housing "Opening New Doors", a housing project development training institute. ODMH also offers local scholarships for Boards and their teams to attend "The 7 Dimensions of Quality" training institute that strives to improve the quality within the available and new housing stock.
 - ODMH offers match assistance to local MH Boards to assist with the attainment of ODOD Homeless Assistance Grants. In SFY 2011 ODMH provided \$225,000 that was divided among six (6) MH Boards which in turn leveraged approximately \$3.9 million; this dollar amount includes the local provider match and the \$1.4 million in awards from ODOD.
 - ODMH and the Ohio Housing Finance Association (OHFA) are partnering in a pilot program through the Housing Development Gap Fund (HDGF) for the Permanent Supportive Housing Capital Investment Program. OHFA has set aside approximately \$1 million dollars to assist ODMH mortgaged properties with minor renovation and deferred maintenance projects.
6. **Indicate whether (a) mental health block grant, (b) substance abuse block grant, or (c) general revenues funds are designated specifically for servicing people who are homeless and have serious mental illness.**

(a) ODMH provides funding through a number of programs that address housing needs of individuals and families with mental illness, including those that are homeless. ODMH's Community Capital Funding Assistance Program utilizes state bond revenues to provide for acquisition, rehabilitation and construction of housing for individuals with severe mental illness, many of whom are homeless. ODMH also uses community capital funds to leverage the Department of Housing and Urban Development's (HUD) Continuum of Care grant – a program that exclusively targets homeless individuals, many who are disabled and severely mentally ill. Some Boards have continued ODMH's Housing Assistance Program (HAP), which provides bridge subsidies for those awaiting Housing Choice (Section 8) vouchers. Local mental health boards are urged to prioritize HAP assistance for people who are homeless.

(c) ODMH uses state GRF (\$225,000) to match the Ohio Department of Development's Homeless Assistance Grant program. Our match is used to leverage direct, transitional, and permanent supportive housing projects that target homeless people with severe mental illness.

7. Describe how the State will provide programmatic and financial oversight of the PATH-supported providers, such as site visit, evaluation of performance goals, audits, and so forth. In cases where the State provides funds through intermediary organization, describe how these organization conduct monitoring or the use of PATH funds:

All project grantees are community mental health boards. These units of local government (boards) are responsible for planning, monitoring and funding mental health (and substance abuse services) in their communities in accordance with Chapter 340 of the Ohio Revised Code. As intermediary agencies, the boards in turn contract with not-for-profit agencies that implement the PATH projects. All contract services, including PATH, must undergo annual program and fiscal audits in accordance with the above cited code section.

ODMH's formal relationship with and monitoring of the boards is done via the Community Plan. The Community Plan is in essence a contract between the Department and the Boards, which identifies performance goals. Specific to the PATH program, the boards sign assurances annually. These assurances require the funded boards to conduct annual PATH audits of their respective contract agency.

ODMH visit every PATH program annually. ODMH utilizes an expanded version of SAMHSA's PATH Monitoring Tool during site visits to assess the program's effectiveness. In addition ODMH provides technical assistance to new board and agency representatives on the effective utilization of the Monitoring Tool when conducting their annual program audits. All site visits will be completed by May 27, 2011.

In spring of 2011 ODMH piloted required quarterly data reporting via Survey Monkey for PATH Providers. ODMH plans to have this system fully operational by July 1, 2011. ODMH will begin to utilize the data collected for real-time site-specific and aggregate quality improvement processes. ODMH also applied for and was awarded TA from SAMHSA. Consultants will be attending Ohio's PATH quarterly meeting on June 15, 2011 to provide training to PATH Projects on the utilization of data in real-time quality improvement processes.

8. Indicate whether the State provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.

The ODMH is committed to a continuous learning process that builds knowledge, awareness, skills and the capacity to identify, understand and respect the unique beliefs, values, customer, languages and traditions of all Ohioans.

The four (4) concrete ways ODMH encourages best practices are:

1. By collecting, compiling, and having PATH Providers share their areas of expertise with one another via quarterly PATH Meetings.
2. By sharing information through trainings, presentations, and announcements through email.
3. By increasing awareness by informing PATH Providers about best practices and expectations.
4. Coordinating Centers of Excellence (CCOE) which include:
 - Wellness Management and recovery (WMR)
 - Supported Employment (SE)
 - Mental Illness & Developmental Disabilities (MIDD)

- Integrated Care
- Criminal Justice
- Center for Innovative Practice (CIP)
- Cluster-Based Planning Alliance
- Integrated Dual Disorder Treatment/SAMI

In June 2009, we surveyed all of our PATH Providers regarding evidence-based practices. PATH providers identified the following evidence-based, best, and promising practices linked to their respective PATH Projects.

- IDDT (Butler)
- Motivational Interviewing (Butler)
- ACT-like (Butler)
- IDDT (Cuyahoga)
- Motivational Interviewing/States of Change (Cuyahoga)
- Supportive Employment (Cuyahoga)
- Harm Reduction (Franklin)
- Elements of IDDT (Franklin)
- Housing First (Franklin)
- IDDT (Hamilton)
- Collaboration with Housing First/ACT (Hamilton)
- Collaboration with Criminal Justice System (Hamilton)
- Meeting people where they are (living, physically, and mentally) (Lake)
- Educating the community in several different ways (meeting with principals) (Lake)
- Relationship building based upon mutual respect (Lake)
- Motivational Interviewing (Lorain)
- Referrals to mental health facility that provides supportive employment (Lorain)
- Ohio Benefit Bank Site (Lorain)
- Housing First (Lucas)
- IDDT/Dual Diagnosis (Lucas)
- Shelter Plus Care Housing (Lucas)
- Training on Ohio Benefits Bank (Mahoning/Trumbull)
- Motivational Interviewing (Mahoning/Trumbull)
- Mentoring (Mahoning/Trumbull)
- System of Change (Montgomery)
- Team Outreach (Montgomery)
- Timely processing of new homeless individuals (Stark)
- Compassion, empathy, and comprehensive services to clients (Stark)
- Housing First Model (focus on housing first and continued effort to engage in treatment) (Summit)
- IDDT Principles (Summit)
- Motivational Interviewing Techniques (Summit)

Since June 2009, all PATH providers have received training in or a presentation on:

- Trauma-Informed Care
- Transitional Age Youth
- Working with Homeless Veterans

In addition, each PATH project has had the opportunity to present on an exemplary or evidence-based practices being implemented at their location at the quarterly PATH meetings. One of ODMH's PATH programmatic goals is to facilitate a continuous learning collaborative among all PATH providers.

ODMH considers cultural competence when developing statewide policy, programs and practices because services are most effective when delivered in a culturally competent way. The varieties of cultures to be considered include those based on race, ethnicity, geography or a disability such as deafness. As such, ODMH funds Multiethnic Advocates for Cultural Competence (MACC), which promotes culturally and linguistically appropriate services in Ohio through an annual cultural competence conference, cultural competence training and the promotion of cultural competence resources. By conducting a thorough needs assessment, MACC has identified how Ohio's various cultural groups perceive and respond to mental illness and has identified the special needs of various groups. Using this formation, MACC develops reports to share with local mental health boards and agencies with the goal of enhancing their ability to deliver culturally and linguistically appropriate services.

Using PATH program and administrative funds, ODMH contracts with the Coalition on Homelessness and Housing in Ohio (COHHIO) to provide staff training, including the training of individuals who work in shelters, mental health agencies, substance abuse programs, and other sites where homeless individuals require services. Trainings are also directed at mental health board executives, and additionally focus on grantee leadership and grantee outreach support. COHHIO will continue to coordinate a minimum of four meetings annually for Ohio's PATH network. In addition, COHHIO will continue to organize and deliver a two-day annual conference that includes training specific to serving homeless individuals and to offer trainings throughout the year related to homeless resources, including the Continuum of Care.

In fiscal year 2011, ODMH and COHHIO provided outreach workers and Boards training on the following topics at Quarterly State PATH Meetings and via Webinars: Point in Time Counts, HEARTH, and increasing PATH enrollment. In addition, the Annual COHHIO Conference workshops incorporated a variety of topics pertinent to PATH outreach workers including: Best Practices in Rural Communities, Linking Homeless Clients to Mainstream Benefits, Working with Homeless with Co-occurring Mental Illness and Substance Use Disorders, Building Resources and Supports for Youth Aging Out of Foster Care Systems, Moving to Systems-Level Performance Measurement, The Federal Strategic Plan to Address Homelessness, Integrating Consumers into Program Planning and Implementation, and HPRP –Lessons Learned.

9. Indicate whether the State provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

ODMH is in full support of the migration of PATH data into HMIS and will assist to ensure that all PATH staff entering data will receive proper training. ODMH is planning to partner with COHHIO who offers HMIS training on a monthly basis. Furthermore, ODMH is in full support of additional training that is expected to occur through an E-Learning model that is being explored and developed by SAMHSA (Center for Social Innovation).

Finally, as has been stated in a recent communication from SAMHA, ODMH plans to support and will make financial support available to all participating PATH projects as funding becomes available.

10. Describe the source of the required PATH match (i.e., State and local) contributions and provide assurance that these contributions will be available at the beginning of the grant period. Match (i.e., State and local) contributions may be used only to support PATH-eligible services.

The PATH grant requires match in the amount of one dollar for every three federal dollars. The Department shifts this requirement to the local boards. Boards sign a budget and an assurance statement of availability of non-federal match funds. Some boards provide the match directly while other boards pass the requirement on to their contract provider. This application exceeds Ohio's minimum local match requirement of \$736,667.00. Ohio's local matching fund contributions in this application total \$803,773.00.

11. Describe the process for providing public notice to allow interested parties, such as family members, persons who are PATH-eligible, and mental health, substance abuse, and housing agencies, and the general public to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendation prior to submission of the State PATH application to SAMHSA.

Throughout the funding period, ODMH posts the Executive Summary and the State-Level information (Sections A and B) of the PATH application on its website. ODMH will accept public comments relative to the posted portions of the application and will assess recommendations for incorporation into the administration of Ohio's PATH process. ODMH will post PATH quarterly meeting agendas and information relative to PATH initiatives on the Homelessness and Housing section of the website.

The PATH Program Lead maintains copies of all public comments and recommendations for purposes of review and application. These comments will be kept available for inspection.

Finally, ODMH actively works with the consumer-driven, ODMH-sponsored Ohio Community Support Planning Council in seeking input regarding the PATH program. The results of the Planning Council's review will also be available for inspection.

LOCAL MENTAL HEALTH BOARD

AND

PROVIDER ORGANIZATION

INTENDED USE PLANS

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

Section C: Local Provider Intended Use Plans

FY 2011 (SFY July 1, 2011 – June 30, 2012)

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.

Answer:

- Provider: Transitional Living, Inc.
 - Other Mental Health Agency
 - Clients served are 18 year of age and older
 - Housing status of clients: Individuals who lacks housing including individuals whose primary residence during the night is a supervised public or private facility (such as an emergency shelter) that provides temporary living accommodations and an individual who is a resident in transitional housing. This also includes individuals who are imminent risk of homelessness. This is defined as an individual who, without direct intervention, will become literally homeless (as defined above) within the next 30 days. The individual's current living situation may include one or more of the following criteria: doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears, high rent/utility payments that places the individual at risk of eviction within the next 30 days, having received an eviction without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live. This category will be limited to 20% of the total number served.
 - The Provider Agency provides services ranging from:
 1. Outreach and Engagement Services
 2. Screening and Diagnostic Treatment Services
 3. Community Mental Health Services
 4. Alcohol and Drug Treatment Services
 5. Staff Training including the training of individuals who work in Shelters, MH Clinics, SA Programs, and other sites (including Police and Safety Services)
 6. Case Management Services
 7. Supportive and Supervisory Services in Residential Settings
 8. Referrals for Primary Health Services, Job Training, Educational Services, and relevant Housing Services
 9. Housing Services (planning of housing, technical assistance in applying for housing assistance, improving the coordination of housing services, security deposits)
 10. Others: Mental Health Courts (Hamilton ,Fairfield, and Middletown, Ohio)
 - Services are provided in Butler County, Ohio.
2. Indicate the amount of PATH funds the organization will receive.

Answer: Federal: \$85,787 and Local Match: \$28,595.67

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

Answer:

- the projected number of adult clients to be contacted using PATH funds. **Answer:** 264
- projected number of adult clients to be enrolled using PATH funds. **Answer:** 238 (90 %)
- percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness). **Answer:** 84%

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- activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.
Answer: Transitional Living is always looking for donations within the community to maximize the use of PATH funds for direct services to clients. PATH staff work rotating flexible shifts in order to have the maximum coverage in the community for a larger part of the day reaching more individuals.
- strategies that will be used to target PATH funds for street outreach and case management as priority services.
Answer: The bulk of PATH monies in Butler County are used for the salaries of the individuals that do street outreach and direct service. This has always been the major focus in Butler County as well as community education and training.
- activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.
Answer: Butler County is willing to take part in Statewide trainings that teach the use of HMIS and the use of this program to run reports and collect valuable data that is the driving force along with client feedback to make appropriate outreach changes.
- indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.
Answer: Transitional Living works with the IDDT Model as well as Motivational Interviewing. These models are part of the yearly training to staff and outside workshops are encouraged on related topics and innovative treatment and engagement approaches.
- indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.
Answer: At this time, there has been no HMIS training of the current PATH staff. We are awaiting training to assist with this transition that will be available to complete this task.
- community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

Answer:

Available Services	Number of Agencies Providing	Remarks
Screening and Diagnostic Treatment Services	10	*Path Staff has daily contact with the majority of the Homeless Providers. * PATH Staff is at the Butler County Dept. of Jobs and Family Services weekly to outreach and link individuals Not only to services, but to assist clients with receiving needed benefits. * PATH Staff has daily contact with most primary Mental Health Providers as well as weekly contact with SA providers. * PATH Staff regular contact with Housing Providers as well as the Veteran's Administration occurs at least quarterly at the Butler County Homeless and Housing Coalition. * PATH Staff has mostly daily contact with local Law Enforcement and other Safety Services (First Responders).
Habilitation and Rehabilitation Services	5	
Community Mental Health Services	25	
Alcohol or Drug Treatment Services	4	
Case Management Services	4	
Supportive and Supervisory Services in Residential Settings	2	
Referral for Primary Health Services, Job Training, Education Services, and Relevant Housing Services	3	
Minor Renovation, expansion, and Repairs of Housing	5	
Planning of Housing	3	
The Cost Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations	2	
Technical Assistance in Applying for Housing Assistance	2	
Improving the Coordination of Housing Services	2	
Security Deposits	3	
One Time Rental Payments to Prevent Eviction	7	

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PATH Staff also serve on the Criminal Justice Board – Chairperson, Elderly Services Board, Butler Metropolitan Board, Emergency Money Board, Butler Tech Safety Services Training Advisory Board. All PATH Staff are active members of the Homeless and Housing Coalition with one of the PATH Staff being the recent Vice Chairperson of the Coalition. PATH Staff also continue to serve on numerous governmental jurisdictions Continuum of Care Planning Committees.

- gaps in current service systems.

Answer:

- Butler County lacks adequate SA Providers overall. Those that do exist have lengthy waiting lists and minimal residential placements for treatment. There also continues to be no detox facility within the County.
- Although there are numerous Mental Health Service Providers in Butler County, many continue to require insurance and financial resources to access those services. Many Mental Health Providers also continue to have lengthy waiting lists and limited accessibility by individuals that are homeless.
- There also continues to be a trend in the lack of available permanent housing and intensive support services. There are often long waiting lists for housing and a lack of financial resources to cover the cost of intensive services. Butler County is now struggling even more with the foreclosure on properties held by THR (Transitional Health and Rehab). They were a major housing provider to the individuals served through PATH.

- services available for clients who have both a serious mental illness and substance use disorder.

Answer: Agencies who serve dually diagnosed PATH clients: Transitional Living, Inc., Sojourner's, Horizons Recovery Services, Veterans Administration, Community Behavioral Health, Butler Behavioral Health. PATH Staff has daily contact with the Transitional Living, Inc. Community Support Program that works with individuals with this need. Contacts with other Agencies are weekly to at least quarterly.

- strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

Answer: PATH staff continues to attempt to maintain current housing levels and PATH client access to that housing as well as trying to look at filling gaps through other housing development and strategies. A recent development to assist with filling this gap is that the Butler Metropolitan Housing Authority was awarded money through tax credits of over \$1 million dollars to build mixed use housing in the downtown area of Hamilton, Ohio. This needed avenue of housing will assist in serving individuals who are homeless.

Examples of current housing providers that are easily assessable to PATH clients are:

- *Transitional Housing:* Butler Metropolitan Housing Authority, YWCA, Hope House, SERVE City, St. Raphael's.
- *Permanent Housing:* Butler Metropolitan Housing Authority (site based and Section 8), YWCA, Neighborhood Housing Services, Community Behavioral Health, other site based Section 8 and Tax Increment Financing Housing options.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

Answer: PATH is active in the Butler County Homeless and Housing Coalition (quarterly meetings) as well as monthly Executive Committee Meetings. PATH is also involved in the Continuum Planning for the Cities of Hamilton and Middletown, Ohio as well as for the Butler County CDGB (yearly meetings).

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PATH Staff yearly organize and take the primary participation role in the Butler County Point in Time Count.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

a) The demographics of *client* population.

Answer: The demographics of the client population tend to be white males between the ages of 35 – 49 years old. These males tend to be non-veterans. They are also homeless and are diagnosed with severe and persistent mental health needs. The prominent diagnosis is Affective Disorder with the majority of these individuals also having a co-occurring substance abuse disorder. There has currently been no language barrier in outreach and serving clients. There is an increase in youth between the ages of 18 – 22 being identified and served.

b) The demographics of *staff* serving the clients.

Answer: Currently the PATH staff consists of 3 females. Two are between the ages of 50 – 64 years old and one is between the ages of 35 – 49. Two are Caucasian and one American Indian. One staff is also of Appalachian decent as well as two staff being formally homeless. One staff is a former consumer of the mental health system. All three are non-veterans.

c) How staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients:

Answer: See Section d below. PATH also has access to other staff within the Agency who may better serve a client who has concerns in the area of age or racial/ethnics and would be better engaged into the system by another staff member.

d) The Extent to which staff receives periodic training in cultural competence:

Answer: PATH Staff in FY 10 attended over 250 Community Meetings and Trainings. Several of these were targeted at working with individuals of diverse backgrounds including the Appalachian Populations which is a major background in the Butler County area. Many of these were PATH Staff presenting to groups such as Community Organizations and Law Enforcement – including ride-alongs with Officers. Transitional Living also mandates Yearly Staff Training that has included topics of diversity. PATH staff attended the Justice Department Cultural Diversity Training and continues to be a member in a subcommittee to the Department. Training this year also included training on “White Privilege”.

For FY 12, PATH staff will continue to attend community trainings and to serve on committees.

Staff will also continue to be involved in Transitional Living, Inc. annual agency education and training that cover but are not limited to these focus areas. Training for PATH staff total approximately 12 trainings per year.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

Answer: 100 % of PATH Staff have family members who have been or are currently consumers of the Mental Health System. 33% of the PATH staff are former consumers. 66 % of PATH staff are formally homeless. Transitional Living also has employed consumers and family members within the agency with a consumer's family member being the Coordinator of the PATH Program (family member formally homeless with severe and persistence mental health needs involved in services in Butler County) and all the PATH Outreach Workers having a family member who is or was a consumer of mental health services. Transitional Living, Inc. have family members on the Board of Directors.

PATH Staff have also organized with current and past PATH consumers a PATH Advisory Committee that meets to look at PATH services and outcomes.

Effective 07/01/11, Transitional Living will be hiring Peer Specialists for PATH that are currently TLC consumers and formally homeless.

PATH also has an active relationship with local NAMI Chapter has enabled an empowerment of our consumers and their families. A PATH Staff Member attends the monthly NAMI Meetings.

7. Provide a budget narrative that provides details regarding PATH funds. (See Appendix D for sample detail budget.)

Answer: See PATH Budget and narrative for FY12

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

Answer: 753

b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

Answer: 264

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

Answer: Quarterly data collection/reporting just began 3rd quarter FY 11. I foresee this information being used to analyze the number of individuals being served and if numbers are down, to look at what is affecting outreach and being able to change to reach the targeted population in a timely manner. It can also show trends in populations served as well as their needs, therefore allowing PATH to seek appropriate housing and treatment sources and responses.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

Answer: A more unified data based for all Ohio PATH Programs may make collection easier and assist with consistency.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

Answer: PATH has always been proactive in working with Law Enforcement and Courts to assist with early intervention and engagement on the streets and in moments of crisis. During FY 11, PATH has expanded into the Middletown Municipal Court (creating another Butler County Mental Health Court) and also into the jurisdiction of the West Chester Police Department located in northeastern Butler County. West Chester tends to be a more affluent area of Butler County that is experiencing more homelessness and lack of basic needs due to the recession.

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

Answer: In response to a & b, Butler County PATH is very proactive in the Community as a whole and with other Homeless Providers to do presentations and trainings regarding homelessness and mental health needs. PATH presents to Law Enforcement, Fire Departments, Courts, Homeless Shelters, Community Groups, Community Festivals, area churches, and area universities. PATH also presented in Corpus Christi Texas in October of 2010.

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

Answer: Our greatest accomplishment would be the continued street outreach and engagement of individuals who are homeless and have a severe and persistent mental health need in the community. To

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

see someone go from street homeless into their own apartment with support services including areas such as health care, medical coverage, mental health care, and income is quite rewarding. It is a great accomplishment for the individuals we serve as well as for the system that empowers individuals who often have no voice to stand up and be real people.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

a. How many homeless Veterans did your PATH project serve from July 1, 2010 – April 30, 2011?

Answer: 18 (Butler County)

b. Do you have one of the PATH funded Veteran's projects?

Yes or No

Answer: We have a joint grant administered and tracked through Hamilton County PATH.

ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

**PATH Veteran's Pilot Project SFY 2011
Outcomes and Status Report**
(Compilation of Data: July 1, 2010 – April 30, 2011)

1. Description of Program Design:
Hamilton County – Greater Cincinnati Behavioral is lead agency and administers the grant. FTE is an employee of GCB.
2. Veteran Peer Position: Who makes up the 1 FTE position? **See Hamilton County's Response**
3. Please describe the process you are using to assist dishonorably discharged Veterans upgrade their discharge statuses: **See Hamilton County's Response**
4. What effective new strategies were implemented to improve services to homeless veterans during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report)? **See Hamilton County's Response**
5. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to Veterans experiencing homelessness: **See Hamilton County's Response**
6. How were trauma-informed services and training incorporated in this pilot project during SFY2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report)? **See Hamilton County's Response**
7. Please briefly describe your PATH Project's greatest accomplishment during SFY2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) in terms of providing quality services to Veterans experiencing homelessness: **See Hamilton County's Response**
8. Number of Veterans Served in Butler County:
 - a. Number of veterans served? 18
 - b. Age of the veterans served?
18 – 34: 3
35 – 49: 6
50 – 64: 9
 - c. Gender of the veterans served?
Male: 17
Female: 1
 - d. Race of the veterans served?
Caucasian: 16
African American: 1
Native Hawaiian/Pacific Islander: 1
 - e. Number of veterans enrolled? 18
9. Would this pilot project be able to continue if 75 percent of your current funding was made available?
See Hamilton County's Response

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

Section C: Local Provider Intended Use Plans

Ohio's Project for Service Expansion \$50,000 Award Recipient

In March of 2011 ODMH released a competitive RFA, targeting those counties without an existing PATH Project, as a way to expand PATH services to an additional area within Ohio. Columbia County was awarded a one-time \$50,000 mini-grant to expand services within Ohio. ODMH will evaluate the effectiveness of this PATH Projects delivery of services during the spring of 2012. Below is Columbiana County's Proposal Narrative. We have opted to place it within the IUP Section of our application.

SFY 2012 PATH PROPOSAL NARRATIVE

THE COLUMBIANA COUNTY MENTAL HEALTH CLINIC DBA THE COUNSELINGCENTER

1. Quantitative needs goals, objectives, and desired outcomes for proposed program.

The need in Columbiana County is to increase the number of homeless individuals contacted through outreach services by 9% (from 80 to 87) and to increase the number of enrolled PATH clients from 25 to 35.

The Counseling Center's PATH program objectives and goals include:

1. Consumers will be involved in 100% of all outreach, engagement, and community education events.
2. PATH data will be included in the local HMIS.
3. 100% of homeless individuals with serious mental illness will be offered safe and decent housing.
4. 90% of PATH clients will secure safe, decent, and affordable permanent housing.
5. 100% of PATH clients will be linked to mental health services and supports within 30 days of initial contact.
6. PATH staff will help to expedite disability application procedures for all PATH clients who apply for benefits, or who apply for benefit reinstatement.
7. 90% of PATH clients will be offered vocational services and supports.
8. 60% of PATH clients will be referred and contacted by vocational program staff.
9. 100% of PATH clients will be linked to medical insurance programs and referred for primary medical care.

2. Brief description of Board contracted provider:

The Columbiana County Mental Health Clinic, d.b.a. the Counseling Center, is a comprehensive outpatient behavioral health provider serving the residents of Columbiana County. The agency is certified by the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services, and CARF. To ensure service accessibility, the Center has offices located in Salem, Lisbon, and East Liverpool. The Counseling Center provides the following services: screening and diagnostic services; habilitation and rehabilitation; community mental health services including psychiatry; alcohol and drug treatment including specialized services for people with mental illness and substance abuse; crisis services; CPST; vocational and payeeship services; referrals for food, clothing, shelter, housing and physical health services.

3. Current collaborations with local homeless shelters, health care centers, social security, Department of Job and Family Services, and other local social service providers.

The Counseling Center has a strong track record of collaboration. Its community support system for adults includes a supported employment program and daily collaboration with the County's One Stop Office. The Center has a comprehensive housing program and the ability to secure permanent housing for individuals within 30 days. Center staff work in conjunction with social services agencies, such as

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Community Action, Department of Job and Family Services, Metropolitan Housing Authority, private landlords, Social Security, Louis Stokes VA Clinic, and local health clinics in order to link individuals to entitlements and to access needed resources. Center staff link individuals to “immediate access housing” and access community resources to subsidize rents, pay security deposits, and past-due utility bills. The Counseling Center is an active participant in the county-wide Mental Health Recovery Initiative. Consumer volunteers assume leadership roles in programs, such as WRAP, BRIDGES, Wellness Management and Recovery (WMR) and the Columbiana County Continuum of Care.

4. Provider’s current collaborations with prisons, jails, and the local criminal justice system.

Staff of the Counseling Center work with primary providers within the criminal justice system, such as probation officers, county jail officials, law enforcement and the local sheriff’s department. Center staff, work to coordinate discharge planning and linkage to community mental health services; drug and alcohol treatment services; vocational placement services; payeeship services; and primary health care. Adults with severe mental illness who are being discharged from prison or the county jail are linked to “immediate access housing” options, such as the Kendall Home and Hand In Hand Outreach Home (both of which are operated by the Counseling Center). Adults with severe mental illness are also assisted by the Center’s housing coordinator for housing placement and referral services. A professional mental health liaison from the Counseling Center visits the Columbiana County Jail weekly to assess and link individuals to mental health and substance abuse services and to update primary service providers on the mental health status of the individual who is incarcerated. Counseling Center screeners collaborate with the Adult Parole Authority and Ohio Prison staff to coordinate services and referrals for clients being discharged from prison.

5. Estimated number of individuals experiencing homelessness and severe mental illness.

It is estimated that approximately 87 individuals with severe mental illness are homeless. The Counseling Center reached this number from solicited input from all community partners who interact with individuals who are homeless.

6. Estimated number in #3 who are veterans: Approximately 18 veterans

7. Estimated number in #2 and #3 to be served with PATH dollars:

The Counseling Center will provide active outreach services to all individuals who are identified as homeless with a severe mental illness and not currently engaged in mainstream mental health services. Approximately 87 homeless persons will be contacted and approximately 35 will be enrolled in PATH services. It is likely that some persons contacted through outreach will already be linked to mental health treatment or will not have a severe mental illness and thus be ineligible for PATH services.

8. Demographics of homeless population, staff, cultural competency, training:

- a. The majority of Columbiana County’s homeless population is comprised of Caucasian males who were born and raised in the Appalachian region. A high percentage of our homeless population falls between the ages of 18-34.
- b. Outreach staff will consist of two females and one male between the ages of 43-55 years old. All staff are Caucasian, and two staff grew up in the Appalachian Region. Staff members will be assisted by a cadre of volunteers recovering with mental illness who will help to engage those who are homeless. The Program Assistant will also be a person recovering with serious mental illness who was at imminent risk of homelessness prior to her employment. She is a former member of the Columbiana County Mental Health and Recovery Services Board; a current member of the Protection

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and advocacy group for people with mental illness through Ohio Legal Rights; and has participated in our local county's Alcohol and Drug Prevention Team.

The Program Coordinator will be a professional who has been employed by the Counseling Center for 25 years and has worked exclusively with adults with serious mental illness in helping them achieve recovery and independence. In 1995, when the Center had a previous PATH grant, this staff member assumed the position of PATH program coordinator. In addition to overseeing the homeless outreach Program; she supervises the Kendall Home and Hand In Hand Outreach Home, which is a short term, temporary housing facility for adults with serious mental illness who are homeless or disconnected from services at the time of admission. The Program Assessor is employed as a senior level CPST worker and has worked at the Counseling Center for 24 years.

- c. Most of those who are conducting outreach have mental illnesses, are lifelong residents of this Appalachian culture, and have been homeless themselves. The composition of the staff and volunteers promotes sensitivity to gender, age, race/ethnicity, and cultural issues related to outreach and engagement. In addition, Counseling Center training and supervision emphasizes sensitivity to these issues. Specialized interpreter services are also available for those who are deaf or who do not speak English.
 - d. The Counseling Center offers ongoing training to all staff and consumers in Cultural Competency as it relates to the Appalachian population and on the basics of cross cultural communication. All employees are offered the Bridges out of Poverty Training, which focuses on the cultural aspects of generational poverty. The Mental Health and Recovery Services Board has established a local certification program in **Appalachian Cultural Competency**. The proposed Program Assistant is the first employee of the Counseling Center to achieve certification. Agency staff have been trained to understand the extent of trauma among clients, particularly homeless people who may have been victimized, and to know how to be sensitive in interacting and referring such people. Outreach workers have also been trained in crisis intervention and post-traumatic stress disorder.
9. **Proposed staffing for the PATH mini grant: Positions; duties; qualifications; FTE%; Supervision of staff.**
- a. **PATH Outreach Coordinator:** (.75 FTE) Supervisor: Director of Client Services *Qualifications:* Bachelor's degree in human services or related field. Three years of experience working with persons with severe mental illness.
Duties: Coordinate outreach services to identify, locate, and engage persons who are homeless and have a mental illness and/or substance abuse problem. Recruit, supervise, evaluate, and train staff and consumer volunteers providing outreach services. Locate and create access to mainstream services for homeless mentally ill persons. Implementation of grant applications; outcomes; and gathering of statistical data.
 - b. **PATH Outreach Assistant:** (.50 FTE) Supervisor: PATH Outreach Coordinator.
Qualifications: High school diploma or GED preferred, as well as previous volunteer experience or working with others in need of support and a current or past consumer of mental health services with the ability to understand homeless individuals in a non-judgmental manner.
Duties: Provide outreach services in an effort to identify, locate and engage persons who are homeless and have a mental illness and/or substance abuse problem. Outreach will also include community education. Involve PATH consumer volunteers in outreach and support services for homeless persons. Serve as active member of Continuum of Care, Second Harvest Food Bank, and Homeless Hunger Task Force.

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- c. **PATH Assessor:** (.06 FTE) Supervisor: Director of Client Services
Qualifications: Bachelor's degree in field of mental health with two and one-half years' experience with assigned population or a Master's degree in field of mental health and three years' experience (with minimum of one year with assigned population). Active Ohio licensure as an LSW, LISW, PC, PCC, or RN is required.
Duties: Perform client diagnostic assessments to determine appropriateness for community support services, make initial recommendations for services based on assessed needs and provide short-term limited service for adults with severe mental disabilities.

10. Organization's plan to provide coordinated and comprehensive services:

- a. The following services will be provided with PATH funding: Outreach; screening and diagnostic treatment; staff training; supportive and supervisory services in residential settings; and referrals for other services.
- b. The following PATH Eligible Housing Services will be provided with PATH funding: Planning of housing; technical assistance in applying for housing; improving coordination of housing services; security deposits; one-time rental payments; and costs associated with matching eligible homeless persons with appropriate housing situations.
- c. Community organizations which will provide key services to PATH-eligible clients include the following housing providers: The Columbiana Counseling Center, Community Action, Metropolitan Housing Authority, Fleming House, Christina House and Oxford House. Path staff will work collaboratively with all housing providers in an effort to place PATH clients into safe immediate access housing. Staff will work to place PATH clients into permanent housing within 30 days of initial contact and will work with the local social security office to assist them in applying for disability benefits; expediting claims; and communicating with Disability Determination examiners in gathering and ensuring timely submission of medical records; assisting clients in applying for food stamps, disability benefits, and Medicaid through the Department of Job and Family Services. PATH staff will link and refer PATH clients to local Health Centers for preventive and ongoing medical treatment, and refer PATH clients to the Counseling Center's Vocational Program and One Stop vocational service center. Eligible veterans will be linked to the Veterans Administrative Office and to the Louis Stokes VA clinic for ongoing medical treatment and services.
- d. **Gaps in local system of care, how will PATH funds help reduce those gaps?**
- (1) Inability to provide ongoing permanent housing options for persons with severe mental illness and labeled as sexual predators. Path staff will work with Metropolitan Housing Authority to allow the use of Shelter plus Care vouchers for Tier I sexual predators and refer and link them to vocational supports and services so they can support themselves in housing.
- (2) Increasing access to shelter plus care vouchers to enrolled PATH clients.
Path staff will work with Metropolitan Housing Authority to allow current recipients of Shelter plus Care vouchers to become a priority on the waiting list for mainstream Section 8 vouchers.
- e. **Strategies to make suitable housing available to PATH clients:**

PATH staff will link 100% of PATH clients to safe immediate access housing. The Counseling Center operates the Kendall Home and Hand In Hand outreach house. Both provide immediate, safe,

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temporary housing for people while they obtain a means of support, become engaged in services, and secure permanent housing. Referrals will also be made to the Community Action Agency which provides emergency shelter, transitional housing, and access to HPRP funds. Other housing providers include: Metropolitan Housing Authority (Public Housing and Section 8); Fleming house (transitional housing for women w drug/alcohol addiction); Oxford house (transitional housing for men with drug/alcohol addiction); Christina house (domestic violence shelter); Columbiana Counseling Center (mentor housing program, Shelter plus Care vouchers, HUD/McKinney housing, HAP funds, HPRP funds).

f. The Columbiana Counseling Center PATH Program will utilize the following evidence-based practices:

(1) Assertive Outreach and Engagement: Street outreach will be conducted in an attempt to locate, identify, and engage homeless persons with serious mental illness. Outreach will be conducted at local truck stops, river banks, railroad tracks, bars, parks, campgrounds, food and clothing giveaways, churches, and other locations frequented by homeless persons. PATH consumer volunteers will be individuals recovering with severe and persistent mental illness who have personally experienced homelessness. All volunteers will be involved in outreach and engagement services to PATH clients

Community Education: PATH staff and consumer volunteers will provide education to social service agencies, churches, police departments, campground operators, housing providers, and community leaders. This education will be focused on identifying homeless individuals who have serious mental illness, providing information on homeless resources and increasing accessibility to resources for homeless individuals.

Assessment: Assessment will be done in the community at the location of the person who may be in need of services.

(2) Peer Support: Strong reliance on consumer volunteers who are recovering with serious mental illness to provide assertive outreach, engagement and support services to homeless persons with serious mental illness. All PATH-eligible clients will be linked to a consumer outreach volunteer. Outreach services will be offered for "as long as it takes" to encourage individuals to engage in services.

(3) Recovery Model: The philosophy of the Columbiana Counseling Center's PATH Program will be based on an individual's right to self-determination and the power of relationships to encourage change and support recovery. Consumer volunteers and staff involved in the PATH Project will work to link PATH clients to Recovery activities within the Recovery initiative. Consumer outreach volunteers are advanced in their recovery and are therefore living examples of the possibility of recovery, despite ongoing struggles with symptoms of mental illness.

11. Participation in the HUD Continuum of care and other local planning activities.

The agency Outreach Coordinator and Outreach Assistant are current members of the Continuum of Care and have coordinated and participated in past years' point-in-time counts and gaps analyses. The Outreach Coordinator has been a member of the monitoring/review committee for all county projects funded through our Continuum. PATH staff will involve consumer volunteers

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as active members on the Continuum and will be involved in the Homeless and Hunger Task Force.

12. Involvement of persons who are homeless and have severe mental illness and any family members in the planning, implementation, and evaluation of PATH services.

Between 6-8 PATH consumer volunteers will be involved in all outreach, engagement, training, and community education related to implementation of this grant. The PATH outreach assistant and outreach volunteers will be recovering with severe and persistent mental illness and have personally experienced homelessness. PATH consumer volunteers will be active members of the Continuum of Care, Homeless and Hunger Task Force, and will serve on the Recovery Steering Committee and related workgroups. PATH staff and consumer volunteers will meet monthly to plan, assess, and evaluate program goals and outcomes. PATH-eligible clients will be given the opportunity to complete a satisfaction survey following their involvement in the PATH Program. The results of these questionnaires will be reviewed monthly by PATH staff and consumer outreach volunteers. The satisfaction questionnaire will be used to evaluate the effectiveness of support services and PATH related activities. This tool will allow PATH clients and volunteers the opportunity to suggest ways to improve the quality of services, and to take part in implementing suggestions for change. Results of the satisfaction questionnaires will be reviewed by the Quality Assurance Committee of the Columbiana County Counseling Center.

13. Use of PATH quarterly Outcome Data to make quality improvement changes:

The Columbiana PATH Program will collect quarterly outcome data in the following areas:

- (a) Number of homeless persons contacted
- (b) Number of contacted homeless persons with serious mental illness who become enrolled in services.
- (c) Number of enrolled homeless persons who receive community mental health services.
- (d) Number of enrolled homeless persons who access permanent housing; vocational support services; employment; primary medical care, income benefits, and medical insurance programs.

PATH staff will utilize outcome data to ensure that we are conducting effective outreach services in an effort to increase the number of enrolled PATH clients in our county. New outreach strategies will be explored and technical assistance may also be secured. We will utilize outcome data to ensure the PATH clients are linked in a timely manner to housing resources, mainstream mental health services, vocational supports, and income and medical insurance programs.

14. Local plan for continuation/sustainability funding:

Adults with severe and persistent mental illness are a top priority for our board area. The Mental Health and Recovery Services Board commits to continuing funding needed to sustain outreach services for homeless individuals when the mini-grant ends.

15. Local plan to share, replicate the lessons learned within the local system of care:

PATH staff will continue to provide outreach services to homeless individuals and track important outcomes. Staff will involve and share effective outreach and engagement strategies with other agencies in our county. The Continuum of Care will be a forum to communicate what is working, identify gaps in our local system of care, and develop strategies to reduce barriers that interfere with

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access to services and resources. The Columbiana County Mental Health Clinic, dba The Counseling Center assures that the PATH Team will agree to formally present at a quarterly PATH meeting and agree to apply to present at a state conference on delivering culturally competent services to the Appalachian population.

Following the review of the Ohio State 2011 PATH application, the following areas needed clarification, was incomplete or missing. To expedite the review process for your application, please provide a written response from Columbiana County IUP for each item listed below by June 14, 2011.

C. Local Provider Information

3c. What is the percentage of adults served with PATH funds projected to be “literally” homeless.

Columbiana County is anticipating contacting 87 homeless persons through outreach services, of which we expect 35 to be enrolled in PATH services. Of these 35, we expect 90% to be literally homeless.

3d. Activities to maximize the use of PATH funds to serve adults ...”

- Street outreach
- Peer Support and Advocacy
- Referrals for primary health care services, vocational services, and educational services
- Assisting clients in applying for medical insurance and income supports
- Assistance in securing permanent housing
- Coordination of housing services
- Technical assistance in applying for housing
- Costs associated with matching eligible homeless individuals with appropriate housing situations
- One time rental payments to prevent eviction
- Security deposits
- Screening and diagnostic services
- Supervisory services in supportive housing or other residential settings

3e. Strategies that will be used to target PATH funds for street outreach and case management as priority services

The PATH Outreach Coordinator and the PATH Outreach assistant maintain ongoing communication and collaboration with organizations that come into contact with PATH eligible people, such as police departments, homeless and domestic violence shelters, social service agencies, churches, food banks, campground operators, hospital emergency rooms, and the Columbiana County One-Stop. Both of these staff are active members of the Columbiana County Continuum of Care. PATH staff do street outreach, along with PATH volunteers. PATH volunteers are persons with serious mental illnesses who have been homeless, and they together with staff conduct street outreach and engagement. The PATH Outreach Coordinator and Outreach Assistant stay linked with all PATH enrolled clients, performing case management functions, until enrolled clients access permanent housing and become enrolled in mainstream mental health services.

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3f. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years

The Columbiana County Mental Health Clinic, dba The Counseling Center, which administers the PATH Program, operates a housing program for adults with severe mental illnesses, some of whom are homeless. The supervisor of this program inputs all relevant data into the HMIS system and is willing to train the PATH Outreach Coordinator in inputting data in the HMIS System. This training can be held in FY 2012.

3g. Please indicate whether the provider provides, pays for, or otherwise supports evidenced based practices and other training for local PATH-funded staff

The Columbiana County Mental Health Clinic, dba the Counseling Center, is a contract provider of the Columbiana County Mental Health and Recovery Services Board. The MHRS Board provides free local training on the following evidence-based and promising practices:

- Cultural Competency, with emphasis on Appalachian Cultural Competency.
- Integrated Dual Diagnosis Treatment
- Supported Employment
- Peer support, including peer outreach and engagement
- The Recovery Model for persons with serious mental illnesses

All PATH staff and PATH volunteers participate in these trainings.

3h. Please indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data in HMIS

The provider, The Columbiana County Mental Health Clinic, dba the Counseling Center, currently uses the HMIS system for clients served through HUD Continuum of Care Programs. The provider will assume any additional costs associated with migrating PATH data into the HMIS system.

3k. Services available for clients who have both a serious mental illness and substance use disorder

The provider, the Columbiana County Mental Health Clinic, dba the Counseling Center, provides integrated dual diagnosis treatment for persons with both serious mental illnesses and substance use disorders. Services available through this IDDT program include case management, intensive outpatient, individual counseling, and group counseling. Both men and women are served in the IDDT Program. The Family Recovery Center, a certified mental health and alcohol and drug provider, offers gender specific treatment for adult women. The gender specific treatment program includes case management, intensive outpatient, individual counseling and group counseling. Linkages are forged with both of these programs for PATH enrolled clients based on their individual needs. The following supportive services are also available to dually diagnosed clients: housing, payeeship, vocational, psychiatric, mentoring, crisis services, and medication assisted treatment.

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5. Please describe:

(a) demographics of client population - Please provide more specificity

The majority of individuals served are males between the ages of 18 - 49. Nearly all are Caucasian and of the Appalachian culture.

(b) demographics of staff serving the clients – Please clarify (as soon as this information is received)

Staff are between the ages of 45 - 55; two are female, one is male. Two are of the Appalachian culture. All are Caucasian.

One staff member is a person in recovery from serious mental illnesses.

(c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and

PATH staff are sensitive to cultural needs of clients they serve. Two of the three PATH staff were born and raised, and continue to live, in Columbiana County, which is designated Appalachian county. The PATH assistant position has always been held by a person in recovery with mental illness. An essential component of the PATH program is the involvement of consumer volunteers in providing outreach and engagement to PATH eligible clients.

(d) the extent to which staff receive periodic training in cultural competence

All PATH staff receive an orientation to cultural competency and specific training in Appalachian cultural competency, upon employment. The Columbiana County MHRS Board provides two trainings per year on cultural competency that are available to PATH staff and volunteers. PATH staff participate in these trainings.

6. Please describe how persons who are homeless and have serious Mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-Funded services

Between 6 - 8 PATH consumer volunteers will be involved in all outreach, engagement, training, and community education related to implementation of the PATH program. The PATH outreach assistant and outreach volunteers will be recovering with serious mental illnesses and have personally experienced homelessness. PATH consumer volunteers will be active members of the Columbiana County Continuum of Care, Homeless and Hunger Task Force. Many serve on the Mental Health Recovery Steering Committee and its related workgroups. The PATH Program coordinates its efforts with the Columbiana County Chapter of the National Alliance on Mental Illness. PATH staff and volunteers meet monthly to plan, assess, and evaluate program goals and outcomes. PATH eligible clients are given the opportunity to complete a satisfaction survey following their involvement with the PATH Program. The results of these surveys are reviewed monthly by PATH staff and consumer outreach volunteers. These survey results are used to improve the quality of the program. Results of these surveys are also used within the provider's overall quality improvement program.

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Section C: Local Provider Intended Use Plans

FY 2011 (SFY July 1, 2011 – June 30, 2012)

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.

Answer: Mental Health Services for Homeless Persons, Inc. (MHS) is a private, non-profit community mental health agency, which serves over 14,000 adults and children annually. It operates 20 homeless assistance programs, creating the single largest continuum of care for homeless persons in Ohio. Services include assertive outreach, emergency shelter, residential services, case management, supported employment and psychiatry services. MHS programs focus on addressing the needs of minority and under-served populations, including persons who reject traditional health care services. MHS maintains high quality programs through the collection and evaluation of client outcome data, and the implementation of evidence-based practices.

The PATH program serves adults ages 18 and over who are actively homeless, primarily in shelters and on streets. The program serves Cuyahoga County, Ohio's largest urban area; it is based in Cleveland, which has been rated as one of the poorest cities in the United States for each of the past 5 years.

In addition to homeless services, MHS operates a full continuum of crisis and trauma services. These include the 24-hour Mobile Crisis Team (MCT), which provides crisis response for all of Cuyahoga County and collaborates extensively with PATH. There are also 2 nationally recognized trauma-response teams which work in collaboration with area law enforcement agencies (Children Who Witness Violence and Violent Loss Response Team), and 2 programs which provide short-term counseling for children and families.

MHS provides the following services for homeless adults:

- Screening and diagnostic assessment services
- Community mental health services (including psychiatry and nursing services)
- Case management services
- Outreach
- Supportive and supervisory services in residential settings
- Supported Employment
- Referrals for primary health services
- Housing services:
 - o Matching clients and housing
 - o Technical assistance in applying for housing
 - o Security deposits
 - o One-time rental payments to prevent eviction
- Emergency shelter
- Substance abuse treatment for persons with co-occurring mental illness and substance abuse

2. Indicate the amount of PATH funds the organization will receive.
For core PATH services, the Federal PATH award for FY 2012 is \$411, 225; the local match is \$137,075. For the Veteran Pilot, the Federal award is \$58,149; the local match is \$19,384.

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3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- the projected number of adult clients to be contacted using PATH funds.
Answer: Based on numbers of clients contacted in SFY 2011, MHS anticipates serving 910 clients through the PATH and PATH Veteran Pilot programs. This number includes the estimated 10% increase in clients requested by ODMH, and acknowledges the ongoing difficulties in linking clients to ongoing community mental health services in Cuyahoga County. Funding issues continue to be a concern, in light of recent and projected budget cuts at both the state and local levels; the ADAMHS board and local providers have collaborated to centralize intake services for uninsured persons, but capacity and access are ongoing concerns.
 - projected number of adult clients to be enrolled using PATH funds.
Answer: Based on data from the 2010 Annual and April 2011 quarterly reports, MHS anticipates it will enroll 710 clients during SFY 2012.
 - percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).
Answer: MHS adheres to the HUD definition of homelessness; the only persons who may not be literally homeless upon enrollment are persons who are coming from the state hospital or prison, engaged at community meal sites, or those staying in abandoned houses with no utilities. The percentage of literally homeless clients served is estimated to be 88%.
 - activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.
Answer: PATH staff focus outreach efforts on settings where homeless persons are known to congregate. These include: shelters, meal sites, drop-in centers, homeless camp sites, streets in downtown Cleveland. Staff also collaborate extensively with other homeless providers to ensure that mentally ill persons are identified and engaged in services. MHS also receives outreach requests from hospitals, local city council representatives, area business owners, Adult Protective Services, the Animal Protective League, Cleveland Police, and the Ohio Department of Transportation.
 - strategies that will be used to target PATH funds for street outreach and case management as priority services.
Answer: PATH workers develop relationships with community and homeless providers to facilitate the engagement process, and utilize motivational interviewing techniques as a primary strategy to develop rapport. Engagement stage interventions include practical assistance, developing therapeutic rapport, identifying goals, and assessing clients' needs. This process is enhanced by the involvement of the MHS outreach psychiatrists; these doctors provide assessment, treatment, and crisis intervention (including medical certificates for emergency hospitalization) on the street. The PATH team also provides assistance to homeless persons in crisis, and provides real-time response to these requests. Further, the entire PATH team has been trained in trauma-informed care, with an emphasis on street outreach and engagement.

Once engaged and enrolled in services, the PATH workers focus on linking clients to the supports and resources that they will need to become self-sufficient. These include: housing, entitlements, primary medical care, mental health treatment, employment, AOD resources, and social supports.

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Once clients are able to link with traditional services, they are transitioned to Community Psychiatric Supportive Treatment (CPST) teams.

- activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.
Answer: MHS currently utilizes HMIS in its' HUD-funded programs. These include two shelters, central intake and HPRP (Homeless Prevention/Rapid Re-Housing Program), Outreach and Payee, and all housing programs. Training has begun to add PATH program data to the HMIS system, with anticipated migration of data in the next 2 years.
- indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.
Answer: MHS currently implements several evidence-based and emerging best practices, including Motivational Interviewing, Integrated Dual Disorder Treatment (IDDT), Supported Employment, Trauma-Informed Care, Critical Time Intervention, and Housing First. All PATH workers have received training in Motivational Interviewing and Trauma-Informed Care. Through the financial support of the Cuyahoga County ADAMHS board, Supported Employment services are now provided for PATH clients. MHS has established collaborative relationships with Case Western Reserve University's Center for Evidence-Based Practice, and has developed a partnership with Dartmouth University regarding its Supported Employment model. MHS has also taken the lead in developing an expedited process for accessing Social Security benefits, and has conducted training to boards and providers all over the state of Ohio to support the implementation of this process.
- indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.
Answer: MHS and EDEN, Inc., in collaboration with the Cuyahoga County Office of Homeless Services, provided training in January 2011, regarding the migration of data into HMIS for HUD-funded programs. Staff at all HUD-funded programs have received training in data-entry, and clinical records staff are ready to begin entering data for PATH programs as well.
- community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

Answer:

Primary Health - MHS partners with the following providers: Care Alliance, Metro Health Medical Center, St. Vincent Charity Hospital, University Hospital, the VA Medical Center, local federally qualified healthcare centers; the Cleveland Clinic Foundation, and the Free Clinic of Greater Cleveland. Several primary health providers (including Care Alliance and the

Cleveland Clinic) provide outreach to area shelters, and PATH collaborates through outreach, education and advocacy to ensure that consumers receive necessary medical care.

Mental Health: While most PATH consumers transfer internally for MHS Community Psychiatric Supported Treatment (CPST) services, there are many other partners in the provision of mental health care. PATH collaborates with the following inpatient mental health providers: Northcoast Behavioral Healthcare Systems (the state hospital system), University Hospital - Richmond, the Cleveland Clinic (inpatient mental health services at Lutheran, Lakewood, Marymount, Huron,

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Southpointe and Euclid Hospitals), St. Vincent Charity Hospital, Windsor/Laurelwood Hospitals, and the VA Medical Center. Outpatient mental health partners include: Murtis Taylor, Recovery Resources, the Center for Families and Children, Connections, Signature Behavioral Health. The federally qualified healthcare centers, and the Free Clinic of Greater Cleveland, are resources for persons contacted by PATH who would benefit from counseling or anti-depressant treatment, but do not need more intensive services.

Substance Abuse: Many PATH consumers are linked to MHS' Integrated Dual Disorder Treatment (IDDT) program for long-term treatment. Other partnerships with AOD treatment providers include: Hitchcock Center for Women, Rosary Hall, Keating Ctr., Salvation Army Harbor Light and PASS programs, Stella Maris, Recovery Resources, and Catholic Charities. PATH provides linkage, education, and advocacy to ensure that consumers may access these treatment services.

Housing: MHS has a well-established partnership with EDEN, Inc. Currently EDEN provides property management and MHS provides supportive services in 4 Housing First programs, as well as 3 Safe Haven programs in Cuyahoga County. PATH program managers participate in a monthly task group to prioritize persons coming from homelessness into the permanent supported housing (or Housing First) buildings along with local shelters, the VA and the AIDS Taskforce of Greater Cleveland. PATH also partners with CMHA in attending monthly meetings to expedite access into publically funded housing. Other housing partners include HUD, Famicos Foundation, and private adult care facility owners.

Employment: MHS, with support of the Cuyahoga County ADAMHS Board, established a supported employment program for its PATH and Homeless CPST teams in July 2010. While this service had already been established in the permanent supported housing programs, it was clear from assessment information that consumers on the homeless teams wanted to work as well. The supported employment staff function as part of the PATH treatment team, providing rapid linkage to competitive employment and support to help maintain jobs. Other employment partners include the Bureau of Vocational Rehabilitation (BVR) and the Employment Alliance; both partners provide vocational assessment, training and linkage to work opportunities.

- gaps in current service systems.
Answer: While there are many resources to serve homeless persons with mental illness in Cuyahoga County, there are still gaps in the local system. The permanent supported housing buildings require chronic homelessness for eligibility; persons who need that level of assistance due to the severity of their mental health symptoms are ineligible if they have been homeless for shorter periods of time. Housing for persons without income is also extremely limited and nonexistent for persons with certain types of felony convictions (i.e. drug trafficking, violent offenses, arson, sex offenses). Budget cuts which are currently pending at the state and local levels also threaten the stability of some housing and service programs, which will limit resources for PATH consumers.
- services available for clients who have both a serious mental illness and substance use disorder.
Answer: MHS is dually certified by the Ohio Department of Mental Health (ODMH) and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS); the agency also operates Cuyahoga County's longest running Integrated Dual Disorder Treatment team (IDDT). This team serves over 100 dually-disordered consumers currently, providing stage-based integrated treatment

and maintaining fidelity to the model. Further, MHS offers AOD individual and group counseling in its' permanent supported housing programs. For dually-disordered clients in need of more intensive treatment, PATH partners with inpatient mental health providers to facilitate symptom stabilization, including weekly attendance at NCBH (state hospital) treatment team meetings. MHS is certified to provide non-intensive outpatient AOD counseling; for persons who need more intensive options, PATH provides linkage, education and advocacy to intensive outpatient and inpatient treatment providers.

- strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

Answer: PATH works closely with clients to move them from streets and shelter into more permanent housing. Clients are offered housing in a variety of settings based on their preference, income, treatment recommendations, subsidy availability and vacancies. Housing options include: MHS Safe Haven programs, subsidized independent apartments, MHS permanent supported housing, HUD subsidized apartments, CMHA housing, group homes, rooming houses, hotels, transitional housing through AOD treatment providers, residential treatment housing through the Cuyahoga County ADAMHS board, and nursing homes. Further, MHS participates in a collaborative housing priority process; partners include EDEN, Inc., the VA, Lutheran Metropolitan Ministries, and the AIDS Taskforce of Greater Cleveland. The group meets on a monthly basis to expedite the matching of homeless disabled persons with apartments in Permanent Supported Housing. (There are currently over 400 units in buildings across Cuyahoga County and additional scattered sites available).

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

Answer: MHS' Chief Operating Officer serves on the Advisory Board for the Continuum of Care, and the agency participates in all advisory board meetings and sub-committees regarding public policy and the development of new homeless services. MHS operates eleven programs funded by the Cuyahoga County Office of Homeless Services which administers the HUD continuum of care; included in these are two emergency shelters funded by the Emergency Shelters Grant Program.

MHS is a lead partner in the Housing First Initiative in Cuyahoga County, headed by the Enterprise Foundation and the Sisters of Charity. The agency also leads the coordination and administration of the Homeless Services Central Intake and the Homeless Prevention/Rapid Re-Housing Program in Cuyahoga County. Partners include EDEN, Inc., the VA, Cleveland Mediation Center and Lutheran Metropolitan Ministries; this program utilizes HPRP funds to divert participants from shelters and provides rapid linkage to more permanent housing options.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

(see next page)

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DEMOGRAPHICS

AGE	Clients	Staff
62 and over	5%	14%
51-61	27%	14%
31-51	54%	28%
18-30	14%	44%
17 and under	0%	0%
GENDER	Clients	Staff
Male	81%	75%
Female	19%	25%
RACE	Clients	Staff
African American	60%	57%
Caucasian	32%	28%
Biracial	0%	15%
Hispanic	4%	0%
Asian	1%	0%
Other	3%	0%

MHS administration recently completed a strategic planning process which emphasized culturally appropriate services; this included policies and procedures, goals and staff assignments. PATH workers also strive to provide services that are respectful of race, age, gender, ethnicity, religion, class and culture. Weekly supervision on both an individual and group basis, in addition to formal training, ensures that services are culturally competent. In addition, MHS provides 3 hours per year of Cultural Diversity Training, and PATH staff members have attended additional training to facilitate their engagement skills. (The most recent training was on trauma survivors in the psychiatric system).

- Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

MHS has a long-standing commitment to partnering with consumers and family members in treatment. MHS has consistently employed mental health consumers on the PATH team and will continue to recruit consumers for open positions. PATH staff members encourage family to participate in treatment whenever possible, and family involvement has substantially improved client outcomes. The Quality Assurance department administers anonymous consumer satisfaction surveys to clients and family members; data from survey results are used to improve services. MHS also has consumer representation on its Board of Trustees, including a family member of a homeless person, a formerly homeless person with mental illness, and a family member with children who have mental health concerns.

- Provide a budget narrative that provides details regarding PATH funds.

See attached budget(s) and budget narrative(s).

PATH: ADAMHS BOARD OF CUYAHOGA COUNTY

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

According to the Cuyahoga County Office of Homeless Services, there were 5347 unduplicated single adults in shelter during the 12-month period of 10/01/09 to 9/30/10. According to the Point-In-Time count conducted on 1/25/11, there were 1416 persons staying in either emergency shelter or on streets, and 2256 total homeless. The PIT data also confirm that 476 of those identified themselves as severely mentally ill. Using the 23% ratio recommended by ODMH, MHS estimates that there are 1230 homeless persons with severe and persistent mental illness in Cuyahoga County.

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

MHS estimates that it will serve 910 persons who are homeless and have a severe and persistent mental illness in SFY 2012. This includes 120 homeless Veterans to be served by the Veteran Pilot program; the remaining 790 will be served by PATH and PATH prison re-entry staff.

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

PATH quarterly data has been reviewed, and is being utilized to adjust engagement strategies, prioritization for linkages to other services, and staffing patterns.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

One option would be to use real-time data to ensure consistent enrollment rates. Results of work will be shared with PATH workers on quarterly basis rather than annually. Program management will also explore sharing of PATH outcomes data with the agency's QI committee on quarterly basis.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

PATH developed several new collaborative relationships during the past year. These include: the Animal Protective League, Cuyahoga Metropolitan Housing Authority (CMHA) (monthly meetings), Homeless Task Force, Permanent Supported Housing Prioritization Group, Central Intake for Men's and Women's Emergency Shelters, Hoarding Connections, and Service Coordination meetings w/staff from 2100 Lakeside, the Emergency Shelter for Disabled Men, and the Norma Herr Women's Center (overflow shelter for women in Cuyahoga County). These partnerships have provided referrals, collaboration and assistance in identifying and engaging potential PATH consumers.

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

MHS has a number of marketing strategies designed to increase public awareness of PATH services. These strategies include: MHS, Inc. Information & Referral Services (funded by the ADAMHSCC),

First Call for Help, presentations at professional conferences, a table at Cuyahoga County's annual Homeless Stand Down, participation in monthly NEOCH (Northeast Ohio Coalition for the Homeless) meetings, attending job fairs, presentations to funders and other providers, featured articles in area newspapers, participation in monthly Homeless Task Force meetings, and business cards.

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

The greatest accomplishment of SFY 2011 was the expansion of the Veteran's program. Prior to the start of the Veteran's Pilot, MHS served approximately 17-20 Veterans per year, or roughly 2% of the total number of consumers served by the program. During the previous year, this project began as a pilot, with one peer specialist serving 64 veterans. This project became fully-operational during SFY 2011, serving over 111 homeless veterans to date, with a projected total of 130 veterans served by the end of June. The program added a second peer specialist, and fully established partnerships with the VA, the Volunteers of America, and other resources that serve Veterans.

7. Services provided to homeless Veterans (please answer both (a) and (b)):

a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011? The program has served 111 new clients between 7/1/10 and 4/22/11.

The rate of engagement is 8 clients per month per worker; accounting for staff turnover, we anticipate serving 129 homeless Veterans during SFY 2011. This surpasses the original target of 100 veterans served, as previously identified in the PATH Intended Use Plan.

b. Do you have one of the PATH funded Veteran's projects?

Yes or No

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ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

PATH Veteran's Pilot Project SFY 2011

Outcomes and Status Report

(Compilation of Data: July 1, 2010 - April 30, 2011)

1. Description of Program Design:

For SFY 2011, PATH expanded the original pilot program to add a second full-time Veteran Peer Specialist. This expansion was made possible with match funds provided by the Cuyahoga County ADAMHS Board. The Veteran peer specialists work closely together to outreach and engage homeless Veterans, and then link them to appropriate services. MHS has maintained the involvement of the Veteran Peer psychiatrist, who participates in street outreach with the peer specialists and provides not only assessment and treatment of clients, but training for the outreach staff as well. Ongoing training in trauma-informed care has been provided through weekly team supervision with the agency medical director, and access to trauma-informed counseling for participants (within the agency) has been maintained.

2. Veteran Peer Position: Who makes up the 1 FTE position?

Dan Abraham is the current Veteran peer specialist. The second specialist position is currently open, but has been filled for the majority of the year.

3. Please describe the process you are using to assist dishonorably discharged Veterans upgrade their discharge statuses:

Because a dishonorable discharge is only given by a General Court Martial, it is very difficult to upgrade. In Cuyahoga County, the process is to contact our local congressional representative (in this case, Rep. Dennis Kucinich) and request that he investigate and advocate for the upgrade. Administrative discharges (i.e. general, other than honorable) are easier to upgrade; the process involves contacting the Veteran Services Commission and working through a Commissions Officer (affiliated with the VFW, DAV or Am Vets) and providing advocacy to navigate through the process.

4. What effective new strategies were implemented to improve services to homeless veterans during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report)?

The addition of the second peer specialist had a substantial impact on services. Additional staffing resources allowed MHS to serve approximately twice as many homeless veterans as served during the previous fiscal year. The peer specialists function as an interdependent team; they share outreach and linkage responsibilities, thereby ensuring that services are provided in a seamless manner.

5. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to Veterans experiencing homelessness:

MHS has continued to expand and develop its relationship with the VA (Dept. of Veterans' Affairs) in order to link clients with necessary services. For Veterans who are not eligible for the VA system, peer specialists coordinate with their colleagues on the core PATH team to access homeless service systems.

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6. How were trauma-informed services and training incorporated in this pilot project during SFY2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report)?

Trauma-informed care has become part of the culture of PATH services at MHS. The medical director provides ongoing training and supervision regarding the provision of trauma-informed care during weekly group supervision for the entire PATH team. Also, the Veteran peer psychiatrist provides trauma-informed treatment for clients, and contextual education for peer specialists.

7. Please briefly describe your PATH Project's greatest accomplishment during SFY2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) in terms of providing quality services to Veterans experiencing homelessness:

The greatest accomplishment of SFY 2011 was the expansion of the Veteran's program. Prior to the start of the Veteran's Pilot, MHS served approximately 17-20 Veterans per year, or roughly 2% of the total number of consumers served by the program. During the previous year, this project began as a pilot, with one peer specialist serving 64 veterans. This project became a fully-operational program during SFY 2011, serving 111 homeless Veterans to date, with a projected 130 served by the end of June. The program expanded to add a second peer specialist, and fully established partnerships with the VA, the Volunteers of America, and other resources that serve Veterans.

Systemic impact of improved collaboration with the VA

8. Number of Veterans Served:

- a. Number of veterans served? 111
- b. Age of the veterans served? 18-30: 5%, 31-51: 35%, 51-61: 51%, 62+: 18%
- c. Gender of the veterans served? 107 male (96%), 4 female (4%)
- d. Race of the veterans served? 77 AA (64%), 40 Caucasian (36%)
- e. Number of veterans enrolled? 111

9. Would this pilot project be able to continue if 75 percent of your current funding was made available?

Yes or No

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Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.

Southeast is the provider organization for PATH funds in Franklin County. Southeast, Inc. is a non-profit, comprehensive provider of mental health and substance abuse treatment, physical healthcare and homeless services. The PATH Program serves primarily adults over the age of 18. While we have seen an increase in the number of individuals seeking services that are “doubled up” or “couch surfing” due to recent economic upheaval, the majority of clients served by the program are literally homeless. Southeast serves Franklin, Belmont, Harrison, Monroe, Tuscarawas and Carroll Counties, Ohio. PATH program services are provided in Franklin County only.

2. Indicate the amount of PATH funds the organization will receive

\$343,728: PATH Federal grant

\$60,225: Veteran’s Pilot

\$134,651: Local Match-ADAMH Levy

3. Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- the projected number of adult clients to be contacted using PATH funds.

The PATH Program will perform outreach to 375 individuals.

- projected number of adult clients to be enrolled using PATH funds.

The PATH Program will enroll 320 individuals, of which 40 will be veterans.

- percentage of adult clients served with PATH funds projected to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

We anticipate that 85% of clients will be literally homeless.

- activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Southeast’s PATH Program uses outreach strategies that are based on reaching individuals who are literally homeless. This includes in-reach into shelters, visiting homeless camps, and receiving referrals from other organizations that serve homeless persons. Building trusting relationships, providing assertive case management, and assisting with tangible/immediate needs are keys to engaging this disenfranchised priority population.

- strategies that will be used to target PATH funds for street outreach and case management as priority services.

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The PATH program staff participate in street outreach with other local services providers. Outreach to unsheltered individuals is built into the weekly schedule for the PATH program.

A recent highly collaborative community planning initiative identified the need to improve the coordination of all homeless outreach and linkage services in Franklin County to better serve the unsheltered population remaining on the streets, in encampments or other places not fit for human habitation. The Community Shelter Board and City of Columbus are in the process of awarding a grant to address this issue. The intent of the initiative is to “reduce duplication, decrease gaps in coverage, increase accountability for results, and establish clearer standards and measures of services delivery and outcomes.” Particular attention is being paid to the coordination of efforts between the social services/behavioral health systems and the faith-based community. Southeast’s PATH Program and Director of Friends of the Homeless Programs have both been active in the process defining what is needed in this program. We will participate fully with the program, once the funder has made an award.

- activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Southeast uses HMIS for our homeless shelter and housing programs. Our HMIS Administrator has had initial conversations with the operator of the central Ohio HMIS, the Community Shelter Board (CSB), about implementation. Our implementation steps will be:

- a. identify expense of using HMIS for PATH
- b. build these expenses into the PATH budget or seek additional outside funding for this new expense
- c. sign contract with CSB for PATH HMIS implementation
- d. train staff on use of HMIS and quality standards
- e. adapt HMIS policies to include PATH program, including writing privacy notices for consumers
- f. migrate data entry into PATH

Southeast is well positioned to make this transition. We already gather and track client-specific data on PATH clients. This data is used to submit client-identifying, HIPAA-compliant claims to Ohio’s behavioral health care information system, MACSIS. The client-specific data is used to complete federal and state PATH aggregate reports with actual, not estimated, information on consumers, services provided, and outcomes achieved.

- indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.

Direct care staff at Southeast are receive in-service training in motivational interviewing, clustering and Integrated Dual Diagnosis Treatment (IDDT). Trauma-informed care will receive increasing attention in SFY 2012. Staff may request funding and conference leave to attend additional trainings.

- indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Southeast intends to utilize PATH dollars to pay for the transition into HMIS once this becomes a PATH requirement.

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- community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

The PATH program refers clients to (and sometimes receives referrals from) many service providers in central Ohio. Some key providers for PATH eligible clients are:

- Healthcare for the Homeless provides primary healthcare services to homeless persons in our community. Healthcare for the Homeless and PATH project staff both participate in the Outreach Cluster, a group of services providers that go to the streets and into homeless camps to engage people into services that meet their needs.
 - PATH clients also receive primary care services through an outreach program by Mount Carmel hospital that provides a medical van that visits the shelters and other locations.
 - PATH clients are linked to employment resources through the Center of Vocational Alternative (COVA) our community's primary vocational program for persons with severe mental illness.
 - Clients are linked to local community mental health and substance abuse programs, including treatment at Southeast, Inc.
 - The Community Housing Network provides subsidized permanent supportive housing for persons with severe and persistent mental illness and co-occurring disorders and is a source of housing for some PATH clients.
 - The Community Shelter Board coordinates Rebuilding Lives which incorporates the shelter system and initiatives to end chronic homelessness by providing permanent supportive housing to chronically homeless persons. Clients are linked to Rebuilding Lives permanent supportive housing whenever they are eligible and express a desire for this type of housing.
 - The Chalmers P Wylie VA Ambulatory Care Center and other veteran organizations provide care for veterans.
 - The Traumatic Brain Injury (TBI) Network at the Ohio State University provides consultation, assessment, and treatment for individuals with traumatic brain injury.
- gaps in current service systems.

The greatest need is for supportive and transitional housing. There is a significant gap for dually-diagnosed homeless persons with criminal justice histories, especially histories of arson and sex offenses. There is also significant need for motivated dually-diagnosed persons to gain access for substance use disorder treatment options when they have no payor source. Much of the local treatment dollars for substance use disorders have been lost due to decreases in discretionary state funding as a result of the economic crisis.

- services available for clients who have both a serious mental illness and substance use disorder.

The PATH Project staff utilizes “motivational interviewing”, “stages of change” and “harm reduction” models to work with clients. The initial interventions must be client-centered, low key, integrated, repetitive, non-judgmental, and available when the client is ready to utilize them. The PATH Project can link consumers with our treatment teams that provide Integrated Dual Disorder Treatment. The PATH team currently is currently staffed with one LICDC and one LCDC II.

- strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

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PATH providers work with existing housing providers, such as the Community Housing Network and private property owners, to link people with housing. If a PATH client is chronically homeless, they are linked to permanent supportive housing through the Unified Supportive Housing System for intake and linkage to permanent, subsidized housing with supportive services.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

Carl Landry, the supervisor with responsibility for the PATH program, participates in the local Continuum of Care process in his role with the Columbus Coalition for the Homeless. In addition, Southeast has two grants through the Columbus/Franklin County Continuum; one is for a transitional housing program for chronically homeless persons with SMI and one is for permanent supportive housing for persons who are chronically homeless and have a disabling condition.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

(a) PATH Clients:

Age	%	Gender	%	Race/Ethnicity	%	Veteran Status	%
(<13)	0	Male	64	American Indian	0	Veteran	14
(13-17)	0	Female	36	Asian	0	Non-Vet	86
(18-34)	33	Unknown	0	Black or African American	51	Unknown	
(35-49)	42			Hispanic or Latino	0		
(50-64)	25			White	45		
(65-74)	0			Other	2		
(>75)	0			Unknown	2		

(b) PATH Staff:

Age	%	Gender	%	Race/Ethnicity	%	Veteran Status	%
(<13)	0	Male	29	American Indian	0	Veteran	14
(13-17)	0	Female	71	Asian	0	Non-Vet	86
(18-34)	14	Unknown	0	Black or African American	71	Unknown	0
(35-49)	0			Hispanic or Latino	0		
(50-64)	86			White	29		
(65-74)	0			Other	0		
(>75)	0			Unknown	2		

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- (c) Southeast staff have worked with homeless persons and developed a strong understanding of cultural aspects that contribute to the program success and avoid pitfalls. This includes understanding of these issues: Distrust/Suspicion of service providers among homeless people; Among African American consumers history of misdiagnosing and decreased access to appropriate treatment; Need to develop trust slowly over time to engage person into receiving services as they feel comfortable; and non-judgmental approach that utilizes the Transtheoretical Stages of Change model. English is the primary language for most of Franklin County. Franklin County's Latino population has increased to 4.79%, according to the 2010 Census. Somali and other African languages and Asian languages are used by Franklin County residents in small but increasing numbers. The PATH program utilizes interpreters to work with participants with limited English proficiency. ASL interpreters work at Southeast on our Deaf Services Team.

PATH staff and all other Southeast staff are initially oriented, provided with ongoing training, and routinely coached to work with clients in ways that respect diversity and to "start where each individual is." This means engaging the person who is homeless with genuine respect and caring, as well as meeting urgent material and behavioral health needs. The staff are highly accessible – offering their cell phone numbers and being reachable day or night. When PATH clients' participate in planning and evaluation efforts, they routinely highlight the significance of these caring connections. This strategy is effective across ages, genders and culture because it is individualized, relationship-based, and flexible in its delivery.

- (d) All Southeast staff, including the PATH Team, routinely receives cultural competency training. As an indicator of this commitment, in spite of substantial discretionary budget reductions, the agency has budgeted approximately \$50,000 for staff training in 2011, the largest portion of which is directed toward building cultural competence. In lieu of a single annual training, the organization has developed a series of training events covering a diverse group of topics throughout the year. Southeast anticipates that the new training program will provide more in-depth, unique learning opportunities. With the recognition that cultural competency encompasses a multitude of necessary skills and abilities, we will focus our efforts on traditional methods, for topics like cultural ethics, as well as experiential trainings, such as "Unsheltered Life," a simulation training about how it feels to be a person who is homeless needing to navigate systems. In the fall of 2009, we trained our entire staff in the "Bridges Out of Poverty" model, with the goal of better understanding our client population and not imposing middle-class expectations on people of poverty who may not share similar values. We began implementing Appreciative Inquiry in 2010 as an approach to, in part, teach us to look for strengths and reframe perceived negatives.
6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

Southeast addresses Consumer and Family Participation as follows:

- *Program Mission:* Our mission states that Southeast is a "comprehensive provider of mental health, chemical dependency, physical healthcare, and homeless services serving diverse populations

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regardless of their economic status. With the belief that all people have the capacity to grow and change, we provide our services to people of all ages, cultures, races, religious preferences, genders, and sexual orientations in order to enhance wellness and recovery, thereby improving families, workplaces, and communities. *Program Planning:* Southeast's Board of Directors is responsible for approving program development and grant applications. The board includes a seat(s) for a consumer or family member and for a homeless/formerly homeless person. Input from consumers affects program design. For example, as we have considered this application, consumer input guided our choices about staffing pattern.

- *Training and Staffing:* Southeast's service orientation is client-centered and recovery-focused, as is the outreach and engagement philosophy of the PATH Program. Based on recommendations from SAMHSA during the Ohio site visit, Southeast is adding one full-time consumer peer specialist to the team for the new year.
 - *Informed Consent:* Southeast's PATH Program utilizes a low-demand engagement model when working with potential participants. All participation is voluntary without coercion or threat. Clients are involved in treatment planning.
 - *Rights Protection:* Program participants receive copies of Southeast's Clients Rights materials including information on how to make a complaint or file a grievance and rights they have under ODMH, ODADAS, ADAMH and HIPAA.
 - *Program Administration, Governance, and Policy Determination:* The Southeast board of directors has position(s) on it for a consumer/family member and a position for a homeless/formerly homeless person. Southeast's Client Advisory Committee meets quarterly to address issues of programming and services to clients.
 - *Program Evaluation:* PATH program participants complete a Client Satisfaction Survey (CSQ8) to provide input and feedback about services provided. The survey results are utilized as a management tool to guide service delivery and are presented to Southeast's Quality Council for discussion as well. A formal consumer focus group, comprised of PATH program clients, is held annually to gather direct client input into how consumers feel the program works. Consumer interviews are part of the annual ODMH/ADAMH site visit, with five individuals actively participating in April 2011. Other opportunities for more informal input are being developed for 2011-12 to increase consumer and family input. For instance, Southeast uses processes from Appreciative Inquiry, an organizational development method that seeks to engage all levels of an organization, including consumers, in its renewal, change and improved performance.
7. Provide a budget narrative that provides details regarding PATH funds. (See Appendix D for sample detail budget.)

See attached budget narrative.

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ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

According to the Community Shelter Board Snapshot Report 2009 (the latest year for published data), there were 6,892 homeless individuals served by our system in 2009. When we multiple that by 23%, we can estimate that there were **1,585 individuals** who experienced homelessness and had a serious mental illness in our Board area in 2009.

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

We anticipate outreach to 375 individuals and enrollment of 320 into the PATH program.

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

The PATH Quarterly Report is generated from client-specific, real-time data collected by the PATH Team. Client level data is entered into a spreadsheet by the Program Coordinator. This data provides real-time information to agency leadership and the PATH Team to monitor how well the program is attaining goals, as well as individual case managers' productivity and contribution to the overall results. The Program Coordinator uses this information in individual and group supervision. The Program Coordinator and the Director of Friends of the Homeless Programs and Services use the data to make program mid-course corrections and forecast upcoming program needs.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

We are using the quarterly data to help us identify strengths and weaknesses in the program and with individual case managers.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

We continue to have strong relationships with homeless services providers, governmental entities, business groups, behavioral health and primary care providers, and other outreach workers. Please also see #5 below.

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5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

The best way to market the PATH program to the community at large and other homeless providers is to participate in collaborations and coalitions.

The PATH program staff members participate in Columbus Coalition for the Homeless meetings. These meetings are comprised of homeless service providers as well as community providers such as the Special Improvement District in downtown Columbus.

In 2010-2011, PATH staff participated in a city-wide planning initiative to develop a coordinated system of homeless outreach. The Director of Friends of the Homeless (FOH) Programs was a leader in these efforts. As a result of this planning process, the Community Shelter Board issued an RFP in March 2011 for a program that will provide coordination to the many homeless outreach efforts. We await their funding decision.

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

The PATH Program has gone through significant leadership changes this year as our Program Coordinator left the agency for another program and the supervision of the program changed from our SMI Clinical Director to our Program Director of Friends of the Homeless. Due to the concerted efforts of the newly appointed coordinator and FOH director, the transition has been smooth and even offered an opportunity to examine program operations and program design.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

We performed outreach to 58 veterans and enrolled 21 as clients.

- b. Do you have one of the PATH funded Veteran's projects?

Yes or No

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ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

PATH Veteran's Pilot Project SFY 2011

Outcomes and Status Report

(Compilation of Data: July 1, 2010 - April 30, 2011)

1. Description of Program Design:

Southeast's PATH Program includes a full-time Veterans Outreach Case Manager who provides outreach, engagement, supports, and linkage to housing and treatment for veterans who are homeless and struggle with serious mental illness (SMI). The project serves veterans who are not currently linked with mental health treatment. The Veterans Outreach Case Manager is a veteran who has knowledge and experience with the Veterans' Affairs and an understanding of homelessness and mental illness. The Vets Outreach worker works closely with the local VA. We have discovered that, in central Ohio, the VA does a good job of linking with homeless veterans with SMI who are eligible for VA services.

Our program fills the niche for individuals who are ineligible for VA services because they were either a) in the services but received a less-than-honorable discharge or b) served in the guard or in another capacity and did not have enough continuous service hours to be eligible for VA services. When the Veterans Outreach Case Manager finds a vet who is homeless and has a mental illness *and is eligible* for VA services and is willing to participate in VA services, he does not consider them as an outreach and does not enroll them. His goal is to get vets linked in the most direct way to appropriate and available services.

2. Veteran Peer Position: Who makes up the 1 FTE position?

Southeast hired Sterry Etheridge as the Veteran Peer. Mr. Etheridge brings 20 years' experience in the U.S. Army as well as prior experience working with a disenfranchised population in both the non-profit organization and educational systems.

3. Please describe the process you are using to assist dishonorably discharged Veterans upgrade their discharge statuses:

Once Sterry has identified a Veteran who may have an issue with their discharge status, he assists them in completing the application process to request an upgraded discharge. There are many reasons a vet may have had a less-than-honorable discharge. During the Vietnam era, if returning vets asked to be released from service early (e.g. to start college), they were given a less-than-honorable discharge. Many vets did not know they had an option to request that this be changed. Another issue is veterans with PTSD or substance use disorders related to PTSD who did not receive an honorable discharge. Once Sterry knows the cause of the less-than-honorable discharge, he can work with the vet to obtain back up documentation to support the claim. A successful change to an honorable discharge allows the vet to be eligible for VA services.

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4. What effective new strategies were implemented to improve services to homeless veterans during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report)?

Our Veterans Peer continued to perform outreach at locations where homeless vets have been found, he continues to work closely with the VA, and he continues to help vets attempt to upgrade their discharge status when appropriate.

5. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to Veterans experiencing homelessness:

The Veterans Peer continues to work closely with the VA, soup kitchens, shelters, and other groups or organizations.

6. How were trauma-informed services and training incorporated in this pilot project during SFY2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report)?

Mr. Etheridge continues to use his peer experience, academic training, and job experience to address issues of trauma with the veterans with whom he interacts.

7. Please briefly describe your PATH Project's greatest accomplishment during SFY2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) in terms of providing quality services to Veterans experiencing homelessness:

Mr. Etheridge continues to increase his visibility in the community of vets. He has worked diligently to help vets with basic material needs. His work is very much appreciated by the veterans who often feel forgotten by our society.

8. Number of Veterans Served:

- a. Number of veterans served? Outreach was performed with 58 vets.
- b. Age of the veterans served? (this data is for enrolled clients, we do not track demographic data until a person is enrolled)
 - 18-34: 5
 - 35-49: 9
 - 50-64: 7
- c. Gender of the veterans served?
 - Male: 18
 - Female: 3
- d. Race of the veterans served?
 - African American: 13
 - White: 7
 - Other: 1
- e. Number of veterans enrolled? 21

9. Would this pilot project be able to continue if 75 percent of your current funding was made available?

Yes or No

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Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.**

Provider: Greater Cincinnati Behavioral Health Services (GCBHS) - Community Mental Health Center.

Board Area: Hamilton County Mental Health and Recovery Services Board

Region Served: Hamilton County, Ohio

Services Provided: PATH; General population case management and case management that includes the following specialized teams: ACT Team, Forensic ACT Team, Criminal Justice ACT Team (Felony and Municipal Mental Health Courts), IDDT Team, Transitional Youth Program, Deaf Case Management Team and a Housing First Team; vocational programs; day treatment programs; pharmacological management (MD & RN); residential services; supported housing; HomeLink (a housing brokerage service); peer-driven social/recreational services.

Population Served: Adults (18+) with Severe Mental Illness, the majority of clients served by GCB are housed although the minority of clients who are un-housed will include PATH Clients.

- 2. Indicate the amount of PATH funds the organization will receive.**

Federal Allocation: \$284,158

Local **Match** Allocated: \$100,866

Total Project Allocation: \$385,024

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- The projected number of adult clients to be contacted using PATH funds.**

The total number of projected PATH contacts for FY11 is 1000.

- The projected number of adult clients to be enrolled using PATH funds.**

The total number of projected enrolled clients for FY11 is 470. This number represents a 10% increase over last year's number of enrolled clients. This also projects that 47% of PATH contacts will become enrolled which meets federal targets for the contact-enrolled ratio.

- The percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).**

The projected percentage of clients that are "literally" homeless is 80%.

- Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

Hamilton County's PATH Program uses two primary methods of finding potential PATH clients. These methods are: 1) street outreach and 2) in-reach at area shelters and the Hamilton County

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Justice Center. Our PATH program is the local leader in street outreach. We strive to know the name of every individual living outside so that we can maintain regular contact with them. Almost half of our enrolled clients are living outside or some other place not meant for human habitation at our first contact with them. The remaining enrolled clients are primarily engaged as a result of our in-reach efforts. We maintain close collaboration with all area shelters, soup kitchens and other places that homeless individuals may congregate. We visit these locations on a regular basis. Another way our PATH team maintains its focus on serving literally homeless is by using our local HMIS program, VESTA. Hamilton County's VESTA program has been used to compile data on Hamilton County's literally homeless population since its inception in 1998. It is generally expected that all individuals entered into VESTA are literally homeless. VESTA will generate a homeless certificate which serves as a statement that the individual is literally homeless. When our PATH began using VESTA in 2009, our VESTA program had to be tailored to be able to enter individuals who are at risk of homelessness so as to not generate this homeless certificate. By maintaining this separation in data entry between literally homeless and those at risk of homelessness we are able to keep a team focus on serving the literally homeless and know at any point in time the percent of literally homeless we are serving.

- **Strategies that will be used to target PATH funds for street outreach and case management as priority services.**

The primary focus of GCB's PATH Program is to provide assertive outreach to homeless mentally ill individuals in Hamilton County. This outreach is conducted daily by groups of outreach workers and volunteers. Our PATH workers look for homeless camps in parks, along the riverbank and under overpasses. A weekly log is completed noting whether or not a particular site is active, how many individuals are staying there and the individual's names, if known.

In addition to outreach, quick connection to local case management services is another primary focus for our PATH team. Entry into our local case management system begins with an assessment and referral by MHAP (Mental Health Access Point). This appointment will be prioritized by MHAP for a homeless individual and may be scheduled for as quickly as two days. For individuals with more immediate needs, MHAP offers transitional case management services that may begin immediately and bridge the gap until a referral to a permanent case management agency is made. During the current fiscal year, the average length of time that a PATH worker works with a PATH client is only 51 days. This length of time reflects the date the worker first meets a prospective client and encompasses activities from first contact to enrollment in PATH, to connection with MHAP, to the intake at the designated case management agency. Additionally, we have created partnerships with agency intake staff to ensure that the connection to ongoing case management services is a lasting relationship that can meet the myriad of needs of homeless individuals.

In 2005, GCB added intensive specialized case management services for homeless individuals. Clients that were targeted for these specialized services were those that may have been resistant to quick connection to services and also require a seamless transition into services. These services were developed for the hardest to engage, most severely mentally ill and most chronically homeless population. The Homeless ACT Team uses a "Housing First" model of case management. Two PATH workers are designated members of the Homeless ACT Team. When an individual working with PATH who meets Homeless ACT criteria begins to express an interest in housing, the PATH workers and case managers seize that opportunity to move clients into housing and services as quickly as possible. The PATH workers maintain contact with the individual and work to transition the trust

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and engagement that they have with the client to the rest of the ACT Team. This has been a successful adaptation to the PATH/Homeless ACT collaboration and has been very successful with our most difficult to serve clients. This model for the implementation of PATH, ACT and Housing First was presented at the Assertive Community Treatment Association Annual Conference in 2010 by our PATH Supervisor.

- **Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.**

Hamilton County PATH began using our local HMIS program known as VESTA in 2009. All data entry and all data reporting are done using VESTA. All progress notes are entered into VESTA which allows the system to be used as the electronic chart for PATH clients. Annual monitoring audits by HMIS staff are conducted to track outcomes related to data quality.

- **Indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.**

Our PATH team has a strong collaboration with our agency's Homeless ACT team. The PATH team has been trained in Assertive Community Treatment (ACT) which is an evidence-based best practice. The team is also trained in the best practice of Housing First for serving homeless clients. PATH team members have also received training in Integrated Dual Disorder Treatment (IDDT) including "Stages of Change" and "Motivational Interviewing" techniques. These skills are used throughout the process of assessment, engagement and referral to needed services. The agency sustains a close relationship with the Ohio's IDDT and ACT CCOE who provides training, technical assistance and fidelity reviews for GCB. The PATH team has weekly group supervision and individual supervision as needed. Training focuses on best practices for working with the homeless mentally ill population.

The PATH team is currently in the process of securing intensive training in Critical Transition Intervention (CTI) offered by Center for Social Innovation. This will encompass 24 hours of CTI training and continue through the implementation of these best practices into our PATH routine.

- **Indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.**

PATH local match funds are used to pay the annual fee for HMIS use for PATH data collection and reporting. PATH funds have also paid for additional training on the advanced uses of HMIS for supervisory staff.

- **Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.**

Outreach Services-cross referral and coordination is primarily through the monthly Homeless Outreach Group or HOG meeting

VA Outreach Program: The VA provides outreach to homeless veterans.

Lighthouse Youth Services: Provides outreach for youth and young adults.

Cincinnati Health Department: Operates a medical van that provides medical outreach services to homeless individuals.

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Off the Streets: Provides outreach to women who are involved in prostitution. Many of these individuals are also homeless.

GCB's Paths to Recovery Program: Provides outreach, engagement and case management to the chronically homeless public inebriate population using the "Housing First" model.

Screening and Diagnostic Services-PATH workers directly contact both these agencies on behalf of or with their clients.

Mental Health Access Point (MHAP): Provides mental health assessment and referral services.

Recovery Health Access Center (RHAC): Provides Substance abuse assessments and referral services.

Case Management-once a client is assessed and referred by MHAP, PATH workers assist the client to their intake appointment with these agencies.

GCB, CCHB, Centerpoint and Central Clinic: These local mental health agencies within Hamilton County provide case management services to adults with severe mental illnesses. In addition, GCB provides specialized case management for homeless clients with severe mental illness.

Lighthouse Youth Services: Offers case management services for youth up to age 25 within their transitional and permanent housing programs.

Alcohol or Drug Treatment Services-once a client is assessed and referred by RHAC, PATH workers assist their client in getting to their intake appointment with these agencies, some agencies may also accept direct referrals from PATH workers

Centerpoint/Talbert House: Provides services to individuals with substance abuse and/or criminal justice involvement.

Joseph House: Provides residential substance abuse treatment for homeless veterans.

GCB SAMI IDDT Team: Provides services to individuals with dual disorders who are homeless using the IDDT Model.

GCB Paths to Recovery Team: Provides substance abuse treatment using a harm reduction, "Stage of Change" model to individuals who are homeless and struggle with chronic alcoholism.

Crossroads Center: Offers residential and outpatient substance abuse treatment.

CCAT: Provides detox and short-term residential treatment.

Prospect House and First Step Home: These organizations provide long-term residential treatment specifically for homeless individuals.

Community Mental Health Services-urgent psychiatric treatment may be accessed with PATH worker assistance for their clients with immediate needs

University Hospital: Provides psychiatric emergency services, acute care services, medical clinics and hospital care.

VA Medical Center: Provides comprehensive services for homeless veterans.

Supportive and Supervisory Services in Residential Settings –referrals may be made to supportive housing programs for clients requiring additional supervision to find or maintain housing

Drop Inn Center, Mt. Airy Shelter, Lighthouse and City Gospel Mission: These organizations are local emergency shelter providers with 24 hour on site staff

Homeless Individuals Partnership Program (HIPP Team): Provides case management for chronically homeless individuals in local shelters

Drop Inn Center Case Management: Provides case management services for residents of Cincinnati's largest shelter.

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Family Shelter Partnership: Provides case management services to homeless women and children residing within the family shelters.

Tender Mercies: Offers transitional and permanent housing for the homeless mentally ill. The PATH program has a partnership agreement with Tender Mercies and GCB. Together Tender Mercies and GCB provide housing and case management for the transitional residents as they move toward obtaining permanent housing.

Health, job training, education-referrals are made primarily to meet urgent medical needs of clients prior to their connection with ongoing case management services

McMicken Health Collaborative: provides integrated medical, dental, and behavioral health services for homeless individuals.

Cincinnati Health Network: Operates a homeless med van that provides basic medical treatment and referrals.

- **Gaps in current service systems.**

- ❑ Insufficient housing availability for individuals with significant legal/criminal histories, particularly sexual offenders.
- ❑ Insufficient housing availability for individuals who have no income and do not meet criteria for subsidies.
- ❑ Insufficient access to substance abuse assessment and linkage for individuals who are incarcerated and individuals who are not yet ready for “active treatment” services.
- ❑ Lack of detoxification services for homeless individuals without medical coverage.
- ❑ Lack of housing options for transgendered individuals and couples without children.
- ❑ Ineffective job readiness/placement services for individuals who are homeless.
- ❑ Insufficient capacity for low barrier damp housing.
- ❑ Insufficient capacity within “housing first” programs for severely mentally ill homeless individuals.

- **Services available for clients who have both a serious mental illness and substance use disorder.**

The PATH team often advocates on behalf of clients to facilitate acceptance into both systems to obtain integrated treatment of their co-occurring illnesses. There are local providers who provide integrated treatment for substance abuse and mental health disorders, including: GCB’s IDDT Team and Centerpoint’s SA/MI Case Management and IDDT Team. GCB’s Paths to Recovery Team provides substance abuse treatment using a harm reduction “stage of change” approach to treatment. Clients in this program must have a primary diagnosis of alcohol dependence but may also have secondary mental health problems. There are many other entities that provide more traditional substance abuse treatment and accept individuals with dual disorders. Those organizations include: CCAT, Crossroads Center for Drug and Alcohol Treatment, Prospect House, Joseph House, Mt. Airy Shelter, First Step Home and the Drop In Center’s substance abuse program.

- **Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).**

GCB partners with Tender Mercies to provide PATH services. Tender Mercies also provides transitional and permanent housing for homeless mentally ill individuals. PATH is the primary referral source for this housing. GCB provides case management to all the residents of Tender Mercies’ transitional housing program and many of the residents within permanent housing.

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Shelter Plus Care certificates have been awarded through the local Continuum of Care for homeless and mentally ill individuals served by GCB and PATH. These subsidies are designated to individuals served through GCB's IDDT and Housing First teams. Both teams provide intensive services using a Housing First Model to ensure that clients will be successful in their transition from homelessness to housing.

PATH works closely with GCB's Homelink Program, which provides housing brokerage services to homeless and mentally ill clients. This service matches eligible homeless individuals with appropriate and affordable housing.

GCB's PATH Team also partners with the VA and Joseph House through the Veteran's Pilot Project. This has increased awareness of and access to housing for PATH clients who are Veterans. GCB directly provides residential housing and supported housing services to adults with severe mental illness and has collaborative relationships with the following housing providers:

- Excel Development: A property management group providing housing and housing certificates to the mentally ill.
- Tender Mercies: Provides housing exclusively for the homeless and mentally ill.
- Center for Independent Living Options: Provides housing for individuals with physical, cognitive or sensory disabilities.
- Joseph House: Provides housing to veterans with substance abuse problems.
- Caracole: Provides Shelter Plus Care certificates to homeless individuals with HIV/AIDS.
- Free Store Food Bank: Provides permanent supportive housing for homeless individuals.

PATH staff is trained on the various housing alternatives that are available in a multitude of systems, including HUD, mental health, AIDS services, veterans, physical disabilities and substance abuse, which enables them to make referrals quickly and efficiently. PATH workers seek input from their clients to determine their choice in housing. Most PATH clients choose apartments as their preferred living situation. PATH will do whatever they can to help clients realize this goal.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

GCB takes a leadership role in planning and coordinating homeless services in several ways including participating in the Homeless Outreach Group (HOG). HOG is a group of homeless outreach providers who meet monthly to coordinate outreach services to the homeless in Hamilton County. PATH chairs this meeting and maintains a 100% participation in HOG. The mission of HOG is to improve access to services for homeless individuals especially those living outside the local shelters. Objectives of the group are to: identify homeless camps, coordinate service delivery, avoid duplication, seek specialized expertise, and conduct a quarterly street survey to determine needs and impact of outreach efforts. There has been overwhelming success in moving homeless providers from exclusively engaging clients in the shelters to conducting outreach activities on the streets. Many local agencies are participants of HOG including Joseph House, the VA, Crossroads, the Med Van and the Homeless Coalition. Cincinnati Police are also members of this group as well as members of the faith based community. HOG is one of the working groups of the Continuum of Care (COC).

The COC's planning, implementation, and oversight activities are conducted through its Homeless Clearinghouse. HOG has had a seat on the Homeless Clearinghouse for the last 4 years since its inception as one of the COC's working groups. The Homeless Clearinghouse meets year round on a

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quarterly basis. Along with representatives from the City of Cincinnati, Department of Community Development, Hamilton County and the Greater Cincinnati Coalition for the Homeless, the Homeless Clearinghouse is the primary force for ending homelessness and improving the quality of life of individuals who find themselves homeless.

PATH participates in the COC's Funding Allocation Process. The large group scoring process occurs annually and allocates COC funding for all new and renewal programs.

- 5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)**

GCB has more than thirty years of experience with providing case management and housing services to mentally ill clients who are homeless or experiencing housing instability. Tender Mercies, GCB's partner in implementing PATH, has worked exclusively with the homeless mentally ill population since the early 1980s.

The target population for PATH is homeless individuals in Hamilton County who are suffering from serious mental illness. The demographics of PATH's client population, based on past PATH data are:

<u>Gender:</u>	66% male
<u>Age of largest group:</u>	35-49
<u>Race:</u>	47% AA; 49% white; 4% unknown or other
<u>Special needs:</u>	16% demonstrated signs of Schizophrenia 49% expressed symptoms of a Mood Disorder 52% reported issues related to Substance Abuse

Staff from both Tender Mercies and GCB regularly participates in training on cultural competency. GCB has a Cultural Competency Panel that meets quarterly to ensure that GCB is adhering to the guidelines and mandates set by all funding and accrediting bodies. Effort is placed on recruiting staff from the target population through various means including advertisement in "Street Vibes" (homeless publication), local faith-based publications and through networking in the homeless community. The majority of PATH workers are male and the team is racially diverse. This provides consistency with the target population. PATH participates in the Homeless Outreach Group, which brings together service providers from several specialty populations within the homeless system including physical disabilities, HIV/AIDS, Veterans and substance abuse. Additionally, GCB has a case management team that serves the Deaf community. GCB is also a member of a multi-language interpreting service available to all PATH workers on the street.

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)**

The PATH team has a .5FTE peer worker position. This worker serves as a consumer advocate and assists with street outreach. In addition, the PATH team has developed a consumer satisfaction survey to seek feedback from and connect to former clients. Our PATH peer worker conducts this survey. As part

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of PATH's Veteran Pilot Project, peers from Joseph House, a residential program providing substance abuse treatment to homeless veterans, were paired with PATH workers to conduct daily outreach. Ten peer workers from Joseph House were trained and compensated to provide outreach during this past fiscal year. Additionally, a peer worker from Joseph House participates in the Steering Group for the Veterans Pilot Project.

The PATH Advisory Board includes homeless and formerly homeless individuals who participate as members of this advisory group. This Advisory Board oversees and reviews the program's mission, engages in planning, training and staff recommendations, seeks to assure that PATH clients' rights are protected, and are advised of program utilization and evaluation data. A major focus of the group is discussing current PATH outcomes and providing feedback on how to improve results.

Consumers serve on the Boards of Directors of both GCB and Tender Mercies. GCB has a close affiliation with the local NAMI chapter and has members of the Board with ties to NAMI or with family members in the local mental health system. PATH also trains and works with consumer volunteers who assist with outreach services.

7. Provide a budget narrative that provides details regarding PATH funds.

See attached budget and budget narrative.

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ADDITIONAL QUESTIONS FOR ALLPATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

Hamilton County has full participation among agencies serving homeless individuals in the Homeless Management Information System (HMIS); therefore, the data obtained through this system is believed to be accurate. All data entered into HMIS is unduplicated in order to provide an accurate count of Hamilton County's homeless population. In addition, a street count was conducted to provide the number of individuals living on the street. However, this number only represents those individuals who meet the HUD definition of "literally" homeless. It does not include those who are doubled up with multiple families living in one home or apartment. It also does not include those who are exiting long term hospitalization or incarceration. The annual total for the number of homeless in Hamilton County is 8,525. Based on the guidance in the document referenced above; 1,960 individuals are estimated to have a serious mental illness.

The results of the 2009 Cincinnati/Hamilton county Continuum of Care Homeless Count can be found online at www.partnershipcenter.net.

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

Projections of contacts for next fiscal year are 1000 contacted and 470 enrolled.

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

PATH quarterly and annual data are used to monitor the progression of achieving end of the year goals and to identify trends such as the number of homeless individuals being enrolled and whether there is variation in their demographic breakdown. The new federal outcome measures will be used to assess the effectiveness of service connections and the impact of the PATH Team on preventing future incidences of homelessness among our clients.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

The average length of time that Hamilton County's PATH team works with their clients is 51 days. This time frame encompasses the time from first contact with a potential PATH client to connection to an ongoing service provider. The brevity of this relationship is primarily due to the quickness of our local system in getting clients connected to ongoing case management services. It is important in our community to be able to measure the effectiveness of these service connections by using data from case management agencies once a client is in their services. By limiting the federal outcome measures to those outcomes obtained while working with the PATH team, we are missing the opportunity for our local community to use this data.

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4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

The Homeless Outreach Group or HOG has added two new groups to its membership. HOG is a monthly meeting of homeless outreach workers that meet to identify homeless camps, coordinate service delivery, avoid duplication, and conduct quarterly street counts to determine needs of street homeless and assess impact of group outreach efforts. The first group added was "The Healing Center" which is a faith based group that conducts ministry and outreach to homeless individuals. The second agency that has added an outreach worker to HOG is "Off the Streets" which is a residential treatment program for women engaged in prostitution. The addition of both of these groups has made a positive impact on Hamilton County's overall homeless outreach efforts.

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

One of the PATH team's method of marketing itself to the community is through the presentations it does for agencies that have contact with homeless individuals. The team averages 2-4 presentations per month. Along with the education the team provides on homelessness and mental illness, information is provided on what PATH does and who is eligible. Information on how to access services is also provided. Daily street outreach and word of mouth also contributes to the marketing of PATH. Members of the PATH team also participate in community committees as well as the local CIT law enforcement training which helps to promote the mission of the PATH program.

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

There was an approximately 33% increase in the number of enrolled PATH clients from FY10 to FY11. In addition to this large increase in the quantity of enrolled PATH clients, the Hamilton County PATH team has also begun to look at the services provided to our clients from a qualitative perspective. We are in the process of establishing collaborative relationships with local agencies serving mentally ill homeless individuals in order to have a positive impact on the quality of service connections with these service providers. We have piloted this concept within our own agency and have assigned two workers to participate in monthly meeting with GCB's intake department. The focus of these meetings will be to assist intake staff in locating our sometimes hard to locate clients and ensure the relationships are lasting. We are also monitoring whether our clients are achieving the federal outcome measures and encouraging the newly assigned workers to pursue these outcomes as soon as possible. We believe that evaluating the effectiveness of the connections we are making for our clients can truly have an impact on reducing their incidence of future homelessness. In addition, the Homeless Coalition of Greater Cincinnati awarded our Peer Support Worker the Jimmy Render Award in recognition of his outstanding contribution as a former homeless person in improving the lives of Cincinnati homeless.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

65

- b. Do you have one of the PATH funded Veteran's projects?

Yes or No

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Section C: Local Provider Intended Use Plan (IUP)

FY 2012 (SFY July 1, 2011 – June 30, 2012)

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.**

Answer:

Provider Agency: Extended Housing, Inc., a private, non-profit, an *Other Housing* agency, serves severely mentally disabled and homeless or at imminent risk of becoming homeless persons in Lake County. Those served by Extended Housing, Inc.'s PATH program must be at least 18 years in age. Extended Housing, Inc.'s PATH program provides the following services:

- Outreach services
- Staff training including the training of individuals who work in shelters, mental health clinics, substance abuse programs, schools and other sites
- Screening and diagnostic treatment services
- Housing services which include planning of housing, assistance in applying for housing, improving the coordination of housing services, security deposits, and one time rental payments to prevent eviction
- Referrals for primary health services, mental health services, drug/alcohol services, educational services, relevant housing services and job training.

- 2. Indicate the amount of PATH funds the organization will receive.**

Answer: Federal funds \$50,000
Local \$65,800

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- **the projected number of adult clients to be contacted using PATH funds.**

Answer:

The projected number of adult clients to be contacted using PATH funds in FY 2012 will be 141; this is a 10% increase from FY 2011

- **projected number of adult clients to be enrolled using PATH funds.**

Answer:

The projected number of adult clients to be enrolled using PATH funds in FY 2012 is 98; this is a 10% increase from FY 2011

- **percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).**

Answer:

The percentage of adult clients served with PATH funds projected to be literally homeless is 75%

- **activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

Answer:

PATH staff outreaches in the evenings at Project Hope for the Homeless, homeless shelter, at least once a month, staff will go more as needed. PATH staff visits Salvation Army "day shelter" where

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many of the homeless go during the day after leaving the shelter. PATH also attends local church dinners for the homeless in order to outreach to those who may be staying outside. The help hotline (211) is also aware of PATH and who they serve so that anyone calling in who is homeless is given PATH's number. Every summer, PATH holds a bake-sale at Wal-Mart and a picnic in order to outreach to the homeless. In the winter time, PATH will pass out hot chocolate in the evenings for outreach. On March 19, 2011, PATH workers along with the Homeless Advisory Council had tables at the Mentor Mall for Community Day where they outreached to 2 people at the mall and gave out information about the PATH program while raising money for the Homeless Advisory Council.

- **strategies that will be used to target PATH funds for street outreach and case management as priority services.**

Answer:

PATH works very closely with their consumers. Due to the strong relationships between the worker and consumer, the consumer's friend who is living on the streets is more likely to be linked with a PATH worker. PATH also has walk-in hours twice a week; Mondays and Thursdays 12:30pm-3:00pm. These hours have been advertised at Salvation Army, local emergency shelters, local library, social service organizations and police departments. A training for Lake County Children Service's will be given May 3rd and 4th of 2011 for those workers who have children aging out of foster care and may end up living on the streets.

- **activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.**

Answer:

A time will be scheduled for PATH staff to attend HMIS training in Columbus. At the start of FY 2012, data will be put into HMIS and by the end of FY 2013, all data and information will be inputted into

- **indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.**

Answer:

Extended Housing, Inc. pays for staff to attend trainings on evidence-based practices and other training for different programs. This way, PATH team is able to utilize the most up to date practices to best serve their clients.

- **indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.**

Answer:

Extended Housing, Inc. will support HMIS training by paying for the PATH team's travel and time spent in Columbus.

- **community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.**

Answer: (see next page)

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Community Organizations that Provide Key Services:

Services:	Number of Agencies Providing Services	Type of Services Provided
Primary Health	6 (PATH Outreach workers have either daily or weekly contact with these agencies)	Free medical screenings and physicals, scheduling appointments with doctors and specialists, assisting with purchasing medications, transporting clients to doctors' appointments, dental assistance for school age children, immunizations, TB testing, AIDS testing, well child services, education, counseling, and prenatal care.
Mental Health	6 (PATH Outreach workers have either daily or weekly contact with these agencies)	Community support services, psychiatry, counseling, crisis intervention services, vocational services, dual diagnosis, jail treatment, and support groups for families. Intake at Extended Housing occurs for three mental health agencies.
Social Services	9 (PATH Outreach workers have either daily or weekly contact with these agencies)	Crisis shelter for battered woman and their children, Veterans services, homeless shelter, legal services for the low income, referral services, one time help with rental assistance and utility assistance, clothing, food, a day shelter, Medicaid, cash and food stamps assistance and help paying for day care.
Substance Abuse	3 (PATH Outreach workers have either daily or weekly contact with these agencies)	Dual diagnosis program, prevention services, assessments, treatment, and rehabilitation services for alcoholism and or drug abuse, and residential treatment services.
Housing	3 (PATH Outreach workers have either daily or weekly contact with these agencies)	Low cost housing to families, seniors, and people with disabilities, transitional housing with a goal towards self-sufficiency primarily serving single mothers with children, and area landlords.
Employment Services	4 (PATH Outreach workers have either daily or weekly contact with these agencies)	Assistance in establishing employment by filling out applications and creating resumes, training, purchasing clothes for employment, and transportation, to interviews to and from job.

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- **gaps in current service systems.**

Services:	Extended Housing	Lake County Agencies	Gaps in Services
Outreach	X		
Screening and diagnostic treatment services	X	6	Waiting list 2-3 weeks for Mental Health Agencies. Extended Housing can usually screen the same day.
Habilitation and rehabilitation		3	
Community Mental Health Services		6	Waiting lists are long. Psychiatry 6-8 weeks, counseling 12 + weeks. Intake appointments are conducted at Extended Housing for three mental health agencies.
Alcohol and drug treatment services		3	Waiting lists vary
Staff training including the training of individuals who work in shelters, mental health clinics, SA programs, and other sites.	X		
Case Management Services		3	Waiting list 2-8 weeks long.
Supportive and supervisory services in residential settings		3	Short term group home offers 2 ½ months of residential treatment. There are 2 longer term group homes which have waiting lists of varying lengths.
Referrals for primary health services, job training, educational services, and relevant housing services	X	4	The Free Clinic offers services to uninsured. Other clinics and health care providers require Medicaid prior to services.
Minor renovation, expansion, and repair of housing		1	
Planning of housing	X	5	Lake County has one of the highest median rents in the state making housing unaffordable. Lake Metropolitan Housing Authority has had their Section 8 waiting list closed since January 2007. It was open for three days in September of 2010 and PATH team was instrumental in assisting the homeless with applications.
Costs associated with matching eligible homeless individuals with appropriate housing situations	X	1	
Technical assistance in applying for housing assistance	X	5	
Improving the coordination of housing services	X	5	
Security deposits	X	6	Funds are limited
One-time rental payments to prevent eviction	X	3	Funds are limited.

- **services available for clients who have both a serious mental illness and substance use disorder.**

Answer:

PATH services are coordinated with three mental health providers in Lake County, Neighboring, Signature, Inc., and Pathways. Each Wednesday morning, diagnostic assessments are offered at Extended Housing so that the clients served are able to meet in a familiar environment. The mental health providers take turns each week, which allows the clients real choices about the mental health services. The end result of these partnerships has been a decrease in time it takes for an intake for mental health services to be scheduled and completed.

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Four agencies in Lake County provide services for consumers who have both serious mental illness and substance abuse disorders. Extended Housing, Inc. meets with three of those agencies once a month. PATH workers have regular contact with these agencies on an individual basis at least weekly. An intake person from three community provider agencies meets with newly identified homeless persons suffering from severe and persistent mental illness at Extended Housing, Inc. each week. The PATH workers facilitate this by completing some of the provider's forms and releases of information and coordinating times for intake as well as bringing people to their appointments.

- **strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).**

Answer:

Shelter Plus Care (55 vouchers) and Transitional Scattered Site are two programs for only the homeless PATH may refer their consumers to. Extended Housing is the provider for both of these programs. Extended Housing also holds subsidies for those who are severely mentally ill and low income; the homeless may be prioritized for these subsidies. PATH staff also helps consumers apply for Housing Choice vouchers and Lake Metropolitan housing, so that when they do enter a program of Extended Housing's they may move into more permanent, stable housing when their name comes up on the public housing's list.

- 4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.**

Answer:

Extended Housing, Inc. is very involved in the Coalition on Housing and Supportive Services in Lake County which meets approximately six or more times a year. Extended Housing, Inc.'s PATH Outreach Coordinator is co-chair of the Point In Time Committee through the Coalition on Housing and Supportive Services and works with service providers throughout the community about the Point In Time Count. For the FY 2011 Point In Time Count, the PATH Outreach Coordinator met with the representatives from other agencies before the count and collected the completed forms from the agencies. The Lake County ADAMHS Board has been granted the 3 Shelter Plus Care Programs, which is administered by Extended Housing, Inc. This totals to 55 vouchers; 45 vouchers for single individuals, 5 family vouchers and 5 vouchers for chronically homeless individuals. PATH plays an active role in the Inter Agency Housing Committee, which meets monthly and includes representative from Lake County's mental health agencies. Lake County formed the Homeless Task Force after a homeless individual voiced her concerns about the treatment of the homeless population in Lake County at a Painesville, City Council meeting. Since the inception of the Homeless Task Force, a day shelter has opened in Painesville and the local police department has changed its protocol. Instead of arresting homeless people, the police officers now take homeless individuals to the day shelter when appropriate. The local police department also provides information to Extended Housing, Inc.'s PATH workers when homeless persons are involved. PATH workers go to the day shelter every other week and have found very creative ways in which to educate the homeless people there about the resources in the community. PATH workers often meet consumers in the library where they find other homeless staying there before dinner at the local churches, which PATH also attends on a monthly basis to outreach. PATH has taken initiative to educate local schools and the Lake County Children Services Division for those aging out of foster care that may not have a place to live after they leave their foster homes. On December 21, 2010, Lake County's Crisis Hotline was given training for those calling in need of PATH's help. In July 2011, PATH will also participate in Convoy of Hope.

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The PATH Coordinator, Director of Housing Services, Executive Director of Extended Housing, Inc. and the Director of Quality and Clinical Operations of Lake County ADAMHS Board actively participate in the Lake County Continuum of Care. The Continuum of Care created “Home is Insight-Lake County’s Ten Year Plan to End Homelessness” and is meeting every month. All of the above mentioned staff at Extended Housing have been very involved in this committee as well and are working on various assignments to complete the plan. In addition, a member of the PATH Advisory Council is an active member of the Continuum of Care.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

Answer:

- (a) From July 1, 2010 to April 21, 2011, the number of enrolled PATH clients was 75. None of the 75 were under the age of 18. Forty-seven percent (47%) of enrolled PATH consumers were ages 18-34; thirty-three percent (33%) were ages 35-49; and twenty percent (20%) were ages 50-64. Fifty-two percent (52%) of PATH consumers were male and forty-eight percent (48%) were female. Ninety-nine percent (99%) of the PATH consumers were Non-Hispanic and one percent (1%) was Hispanic. Seventy-six percent (76%) of the PATH consumers were white, eighteen percent (18%) were African-American, five percent (5%) were multiracial and one percent (1%) was American Indian. Four out of the 75 enrolled PATH consumers or five percent (5%) reported being veterans.
- (b) the PATH team consists of two lifelong residents of Lake County. They are white females between the ages of 18-34. One member of the team has worked with the severely mentally ill homeless population for over 9 years and has seen the generations of the population. While still working with the population who is aging, we are starting to see more young adults (ages 18-22) as homeless. In order to better work with the population at their beginning of their homelessness in order to prevent chronic homelessness, PATH is training Lake County Children Services Division in May 2011. The immediate supervisor of the PATH homeless outreach team is a white female between the ages of 18-34.
- (c) Since the PATH Coordinator has been with Extended Housing Inc.’s PATH program for over 9 years, she has seen the homeless, especially those who are chronically homeless, with severe mental health age. In 2011, PATH worked with other community agencies (Neighboring’s elderly services) to better understand the aging population’s physical and mental conditions in order to better serve the aging population. Extended Housing, Inc. has local census data and understands the cultural aspects of the community, which has contributed to the success of the PATH program. PATH staff is extremely flexible and is able to meet consumers wherever they feel most comfortable at.
- (d) PATH team completes cultural diversity training annually. The last cultural diversity training included presentation, discussions and exercises about gender issues, physical disabilities as well as racial and cultural differences. Extended Housing, Inc. is committed to having staff attend annual trainings in cultural diversity.

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- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)**

Answer:

Extended Housing, Inc. strives to create housing opportunities by purchasing properties in areas desired by the population it serves. Staff relies upon approximately 50 housing surveys which are annually completed by those served by the agency. The PATH team hands out surveys to consumers to complete when the consumer is about to be housed or closed so that PATH team may adjust to future consumers' needs accordingly. Extended Housing, Inc. also collects information regarding housing preferences on its application, which PATH helps all of its enrolled consumers to fill out. This information is used to help Extended Housing, Inc. determine what type of housing and location of housing is preferred by the consumer.

Extended Housing, Inc.'s Board of Directors is comprised of both primary and secondary consumers. In addition to Extended Housing, Inc.'s Board, the PATH consumers are educated by the PATH workers about the various mental health services and agencies throughout Lake County and are encouraged to participate with other agencies at all appropriate levels.

The Homeless Advisory Council, comprised of at least 3 homeless/formerly homeless persons, meets the first Friday of every month (more often as needed). During these meeting times, the HAC puts together plans of fundraising activities that educate the community about homeless awareness and the PATH program, often times, outreach occurs. HAC participates in outreach activities as well, such as the chili cook off for the Point In Time Count, hot chocolate outreach in the winter, coat and blanket drive, distributed backpacks, and the annual bake sale at Wal-Mart. A member of the Homeless Advisory Council also participates in the Lake County's Continuum of Care Committee and a permanent supportive project committee. They have also met to discuss program issues and ways in which PATH services and services delivery can be improved. Extended Housing, Inc.'s PATH team has been very fortunate to have a very dedicated group from the Homeless Advisory Council, who have been willing to help others and to give back to their communities.

Extended Housing, Inc. continues to have an open door policy for PATH consumers. They are free to drop in and let us know their thoughts, ideas and opinions about the PATH program.

- 7. Provide a budget narrative that provides details regarding PATH funds. (See Appendix D for sample detail budget.)**

Answer:

Please see attached Program Budget

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ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

280 individuals

- a. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

It is anticipated that 141 will be served and 98 will be enrolled.

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

We are using the quarterly data in our daily operations by calculating how many more people we need to strive to outreach to and to see how many we assisted in obtaining different services (such as benefits and employment). Lastly, we use this data to identify a pattern of the homeless population we are serving.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

When reporting the number of individuals obtaining benefits, earned income, housing etc., it does not show an accurate number for the quarter. Some of the individuals meeting these outcomes have been enrolled in a previous quarter.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

There has been more non-traditional community outreach; for Hearts and Hands at the Mentor Mall, our PATH Outreach Worker went around to different local businesses explaining the PATH program and asking for donations. Those businesses are not groups we tend to educate on PATH; rather we usually focus more on community agencies that may already have knowledge of the PATH program. We are planning to form a relationship with Lake County Children Services in May 2011 for those aging out of foster care and end up homeless or "couch-surfing."

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

- a. PATH program has flyers of the walk-in hours and cards that are passed out and posted at different public places, such as the Morley Library in Painesville. PATH program promotes itself when there is a fund raiser for the Homeless Advisory Council; PATH workers will go around to local businesses, asking for donations and making the community at large aware of the PATH program

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and who we help. PATH and the Homeless Advisory Council fundraisers are held in very public places, such as the Mentor Mall and Wal-Mart, so those out shopping see and become educated on PATH.

- b. PATH works very closely with Project Hope for the Homeless and speaks with the workers at the shelter at least once a week. PATH sets up visits at Project Hope in the evenings to meet new and potential clients. PATH also frequents Salvation Army, “day shelter” to meet with clients. Lastly, Forbes House, the domestic violence shelter, will often call PATH workers to come and meet with those who may be appropriate for PATH’s program. PATH has great working relationships with the community mental health providers and attends monthly meetings at the Inter-Agency Housing Committee to obtain any information about potential clients. Again, PATH has cards and flyers with the scheduled walk-in hours at the office they hand out.

6. Please briefly describe your PATH Project’s greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

In October, the Homeless Advisory Council and PATH team held a blanket and coat drive. At the drive they passed out over 75 coats and blankets. Not only were they able to serve people but also spread the word to Lake County about PATH’s program and how they are able to help others. They received donations and from these donations they were able to hold a formal dinner for the homeless and the Homeless Advisory Council.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

4

- b. Do you have one of the PATH funded Veteran's projects?

Yes or No

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Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.**

Answer: Answer: Gathering Hope House (GHH) is a consumer run mental health agency for Lorain County residents. Gathering Hope House, through the PATH program offers outreach services, referrals for primary health and mental health services, planning of housing and technical assistance in applying for housing. Other GHH services provided specifically for homeless members include the use of address and phone, showers and laundry services, and unlimited access to clothing. All lunch and transportation fees are waived for members who are homeless.

Among other services offered at GHH are recovery groups, daily meals, volunteer opportunities, on and off site social activities, and peer support. All services and amenities are available to PATH clients free of charge. PATH clients can also use this site as a mailing address, which is of great value since the majority of PATH clients are literally homeless.

- 2. Indicate the amount of PATH funds the organization will receive.**

Answer: The amount of the projected PATH funds for the 2011-2012 year for Federal is \$74,816. The local match from the Lorain County Board of Mental Health is \$24,939. The total allocated funds are \$99,755. See attached budget for detailed line items.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- projected number of adult clients to be contacted using PATH funds.**

Answer: Two hundred (200) homeless clients are projected to be contacted during FY 2011.

- projected number of adult clients to be enrolled using PATH funds.**

Answer: Of the two hundred contacted clients, 116 are projected to become enrolled in PATH Federal and match funded services.

- percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).**

Answer: Approximately 90% or greater of adult clients served with PATH funds are projected to be literally homeless.

- activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

Answer: We will increase efforts to do outreach in the woods, under bridges and on the streets to maximize the use of PATH funds to serve the literally homeless. We will continue daily visits to

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Catholic Charities day center (the local hub for Lorain County's homeless) and Haven center, our one permanent local homeless shelter and to the temporary shelter if and when it is open, to keep us in contact with the areas literally homeless. This coming year we will devote more time to doing outreach in southern Lorain County and make efforts to establish relationships with service providers, business, and law enforcement in that area. Finally, we will continue to collaborate with a local bakery to do our weekly doughnut outreach in downtown Lorain. This outreach has gotten very popular, bringing new literally homeless weekly.

- **strategies that will be used to target PATH funds for street outreach and case management as priority services.**

Answer: The specific strategies that PATH implements to insure that PATH funds are targeted for street outreach and case management are as follows:

1. Two days a week will be devoted to literal street outreach (distributing hygiene kits, food vouchers, donuts, and other needed items).
2. Once enrolled, referrals, transportation, and advocacy will be provided to obtain the following services:
 - Shelter (Haven Center Shelter, 700 House sleeping rooms, Timothy Sober House for men, Jennifer's Gate or The Key Sober House for women, Genesis House Battered Women's shelter, and motel rooms when appropriate).
 - Mental health services (Nord Center, Far West, Fireland's Counseling and Recovery, or private psychiatrist) based on clients' preference and eligibility.
 - Benefits or employment (Social Security Dept., Lorain County Dept. of Job and Family Services, Veteran's Association, Goodwill Employment Counseling, Bureau of Vocational Rehabilitation, Employment Network, and any job interviews).
 - Primary health (Allen Memorial Hospital, Community Health Partners, Mercy Hospital, Free Clinic, Family Health and Dentistry).
 - Substance abuse treatment (Lorain County Alcohol and Drug Addiction Services Inc., Nord Center, Timothy Sober House for men, Jennifer's Gate or The Key Sober House for women).
 - Permanent housing (LMHA, Nord Housing, 700 House, private landlords).

PATH meets with each of the providers listed in parenthesis regularly in an effort to collaborate and assure continuity in service.

- **activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.**

Answer: We will be working with the Ohio Department of Mental Health and will participate in any trainings necessary to become HMIS equipped.

- **indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.**

Answer: The PATH team has participated in training on Motivational Interviewing, but it has not been monitored for fidelity. Other trainings that PATH has paid for and staff have participated in include:

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Working with Dual Disordered Clients, Integrating Primary Care and Behavioral Health Care for Persons with Severe Mental Illness, How to Ethically Set Client Confidentiality Boundaries, Re-entry for Incarceration, Street Drugs and Related Community Problems.

- **indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.**

Answer: Not at this time.

- **community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.**

Service	Coordination of Services
<p>Shelter</p>	<p>When seeking shelter for our clients, Haven Center is the first organization we contact. Haven, however, does not accept sex offenders and has a “do not return” list that includes a number of our chronically homeless clients. If suitable, we refer our clients to one of 3 sober houses for temporary housing and treatment for addictions. There is often a waiting list for these homes.</p> <p>If our client has an income, we have developed a good relationship with the owner of a local boarding house and are usually able to get our clients housed at this location.</p> <p>If housing and income are not available, we have developed good relationships with Catholic Charities, The Salvation Army, and the St. Vincent De Paul Society, all local faith based organizations, which assist with vouchers to put needy clients in motels when appropriate.</p> <p>For clients with severe and persistent mental illness needing supportive housing, we work with one of the mental health agencies.</p>
<p>Mental Health</p>	<p>There are three main mental health agencies that we refer our clients to. We are in constant communication with the Nord Center, the largest provider of services in this area, including mental health assessments, CPST, counseling, and psychiatry. Firelands and Far West are smaller agencies that offer consumers an option for these services. PATH referrals are based on client preference, eligibility and timely intake. We help to facilitate treatment and work with our clients until they are engaged with the mental health staff.</p> <p>Nord has a crisis unit that includes a mobile team that can come on-site to assess clients that could be a threat to themselves or someone else. We rely on them heavily for these crisis services.</p>
<p>Benefits or Employment</p>	<p>For cash benefits, if eligible, we refer disabled clients to the Social Security office and veterans to the Veterans Association.</p> <p>Other organizations with which we work include The Bureau of Vocational Rehabilitation for employment. Higher functioning clients are referred to Goodwill Industries and the Employment Network to receive counseling and assistance with resume writing and job readiness.</p> <p>Referrals are made to Lorain County Job and Family Services (LCJFS) for benefits. If a client has a case pending for Social Security, there is a program in place that allows clients to receive cash assistance from LCJFS based on the high likelihood that they will receive cash benefits from Social Security. This has allowed us to get several homeless clients into housing more quickly.</p>

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Primary health	There are three local hospitals and two local clinics (the Free Clinic and Lorain Family Health and Dentistry, a FQHC) that we refer PATH clients to as needed for treatment of health problems, physical exams, immunizations, prescription medications, health education, dental and vision referrals, and referrals for specialized medical services.
Substance abuse	Lorain County Alcohol and Drug Administration and the Nord Center are the agencies in Lorain County that PATH utilizes to obtain addiction services for its clients. Both provide treatment and supportive services but the Nord Center offers treatment and services for clients with dual diagnoses.
Permanent housing	<p>We immediately refer eligible clients (eligibility requires two years free of any criminal offences and 3 preferences specified by agency) to Lorain Metropolitan Housing Administration (LMHA). They have a lengthy waiting list but the greater the number of preferences the more quickly they get into housing.</p> <p>Subsidies clients can access are Housing Assistance Program, funded by the Board, Section 8 through the LMHA, and Shelter Plus Care, managed by NSP and for which we work with Nord to access.</p> <p>For clients with an income we have relationships with several private landlords and a boarding house which has sleeping rooms.</p>

Answer: The agencies listed below are the primary agencies that our PATH staff makes referrals to and collaborates with on a regular basis.

PATH participates with several of the above agencies monthly at the Lorain County Task Force for the Homeless (<http://www.loraincounty.com/homelesstaskforce/>). We have made it our goal to have a relationship with at least one individual from each of the agencies that we deal with and have successfully accomplished that goal. Each of the agencies that participate in the homeless taskforce has given a presentation explaining the services they offer, eligibility, and policies. A representative from the PATH team also serves on the homeless taskforce board that also meets monthly. We will continue with our participation in the coming year.

- **gaps in current service systems.**

Answer: The supply of beds in emergency shelters in Lorain County was already insufficient but to make matters worse we have received confirmation that St. Joseph's shelter, which houses 50 men and 14 women and children during the winter months, will be permanently closing on April 30th, 2011. This will create a severe deficit for our clients who are homeless during the coldest and most difficult time of the year. Our only other shelter, which has 68 beds, serves families with children first and fills up quickly. They do not accept individuals with sexual offences and clients with addictions have a hard time abiding by the stricter policies at this facility. Many leave on their own or eventually violate rules and cannot return for several months. Another program, which gives temporary shelter to homeless in local churches, only serves families with children and does not serve clients with severe mental illnesses, substance abusers, or felons. St. Joseph's shelter served this chronically homeless population who will have nowhere to go after April 30th 2011. It is unclear at this time if the program will be permitted to operate at a different location.

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Another deficit in current services is the limited transportation in Lorain County. Even highly motivated clients find it difficult to make it to appointments and job interviews because of the drastic decrease in bus services.

Finally and most pertinent is the limited funding for housing in Lorain County. Without funding, there is not enough appropriate housing and waiting lists for area housing continue to grow.

- **services available for clients who have both a serious mental illness and substance use disorder.**

Answer: At the Nord Center, the following are available: Integrated Dual Diagnosis Treatment Team for persons with a serious mental illness and substance abuse, Women’s MICA-permanent housing for women, Men’s MICA transitional housing for males and the treatment hub for dually diagnosed persons. PATH staff has a good working relationship with Nord. Additionally, there are treatment groups for dually diagnosed clients at men’s MICA- Dual Recovery Anonymous (DRA) on Monday evenings; general DRA meetings are held at Nord on Wednesdays.

- **strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).**

Answer:

- Connect clients to agencies with emergency financial resources for help with utility and rent or mortgage deposits
- Promote positive working relationships with private landlords & place some clients in suitable living quarters that are listed on the open market.
- Distribute information to local shelters, breakfast and lunch programs, homeless day programs, city and county jails, and prisons and institutions, including housing as part of discharge planning.
- Encourage networking and advocacy through local, state and national coalition and alliances for the purpose of reducing homelessness, especially the literally, chronic homeless.
- Require PATH staff to collaborate with various agencies for housing placements

Agency	Services
Lorain Metropolitan Housing Authority (LMHA)	Low income housing; including an assisted living program and Section 8
Nord Center	Residential Services, housing support for persons with a severe and persistent mental illness administers the Housing Assistance Program (HAP). HAP is temporary funding provided by the Board to subsidize housing for those able to live independently. We also work with Nord to access S+C.
700 House	Self-pay sleeping rooms for adults
Private Landlords	As Appropriate

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

Answer: The staff of Lorain County's PATH Team attends all scheduled Continuum of Care meetings for the Homeless, along with Nord Center, Haven, New Sunrise Properties (supportive and independent housing for mentally ill homeless or low income needy), Catholic Charities (day center for the homeless), the YWCA (women's transitional housing), Faith House (family transitional housing), and the United Way. PATH's outreach staff participates in other local housing collaborations, partnerships, and alliances. PATH participates in the Homeless Task Force and serves on the Homeless Taskforce Board, which both meet monthly. PATH heads up a sub-committee of the Homeless Task Force, Voices for the Homeless, which provides the homeless with an organized framework to address their specific needs or interests and reports these needs back to the Homeless Task Force.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

Answer:

- (a.) The majority of the clients served have been Caucasian males between the ages of 35-49 years of age, with a number of African-American and some Hispanic males as well. We had 64% that were males and 36% that were females. 31% were between the ages of 18-34 years, 44% were 35-49 years, and 20% were 50-64 years. Caucasians made up 70% of the population served followed by 16% African American, 6% Latino, 6% Two or More Races, and 1% American Indian.
- (b.) The PATH staff includes a female Hispanic Bilingual Coordinator, a male Caucasian Outreach Specialist, a female Caucasian Resource Specialist and a formally homeless African American male outreach worker, who is also a mental health consumer.
- (c.) PATH employs a culturally diverse staff to insure fair and culturally competent serves. We also distribute feedback forms to clients in an effort to improve services.
- (d.) Staff attends trainings on Cultural Competence provided by the Lorain County Board of Mental Health. PATH staff will also attend the Multiethnic Advocates for Cultural Competency conference this September.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

Answer: PATH is currently collaborating with Catholic Charities to have monthly meetings at their site for The Voices for the Homeless sub-committee. It is our goal to merge our advisory council (a group composed of homeless and formally homeless or formerly homeless mentally ill and or dually diagnosed consumers, family members and providers) with the sub-committee in an effort to get a broader demographic and a current and changing perspective on the needs of the homeless in our county. Also, as mentioned above, we have a formally homeless mental health consumer as part of our staff.

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

- 5. Provide a budget narrative that provides details regarding PATH funds. (See Appendix D for sample detail budget)**

Answer: See attached budget narrative.

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

5. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (ODMH DRAFT Guidance Document revised March 2011 Page 3).

*Each board would determine the annual number of homeless persons (no longer only using the point-in-time number or some derivative of the number of clients the PATH Project serves, etc.)

Answer: homeless estimate—1045; homeless with SMI estimate—240

5. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

Answer: 116

5. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

Answer: On reviewing our recent quarterly report we realized that we needed to do more thorough documentation to truly reflect all that is being done. We've implemented a new outreach sheet and reconstructed our running records. With these changes all staff members can better evaluate next steps that need to be taken with clients for improved services and continuity of care within PATH.

5. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

Answer: Can a set of unified forms and documents for all PATH agencies be constructed. Each agency, including our agency, has constructed and reconstructed their own forms for reporting throughout the year. It seems as though it would be easier and clearer if everyone had the same forms, asking for the same information. It would guide and direct our services more clearly and reporting during the year would be simpler.

5. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

Answer: PATH, Gathering Hope House, The Lorain County Mental Health Board, and Leadership Lorain County (a group of individuals considered to have great leadership potential nominated annually to come together to assess the needs in Lorain County and be catalyst for change) collaborated to host an event this past March to increase awareness for the mentally ill homeless in our county. The Face Behind the Mask event brought together local agencies and businesses to tour Gathering Hope House, in efforts to learn more about the services PATH provides and to hear stories of hope and recovery. The event raised \$2000.00 to use for shoes for the homeless.

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

- 5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:**

Answer: Bi-annually we conduct a mass distribution on flyers throughout all of Lorain County. We are also listed on the Homeless Taskforce website.

- 6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):**

Answer: Our collaboration with St. Joseph's homeless shelter to assist clients when the shelter's doors were closed due to a zoning violation was our greatest accomplishment. Our collaboration with St. Joseph's shelter and the Homeless Task Force resulted in the reopening of the shelters doors for one more season. Dozens of homeless were safe and warm that would have otherwise had nowhere to go. We continue to communicate with the shelter to address future problems and brainstorm about possible solutions.

- 7. Services provided to homeless Veterans (*please answer both (a) and (b)*):**

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?**

Answer: PATH served a total of six homeless veterans between July 1, 2010 and April 30, 2011.

- b. Do you have one of the PATH funded Veteran's projects?**

Yes or No

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.

Answer: Neighborhood Properties, Incorporated (NPI), a 501(c)(3) not-for-profit housing development corporation serving Lucas County, was established in 1988 to develop and manage a continuum of stable and supportive housing services for persons with serious mental illness and co-occurring disorders.

NPI provides proactive, customer-driven permanent supportive housing programs designed to reduce the risk of homelessness. They are intended to assist with the recovery process of our tenants who live with a severe and persistent mental illness. Tenants who have a mental illness occupy over 95% of NPI's 571 apartment units. Approximately 75% are dually diagnosed with severe and persistent mental illness and a substance abuse disorder, 80% have some form of criminal history, and 95% were previously homeless.

Consumers of mental health care diagnosed with a severe and persistent mental illness are referred to NPI for permanent supportive housing by PATH outreach staff, community mental health centers, shelters, and other local service agencies. Persons assisted by PATH are literally homeless individuals with a diagnosed mental illness and homeless families with an adult head of household who has a diagnosed mental illness. Individuals and heads of households range in age from 18 to 75. The average is 40.

NPI operates several special federally funded projects that link intensive recovery services to transitional and permanent supportive housing owned by NPI and maintained for homeless subpopulations such as:

- Veterans Project – permanent supportive housing for homeless veterans with severe and persistent mental illness. Tenants receive on-site services from NPI staff.
- Families Project – permanent supportive housing in scattered site apartments for homeless families in which an adult head of household has been diagnosed with mental illness.
- Shelter Plus Care – permanent housing for homeless individuals who are high users of mental health services but can live independently. They receive intensive services from community mental health centers.
- PACT Project – permanent supportive housing for homeless individuals with severe and persistent mental illness between the ages of 18-25 years. They receive on-site services from NPI staff.
- 1st Avenue Project – permanent supportive housing for homeless ex-offenders between the ages of 18-24 years re-entering the community with severe and persistent mental illness. Participants receive on-site services from NPI staff.
- Fresh Start Project – permanent supportive housing for young mothers between the ages of 18 and 25 years with a co-occurring disorder. Multi-bedroom apartments have been set aside for the mothers and their children and households receive on-site services from NPI staff.
- Housing First – immediate housing placement for homeless individuals with severe and persistent mental illness in scattered site permanent supportive housing.
- HAVEN Project – a safe haven for chronically homeless individuals with a severe and persistent mental illness or co-occurring disorder.
- Road To Recovery – transitional housing for recovering mentally ill substance abusers that receive intensive services from NPI staff and local providers of recovery services for substance abuse disorder.

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

NPI's Recovery Service Team provides supportive services to persons with a mental illness, co-occurring disorder, and other multiple needs and disabilities. The team's role and function is to help clients retain their housing and support their individual recovery process. As part of the team, leasing coordinators assist tenants with adjusting to a new living environment including addressing basic needs; resolving issues of independent living such as neighbor relations, life skills training, budgeting, and housekeeping; community resource acquisition; peer support to build self-confidence and esteem; consumer advocacy services; access to employment/training opportunities; and in-home and telephone consultations with tenants on an on-going, as needed basis.

Additionally, NPI provides access to the SOAR (SSI/SSDI Outreach, Access, & Recovery) Initiative project and Ohio Benefit Bank. SOAR helps streamline the SSI/SSDI application process. NPI staff receives and submits appropriate information for eligible homeless referrals to obtain entitlement benefits through the Social Security Administration and Disability Determination Services within six months.

2. Indicate the amount of PATH funds the organization will receive.

Answer: \$164,754 in federal funding and \$54,918 in local match funding.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- the projected number of adult clients to be contacted using PATH funds.

Answer: The projected number of seriously mentally ill homeless persons who will be contacted is 675.

- projected number of adult clients to be enrolled using PATH funds.

Answer: At least 260 (38%) of those contacted will be enrolled in services.

- percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Answer: At least 90% of those contacted are expected to be literally homeless.

- activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Answer: Staff accepts referrals for persons living on the streets and in shelters. Staff searches for and attempts to engage literally homeless persons in places they are likely to frequent such as wooded parks, under bridges, vacant buildings, shelters, and feeding centers. One of their initial engagement/screening questions is 'would you like shelter?'

- strategies that will be used to target PATH funds for street outreach and case management as priority services.

Answer: The main focus of the program is enrollment of literally homeless mentally ill persons in the mental health treatment system. Most of the funding is used to support outreach and housing

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

services.activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Answer: NPI staff currently enters most of the demographic information for PATH clients in HMIS. The local HMIS is maintained by the Toledo Lucas County Homelessness Board, the coordinating agency for the local Continuum of Care. NPI will continue to work closely with the HMIS administrator to ensure all data is entered when expected.

- indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.

Answer: NPI has established a relationship with the Case Western Reserve University Center for Evidence-Based Practices for future training and possible service model review and evaluation. In addition, NPI staff will continue to attend trainings related to major mental illnesses, substance abuse, HIV/AIDS, recovery and community integration, resources, benefits, crisis intervention, trauma, and culture of homelessness and poverty.

- indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Answer: NPI participates in and pays whatever fees are required in order to keep staff trained in using HMIS. NPI participates in all HMIS trainings and has had individual on-site follow-up sessions with the local HMIS administrator.

- community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

Answer: As a participant in the local Continuum of Care System, NPI utilizes a network of service providers to assist our clients with their needs including shelter, food, crisis services, housing subsidy, and mental health/substance abuse services. PATH staff, as part of NPI’s Recovery Team, will continue to provide community education on outreach and homelessness; and develop and maintain collaborations beneficial to our client’s needs. To service PATH eligible clients, the following agencies will assist with providing appropriate client services: (\$=financial assistance, X=direct service)

Organization	Shelter	Perm Hsg.	Mental Health	Subst. Abuse	Access to Benefits/ Entitlement	Hsg. Subsidy	Food	Client Supplies	Intake assessment	Transport.	Peer Suppt.	Medical Care
NPI		X			X	\$	X	\$		\$/X	X	
Rescue MH Services									X			
Harbor Behavioral HC			X	X								
Mildred Bayer Clinic												X
Unison Behavioral HC			X	X					X			
Zepf Center			X									
Cherry Street Mission	X						X					

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

Toledo Rescue Mission	X											
F.O.C.U.S	X											
LMHA-Hsg. Authority						\$						
Sparrow's Nest	X											
Beach House	X											
Family House	X											
Interfaith Hospitality Net.	X											
St. Paul's Community Ctr	X		X									
COMPASS				X								
La Posada	X											
Salvation Army	X								\$/X			
E. Toledo Helpg. Hands								X				
Kitchen for the Poor								X				
Lutheran Social Services									\$/X			
Veteran's Administration			X		X							
Wernert Center										X	X	
St. Vincent De Paul Soc.								X	X			
Toledo Food Bank								X				

- gaps in current service systems.

Answer: There are insufficient flexible mental health services targeted at the homeless population to reduce the length of time to receive an assessment and engage in services. The MHRSB developed and implemented the Central Access program to prioritize and improve access for persons needing more immediate linkage. However, assessments resulting in a diagnosis do not occur for days and intake appointments at a community mental health center take place weeks after that. Currently, those persons needing service do not have Medicaid or other insurance. The goal of immediate access for those who need it is not yet reached and may become more difficult to reach due to budget cuts. There is insufficient transportation and peer support for the homeless to assist them in attending their initial and follow-up appointments for service engagement. Additional support would reduce the number of no-shows for intake and follow-up appointments. There is limited case management follow-up at the client's residence after the client receives permanent housing. There is a limited supply of affordable housing to meet the demand of clients due to a lack of rental subsidies for low-income disabled persons. Access to entitlement benefits such as Medicaid for single adults not yet certified as disabled so they may access affordable medications. There are a limited number of integrated services and dual recovery programs for persons with co-occurring disorders to meet the increasing demand for assistance. Those that are available may be reduced or eliminated due to budget cuts. There is a lack of detox programs for self-referring homeless who have not used drugs/alcohol in the last 24-hours.

- services available for clients who have both a serious mental illness and substance use disorder.

Answer: Although the community lacks a sufficient number of programs and existing programs lack the capacity to meet the demand for dual programs, clients are referred to organizations such as Unison, COMPASS and Harbor Behavioral Healthcare. These agencies have outpatient dual recovery programs. These organizations provide assessments, treatment planning, group meetings and other dual recovery services.

- strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

Answer: Neighborhood Properties, Inc. (NPI) provides permanent supportive housing opportunities (independent living units) and (when available) temporary subsidy to PATH clients. Once an individual is determined eligible for the PATH program and is able to live in independent housing, a housing application is completed and approved, and the client will attend an orientation. An appropriate housing unit will be shown and selected, and the client will sign a lease. The client will participate in NPI's Permanent Supportive Housing program where they will receive supportive services to stabilize their housing and assist with their individual recovery. If an eligible client is unable to live independently, NPI will work with a group home operator who is affiliated with NPI to find the appropriate group home setting to meet the client's needs.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

Answer: NPI is a service provider in the local Continuum of Care system. For over 10 years, NPI has participated in state and local planning efforts related to homelessness, housing, system design, and performance evaluation. NPI is an active member of the Toledo Area Alliance to End Homelessness, and its HMIS and Continuum of Care committees. Additionally, the PATH program has been part of the Continuum for several years. The Mental Health & Recovery Services Board of Lucas County also participates in local planning efforts related to homelessness and affordable housing. Board staff participated in the update of the community Needs Assessment and Action Plan that resulted in a written document offered to the community in 2008 and the CASE Plan of 2009. The MHRSB's Executive Director has been a member of the Toledo/Lucas County Homelessness Board to address homelessness and affordable housing and NPI staff serves on its subcommittees.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

Answer:

- a)** According to PATH FY10 data, males (66%) outnumber females. The largest racial group is African American followed by Caucasian, and Hispanic or Latino. The clients are predominantly between the ages of 35 to 49, followed by 18 to 34 and 50 to 64 years old. Only 1% said they were veterans.
- b)** Approximately 40% of NPI's employees are consumers providing direct services, maintenance and administrative services. NPI's PATH outreach staff consists of one African American male and one currently vacant position. Two staff members are ex-offenders who have utilized services in the mental health system and substance abuse system but have successfully maintained their recovery for several years. One staff member is a formerly homeless individual who utilized NPI services. Additionally, two staff members have over 10 years of experience working with the homeless population and three staff members have over 10 years of experience working with persons with a mental illness.
- c)** The makeup of the PATH staff directly involved with the target population includes one African American male, one Caucasian female, and a vacant position. The staff is mature with professional and life experiences that enhance their sensitivity to consumers of all ages, genders, ethnicity and experience.
- d)** NPI provides cultural competence and diversity training at least annually to NPI staff including the PATH staff.

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)**

Answer: Approximately 40% of NPI staff are formerly homeless consumers providing direct services, maintenance and administrative services. They participate in organizational planning including the development and evaluation of services. Although a member of the PATH outreach team is a current consumer of mental health services, he is not currently PATH eligible. Additionally, NPI has a tenant association consisting of consumers that provides national, state and local advocacy, and feedback on how the organization can better serve its clients.

NPI's Board of Directors includes one consumer who was formerly homeless that participates in executive decision making about the organization's policies, procedures, finances, structure, and programs/services. NPI has a good relationship with NAMI where their feedback regarding the needs of consumers and their families are considered in the organization's planning process. NAMI provides training to NPI staff and has offices in the same office building as NPI.

NPI conducted focus group meetings in 2007 with consumers including NPI tenants who are consumers to assist in NPI's planning process to establish future goals for the organization. A five year strategic plan was developed from this collaboration. NPI also conducts annual consumer satisfaction surveys and uses the responses to make improvements to services.

The Mental Health Recovery Services Board (MHRSB) and its committees include at least one consumer and family member. The Board also supports the Recovery Council made up of consumers and family members who provide suggestions and feedback about public mental health system planning. The Recovery Council meets regularly with consumers at various sites in the community to solicit information directly from receivers of services.

- 7. Provide a budget narrative that provides details regarding PATH funds.**

See attached budget and budget narrative.

PATH: MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

Answer: 2,300

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

Answer: 675 will be contacted. 260 will be enrolled.

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

Answer: We need to do a better job capturing our efforts to link clients to jobs, entitlement income, and medical care. I know we are doing it but it is not showing up in reports. Before we go about fixing a problem that may not exist, we need to capture what is really going on.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

Answer: None at this time.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

Answer: No new collaborations created. NPI continues to work with the 24 agencies listed in the chart in Section C.

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

Answer: a) NPI distributes brochures throughout the community and makes presentations to various groups. b) NPI actively participates in our local Continuum of Care, the Toledo Area Alliance to End Homelessness, and during face-to-face meetings with collaborating agencies.

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

Answer: 219 clients have been enrolled and 25 have been housed at NPI.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

Answer: One.

- b. Do you have one of the PATH funded Veteran's projects?

Yes or No

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

Section C: Local Provider Intended Use Plan (IUP):

FY 2011 (SFY July 1, 2011 – June 30, 2012)

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.**

Help Hotline Crisis Center (HHCC), a multi-service mental health organization, provides a variety of services to persons living in Mahoning, Ashtabula, Columbiana and Trumbull Counties, in Ohio.

Among these services are the 24 hour hotline, Housing Opportunities Program for mental health consumers, victim's assistance, and mediation. Help Hotline provides services for homeless individuals and or families through the Cold Weather Emergency Shelter program, the PATH Homeless Outreach program and its 24 hour hotline.

Help Hotline is the parent organization for the Mahoning Valley Dispute Resolution Services. MVDRS provides mediation assistance for individuals and/or families experiencing landlord-tenant issues. MVDRS provides mediation services for homeless and near homeless individuals/families through Mahoning County's Homeless Prevention Rapid Re-housing Program.

Help Hotline is certified by the American Association of Suicidology, Alliance of Information and Referral Systems and licensed by the Ohio Department of Mental Health in PATH, the Housing Opportunities Program, Mental Health Education, Referral and Information, Behavior Hotline.

Help Hotline partners with Catholic Charities Regional Agency (CCRA) for case management services through the PATH program in Trumbull County. CCRA is a multi-service social service organization.

Catholic Charities Regional Agency is a known provider of homeless and emergency services in Mahoning, Columbiana and Trumbull Counties. Assistance includes community outreach, emergency assistance, housing assistance through its HPRP funds in Mahoning and Trumbull Counties. Catholic Charities Regional Agency is COA Accredited and certified by the Ohio Department of Mental Health for PATH.

CCRA receives HUD Continuum of Care funds for homeless case management in Mahoning County, and employs a case manager in Trumbull County with PATH dollars.

Help Hotline and Catholic Charities provide services to individuals and families within all age ranges. Both agencies serve individuals and families who are literally homeless while Catholic Charities provides assistance through the HPRP Program to those individuals who are on the brink of becoming homeless.

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

Help Hotline's PATH Program in collaboration with Catholic Charities Regional Agency provides assistance to homeless persons in **Mahoning and Trumbull Counties**.

- 2. Indicate the amount of PATH funds the organization will receive. \$145,795**
- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

Help Hotline's PATH Program in conjunction with Catholic Charities Regional Agency will attempt to meet each homeless individual's needs based on their level of need. Coordination will take place not only between the two agencies but also with the local shelters, mental health, drug and alcohol and housing agencies.

Outreach staff will meet homeless individuals and families in shelters, under bridges, in parks, empty housing stock, bus stations, soup kitchens and other locations where homeless may congregate. After initial contact, outreach staff will begin the process of attempting to assist the homeless individual/family with their needs. For many this may include gaining access to the shelter where they will be safer and easier to begin the intake process.

Outreach workers will complete an intake form and develop a formal PATH file on homeless individuals/families who fit the criteria for PATH eligible. Completion of this form may take several weeks or even months depending upon the homeless individual/family.

Within the PATH file will be an outcomes sheet assisting the outreach workers to focus on developing outcomes with the homeless. These outcomes sheets include entrance into mental health system, entrance in the drug and alcohol system if necessary, successful housing referral, referral and establishment of major benefits, referral for primary medical. Not all of the homeless will access each step of the outcomes as some may already have benefits and/or primary medical.

Outreach workers will continue to work with the homeless through the outcomes process and be available for additional assistance even after the homeless gain entrance into the mental health and/or drug and alcohol systems. The outreach workers will assist the mental health/drug and alcohol professionals during the first few months to ensure the homeless does not quickly return to the streets.

- **the projected number of adult clients to be contacted using PATH funds.**
 - a. The projected **FY 2012** statistics are: number of anticipated contacts will be **475**.
- **projected number of adult clients to be enrolled using PATH funds.**
 - a. **330** of the total contacts will be enrolled in PATH funded services.
- **percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).** More than **90%** of those individuals served are "literally" homeless. Many of those seeking assistance have been chronically homeless. The majority of the homeless are found within one of the area's three shelters after having spent days and/or weeks "on the streets".

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

- **activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

Provide outreach to areas where homeless persons are known to congregate. The outreach workers proceed in teams of two to those areas. These areas may include under bridges, in shelters, at soup kitchens, hospitals, day shelters, parks, emergency shelters, on the streets, etc. PATH workers attempt to engage these individuals/families in order to ascertain what their needs are.

Efforts are made to contact local police departments and hospitals, community mental health and/or drug and alcohol agencies, churches and other community agencies in order to provide them with P.A.T.H. flyers in case they encounter homeless individuals or families.

Presentations are made to local groups informing them about the PATH Program.

Outreach staff meetings are held monthly to reinforce procedures ensuring that literally homeless individuals and families are to be served. Individual cases are presented in order to continually focus on outcomes and overcome barriers presented by individual homeless situations. Trainings on a variety of topics also take place including having speakers make presentations to the outreach workers. Trainings planned for this coming fiscal year include Motivational Interviewing and Bridges Out of Poverty.

- **strategies that will be used to target PATH funds for street outreach and case management as priority services.**

Street outreach is the mainstay of the program which includes visiting known homeless camps, shelters, soup kitchens, bus stations and other locations known for sites where homeless frequent. Procedures for street outreach have been developed to maximize efforts at reaching homeless persons and families. These procedures include working in teams of two, placing flyers in locations where the homeless frequent and contacting other community agencies who work with low-income and the homeless. Outreach teams will re-visit those known areas where homeless persons inhabit.

Case management takes place for those individuals whose needs require more extensive assistance. Each homeless person/family is assisted with appropriate referrals to community agencies based on their individual needs. This assistance may take the form of assisting them into mental health and/or alcohol/drug addiction services, applying for benefits through the Ohio Benefits Bank; securing housing; referring for medical, employment, transportation services; obtaining birth certificates and/or state identification; etc. Obtaining these services often requires multiple contacts lasting several months particularly for mental health and/or drug and alcohol services. Focus is working on outcomes throughout this process.

In Trumbull County, Catholic Charities Regional Agency outreach worker is utilized to provide case management for the more intense cases.

- **activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.**

Help Hotline has been utilizing the HMIS for several years. PATH individuals are entered into that system. PATH workers have been trained to look at completing the HMIS intake form within the first couple of weeks after engaging the homeless individual/family.

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Catholic Charities staff has also been utilizing the HMIS system for its COACH program (homeless outreach and case management for non-mental health individuals) and for its HPRP programs.

- **indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.**

Help Hotline's PATH Program supports evidenced based practices which may be utilized by community mental health agencies. Help Hotline staff have attended the COHHIO conference each year.

Training for PATH staff takes place in a variety of topics. The trainings often include mental health and/or drug and alcohol information, available benefits (i.e. Social Security Administration presenting information on its programs), self-care workshops, infectious diseases, etc. These trainings are part of the trainings available and paid for by Help Hotline.

Catholic Charities Regional Agency sends its staff to various in-services throughout the year as well as attending COHHIO conference to improve knowledge base.

- **indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.**

Help Hotline's Program Director and Team Leader have taken the HMIS training. Both continue to take additional training as scheduled by Mahoning County's HMIS Coordinator. The Program Director and Team Leader utilize the HMIS system to enter homeless individuals and/or gather data.

Catholic Charities staff have taken the HMIS training and continue to take training as scheduled.

- **community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.**

- 1) **For primary health care:** St. Elizabeth's Hospital, St. Joseph's Hospital, Trumbull Memorial Hospital, Forum Health Care and community health clinics;
- 2) **Mental health:** Turning Point Counseling, Valley Counseling, Coleman Behavioral Health;
- 3) **Substance abuse:** Meridian Community Care, Neil Kennedy, Community Solutions;
- 4) **Housing:** Youngstown Metropolitan Housing, Trumbull Metropolitan Housing, International Towers, Calvary Towers, Catholic Charities Rapid Re-Housing Program;
- 5) **Employment:** One Stop for Employment in Mahoning County and Trumbull County;
- 6) **Benefits application:** Help Hotline's or Catholic Charities' Benefits Bank programs for the application process utilizing the Benefits Bank and SOAR Program;
- 7) **Case management services:** Catholic Charities Regional Agency.

- **gaps in current service systems.**

- 1) safe, affordable housing for persons who are severally mentally disabled or have previous drug and alcohol issues and have little or no income;
- 2) persons recently released from prisons, regardless of their conviction;
- 3) unable to get subsidized housing for individuals who have committed a crime depending upon the crime they committed;
- 4) difficult to place people with little or no income;
- 5) waiting lists for subsidized housing, including Section 8 lists;

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- 6) extensive waiting lists for mental health and/or alcohol/drug counseling;
- 7) previous large unpaid utility bills, unpaid past rent, bad references from previous landlords, no landlord references for the past three to five years;
- 8) lack of income either from employment or benefits such as SSDI/SSI;
- 9) lack of transportation whether it is for out of county or for in-county;
- 10) assistance for non-psychotropic medications.

- **services available for clients who have both a serious mental illness and substance use disorder.** Turning Point Counseling Center and Meridian Community Services in Mahoning County provides assistance to individuals who have co-occurring disorders.

In Trumbull County Coleman Behavioral and Community Solutions provides assistance for individuals with co-occurring disorders.

- **strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).** PATH workers in both Mahoning and Trumbull Counties refer homeless individuals and families to low-income housing units which include Trumbull County Housing Authority, Youngstown Metropolitan Housing Authority and other local private subsidized housing programs.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

Help Hotline Crisis Center has been an active member of the Mahoning County Continuum of Care since the continuum's inception in 1995. Agency staff has served on the Executive, Planning, Evaluation, and HMIS committees. Additionally staff served on the Mahoning County Homeless Coalition, the forerunner to the continuum.

Catholic Charities Regional Agency staff has equally been an integral part of the Mahoning County Continuum of Care and the Trumbull County Continuum of Care. Their executive director served as chairperson for Mahoning County's Continuum of Care and has served on the Executive, Planning and Evaluation committees while other staff serve on the HMIS committee.

Help Hotline Crisis Center is the coordinating agency for the Cold Weather Emergency Shelter Program for homeless individuals and families. Catholic Charities Regional Agency staff serve on Trumbull County's local homeless coalition/committee.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

The majority of past homeless persons seen by outreach workers have been Caucasian, followed by African-Americans. Currently all of the outreach workers are Caucasian. Among Help Hotline's Crisis workers (these individuals answer the crisis/information and referral hotline where homeless persons call in for assistance) are **7** African-Americans (1 who is also 50% Native American) and **1** Asian-American who is also the agency's Clients Rights Officer and Social Worker.

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Help Hotline's policy is that all individuals receive assistance regardless of age, gender, race or ethnicity. Help Hotline is looking at strengthening its training for all staff in cultural competency.

Help Hotline has recently received information from Multiethnic Advocates for Cultural Competence where staff will attend one of the regional trainings provided this calendar year.

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)**

Help Hotline Crisis Center's mission reflects its values of involving all persons with regards to planning and outcomes. Consumers are asked for their input by PATH staff. Consumers, who are PATH workers, are very helpful in giving suggestions and guidance to be more understanding of other's needs. Family, when known and when appropriate, is solicited for their assistance. Four of the PATH workers are consumers. They provide assistance in developing and completing this Intended Use Plan where their feedback is welcomed.

- 7. Provide a budget narrative that provides details regarding PATH funds.**

See attached budget and budget narrative.

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ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

Approximately there are **138** homeless individuals who have a serious mental illness and currently in Mahoning and Trumbull Counties.

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).
The PATH Program estimates that it will serve at least **87%** or **120** of the **138** homeless mentally ill persons in Mahoning and Trumbull Counties.

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

Help Hotline's PATH Program is reviewing three times a month all homeless files for status of the outcomes and to make revisions as necessary. These revisions may be to increase contacts with the homeless or with other providers.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

As there has only been one quarter of data to review, it is difficult to generate any questions. Several other quarters of data would need to be reviewed to see how it may be used more effectively.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

We are renewing our efforts to work with Veterans Services Commission who can assist veterans financially with one time payments and referrals to other veterans' services.

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

Help Hotline's PATH Program has developed brochures and flyers that are distributed to the general community at locations such as bus stations, agencies, shelters, local stores, hospitals and police departments. PATH Program staff participate in community informational/health fairs where the brochures and flyers are displayed. These brochures and flyers are also exchanged with local homeless providers. The PATH Program recently purchased Identification Holders, Mini-First Aid Kits, and Umbrellas with its name and telephone number which will be given out to homeless persons in Mahoning and Trumbull Counties.

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6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

PATH Program members participated in the first annual walk for the homeless in August 2010 during the hottest day of the year to bring awareness to the plight of those individuals who daily face the heat of the summer months. PATH Program staff also participated in the third annual walk on December 1st to bring awareness to individuals who not only face the cold weather but also to bring attention to those homeless persons who have died during the year.

Help Hotline's PATH Program's greatest accomplishment remains reaching out those homeless individuals who are literally homeless in their locations despite the weather conditions.

7. Services provided to homeless Veterans (please answer both (a) and (b)):

c. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?
Help Hotline has provided outreach to **10** homeless veterans during the time frame of July 1, 2010 through April 30, 2011.

d. Do you have one of the PATH funded Veteran's projects?

Yes or No

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Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.**

Miami Valley Housing Opportunities, Inc. (MVHO), a nonprofit housing agency who partners with other approved entities to provide mental health services to people residing in its residential housing, receives PATH funds from the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) for Montgomery County. The region served is Montgomery County, Ohio.

Currently, MVHO has three full time staff positions committed to the PATH Program. The MVHO/PATH staff provides outreach to Montgomery County's adult homeless population with referral to community mental health and other referrals for primary health services, job training, educational services and relevant housing services. Referrals are made following a screening of the clients' needs, barriers to housing and goals. MVHO/PATH staff provides staff training, including training individuals who work with shelters, mental health clinics, substance abuse (SA) programs, and other sites, including faith-based groups. This training is available to local community leaders, law enforcement, mainstream service providers, homeless service agencies and community groups. MVHO/PATH also provides payments to assist with rental application fees, satisfying outstanding consumer debts identified in rental application credit checks, security deposits and one-time rental payments to prevent eviction, as well as assistance with providing household goods and furnishings. The MVHO/PATH Director serves as a member of the Homeless Solutions Policy Board's (Continuum of Care) Front Door Committee that works to improve the coordination of housing services, systematically analyze interagency interactions among housing service providers, develop relevant information, and inform authorities of the most effective combination of available resources. MVHO/PATH does not provide direct cash assistance to any program clients.

- 2. Indicate the amount of PATH funds the organization will receive.**

MVHO anticipates receiving \$160,238 from PATH funds. Please see enclosed budget.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- The projected number of adult clients to be contacted using PATH funds.

The MVHO PATH program projects 440 homeless adults will be served through outreach between July 1, 2011 and June 30, 2012.

- The projected number of adult clients to be enrolled using PATH funds.

The MVHO/PATH program projects 225 clients will be served through enrollment in the program between July 1, 2011 and June 30, 2012. Although the number of clients we enrolled during the period July 1, 2010-April 30, 2011 was lower than expected, our senior outreach specialist was ill and off on unplanned leave for six months. We fully expect to achieve our goals for this upcoming year.

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- The percentage of adult clients served with PATH funds projected to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

The MVHO/PATH Program projects the percentage of clients that will be literally homeless will be 95-100%.

- Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

The MVHO/PATH Program primarily provides outreach to Montgomery County’s homeless population, on the streets and in shelters, with referral to mental health and other necessary support services. MVHO/PATH is the only official participant in the Continuum of Care that provides active outreach services to adults in the County, with the intent to develop a working alliance. There are three full-time employees dedicated to the Montgomery County PATH program. One employee’s primary focus is the development of outreach contacts with local law enforcement officers, adult parole, Weed and Seed programs and neighborhood associations. Other employees focus on the development of outreach contacts in emergency shelters, community free-meal sites, public facilities and faith-based programs. PATH staff also serves as the gateway for homeless people to access assessment and referral into the community mental health/substance abuse treatment system. Outreach hours and locations are developed to be most appropriate for the target population and require a non-traditional work week. MVHO/PATH staff also provides staff and volunteer training opportunities, including training individuals working with shelters, health clinics, substance abuse programs, and faith-based programs. This training is available to local community leaders, law enforcement, mainstream service providers, homeless service agencies and community resource centers.

- Strategies that will be used to target PATH funds for street outreach and case management as priority services.

MVHO/PATH staff members go where homeless individuals stay and gather, as well as establish trusting relationships with them and then help them to start planning for their futures. PATH staff members talk with homeless clients under bridges, in bus stations, public libraries, emergency shelters and free-meal sites. The ultimate goal is to guide PATH participants from homelessness to permanent housing and independence. PATH staff members encourage participants to seek services that will make positive impacts in their lives. Staff makes referrals to local health care providers, human services, job training, educational services, relevant housing services and other social service agencies.

New developments in the homeless service system gave MVHO/PATH a defined role in providing an entry point, or Front Door, for PATH enrolled clients and those served through outreach that are living in places not meant for human habitation. The Homeless Solutions Policy Board (HSPB) which serves as the Dayton-Montgomery County Continuum of Care, with significant input and development time from the Front Door Committee, instituted in August 2010, a new process to improve delivery of housing and shelter services to families and individuals who are homeless or at great risk of homelessness. This process, the Homeless System Front Door Process, institutes a consistent and uniform assessment process and procedure to determine the most appropriate service response to each individual or family’s immediate and long-term housing needs. The ultimate goal

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of this new approach is to implement a service system that will enable particular homeless service providers to link persons experiencing a housing crisis with the services and housing supports to end homelessness in the county.

The Continuum of Care (CoC) had identified specialized system entry points, or Front Doors, for specific subpopulations (single adults and families, youth, and victims of domestic violence). All four providers, including MVHO/PATH, agreed to use a common intake and assessment tool to document the specific characteristics and housing barriers of clients entering the CoC system. This tool was refined and expanded so that the CoC would have the client information necessary to apply a standard set of criteria for making referrals to the most appropriate program models. The Front Door Assessment Process enabled the community to intentionally design referral processes so that client needs were appropriately matched with levels of service intensity and program type.

- Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Throughout PATH outreach, engagement, enrollment and case work, PATH client data is being entered and maintained in the HMIS. MVHO/PATH staff recently complete training in order to receive licensure to use the latest version of ServicePoint, the County's HMIS. All households who enter any of the community's gateway shelters (St. Vincent de Paul Gateway Shelter for Women and Families, Gettysburg Gateway for Men, YWCA or Daybreak) or who are homeless on the street and in contact with the PATH outreach program are assessed using the same assessment tool. All assessment data is entered into HMIS and client barriers scored and filtered through a matrix to determine the appropriate type of program to meet their need (ex. programmatic shelter, transitional housing or permanent supportive housing).

- Indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.

All PATH team personnel are members of the local Crisis Intervention Team (CIT), which has assisted the PATH team to develop contacts with local law enforcement officers, adult parole, and adult probation. The established trust and communication with law enforcement personnel enables our PATH team to engage more effectively with homeless people identified by police officers and other safety personnel. Our PATH Director is a CIT presenter annually for new trainees. Second, all PATH team personnel are trained in motivational interviewing techniques and utilize the course work in daily activities with consumers. Identifying the Stages of Change model, as it pertains to each individual has been helpful in our approach and ability to assist our homeless clients. Also, the entire outreach team received trauma informed care training on several occasions, which is training focused on street-based assessment and engagement techniques, in addition to recognition of trauma and interventions to avoid re-traumatizing clients. Outreach workers are encouraged to remain mindful of the presence of trauma as it exists within the homeless culture. Additional consultation has been provided by the behavioral health therapist at the Samaritan Homeless Clinic, who has participated in street outreach and engagement. MVHO/PATH staff makes referrals to mental health facilities that provide supported employment programs. We are able to make direct referrals to Goodwill Easter Seals for their supported employment programs and Bureau of Vocational Rehabilitation resources.

- Indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

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MVHO/PATH has advanced in the use of HMIS as a primary component of PATH data tracking, reporting and program improvement processes, since introduction to HMIS in Montgomery County in 2007. MVHO/PATH has two licenses to use HMIS currently. Periodically, PATH staff attends optional and mandatory HMIS training opportunities.

- Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

The following services are provided by partner service agencies to PATH-eligible persons:

Outreach services are provided by the Veterans Affairs Medical Center, Health Care for Homeless Veterans Program and Daybreak's Youth Street Outreach Program. Diagnostic assessment services and referrals are provided by Crisis Care, the community's gateway to community mental health treatment services and/or community alcohol and drug addiction treatment centers. Additionally, ten (10) agencies provide treatment services for people with co-occurring disorders and four (4) have implemented IDDT teams. Habilitation and rehabilitation services are provided by Veterans Affairs Medical Center and three local community mental health agencies. Community mental health services are provided by The Samaritan Homeless Clinic, Veterans Affairs Medical Center and nine community mental health agencies. Alcohol and drug treatment services are provided by The Samaritan Homeless Clinic, Veterans Affairs Medical Center and five alcohol and drug addiction treatment centers. Case management and housing stabilization services targeted to families and individuals post housing placement are provided by a local homeless shelter (YWCA), two safe haven transitional housing programs, the Opening Doors wrap-around program (Places, Inc.), Veterans Affairs Medical Center, and nine community mental health agencies. Supportive and supervisory services in residential settings are provided by two safe haven programs and two local overnight shelters, as well as Places, Inc. group homes and Eastway Behavioral Health Care's short-term housing. Local hospitals provide in-patient psychiatric hospital care.

Referrals for primary health services, job training, educational services, and relevant housing services are provided by six local homeless service agencies, nine community mental health agencies and Crisis Care, the community's gateway to community mental health treatment services and/or community alcohol and drug addiction treatment centers.

Minor renovation, expansion and housing repair are provided by Community Action Partnership and Habitat for Humanity. Planning of housing is provided by MVHO and Dayton Metropolitan Housing Authority in cooperation with case managers from the six partner homeless service agencies and nine community health service agencies. The costs associated with matching eligible homeless individuals with appropriate housing solutions are provided by MVHO, Eastway Residential Support and the Opening Doors Program. Technical assistance to apply for housing assistance and coordination of housing services is provided by MVHO and Dayton Metropolitan Housing Authority in cooperation with case managers from the six partner homeless service agencies and nine community health service agencies. Security deposits and one-time rental payments to prevent eviction are provided by MVHO and the Opening Doors Program. A network of 12 service agencies was created in 2008, and continues, to provide furniture and household items to homeless people receiving permanent housing.

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- Gaps in current service systems.

The availability of general mental health treatment does not come close to the numbers of homeless persons in need and is unavailable in the homeless shelters. Our community has a comprehensive network of services for homeless people with severe mental illnesses and co-occurring substance abuse disorders; however, services are limited and clients cannot get the necessary services when they are ready. There is a lack of immediate access to treatment for mental health and substance abuse issues. Our Housing Assistance Program (HAP), for clients of community mental health centers only, requires that homeless clients have an income prior to accessing that subsidized resource. Funding is unavailable to provide emergency housing solutions (other than crisis/emergency shelter) while waiting for permanent housing options. Increased funding for Safe Haven and Housing First units is needed. Our community lacks a shelter that will accept sex offenders. PATH staff continues to struggle with engaging service resistant clients and locating housing resources for them and clients with severe barriers to housing stability such as active substance abuse disorders, mental illness disabilities, sex offenders and clients with limited or no ability to increase income. While some of these issues can be addressed by improving provider capacity, the lack of flexible and low barrier housing resources create substantial gaps in the range of program approaches necessary to house all homeless clients.

- Services available for clients who have both a serious mental illness and substance use disorder.

The ADAMHS Board for Montgomery County funds several programs specifically for individuals with co-occurring mental illness/substance abuse disorders, called SAMI services. NOVA House operates a residential unit focusing on SAMI individuals. Day-Mont Behavioral Health Care, Inc. provides a specialized Community Support unit and outpatient treatment program for SAMI clients. Consumer Advocacy Model (CAM) provides out-patient alcohol and drug addiction treatment and case management services for persons with severe mental illness and co-occurring substance abuse disorders to individuals, specializing in traumatic brain injury patients. "Opening Doors for the Homeless" partner agencies service individuals with co-existing disorders. PLACES, Inc. has twenty-six Housing First units in Montgomery County dedicated to housing for the SAMI population. Veterans with both a serious mental illness and substance use disorder receive treatment at the VA Medical Center's Dual Diagnosis Rehabilitation Program. MVHO also has 61 SRO housing units at the VA Medical Center to house individuals, many of whom have co-existing disorders. Finally, four (4) mental health agencies in Montgomery County have implemented IDDT models to serve persons with co-occurring mental illnesses and substance use disorders. Cross-referrals are made between these programs and PATH.

- Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

The guiding principles of the Front Door Assessment Process include the following: 1) rapidly exit people from their homelessness to stable housing, 2) ensure that the hardest to serve are served, 3) serve clients as efficiently and effectively as possible, and 4) be transparent and accountable throughout the referral and assessment process. MVHO works to make PATH-eligible individuals a major priority for securing housing in the 360 units of supportive housing it owns and manages. MVHO/PATH staff assists individuals in linking with Community Mental Health Services in order to be eligible for permanent supportive housing subsidies and Eastway Behavioral Health Care's

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HAP rental subsidies. MVHO PATH staff helps individuals apply for MVHO Shelter Plus Care, MVHO Project-based Section 8, HUD 811 rent subsidies, local Metropolitan Housing Authority Section 8, and other project-based rental assistance. MVHO PATH staff also makes referrals for PATH-eligible individuals to Safe Havens, Housing First programs, and transitional housing programs for the homeless. The use of the common assessment tool and process now mean that the CoC is able to document the needs of clients in a uniform manner and identify where gaps in services and housing exist. Future program expansion and system development initiatives can be tied directly to needs of homeless persons and households in the community.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

MVHO/PATH serves on the local Emergency Housing Coalition (EHC), the Homeless Solutions Policy Board Agency Director's Committee, and the Front Door Committee of the Homeless Solutions Policy Board. MVHO is involved in the local Continuum of Care Gaps Analysis, which annually explores gaps, priorities and linkages for homeless individuals, including those with behavioral health issues. MVHO/ PATH Director chairs the EHC's Outreach committee and meet regularly with agencies listed under Question Three (3) to work on mutual referral cases and to coordinate services for clients receiving PATH services. They also lead the community's annual count of unsheltered homeless for the Continuum of Care's report to HUD.

Additionally, many of the agencies listed under Question Three are involved in "Opening Doors for the Homeless", a HUD-funded program providing supportive services to the homeless. The channels of cooperation between these agencies have been established for several years. Several of these agencies are contract agencies of the ADAMHS Board for Montgomery County and have a cross-referral system that has been established for more than two decades. In addition to the meetings arranged by PATH staff, representatives of MVHO attend a number of local meetings designed to facilitate cooperation and coordination between local providers of services.

MVHO/PATH serves as the gateway point of access for referrals to Montgomery County's Safe Haven/HomeStar projects. The MVHO/PATH Program has a signed commitment for coordination of outreach services with the Samaritan Homeless Clinic valued at over \$35,000 per year. MVHO/PATH performs joint outreach services with Daybreak, Homefull and VA staff, as well as participates in trainings and staff meetings with Homefull clinical staff. No PATH funds are used to support Homefull or Samaritan Homeless Clinic's services; however, their outreach salaries and benefits are documented as local in-kind match for PATH funds and committed in an annual agreement between the parties. PATH staff also meets with police departments and other community groups for community education, collaborate referrals and to educate about the needs and concerns of homeless persons with disabilities and are part of the ODRC Returning Home Ohio demonstration program to serve disabled, homeless persons exiting state prisons. PATH staff participates in the Dayton Police Department's partnership program with the local ADAMHS board, Crisis Intervention Team. PATH staff also coordinates services and referrals with the local adult parole authority.

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- 5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)**

The Montgomery County PATH demographics closely match the demographics of people in poverty within the county as outlined in the U.S. Census, Dayton/Montgomery County Consolidated Plan. Thirty-five percent of those served were 18-34 years of age; thirty-eight percent were between 35 and 49; twenty-seven percent were between 50 and 64 years of age; and less than one percent was between 65 and 74 years of age. Forty-five percent of the PATH population was African American which is larger than the percentage of the greater community, but similar to the numbers of persons living in poverty in Dayton. Forty-five percent of the PATH population was white, while ten percent were other or withheld. The PATH homeless population has a higher predominance of men at sixty-three percent.

MVHO places great emphasis on selecting staff that represent the diversity of the population served. Fifty-six percent of MVHO personnel are minority members, fifty-two percent are women. The PATH staff is one-third white female at this time with two-thirds African-American men. Two-thirds of the PATH staff is consumer representatives and the staff has a wide range of diversity in age. Hiring practices that encourage diverse candidates in employment are supported by the Montgomery County ADAMHS Board and has been and will continue to be used in hiring any future PATH personnel. The Board performs an annual audit which includes a review of personnel files and hiring practices. The City of Dayton also monitors and certifies MVHO's staffing diversity and hiring practices annually during oversight of the Shelter Plus Care Program, which is administered by MVHO for the City of Dayton.

MVHO PATH outreach staff conducts outreach at all emergency shelters, at homeless camp sites, bus stations and through contact with local law enforcement and various community service providers. This includes outreach to all special population programs and shelters including minority run programs and programs for veterans, homeless youth, disability programs and programs that target families, singles, men and women. The PATH outreach staff provides these services in conjunction and collaboration with Crisis Care, Daybreak Youth Street outreach staff and other community partners to insure that they are targeting and remaining sensitive to the various needs of persons of different ages, sexes, racial/ethnic backgrounds, disabilities and family composition. PATH outreach services are also provided to our community's Safe Haven and Housing First programs. They have been an integral part of identifying and moving chronically homeless people from the streets to housing. All staff receives training in cultural competency and sensitivity as described below.

Cultural competency is engrained in the corporate culture of MVHO. All ADAMHS Board-funded agencies in Montgomery County are required by contract to receive training in cultural, gender, age and racial/ethnic issues. The full MVHO staff receives such training annually in March and any new employees can receive the training throughout the year by video or through an agreement with the organization's Human Resources contractor. Additional training is provided to the PATH staff through the local ADAMHS Board, the annual Emergency Housing Coalition Symposium, SAMHSA teleconferences/webinars, and at quarterly ODMH/PATH meetings.

Staff also attended: April 28, 2010 Quarterly PATH Meeting; 2010 May - Tenant Selection Plan and Strategic Planning and Workplace Safety Training; 2010 June (PATH Director only) "Thinking for a Change" Curriculum presented by Ohio Department of Rehabilitation and Corrections; 2010 September - CIT Advanced Training, Homelessness: Risk Factors, Causes and Services; September 15, 2010 - Quarterly PATH Meeting; 2010 October - Emergency Housing Coalition Symposium of workshops;

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2010 November – Confidentiality training through the ADAMHS Board; Fair Housing training through Miami Valley Fair Housing; County Wide Housing Training presented by ADAMHS Board’s planning team; 2010 December –Benefits Training from our Providers; December 15, 2010 - Quarterly PATH meeting; PATH 2011 January – Beautiful Minds: Mental Health and Recovery presented by NAMI Ohio and Parish Health Ministry; 2011 February – Department of Veterans Affairs Homeless Summit 2011 “Network, Collaborate, Problem-Solve”; 2011 March – HMIS Service Point 5 upgrade of system training; 2011 April - COHHIO annual conference: “Housing Ohio 2011” courses include Linking Homeless clients to Mainstream Benefits to Aid in Stability and Working with Homeless Clients with Co-occurring Mental Illness and Substance Use Disorders; April 20, 2011 - Quarterly PATH meeting

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

The ADAMHS Board for Montgomery County and MVHO both include consumers of mental health services and their family members on their Board of Directors. Each Board is involved in the design, monitoring and evaluation of services. In addition, both of these organizations are committed to hiring consumers and secondary consumers. Presently, MVHO has one consumer member and three members with mentally ill family members serving on the 11-member Board of Directors.

Annually, MVHO hosts the PATH Advisory Group that allows current and former PATH clients to provide verbal and/or written feedback regarding the services received or needed services that were not provided. Clients are asked to comment on the needs of homeless people, program design and budgeting, and goals and objectives. MVHO also conducts two Community Advisory Meetings each year to gather community and client input on programs and services. Incentives are provided for participation in all meetings including bus tokens and refreshments. Additionally, all MVHO/PATH clients are made aware of the benefits of participating in the program and are encouraged to participate on a volunteer basis. They are also informed of their rights including those designated by the President’s Advisory Commission’s Healthcare Consumer Bill of Rights.

After services are received, a Client Satisfaction Survey is completed with nearly all persons who receive PATH services to provide feedback that will be used for quality improvement activities. Additionally, forty percent of MVHO tenants, including those referred through PATH, complete an annual housing evaluation survey. Results are reported to ADAMHS and to the MVHO Board of Directors. Any negative scorings are analyzed to determine whether changes can be made to improve tenant satisfaction with their housing.

The MVHO/PATH program is specifically committed to ensuring that consumers are hired and supported to administer the MVHO/PATH program. Of the three funded PATH positions, two full-time staff persons are consumer representatives. Past PATH staff has also been consumer representatives. PATH staff is fully involved in planning, delivering and evaluating services to PATH-eligible participants with opportunities to influence and help share the program’s proposed activities and interventions. MVHO/PATH staff receives crisis prevention and intervention training and are paid commensurate with other MVHO staff. MVHO/PATH attends NAMI sponsored events that involve consumers and families, where PATH provides information and receives feedback from the group. As a member of the Emergency Housing Coalition Annual Symposium Planning Committee, MVHO/PATH

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has been instrumental in creating an opportunity for formerly homeless or homeless persons to participate in training and teaching. Finally, MVHO/PATH staff provided consumer involvement training to other Ohio PATH staff at several past meetings.

- 7. Provide a budget narrative that provides details regarding PATH funds. (See Appendix D for sample detail budget.)**

Please see enclosed budget.

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ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

The Montgomery County Homeless Management Information System (HMIS) documented 3,240 adults who were served in the homeless shelters or in outreach during 2010. National statistics show that approximately 23% of this homeless and at risk population are seriously mentally ill. Therefore, we estimate an average of 745 homeless persons who have a severe mental illness.

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

The MVHO/PATH program projects that 225 clients will be served between July 1, 2011 and June 30, 2012 (FY 2012).

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

PATH staff meets weekly to discuss progress with outcomes for clients. Monthly, PATH staff meets as a group with Executive Director to discuss who is effectively meeting goals and who is not, in order to discuss and share what strategies make the most sense and which need modification. The PATH Director is beginning a new strategy to direct specific PATH personnel to specialize in the area of facilitating clients' access to the outcome measures: mental health treatment, housing, income benefits, earned income, medical insurance or coverage, and primary medical care. We anticipate an increase in the overall efficiency and achievement rate, with regard to the specific outcome measures.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

Forming new partnerships and strengthening existing partnerships is a priority for MVHO/PATH; success in the area of reducing cost per PATH enrollment depends upon outside organizations and partners in the community referring homeless people to PATH Outreach Specialists. MVHO/PATH analyzes the data frequently but is never sure that the data represents unacceptable, acceptable or superior goals, due to the difference of each PATH program throughout the State of Ohio. How is one program compared to another? MVHO/PATH would find it helpful to be able to compare the best practices of other similar organizations. MVHO/PATH utilizes its data as much as possible, but considers the many variables, for example, changes in the resources available in the community, which impact the willingness of clients to engage with outreach workers. During data analysis, there is recognition of the many variables and factors that are outside the control of MVHO/PATH.

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- 4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:**

The MVHO/PATH Director serves as a member of the Homeless Solutions Policy Board's (Continuum of Care) Front Door Committee that works to improve the coordination of housing services, systematically analyze interagency interactions among housing service providers, develop relevant information, and inform authorities of the most effective combination of available resources. The PATH team holds the position of a sanctioned entry point to the Homeless Front Door Assessment process, thus helping PATH clients to get housing quicker, including permanent supportive housing. The MVHO/PATH Director is the acknowledged expert in homeless outreach in the County, and therefore has a position of influence on policy and waiting list priorities surrounding unsheltered homeless people. Within the CoC, the MVHO/PATH Director is sought out for participation in policy decision-making and creation and review of homeless assessment processes.

- 5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:**

MVHO/PATH created a new, multi-color program brochure and distributed it to members of the Emergency Housing Coalition and Homeless Solutions Policy Board, at public libraries, and to those present at various meetings and trainings attended throughout the year. Several churches have distributed it at their special events. The MVHO/PATH Director is acknowledged as an expert in the area of homeless outreach and is asked to present at various activities throughout the year. She presented at

1. ACT Steering Committee Meeting which was convened at the ADAMHS Board of Montgomery County, which included many supervisors from Community Mental Health Centers
2. Training for the new case management team of "Off The Streets", a new program providing resources to women that have prostituted themselves, including those who are homeless.
3. Community Support Specialist Team Director's Meeting at the ADAMHS Board, in order to discuss the Homeless Front Door Assessment Process
4. Community Support Specialist Team Meeting for various community mental health centers about the changes involved with the referral of clients through the Homeless Front Door Assessment Process
5. Staff meeting of the faith-based service provider, Life Enrichment Center
6. NAMI membership meeting
7. The MVHO/PATH team met with supervisors and case management teams at Goodwill Easter Seals to share PATH program information and gain the opportunity to make referrals to their employment resources.

- 6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):**

The MVHO/PATH team added the assistance of a psychologist to Outreach Services. On a consultation basis, the psychologist evaluates and assesses, as necessary, outreach clients and assists with establishing their eligibility for PATH services. A retired forensic psychologist from the area, Dr. Dyer has enhanced our ability to interact with crisis intervention services, to provide diagnostic assessments in the field, to receive on-the-job critiques by a clinician of outreach workers' techniques, and to assess the program's strengths and weaknesses. Her feedback and advice has resulted in improvements in delivery of services and clients' access to housing and treatment, due to the availability of a clinician in the field meeting the

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client where they are. For instance, she and the PATH team with the direct influence of those in charge of the Front Door Assessment process were able to assist a homeless woman that was a focal point in the community for more than seven years. Through a combination of the new coordination of services and Dr. Dyer's expertise and connections, the PATH team was able to access a Housing First placement for the client. The client, for years, was unwilling to go anywhere for an assessment, so Dr. Dyer's interaction with her in her living situation on the street (literally a sidewalk) was essential to the referral to Housing First.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

Of the 141 PATH clients served during the period, 9 were discharged veterans; or 1%. MVHO's PATH Program office is located on the grounds of the Dayton Veterans Affairs Medical Center (VAMC). PATH Outreach coordinates with the VAMC Outreach Program (HCHV) and the Dual Diagnosis Rehabilitation Program to identify and meet the needs of homeless veterans. This is accomplished by quarterly contact with VAMC outreach workers. The VAMC outreach team is readily accessible to PATH-eligible participants. PATH and VA outreach staff work closely to coordinate outreach services. A system of cross-referrals has also been established between VAMC programs serving the homeless and MVHO/PATH. VA and HMIS

MVHO/PATH is a participating agency in the two annual Montgomery County Veteran's Stand Downs. MVHO/PATH has a booth and performs outreach to those at the event. MVHO/PATH refers PATH-eligible veterans to a wide range of employment and housing services directed towards homeless or formerly homeless veterans.

- b. Do you have one of the PATH funded Veteran's projects?

No

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Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.**

ICAN, Inc., dba ICAN Housing Solutions is a contract agency with the Mental Health and Recovery Services Board of Stark County. Its service area is all of Stark County, OH. 51% of our consumers come to us from the City of Canton. The percentage of those who report residing in the county at large is 49%. ICAN's mission is "to promote self-reliance by providing housing opportunities for homeless clients with mental illness". ICAN owns 125 apartments in small buildings scattered across Stark County. ICAN also has four rent subsidy programs to pay rents to private landlords for clients who prefer to choose their own place. ICAN successfully operated a Homeless Prevention and Rapid Re-Housing Program (HPRP). Renewal for this program is uncertain.

The largest source of referrals to the PATH program is the Stark County Homeless Hotline. The Hotline is the single entry point for all homeless services. The MHR SB manages the Hotline and the County's Homeless Management Information System (HMIS). Since 1988 ICAN has built a reputation for helping those who find themselves homeless on the streets and word-of-mouth among the homeless results in a steady stream of walk-ins to our Drop In Center. Walk in clients make up the second largest source of clients. Our PATH workers also regularly engage in street outreach. After we have developed a rapport with individuals we ask their help in reaching out to others who they know are homeless. This gives us an opportunity to contact homeless persons who are not willing or able to approach us. Last year we served clients ranging in age from 18 to 75 years of age. 80% of our clients are literally homeless.

As part of the engagement and intake process, PATH workers observe and assess whether there may be any mental health issues. Sometimes the referral source reports these issues, or the individual may self-report a history of episodes of illness. In making their "good-faith assessment" of SMI, PATH workers use a K6 instrument developed by the Center for Addiction and Mental Health. This is a very simple six question tool that asks clients to rate the numbers of time they experience certain symptoms.

The PATH Specialist assists individuals with setting up appointments to obtain a new or updated diagnostic assessment with a behavioral health center. ICAN tries to connect the person with both emergency housing through shelters, and permanent housing through linkage to subsidized housing through ICAN programs and others in the community for which they are eligible. We also provide hygiene supplies, food vouchers and transportation to appointments. This helps ICAN maintain the connection until clients are engaged in clinical services. ICAN has operated the PATH program for 15 years and we have built a network of landlords, shelter operators and service providers. These relationships enable us to attain housing more quickly, within the parameters of increasing demand for affordable housing. Our experience is that homeless clients break their contact with the PATH specialist if they cannot obtain some form of housing assistance as quickly as possible.

In FY 11 ICAN added an on-site SSI Specialist who can assist homeless clients with the disability application using the SOAR expedited process. COHHIO's Homeless Initiative for SSI funded this position. Helping consumers obtain income is key to helping them obtain housing stability. In the ten

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months that the program has been implemented, the SSI Specialist has enrolled 21 clients. Out of four responses two were approved and two were not. The remaining applications are still pending. All but two people enrolled in the SSI Assistance program have been referrals from the PATH program; to date, two clients have been approved for benefits.

2. Indicate the amount of PATH funds the organization will receive.

Federal: \$94,517; Local \$31,506

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- **the projected number of adult clients to be contacted using PATH funds.**

In past years ICAN misinterpreted the definitions of individuals contacted vs. individuals enrolled, and we have reported the same number for both categories. We understand the distinction much better. The PATH Specialist does have many contacts with people who do not necessarily enroll. By measuring these contacts we can project being in contact with 200 individuals. We have added a tracking system for all contacts, instead of relying only on our enrollment records.

- **projected number of adult clients to be enrolled using PATH funds.**

140

- **percentage of adult clients served with PATH funds projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).**

80%

- **activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

a. PATH workers regularly visit places where homeless people congregate. Experience has proven that many can be found in public buildings such as the local library and at McDonalds, in addition to soup kitchens and parks. We receive referrals from Emergency Room personnel. Engagement takes place through activities such as eating together at food programs, and by simply building gradual, non-threatening relationships wherever individuals are found.

b. ICAN partners with all of the County's emergency shelters. Additionally, we have a contractual agreement with a residential service to accept persons on the Do Not Return list for community shelters. PATH workers allow individuals to use agency phones to call the Homeless Hotline for intake and assignments of an HMIS number and make daily phone calls to see if there are any available shelter beds.

c. PATH workers make a determination as to whether an individual should be referred for a clinical evaluation for mental illness. Staff relies on behavioral health trainings and experience to assess the likelihood of a mental illness. 90% of those whom staff refer are diagnosed with a mental health

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diagnosis, demonstrating use of the K6 assessment tool is successful. If needed or asked, staff will assist the individual in making the appointment at a behavioral health center and even transport and accompany them to the appointment.

d. PATH employees refer people to the Canton Community Clinic, the Free Clinic, Total Living Center and other community-based medical and dental care for affordable or free care if they are uninsured.

e. PATH workers aid in helping individuals get new ID cards and birth certificates needed to obtain mainstream resources.

f. Daily contact with PATH clients in temporary housing.

- **strategies that will be used to target PATH funds for street outreach and case management as priority services.**

a. PATH workers hand out personal hygiene supplies, food vouchers, bus passes, blankets, and coats as a tool to engage people who are reluctant to accept assistance and as a way for PATH workers to maintain contact with street homeless persons.

b. ICAN operates a Drop In Center where clients can spend the day. Drop In Center visitors enjoy free coffee, newspapers, magazines and books and a place to socialize. This is especially important for clients who stay in shelters that close during the day. It is a welcoming center where employees treat them with respect and accept them as they are.

c. Once rapport is established, PATH workers ask if the client knows others who are homeless and how they can be in contact with them. This “networking” leads to new contacts.

- **activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.**

ICAN has been using the local HMIS to track clients since the year 2003. We have been making steady improvement with a 23% increase in timely reporting of data.

- **indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.**

The PATH supervisor and PATH Specialist attend all PATH quarterly meetings. Our PATH Supervisor attended the COHHIO April 2011 conference. PATH workers have attended trainings sponsored by the Mental Health Board and have also received training in Assessing and Managing Suicide Risk, Therapeutic Assault Prevention System, Vicarious Trauma and Motivational Interviewing. Both the PATH supervisor and PATH Specialist use the Ohio Benefit Bank to help our clients' access benefits. Our PATH Peer Assistant is scheduled to receive training to access the OBB.

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- **indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.**

Jennifer Keaton, who manages the County’s HMIS, facilitated a training event on the updates to the system. PATH Staff was present for this training and will attend additional trainings as offered; community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

As part of the Homeless Services Collaborative, ICAN has entered into a written agreement for Joint Provision of Services with organizations and agencies throughout Stark County. In these agreements both agencies agree to work together to serve mutual customers without exchange of payments, and to provide cross-training about available services. Agencies also agree to use the Homeless Hotline as the entry point for individuals to enter into services. Agreements exist for the following organizations:

AGENCY	ADDRESS
Alliance Area Domestic Violence Shelter	PO Box 3622, Alliance44601
Alliance Children & Family	624 Scranton, Alliance 44601
American Red Cross	525 Market Avenue North, Canton44702
American Rescue Workers	1311 Market Ave N, Canton44714
AmeriCorps YEP VISTA	625 Cleveland Ave. NW, Canton44702
Calvary Mission	1345 Gibbs Ave., NE, Canton44705
Canton City Health Department	420 Market Avenue North, Canton44702
Canton City Schools	305 McKinley Ave NW,Canton44702
Canton Friendship Center	2200 Cleveland Ave, NW, Canton44709
Catholic Charities	3112 Cleveland Ave,NW,Canton44709
Child and Adolescent Behavioral Health	919 Second St, NE Canton44704
Coleman Behavior Health	400 W Tuscarawas St., Suite 200, Canton44702
Community Services Stark County (CSSC) - Homeless Support Services	1700 Gateway Blvd SE, Canton44707
CSSC - Homeless Support Services	1700 Gateway Blvd SE, Canton44707
CSSC - FLC Emergency Shelter	876 Amherst Rd NE,Massillon44646
CSSC - Pyramid Employment	625 Cleveland Ave., NW, Canton44702
CSSC - S.H.E.L.T.E.R. Program	625 Cleveland Ave., N.W., Canton44702
Community Legal Aid/Stark	306 Market N, Ste 730, Canton 44702
Court of Common Pleas	115 Central Plaza N, Canton 44702
Crisis Intervention Recovery Center	832 McKinley Ave NW, 44703
Crisis Intervention Recovery Center (S.H.E.L.T.E.R. program)	2421 - 13th St., NW, Canton44708
Dept. of Youth Services	161 High St,Suite100, Akron 44308
DEW IT NOW Shelter	110 15th St., N.E., Canton44714
Domestic. Violence Project - Canton	PO Box 9432, Canton44711
Downtowner, Village Gardens, REM	300 W Tuscarawas St, #700, Canton44702
Fair Housing Contact Services	441 Wolf Ledges Pkwy, Akron44311
First Christian Church	6900 Market Ave N, North. Canton 44721

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First Church of the Resurrection	901 E Tuscarawas, Canton 44709
Info Line	703 South Main Street, Suite 211, Akron44311
JR Coleman Outreach	1731 Grace Avenue NE, Canton44705
Multi-Development Services Stark County	424 Fulton Rd NW, Canton44703
New Beginnings Recovery House	1021 Fifth St. NW, Canton44703
P.A.L. Mission	1634 Market Ave S, Canton44707
Quest Recovery Services	1341 Market Ave, North Canton44714
R & R Transitional Living Inc.	35 Erie Street N, Suite 205, Massillon44646
Refuge of Hope Men's Shelter	300 Walnut Ave NE, Canton44702
Safe Harbor	1231 Andrews St NW, Hartville44632
Salvation Army Canton	420 Market Avenue North, Canton44702
Salvation Army - Massillon	143 First Street SE, Massillon44646
SARTA	1600 Gateway Blvd.SE Canton44707
Senior Employment Center	408 Ninth St., SW, Canton44707
Sisters of Charity Health System	400 Market Ave N, Suite 300, Canton44702
Social Security Administration	1370 Market Ave N, Canton44714
Stark County Job & Family Services	221 Third St SE, Canton44702
Stark Co Out of Poverty	126 Central Plaza N, Canton 44702
Mental Health Recovery Services Board	800 Market Ave N, Canton44702
Stark County Regional Planning	201 Third St NE, Canton44702
Stark Metropolitan Housing Authority	400 East Tuscarawas, Canton 44702
Stark Regional Community Correction Center	4433 Lesh Street, Louisville44641
Tri-County Independent Living Center	680 E Market St, Suite 205Akron44304
Trillium Family Solution	101 Cleveland Ave. NW, Canton44702
Turn Around Community Outreach	321 Cherry Ave., NE, Canton44702
United Way I&R 2-1-1	332 Second St, NW, Canton 44702
Homeless Hotline	800 Market Ave N, Canton44702
Veteran Administration	703 Market Ave. S, Canton44702
Western Stark Free Clinic	820 Amherst Rd,NE,Massillon44646
YMCA Massillon	721 Lincoln Way East, Massillon44646
YWCA Canton	231 Sixth St, NE, Canton44702

Coordination of services with these organizations is accomplished in part by ICAN's consistent involvement in the Homeless Services Collaborative, where the PATH workers and the PATH Supervisor can gather information about new services and program changes. As stated elsewhere in this application, PATH workers can assist clients using the Ohio Benefit Bank to simplify the application process for mainstream benefits. Most coordination is done based on an individual's particular needs and referrals to the most appropriate organizations. PATH workers follow the progression of those referrals until the client is connected to a behavioral health service provider.

- **gaps in current service systems.**

Stark County does not have any emergency system to serve people who are on "Do Not Return" lists for shelters. Existing emergency shelters are not equipped to deal with severe behavioral issues that often accompany addiction and mental health disorders. Individuals being released from prison and persons with

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histories of violating rules in community shelters are forced to seek other shelter wherever they can, including abandoned buildings, garages, etc. Our workers have found people living in tents in other people's back yards

and cars in salvage lots. We suspect that clients without addictions sometimes acquire them because they stay in a crack house for shelter during inclement weather.

Other complicating factors create housing barriers. There is very little unrestricted housing that will accept sex offenders, even if they have the means to pay rent. Affordable housing is not located near the bigger employers, and public transportation is either unavailable or inadequate. Many PATH clients have zero or very low incomes. Privately owned rental housing typically costs 80% or more of SSI income. There are long waiting periods for housing subsidies: public housing units have a six to eight month wait time. Many homeless households have lost public housing through non-payment of rent and eviction, through trouble with the law, and will never qualify for public housing again. The Section 8 waiting list is closed until it works through its four year backlog. ICAN has a waiting list for every subsidy program and receives inquiries about availability daily.

ICAN will work with the MHR SB to develop a more formal collaboration with local hospitals so that the PATH Specialist can be a first call to assist those patients with mental illness who need assistance with emergency housing upon their release from the hospital.

- **services available for clients who have both a serious mental illness and substance use disorder.**

There are several mental health agencies in our county that provide dual diagnosis treatment for clients diagnosed with both severe mental illness and substance use disorder. Additionally, there are agencies which solely provide mental health services and some which provide addiction services only.

- **strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).**

ICAN owns and operates a Safe Haven for 20 persons.

ICAN refers PATH clients to community emergency resources and permanent supportive housing including:

- Crisis Center provides overnight stays in motels
- YWCA, American Rescue Workers, Community Services of Stark County, Alliance
- Emergency Shelter and Refuge of Hope provide emergency shelter of variable time limits.
- DEW IT Now Shelter accepts our DNR clients.
- Community Services of Stark County and Catholic Charities provide funds for first month rents or security deposits.
- Churches offer rent assistance
- HAP loans and subsidies will help with one-time payments to prevent eviction and to obtain permanent housing.
- This year two more shelters will open their doors, Gateway II with 40 units and Alliance Children's and Families will offer emergency housing for families
- HAP, Shelter Plus Care, and HUD 811 subsidies are utilized in ICAN owned housing as well as independently owned apartments and houses.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

PATH workers and the PATH Supervisor attend the monthly Homeless Collaborative meetings. The HSC presents trainings and is a place for networking among front-line providers.

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The Stark County Interagency Council on the Homeless coordinates CoC programs. ICAN’s Executive Director serves on its Governance Board. She also chairs the Housing Development and Operations Subcommittee and is a member of the Health Care for Homeless Subcommittee.

ICAN has four Continuum of Care grants to provide housing subsidies to homeless persons with mental illness or to reduce operating cost of buildings as a way to charge lower rents. ICAN also operates a Shelter Plus Care grant for SMHA.

- 5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)**

(a) the demographics of the client population;

18-34	35-49	50-64	65-74	Male	Female	White	Black	Other	Veteran
33	29	21	1	52	32	32	37	2	3

(b) the demographics of the staff serving the clients

Staff demographics	Age	Sex		Race			Disability	
		Male	Female	White	Black	Other	Self	Family member
20-30	2	1	1	1	1			
31-50	7	3	4	4	3		1	
51-70	18	8	10	15	3		3	11

(c + d) ICAN has provided in-house cultural diversity training with a local consultant. The Mental Health Board offers Cultural Diversity trainings and ICAN staff attend these trainings as they are offered. Just recently, one of our PATH consumers has volunteered her time and she is translating our intake and marketing materials into Spanish. We maintain a list of area translators who can intervene if there is a language barrier. We have designated certain milestones in a client’s progression through our programs that trigger Customer Satisfaction Surveys. Among other things, these surveys allow us to monitor clients’ perceptions and experiences of interacting with staff. This is a tool to identify any situations in which clients feel we have not been sensitive to cultural mores. A survey completed in January 2011 gave ICAN a 94% satisfaction rating for clients stating they were treated with respect by ICAN staff.

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)**

ICAN has a history of including both consumers and family members on our Board of Directors. Currently two members of the Board are consumers and another is family to someone with mental illness. As previously noted, three staff members have serious mental illness and eleven of our staff has children, siblings and/or parents with severe mental illness. One of our PATH workers was a former PATH consumer.

All consumers sign releases and each is provided with a copy of their rights as clients along with the procedure to file a grievance.

- 7. Provide a budget narrative that provides details regarding PATH funds.**
See attached budget and budget narrative

PATH: STARK COUNTY CMH BOARD

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (ODMH DRAFT Guidance Document revised March 2011 Page 3).
870(23% of 3,782)

b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).
200

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

The quarterly report has given us a new way to look at our data. Because of the quarterly report, we noted that we have not been tracking the numbers of contacts as best we can. We had misinterpreted the distinction between individuals counted vs. individuals enrolled. We understand the distinction much better, and have adapted our tracking system to reflect this new understanding.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

We found, using the quarterly data that we need to improve the connection with local hospitals, behavioral health agency intake departments, and PATH to serve those coming out of the hospital who are homeless, and yet not connected to services.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

We are assisting a local woman who is planning on opening a shelter for veterans. Our efforts have included assistance with grant writing as well as evaluating possible sites for the shelter.

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

(a + b) Our PATH Specialist accepts several invitations a year to speak to groups within the community. She particularly enjoys speaking to students at a local school that enrolls at-risk youth. As noted earlier, the Homeless Services Collaborative gives our staff ample opportunities to inform other agencies of our services. The PATH Supervisor attends a quarterly meeting of agencies that provide emergency services, and we have been involved in a project to update the local United Way 211 listings giving both consumers and providers alike the most up-to-date information on available services. We include PATH services on our website, and have begun a new initiative to develop an agency Facebook page. One of our PATH consumers has volunteered to begin translating our brochures and other materials into Spanish.

PATH: STARK COUNTY CMH BOARD

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

Our greatest accomplishment during SFY 2011 has been in developing a working relationship with the operator of the DEW It Now shelter. This has enabled our PATH workers to place consumers who have behavioral issues in a timely manner.

7. Services provided to homeless Veterans (*please answer both (a) and (b)*):

- a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

4

- b. Do you have one of the PATH funded Veteran's projects?

Yes or No

PATH: SUMMIT COUNTY ADAMH BOARD

Section C: Local Provider Intended Use Plan (IUP)

FY 2011 (SFY July 1, 2011 – June 30, 2012)

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (e.g., literally homeless) services provided by the organization and region served.

Community Support Services has provided mental health and addiction services to the citizens of Summit County since 1988 and is the recipient of PATH funds for Summit County. Community Support Services provides services to adults, 18 and over suffering severe and persistent mental illness. Currently, the agency has approximately 2,400 active clients and a comprehensive array of services, including:

- Community Psychiatric Supportive Treatment (Case Management)
- Counseling - Individual and Group
- Employment/Vocational Training
- Intensive Treatment/Skills Training
- Medication Monitoring
- Nursing
- Pharmacy (Klein's Pharmacy on site)
- Primary Care clinic on site
- Psychiatric Assessment and Evaluation
- Psychological Testing and Evaluation
- Representative Payee/Money Management
- Residential/Housing

During the past year Community Support Services has had success with a variety of programs including the SOAR initiative. This program provides timely access to entitlements for individuals with a disability. The benefit specialist implementing this model has achieved an 87% success rate for approval upon first application. This program is complimented by having an employee of the Department of Job and Family Services' on-site. This individual provides the services associated with a traditional Medicaid worker including facilitating presumptive Medicaid, cash assistance, and acting as the assigned case worker for SSD/SSI benefits.

Individuals served by the Alphonso Turner Outreach Center are literally homeless. Summit County is home to a large tent population in addition to several area homeless shelters. This provides ample opportunity for outreach workers to engage in street outreach, meal site visits, homeless shelter visits, and outreach hikes in remote areas.

2. Indicate the amount of PATH funds the organization will receive.

\$136,678.00 federal and \$175,169.00 in local match.

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3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- The projected number of adult clients to be contacted using PATH funds.

The CSS Homeless Outreach Team expects to contact over 400 homeless individuals in fiscal year 2011-2012.

- Projected number of adult clients to be enrolled using PATH funds.

We project that approximately 125 individuals will become enrolled in PATH services.

- Percentage of adult clients served with PATH funds projected to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Eighty (80%) percent of the projected 400 individuals will meet State Level definition of “literally” homeless.

- Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

The CSS Alphonso Turner Homeless Outreach Center has opened its doors to all Summit County residents who are experiencing homelessness. Any individual, who is homeless and not engaged in services, can utilize our facility to shower, wash clothes, visit our used clothing room and/or use the phone and internet services. Each individual will have a Homeless Outreach Intake to determine eligibility for ongoing services and referral to other existing community resources that assist with housing options if they do not have a severe and persistent mental illness. This “Open Door Policy” and welcoming atmosphere has brought an increase in the use of center through word of mouth and has resulted in homeless individuals, who meet criteria coming to the center.

Outreach and engagement services will be utilized to locate homeless individuals. This outreach will include coordinated services within homeless shelters, meal sites, food pantries, jails, hospitals and other locations where homeless individuals congregate like fast food restaurants near emergency shelter, main public library and Metro Transit Center as well as under bridges and in wooded areas throughout the county. Regular contact and outreach will be done with local police departments, county sheriff's office, Ohio State Patrol, community social service agencies, faith based organizations and other individuals and organizations that work with the homeless population. It is anticipated that this outreach will comprise the majority of services utilizing the PATH funds.

The Alphonso Turner Homeless Outreach Center has collaborated with a variety of business leaders, foundations, nonprofits, grass root organizations, faith based efforts, and formerly homeless individuals to expand the outreach efforts. This has led to increased community awareness and additional resources for the PATH program.

Severe and persistent mental illness will be verified through a variety of means including but not limited to: Homeless Outreach, Health and Wellness Screenings, and Diagnostic Assessment. The team psychiatrist will be utilized to verify that the individual has a severe and persistent mental illness and/or other medical conditions that would benefit from treatment.

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- Strategies that will be used to target PATH funds for street outreach and case management as priority services.

Team members will provide on-site services weekly at downtown meal sites, Public libraries, and Metro Transit. This will provide homeless individuals and community members with a consistent and reliable means of engaging in PATH Services.

As mentioned above the Homeless Outreach Team collaborates with numerous community members to provide more comprehensive services to the homeless. On several occasions physicians from SUMMA Hospital have accompanied CSS on Outreach Hikes. This has resulted in the identification of several individuals who possessed serious medical issues requiring surgery. These individuals were able to receive the required care because of the efforts of the PATH program.

Of significant note is the recent expansion of partnership with the Veterans Administration. The Alphonso Turner Homeless Outreach Center has worked closely with the VA to aggressively outreach homeless veterans and link these individuals with the HUD VASH program. During the past year 60 homeless veterans have received a HUD VASH voucher. The PATH program initially identified many of these homeless veterans. Currently Community Support Services is working with the VA to develop a comprehensive Homeless Outreach Center that would become the hub of all homeless services in Summit County.

The Homeless Outreach supervisor participates in the Summit County Felon Re-entry Network, Summit County Continuum of Care (Co-chair of yearly Point In Time Count and Project Homeless Connect), Probate Court-Adult Protective Resource Team and Tough Stuff, a group of community agencies that meet to plan for difficult situations. Networking with other agencies provides an opportunity to educate other service providers, increase community awareness, advocate for the PATH program and homeless individuals, and obtain referrals for the PATH program.

- Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Summit County Homeless Outreach Center has met with Info Line HMIS Manager and has developed procedures and supporting documentation to begin entering data into HMIS. Our PATH data is not currently being input into the HMIS system, as we do not have the financial resources to hire someone to perform data entry. This issue is currently under advisement. The PATH program is prepared to begin implementation of the HMIS system immediately upon resolution of the identified problem.

- Indicate whether the provider provides, pays for, or otherwise supports evidence-based practices and other training for local PATH-funded staff.

Community Support Services provides numerous opportunities for PATH funded staff to engage in training. All staff are required to complete generalized mandatory training in community mental health services upon obtaining employment and yearly updates are required through an online format. Additionally in-service trainings on various topics are offered throughout the year. At least one training per month is available to staff through a variety of forums. Augmenting the training provided by Community Support Services are trainings provided through the Summit County ADM BD, NEOUCOM, and the BeST Center. All of the Homeless Outreach Staff attend the annual COHHIO Conference and this is paid for via the PATH Grant.

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- Indicate whether the provider provides, pay for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

Community Support Services participates in the HMIS Advisory Committee and the HMIS Users Group meeting; this provides an opportunity to receive ongoing training and support regarding HMIS.

- Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe coordination activities and policies with those organizations.

Community Support Services provides comprehensive primary health, mental health, substance abuse, housing and employment as previously enumerated. Access to these services is expedited for PATH enrolled clients since they are provided within the agency. Referrals to community resources (based on individual consumer preferences) are made with those individuals who have a mental illness but do not meet the Summit County ADM Board criteria of having a severe and persistent mental illness. Community Support Services has diverse relationships with a variety of community agencies that provide services to the homeless. With some organizations, there are formalized agreements, referral protocols and/or intake processes. Listed below are some of the organizations the Homeless Outreach Team currently partners with:

For Financial benefits:

- Social Security Administration for SSD/SSI benefits and Medicare
- Veteran Administration for veteran related benefits
- Summit County Department of Jobs and Family
- Summit County Veterans Commission
- Info Line for other financial needs: (community voice mail, Homeless Prevention and Rapid Re-housing Program, food pantries and referral to other assistance programs in community)
- Fair Housing for one time rental assistance for families with children less than 18 years of age.

For Emergency or Transitional Housing Needs:

- ACCESS for women and children
- Battered Women's Shelter for women and children
- Catholic Worker Community of Akron for transitional housing for women and children and men.
- CANAPI for transitional housing for those with HIV/AIDS
- Haven of Rest Ministries for emergency housing for women and children and separate single men facility
- HM Life Transitional housing for families
- Family Promise (formerly Interfaith Hospitality Network of Summit County) for families
- Safe Landing for Homeless Outreach Program for youth 18- 25 years
- Community Health Center for housing for youth 18-25 years
- Salvation Army Booth Manor for families

Other Faith Based Organizations: Springtime of Hope, Hope Café, New Start Ministries, TRY Ministries, Word of Life Ministries and Crossroads Unity Church

PATH: SUMMIT COUNTY ADAMH BOARD

For housing benefits:

- Akron Metropolitan Housing Authority for subsidized housing
- Community Health Center for specialized supportive housing for recovered substance users and youth 18 to 24 years of age.
- Fair Housing Contact Service for housing disputes; one time rental assistance for families.
- Info Line Homeless Prevention and Rapid Re-Housing Program (HPRP)
- Local HUD Housing Providers for subsidized housing
- Local Private Landlords for affordable apartments and rented rooms
- North Coast Community Homes for those CSS consumers with a severe and persistent mental illness only.
- Oriana House ACCESS to Recovery for sober housing

For health care benefits:

- Akron Community Health Resources for low cost medical and dental care and pharmaceutical assistance programs.
- Akron University Nursing School Center of Medical Excellence for free medical care.
- Akron General Medical Center and Summa Health Care System for hospital care assurance programs.
- Barberton Free Clinic for free medical care
- Open M for free medical and dental care
- Summit County Access to Care for reduced fee private primary medical care.

For Employment Opportunities:

- Ohio Bureau of Vocational Services for job assessment and placement
- Summit County One Stop/The Job Center for job placement and Felon Re-entry programs.
- Info Line Job Posting Line
- Job Fairs
- Temporary Employment Agencies

For Substance Abuse Treatment:

- Required central assessment and outpatient treatment: A-UMADAOP, Community Health Center, Oriana House, Mature Services, Summa Health Care System and Urban Ounce of Prevention Services
- Detox: Oriana House Detox and Summa Health Care System.
- Inpatient Treatment Resources: Interval Brotherhood Home, RAMAR, Summa Health Care System
- Sober Housing: Oriana House Access to Recovery program with private sober house providers.
- Support Groups: AA and NA local groups and CHOICES substance abuse group
- Social Activities: Arid Club, and Choices (for dually diagnosed)

- **Gaps in current service systems.**

Summit County has a wealth of community resources and a very caring community in general. Currently there are long waiting periods for indigent medical and dental service. Transportation remains a barrier and is compounded by the recent elimination of free monthly bus pass from the Summit County Department of Job and Family Services. Indigent individuals suffering from chemical dependency are underserved in Summit County. There are times when these individuals are not able to receive services

PATH: SUMMIT COUNTY ADAMH BOARD

due to lack of funds. This is compounded by the current waiting list for inpatient substance abuse treatment. This process frequently takes 6 to 8 weeks and can be a challenge for individuals in crisis.

There remains a lack of affordable housing in Summit County especially Permanent Supportive Housing. Fair Housing Contact Service and Tri-County Independent Living, who track this, reported at recent community meeting that Summit County has lost over 1000 subsidized housing units in the last two to three years which have not been replaced. This issue is compounded for individuals who have arrest records or evictions.

- **Services available for clients who have both a serious mental illness and substance use disorder.**

Community Support Services has a specialized team that address the specific needs of the dually diagnosed with co-occurring substance abuse and mental illness. The Substance Abuse Mental Ill Program of Assertive Community Treatment (SAMI PACT) Team based on the Dartmouth Model provides services seven days a week. Many of the individuals that the Homeless Outreach Team engages and enrolls are referred to the SAMI PACT. In addition to this team the agency offers a number of groups specially designed for individuals dealing with substance abuse.

Those with primary substance abuse/addiction with secondary mental health symptoms or a mental health diagnosis that is not a severe and persistent mental illness are referred to the Summit ADM Bd. provider agency, Community Health Center. We also network and refer to all agencies/organizations listed previously, who specialize in substance abuse/addiction treatment based on chemical dependency central assessment and recommended treatment plan. Homeless Outreach workers network with substance abuse treatment providers on a regular basis and have an excellent relationship with the treatment staff at Oriana Detox and Drop-In Center. We prepare our consumers through Motivational Interviewing techniques to become aware of their addictions, develop an acceptance of and need for assessment and intervention and support through inpatient care while helping them maintain their mental health stability and discharge planning to appropriate permanent housing if possible. This has resulted in very positive outcomes for consumers.

- **Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).**

The PATH CSS Homeless Outreach Program is under the direct supervision of the Director of Residential Services. This facilitates access to housing resources offered by Community Support Services. The CSS housing array consists of system-owned apartments, residential treatment, board and care homes and rental assistance programs. Two Safe Havens provide Permanent Supportive Housing for Homeless individuals. Community Support Services partners closely with the Akron Metropolitan Housing Authority to manage 98 Shelter Plus Care Certificates, obtain public housing units and Section 8 vouchers. CSS and AMHA also collaborate on grant-funded program to provide on-sight support services to appropriately 600 individuals living in public housing. Community Support Services employs two individuals who are liaisons between CSS and AMHA who advocate for our clients and outreach workers. North Coast Community Homes (system owned apartments) has 120 scattered site apartment units specifically designated for CSS consumers.

Every homeless individual that is contacted by the Homeless Outreach Team has a Homeless Outreach Intake completed during the initial meeting. Housing preferences, options including least restrictive, and barriers are reviewed and applications are completed for those options that are individually available and meet needs and preferences of the consumer. Emergency housing or Tarry

PATH: SUMMIT COUNTY ADAMH BOARD

House Respite (for those with perceived or diagnosed mental illness) is recommended if consumer is homeless and living outdoors. Local community emergency housing options available are listed previously. Further assessment and application for appropriate permanent housing continues once in emergency housing. Subsidized housing is pursued for those individuals with minimal legal barriers. Summit County has numerous privately owned HUD funded buildings in addition to the buildings owned and operated by AMHA. For those individuals with multiple barriers the PATH program utilizes system owned apartments through North Coast Community Homes.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.

The Alcohol, Drug and Mental Health Board and Community Support Services continue to be very active in the HUD Summit County Continuum of Care. Joanne Arndt, ADM Board PATH liaison, participates in the Review and Ranking committee. Keith Stahl, Director of Residential Services, participates in the Steering, Project Homeless Connect, Community Meeting, and HMIS Subcommittees. The Homeless Outreach supervisor participates in the Steering Committee and Community Meeting. In addition to this he is the co-chair of the Point in Time committee.

Community Support Services plays a pivotal role in Project Homeless Connect and a 5K running race to raise funds to cover the cost of this event. Last year Project Homeless Connect provided services to approximately 800 individuals and families who self-identified as homeless or in extreme poverty. Summit County is currently in the process of developing a 10-year plan to end homelessness. The Director of Residential Services serves on this committee for the development of this plan.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix F: Guidelines for Accessing Cultural Competence.)

a) Community Support Services currently serves approximately 2,400 clients. Of this 60.5% are white, 33.4% are African-American, .6% are Asian, .6% are Hispanic, and 4.9% are other. Seventy eight percent live in the city of Akron and 21% live in Summit County. Fifty-one percent are female and 49% are male. Seventy two percent have incomes below \$800 a month and 84% receive SSI or SSDI. Listed below are the demographics of PATH program participants.

Age	#	Gender	#	Race/Ethnicity	#	Veteran Status	
(<13)	<u>0</u>	Male	<u>124</u>	Am. Indian	<u>2</u>	Veteran	<u>21</u>
(13-17)	<u>0</u>	Female	<u>59</u>	Asian	<u>1</u>	Non-Veteran	<u>156</u>
(18-34)	_	Unknown	_____	Black or African Am.	<u>65</u>	Unknown	<u>6</u>
(35-49)	_			Hispanic or			
(50-64)	_			Latino	<u>0</u>		
(65-74)	_			White	<u>113</u>		
(>75)	<u>0</u>			Other	<u>1</u>		
Unknown	0			Unknown	_____		

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(b) the demographics of the staff serving the clients;

The CSS PATH outreach program employs one peer support worker who has experienced homelessness in the past along with a history of substance abuse. One additional staff member has experienced homelessness in their past.

Age	#	Gender	#	Race/Ethnicity	#	Veteran Status	
(18-34)	<u> </u>	Male	<u> 6 </u>	Am. Indian	<u> 0 </u>	Veteran	<u> 0 </u>
(35-49)	<u> 3 </u>	Female	<u> 2 </u>	Asian	<u> 0 </u>	Non-Veteran	<u> 8 </u>
(50-64)	<u> 5 </u>	Unknown	<u> </u>	Black or African Am.	<u> 1 </u>	Unknown	<u> </u>
(65-74)	<u> </u>			Hispanic or Latino	<u> </u>		
(>75)	<u> </u>			White	<u> 7 </u>		
				Other	<u> </u>		
				Unknown	<u> </u>		

c) Cultural diversity training is a mandatory part of orientation for all employees of the agency. Cultural competency is addressed at least yearly in agency in-services; further opportunities for cultural competency through Essential Learning are available and encouraged. All CSS PATH outreach staff receive specialized training in the culture of homelessness, participate in training provided by PATH state meetings, Policy Research Associates’, and PATH teleconferences. Further training and educational opportunities are made available through our participation and membership in COHHIO.

Community Support Services obtains the services of an interpreter in American Sign Language, for the hearing impaired through the Greenleaf Counseling Center as needed. The International Institute provides translators for those individuals where English is not their first language and request/need their native language translator. This past year, we outreached and engaged three individuals where English was not their first language. One individual spoke an East African dialect, two individuals spoke Serbian and another individual spoke a Burmese dialect. In each instance, we were able to locate an individual who spoke their primary dialect. Consumers who request or need other specialized services to recover and live successfully and productively in the community are assisted in obtaining the identified services from other specialized community resources.

d) Community Support Services has adopted a Cultural Competency Plan, which includes the development of an oversight committee and is part of the Performance Improvement process. The plan addresses increasing cultural competency in the following areas: environment, staff/personnel, communication, services and assessment and ongoing feedback. Additionally, Community Support Services has developed and incorporated into its Mission Statement and agency operation the Inclusion Committee. This committee’s task is to develop and encourage relationships on all levels with all persons based on mutual respect, honesty and

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or serve on governing or formal advisory boards. (See Appendix G: Guidelines for Consumer and Family Participation.)

The PATH CSS Homeless Outreach Program has had a full-time Peer Support Outreach Worker on staff for approximately 10 years. CSS is currently participating in a training grant sponsored by the Ohio

PATH: SUMMIT COUNTY ADAMH BOARD

Department of Mental Health and The Ohio Empowerment Coalition, Inc. to develop the Ohio Certified Peer Support Recovery Specialist position with job description and certification, which will enable this service to be Medicaid billable.

Our first Peer Support worker, Alphonso Turner (for whom our Homeless Outreach Center is named and dedicated too) was dual diagnosed and was an honorably discharged veteran. He was in his ninth year of employment as Peer Support worker when he died unexpectedly. Currently, the position has been filled with an Akron University student in the Social Work Dept. He is an active consumer of mental health services and is diagnosed with having bi-polar disorder advanced in recovery and substance abuse in long-term remission. He continues toward his degree part time at The Akron University and is working full time in Homeless Outreach. He is a certified substance abuse counselor and is very knowledgeable about community resources. Homeless Outreach Team networks with the Choices Social Club.

Community Support Services has a consumer advisory board that includes a formerly homeless individual. Two ad-hoc committees addressing quality improvement in treatment planning and recovery-based service provision both have active consumer participation. Both consumers and family members are included on Community Support Services' Board of Directors. CSS completes a consumer satisfaction survey on a yearly basis. It also underwent an independent review by the Consumer Quality Review Team, which is a consumer-run project funded by the state that monitors the caliber of mental health services. Community Support Services partners with the local NAMI group to provide education and support to those supporting our consumers. CSS continues to provide separate office space within our office complex for the local NAMI organization and The Consumer Education and Outreach Center, which is a consumer driven and run organization. This provides our consumers, their families and the community easy and accessible access to their services, support and educational resources.

7. Provide a budget narrative that provides details regarding PATH funds.

Please see attached document titled "Budget Narrative"

PATH: SUMMIT COUNTY ADAMH BOARD

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both (a) and (b)):

- a. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (*ODMH DRAFT Guidance Document revised March 2011 Page 3*).

The Summit County HMIS reported to HUD in our most recently completed Annual Homeless Assessment Report for federal fiscal year 10-1-09 through 9-30-10, that there were 4077 homeless individuals as reported by emergency, transitional and Battered Women's Shelter, (23% of this number would be 938). For the same federal fiscal year, in Summit County's HMIS Annual Performance Report on the Homeless Prevention and Rapid Re-housing Initiative, 812 individuals (23% of this number would be 187), who were in imminent risk of homelessness not homeless, were assisted in maintaining housing. The Home Again (Summit Co. HPRR Initiative) received an additional 3,383 telephone inquiries of which 77% (2616 callers) were in imminent risk of homelessness but could not be assisted for a multiple number of reasons included but not limited to: program funds exhausted, did not meet program guidelines, no consistent income, unwilling to cooperate with program follow-up requirements or could not provide required documentation. Twenty-three percent of 2616 individuals would be 602 individuals. These numbers represent unduplicated reported individuals. Overall it is believed that these numbers conservatively represent the total number of Summit County residents who are homeless or at imminent risk of homelessness. Conservatively, this would mean that there are potentially 1225 or 1827 (1225 + 602) individuals who could have a severe and persistent mental illness.

- b. Estimate the number of above clients to be served in SFY 2012 (FFY 2011).

Summit County CSS Homeless Outreach PATH program estimates that we will serve 300 consumers in SFY 2012 (FFY 2011).

2. Please discuss how you are utilizing your PATH Quarterly Data in your program's daily operation practices to make real-time quality improvement changes:

Our Third Quarter Data Report had very low count of new homeless individuals contacted and enrolled in the PATH program. This has been an ongoing issue in our program; but specifically, in the Third Quarter of the current PATH fiscal year (7-1-10 thru 6-30-11), CSS Homeless Outreach PATH program was down three of the five FTE staff members due to one resignation and two staff out for medical reasons. The ongoing issue of low numbers in the enrollment in PATH continues to be related to unique local factors that have been difficult to resolve or correct. Although PATH Websites do not define which diagnoses are considered to be a severe mental illness, our local mental health system does. Summit County has a divided adult mental health system (CSS for those consumers with a severe and persistent mental illness, PPBH for those consumers with non-severe mental health diagnosis and Community Health Center for those consumers with Dual Diagnosis (Substance Addiction and Mental Illness). This prevents CSS from following those individuals deemed more appropriate for one of the other agencies. This creates a challenge gathering the required information for PATH.

PATH: SUMMIT COUNTY ADAMH BOARD

The PATH program is currently revising practices within the program to transfer clients to traditional services faster and shorten the length of time individuals are enrolled in the PATH program. This will allow more time for outreach and engagement of new consumers identified as homeless.

3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:

I believe that we have resolved this question/issue in the Quarterly PATH Webinar on 4-20-11. In our Third Quarter Report, we only counted new consumers served in the Third Quarter. We did not count consumers/clients enrolled in PATH in previous Quarters who we continued to serve. This was not explicitly clear in the instructions for the Quarterly Report. Additionally Community Support Services believes that it would be helpful to create operational definitions of each value being counted. Reviewing the data from other counties clearly indicates that there is a lack of consistency in what is being counted or in how the counting is occurring.

4. Please describe any new collaborations or partnerships you have created during SFY 2011 (report data from July 1, 2010 to April 30, 2011 for purposes of this report) to increase your outreach to people experiencing homelessness:

CSS has entered into a number of new collaborations this past year that provide significantly enhanced holistic services to clients with mental illnesses. CSS and the BeST Center at NEOUCOM have partnered with Dr. Turkington and Jeremy Pelton from the United Kingdom to provide CBT-p therapy (a nontraditional therapy) for a number of our clients. CSS is the only agency in the United States who is participating in this endeavor and research. This model of treatment normalizes mental illness for the consumer and provides a treatment modality that helps consumers accept their mental illness and move toward recovery. CSS was granted a Vocational Rehabilitation Partnership 3 (VRP-#) contract. It is a coordinated effort with the Governor's Office, the Ohio Department of Alcohol and Drug Addiction Services, the Ohio Rehabilitation Services Commission, the Ohio Department of Mental Health and the County of Summit ADM Board. CSS partners with the FIRST program which is a comprehensive treatment program for individuals with a first psychotic break. As most of these persons are young in age, CSS works closely with Child Guidance and Family Solutions. The primary purpose is to engage the person in their active treatment moving more quickly to recovery and to integrate employment and education. CSS was awarded a Peer Support Grant through RSC to hire and train Recovery Specialists. The Empowerment Coalition trained these staff and supervisors during a four-day training and will be providing ongoing training and support in collaboration with CSS staff. The Empowerment Coalition is spearheading the drive to certify Peer Support Workers so that this will become a Medicaid billable service in Ohio in the very near future. Through collaboration with Akron, Stow and Barberton (early stage of development) Municipal Courts, CSS has developed Mental Health Courts.

Community Support Services has partnered with Testa Builders, AMHA, and National Church Residence to develop a 60 unit Permanent Supportive Housing project. This facility will be rich in amenities and provide 24/7 support. Community Support Services will be 51% owner and the facility is scheduled to break ground in the fall of 2011. Additionally, CSS is currently collaborating with the Veterans Administration to develop a comprehensive Homeless Outreach Center in Akron. This project is not finalized, but will greatly expand services to the homeless of Summit County when approved.

PATH: SUMMIT COUNTY ADAMH BOARD

5. Please briefly describe the formal methods your PATH Project uses to market itself to (a) the community at large and (b) to other homeless providers:

CSS Homeless Outreach PATH program makes formal presentations to other community agencies and law enforcement on regular basis and maintains telephone and face-to-face contacts throughout the year to remind them of our mission. We have booths under the auspices of CSS at various community Job and Health Fairs including local Veterans Stand Down and Project Homeless Connect. We have a new CSS web page on Facebook and have created a new Homeless Brochure for distribution. We are listed on the Akron Street Card under housing services. As a result, we receive between 5 and 10 calls a day requesting housing. We participate in bi-yearly training classes for CIT law enforcement classes. This program has expanded to surrounding cities following the success in Akron.

CSS is an active participant in the Summit County Continuum of Care. Several key leadership roles in the COC are filled with CSS staff members including Homeless Outreach staff. We participate in most of the activities of homeless providers and are a well thought of resource for the homeless in our Summit County community. Homeless Outreach staff network with many faith based organizations that provide services to the homeless and have been successful in engaging several organizations to participate in the Continuum of Care. Homeless Outreach staff are involved in the Summit County Felon Re-entry Network. Recently the PATH program has reached out to traditional media sources such as the Akron Beacon Journal. This has resulted in annual coverage of various homeless issues. Community leaders are frequently invited to meet homeless individuals in the homeless camps. This has proven to be an effective means of educating community leaders and is a catalyst to change.

6. Please briefly describe your PATH Project's greatest accomplishment during SFY 2011 (reporting period: July 1, 2010 to April 30, 2011 for purposes of this report):

Our Point-In-Time Count (which is co-chaired by Homeless Outreach supervisor with outreach staff leading each community team going out) has become one of the main events in our local Continuum of Care and continues to grow. This event has become a vehicle to educate the public. Ten years ago this event consisted of 6 or 7 people visiting known homeless areas and meal sites. Today this event consists of hundreds of volunteers systematically scouring the city to reach as many homeless individuals as possible.

One of the reasons this event has grown is the use of formerly homeless individuals. Their willingness to share their stories and pictures personalizes the struggles of the homeless. Additionally, they serve as role models to those individuals currently homeless. As a result of the changes in planning and structure of the Point In Time Count are reported numbers have grown every year due to a more thorough review of the homeless system and street count.

7. Services provided to homeless Veterans (please answer both (a) and (b)):

a. How many homeless Veterans did your PATH project serve from July 1, 2010 - April 30, 2011?

Community Support Services works closely with the Veterans Administration and has facilitated the utilization of approximately 20 HUD VASH vouchers. The PATH Program has worked with 21 Veterans directly. As mentioned previously Community Support Services is currently developing a partnership with the VA to provide comprehensive homeless services from a single location.

b. Do you have one of the PATH funded Veteran's projects? Yes or X No

LOCAL MENTAL HEALTH BOARD

AND

PROVIDER ORGANIZATION

BUDGET AND BUDGET NARRATIVES

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: Butler County Mental Health Board			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 81,487.43			
Fringe Benefits	\$ 356.35			
Travel (A)	\$ 3,208.00			
Travel (B)	\$ -			
Equipment (A)	\$ 735.22			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 85,787.00			
Total Federal Non-direct (B)	\$ -			
TOTAL FEDERAL	\$ 85,787.00			

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

BUTLER COUNTY

TRANSITIONAL LIVING, INC

**PATH BUDGET NARRATIVE
FEDERAL FUNDS**

FOR SFY 2012

FEDERAL FUNDS				
POSITION	ANNUAL SALARY	PATH FUNDED %	PATH FUNDED SALARY	TOTAL
PATH OUTREACH WORKER	\$ 33,708.00	100.0	\$ 33,708.00	
PATH OUTREACH WORKER	\$ 29,651.00	100.0	\$ 29,651.00	
COORDINATOR	\$ 79,700.00	6.8637	\$ 13,441.00	
PATH PEER SPECIALIST	\$ 3,478.20	100.0	\$ 3,478.20	
CLINICAL SUPERVISION	\$ 60,461.44	2.0	\$ 1,209.23	
				\$ 81,487.43
* BENEFITS				
CLINICAL SUPERVISION	\$ 356.35			
				\$ 356.35
TRAVEL (A)				
MILEAGE	\$ 3,000.00			
PARKING	\$ 208.00			
				\$ 3,208.00
EQUIPMENT (A)				
CELLPHONES	\$ 735.22			
				\$ 735.22
TOTAL FEDERAL				\$ 85,787.00

* Fringe benefits are budgeted based on the agency's cost to provide health and dental insurance, life insurance, 403 B retirement contributions, Medicare and Social Security Tax.

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: Butler County Mental Health Board			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ -			
Fringe Benefits	\$ 21,085.00			
Travel (A)	\$ 3,100.00			
Travel (B)	\$ 3,645.88			
Equipment (A)	\$ 764.79			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 24,949.79			
Total Local Non-Direct (B)	\$ 3,645.88			
TOTAL LOCAL	\$ 28,595.67			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 114,382.67			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date:
Board Chief Financial Officer:	Date:
Requested By:	Telephone No. Date:

PATH: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD

BUTLER COUNTY

TRANSITIONAL LIVING, INC

PATH BUDGET NARRATIVE
LOCAL LEVY MATCH FUNDS

FOR SFY 2012

LOCAL FUNDS				
BENEFITS				
PATH OUTREACH WORKER				
PATH OUTREACH WORKER				
COORDINATOR				\$21,085.00
TRAVEL (A)				
MILEAGE	\$3,000.00			
PARKING	\$100.00			
				\$3,100.00
TRAVEL (B)				
COHHIO CONFERENCE	\$2,188.00			
QUARTERLY MEETING	\$250.00			
OTHER TRAINING	\$1,207.88			
				\$3,645.88
EQUIPMENT (A)				
CELLPHONES	\$764.79			
				\$764.79
TOTAL LOCAL MATCH				\$28,595.67
GRAND TOTAL				\$114,382.67

* Fringe benefits are budgeted based on the agency's cost to provide health and dental insurance, life insurance, 403 B retirement contributions, Medicare and Social Security Tax.

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Federal Year 2011: P.A.T.H. Mini-Grant
Increasing Outreach and Services to Homeless Adults

Ohio Department of Mental Health

Provider Name: Columbiana County Mental Health Clinic, dba The Counseling Center		Period Request Covering		
		From: 07/01/11		To: 06/30/12
Board Area: Columbiana County Mental Health and Recovery Services Board				
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
P.A.T.H. FUNDS				
Personnel	37,227			
Fringe Benefits	11,168			
Travel (A)				
Travel (B)				
Equipment (A)				
Equipment (B)				
Supplies (A)				
Supplies (B)				
Contractual				
Construction				
Other (A)	1,605			
Other (B)				
Other (C - Housing)				
Total Federal Direct	50,000			
Total Federal Non-direct (B)				
TOTAL FEDERAL	50,000			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Provider Executive Director	Date
Provider Chief Financial Officer	Date

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

**P.A.T.H. Mini-Grant
SFY 2012**

Increasing Outreach and Services to Homeless Adults

Exhibit A2

FEDERAL BUDGET NARRATIVE

Provider: Columbiana County Mental Health Clinic,
dba The Counseling Center

Board Area: Columbiana County Mental Health and Recovery Services Board

PATH Funds

A.	Personnel:	\$ 37, 227
B.	Fringe:	\$ 11,168
C.	Other (A):	\$ 1,605

TOTAL: \$ 50,000

A. Personnel: \$ 37,227

PATH Coordinator (.75 FTE):	\$ 28,907
PATH Outreach Assistant (.50 FTE):	\$ 8,320

TOTAL: \$ 37,227

B. Fringe: \$ 11,168

PATH Coordinator (.75 FTE):	\$ 8,672
PATH Outreach Assistant (.50 FTE):	\$ 2,496

TOTAL: \$ 11,168

Fringe Benefits include FICA, Workers' Compensation, unemployment, employer's share of health insurance, and long-term disability costs, pro-rated according to the time each devotes to PATH.

C. Other (A): \$ 1,605

Costs in this category include stipends for PATH consumer outreach volunteers. Outreach volunteers perform the following outreach activities: identifying homeless persons with severe mental illness; engaging PATH-eligible clients; training to individuals who provide services to homeless persons; and linking/referring individuals to programs that provide benefits to homeless individuals. The amount necessary for stipends was calculated based on program history. Stipends will be paid at a rate of \$12.50 per outreach activity.

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Federal Year 2011: P.A.T.H. Mini-Grant
Increasing Outreach and Services to Homeless Adults

Ohio Department of Mental Health

Provider Name: Columbiana County Mental Health Clinic, dba The Counseling Center		Period Request Covering		
		From: 07/01/11		To: 06/30/12
Board Area: Columbiana County Mental Health and Recovery Services Board				
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCHING FUNDS				
Personnel	2,001			
Fringe Benefits	600			
Travel (A)	3,500			
Travel (B)	724			
Equipment (A)	818			
Equipment (B)				
Supplies (A)	1,265			
Supplies (B)				
Contractual				
Construction				
Other (A)	1,395			
Other (B)	250			
Other (C - Housing)	6,114			
Total Direct	15,693			
Total Non-direct (B)	974			
TOTAL	16,667			
GRAND TOTAL (Federal & Local)	66,667			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Provider Executive Director:	Date:
Provider Chief Financial Officer:	Date:

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

**P.A.T.H. Mini-Grant
SFY 2012**

Increasing Outreach and Services to Homeless Adults

Exhibit B2

LOCAL BUDGET NARRATIVE

Provider: Columbiana County Mental Health Clinic,
dba The Counseling Center

Board Area: Columbiana County Mental Health and Recovery Services Board

Local Match Funds

A. Personnel:	\$ 2,001
B. Fringe:	\$ 600
C. Other (A):	\$ 1,395
D. Other (B):	\$ 250
E. Equipment (A):	\$ 818
F. Travel (A):	\$ 3,500
G. Travel (B):	\$ 724
H. Supplies (A):	\$ 1,265
I. Other (C - Housing):	\$ 6,114

TOTAL: **\$16,667**

A. <u>Personnel:</u>	\$ 2,001
PATH Assessor/Provider (.06 FTE):	\$ 2,001
B. <u>Fringe:</u>	\$ 600
PATH Assessor/Provider (.06 FTE):	\$ 600

Fringe benefits include FICA, Workers Compensation, unemployment, employer's share of health insurance, and long-term disability costs, pro-rated according to the time each devotes to PATH.

C. Other (A): **\$ 1,395**

Costs in this category include stipends for PATH consumer outreach volunteers which are not covered in the federal allocation. Outreach volunteers perform the following outreach activities: identifying homeless persons with severe mental illness; engaging PATH-eligible clients; training to individuals who provide services to homeless persons; and linking/referring individuals to programs that provide benefits to homeless persons.

The amount necessary for stipends was calculated based on program history. Stipends are paid at a rate of \$12.50 per outreach activity.

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

P.A.T.H. Mini Grant
Exhibit B2 - Project Budget Narrative
Page 2

D: Other (B): \$ 250

Dues and membership costs of \$250 include the following:

- \$50 membership to Second Harvest Food Bank which supplies food for all eligible PATH clients.
- \$200 in annual dues to COHHIO, a statewide advocacy organization for the elimination of homelessness.

E. Equipment (A): \$ 818

Costs in this category include: cell phones for two PATH workers. Cell phones are rented at a cost of \$34.10 per month for two staff which equals \$68.20 per month for a total of \$818 per year.

F. Travel (A): \$ 3,500

Costs in this category include local mileage reimbursement (outreach activities) for PATH Coordinator and PATH Outreach Assistant. Two PATH staff at 4,167 miles per year = 8,334 miles at 42 cents per mile = \$3,500.

G. Travel (B): \$ 724

Costs in this category include:

- COHHIO Registration for one PATH staff member at \$240 per person = \$240.
- Lodging for two nights for one PATH staff member at COHHIO Conference = \$268.
- Meal reimbursement for one PATH staff member at COHHIO Conference = \$65.00.
- Travel to the COHHIO Conference for one PATH member: 360 miles at 42 cents per mile = \$151.

H. Supplies (A): \$ 1,265

Costs in this category include:

- Birth certificates for PATH-eligible clients at \$25 per certificate for approximately five PATH clients: \$125.
- State identification cards at \$8 each for approximately five PATH clients: \$40.
- Food used as an engagement tool: \$300.
- Personal care items for PATH-eligible clients (shampoo, tooth paste, tooth brushes, toilet paper, deodorant, laundry detergent, soap, etc.): \$400

PATH: COLUMBIANA COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

P.A.T.H. Mini Grant
Exhibit B2 - Project Budget Narrative
Page 3

- Clothing necessities (under garments, socks, shoes, and clothing for larger sized individuals who are unable to locate appropriate sizes at local clothing giveaways): \$400

Fiscal controls for the purchase of supplies include PATH staff submitting purchase requisitions for approval by the Director of Client Services and Executive Director. Staff will need to complete petty cash/credit card requisition forms before any monies or credit cards from the agency can be released. Staff must submit all receipts of purchases to the fiscal manager.

I. Other (C-Housing): \$ 6,114

Costs in this category include:

- One-time rental payments for PATH clients who cannot afford to make the payments themselves.
- Security Deposits
- Costs associated with matching eligible homeless individuals with appropriate housing situations. These may include rental application fees, furnishings, and moving expenses.

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS
(PATH)**

Ohio Department of Mental Health

Board Cuyahoga County Community Mental Health Board			Period Request Covering	
			From July 1, 2011	To June 30, 2012
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	289,116			
Fringe Benefits	80,692			
Travel	22,052			
Travel (B)	3,913			
Equipment (A)				
Equipment (B)				
Supplies (A)	15,452			
Supplies (B)				
Contractual				
Construction				
Other (A)				
Other (B)				
Other (C - Housing)				
Total Federal Direct	407,312			
Total Federal Non-direct (B)	3,913			
TOTAL FEDERAL	411,225			

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health

SFY 2012 Federal Budget Narrative

Personnel:

All positions provide direct outreach services to clients

Position	FTE	Rate	Cost
Outreach Worker	5.500	31,242	171,829
RN	1.000	42,536	42,536
Psychiatrist	0.150	186,514	27,977
Program Manager	0.750	62,368	46,774
Totals	7.400		289,116

Fringe Benefits:

Fringe benefits include taxes (social security, state unemployment insurance, workers compensation) and benefits (medical/dental insurance, short & long term disability, life insurance, pension).

27.91% 80,692

Travel:

	FTE	Miles / year	Rate / mile	Total
Local (A)	5.50	4,300	\$0.550	13,008
Conferences (B)	5.50	480	\$0.550	1,452
Parking (A)			\$438/Mo	5,256
Outreach Van (A)				
Fuel		6,000 miles		2,348
Insurance		\$840 per year		840
Maintenance		\$600 per year		600
Total				23,504

Other: (B)

COHHIO Conference			
6	Attendees @	\$225.00 per person	1,350
6	Hotel Nights @	\$132.00 per night	793
6	Per Diem	\$53 per day	318
			2,461

Supplies :(A)

(A) Supplies will be given directly to clients being outreached as an engagement tool or to address safety needs related to living on the streets.

Bus Tickets	6490 Tickets	\$1.50 per Ticket	9,736
Medications	12 Months	\$205.00 per month	2,460
Blankets			800
Food & Water			1,656
Clothing			800
			15,452

Source of Funds:

Federal	411,225
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PATH: ADAMH BOARD OF CUYAHOGA COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health
SFY 2012**

	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	87,914			
Fringe Benefits	24,398			
Travel	1,956			
Travel (B)	-			
Equipment (A)				
Equipment (B)				
Supplies (A)	-			
Supplies (B)	5,958			
Contractual				
Construction				
Other (A)	11,254			
Other (B)	5,595			
Other (C - Housing)				
Total Local Direct	125,522			
Total Local Non-direct (B)	11,553			
TOTAL LOCAL	137,075			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	548,300			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director	Date
Board Chief Financial Officer	Date
Requested By	Telephone No. Date

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

SFY 2012 Local Budget Narrative

Personnel:

The Outreach, RN and Benefits Specialist and Psychiatrist all provide direct outreach services to PATH eligible clients.

<u>Position</u>	<u>FTE</u>	<u>Rate</u>	<u>Cost</u>
Prison Outreach Worker	1.000	37,294	37,294
Outreach Worker	0.250	30,555	7,639
Intake Specialist	0.250	34,382	8,596
Benefit Specialist	0.500	31,470	15,735
Psychiatrist	0.100	186,514	18,651
Totals			87,914

Fringe Benefits:

Fringe benefits include taxes (social security, state unemployment insurance, workers compensation) and benefits (medical/dental insurance, short & long term disability, life insurance, pension). 27.91% **24,398**

Travel:	<u>FTE</u>	<u>Miles / year</u>	<u>Rate / mile</u>	<u>Total</u>
Local (A)	1.00	3,556	\$ 0.550	1,956
	-	0	\$ -	-
Total				1,956

Supplies: *

Paper, charts, business cards (B)	4,240
Postage	450
Copier rent and service (B)	1,268
Total (B)	5,958
Total	5,958

Other:

The following expenses are related to a portion of the building at 1744 Payne Ave

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

used to provide client service and for office space for staff

	<u>Direct</u>	<u>Indirect</u>	
Utilities	3,657	1,219	4,876
Telephones	2,787	2,787	5,573
Insurance	600	200	800
Office Cleaning Services	1,200	400	1,600
Security	1,880	620	2,500
Maintenance	1,130	370	1,500
Total	11,254	5,595	16,849
Grand Total Local			<u>137,075</u>
Source of Funds:			
Cuyahoga County Community Mental Health Board			<u>137,075</u>

* Note: Supplies are purchased through a central purchasing function at the agency and must be within budgeted guidelines. Requests are approved by the PATH supervisor and monitored monthly by agency fiscal staff.

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

**Veteran Assistance Pilot Program
Ohio Department of Mental Health**

Board Cuyahoga County Community Mental Health Board			Period Request Covering	
			From July 1, 2011	To June 30, 2012
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	38,194			
Fringe Benefits	10,660			
Travel	4,125			
Travel (B)				
Equipment (A)				
Equipment (B)				
Supplies (A)	1,250			
Supplies (B)	518			
Contractual	2,730			
Construction				
Other (A)	672			
Other (B)				
Other (C - Housing)				
Total Federal Direct	57,631			
Total Federal Non-direct (B)	518			
TOTAL FEDERAL	58,149			

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

**Veteran Assistance Pilot Program
Ohio Department of Mental Health**

**SFY 2012 Budget Narrative
(Federal)**

Personnel:

All positions provide direct outreach services to clients

<u>Position</u>	<u>FTE</u>	<u>Rate</u>	<u>Cost</u>
Vet Peer Support Outreach Worker	1.250	30,555	38,194
Totals	1.250		38,194

Fringe Benefits:

Fringe benefits include taxes (social security, state unemployment insurance, workers compensation) and benefits (medical/dental insurance, short & long term disability, life insurance, pension). 27.91%

10,660

Travel:

	<u>FTE</u>	<u>Miles / year</u>	<u>Rate / mile</u>	<u>Total</u>
Local (A)	1.25	6,000	\$ 0.550	4,125
Total				4,125

Supplies :(A)

(A) Supplies will be given directly to clients being outreached as an engagement tool or to address safety needs related to living on the streets. provide needed food, blankets, medications and occasionally clothing. Housing dollars will be used to link consumers with temporary housing and/or provide start-up housing funds.

Client Assistance	25	Individuals	\$ 50.00	each	1,250
Total					1,250

B:

Office Supplies					518
Total					518

Contractual:

Consultation and field work with a psychiatrist who is also a veteran.

Psychiatric Consultation	0.5	Hrs/wk	\$ 105.00	per Hour	2,730
Total					2,730

Other:

These expenses are directly related to the provision of services

Phones	2	cell phone	\$ 28.00	month	672
Total					672

Source of Funds:

Federal					<u><u>58,149</u></u>
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PATH: ADAMH BOARD OF CUYAHOGA COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
 Veteran Assistance Pilot Program
 Ohio Department of Mental Health**

SFY 2012	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
LOCAL MATCH: CUYAHOGA COUNTY PATH VETS PILOT				
Personnel	15,278			
Fringe Benefits	4,105			
Travel	-			
Travel (B)	-			
Equipment (A)	-			
Equipment (B)	-			
Supplies (A)	-			
Supplies (B)	-			
Contractual	-			
Construction				
Other (A)	-			
Other (B)	-			
Other (C - Housing)				
Total Local Direct	19,384			
Total Local Non-direct (B)	-			
TOTAL LOCAL	19,384			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	77,532			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director	Date
Board Chief Financial Officer	Date
Requested By	Telephone No. Date

PATH: ADAMH BOARD OF CUYAHOGA COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

**Veteran Assistance Program
Ohio Department of Mental Health**

**FY 2012 Budget Narrative
(Local Match)**

Personnel:

<u>Position</u>	<u>FTE</u>	<u>Rate</u>	<u>Cost</u>
Vet Peer Support Outreach Worker	0.500	30,555	15,278
	-		-
Totals			15,278

Fringe Benefits:

Fringe benefits include taxes (social security, state unemployment insurance, workers compensation) and benefits (medical/dental insurance, short & long term disability, life insurance, pension).	27.91%	4,105
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Travel:

	<u>FTE</u>	<u>Miles / year</u>	<u>Rate / mile</u>	<u>Total</u>
Local (A)	-	-	\$ -	-
	-	0	\$ -	-
Total				-

Supplies: *

Paper, charts, business cards (B)	-
Postage	-
Copier rent and service (B)	-
Total (B)	-
Total	-

Other:

The following expenses are related to a portion of the building at 1744 Payne Ave used to provide client service and for office space for staff

	<u>Direct</u>	<u>Indirect</u>	
Utilities	-	-	-
Telephones	-	-	-
Insurance	-	-	-
Office Cleaning Services	-	-	-
Security	-	-	-
Maintenance	-	-	-
Total	-	-	-

Grand Total Local

19,384

Source of Funds:

ADAMHS Board of Cuyahoga County

19,384

* Note: Supplies are purchased through a central purchasing function at the agency and must be within budgeted guidelines. Requests are approved by the PATH supervisor and monitored monthly by agency fiscal staff.

PATH: ADAMH BOARD OF FRANKLIN COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: ADAMH BOARD OF FRANKLIN COUNTY			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 267,330			
Fringe Benefits	\$ 76,398			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 343,728			
Total Federal Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 343,728			

PATH: ADAMH BOARD OF FRANKLIN COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: ADAMH BOARD OF FRANKLIN COUNTY			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ -			
Fringe Benefits	\$ -			
Travel (A)	\$ 12,530			
Travel (B)	\$ -			
Equipment (A)	\$ 6,240			
Equipment (B)	\$ -			
Supplies (A)	\$ 51,337			
Supplies (B)	\$ 2,512			
Contractual	\$ -			
Construction				
Other (A)	\$ 6,500			
Other (B)	\$ 35,457			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 76,607			
Total Local Indirect (B)	\$ 37,969			
TOTAL LOCAL: ADAMH LEVY	\$ 114,576			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 458,304			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date: 5-4-11
Board Chief Financial Officer:	Date: 5-4-11
Requested By:	Telephone No. 614-222-3752 Date: 5-4-11

PATH: ADAMH BOARD OF FRANKLIN COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

**ADAMH BOARD OF FRANKLIN COUNTY -- SOUTEAST, INC.
Budget Narrative for PATH for the Period July 1, 2011 to June 30, 2012**

BUDGET TOTAL: \$458,304

FEDERAL PATH FUNDS: \$343,728

Personnel (salaries and wages)

Includes costs associated with the local PATH program staff. The \$267,330 requested for this line item support of following direct service staff: APN \$34,040 (.3 FTE), Nurse \$42,950 (1 FTE), Community Support and Outreach Worker \$94,850 (3 FTE), Peer Specialist (1 FTE) \$21,840, Program Supervisor/Outreach Worker \$39,440 (.9 FTE) and AOD Worker \$34,210 (1 FTE).

Fringe Benefits

These were projected at 28.6% of the above salaries which equals \$76,398.

LOCAL MATCH: \$114,576

Travel (A)

The \$12,530 is based upon current estimates for operating the Mobile Van, which is used exclusive for outreach. These costs include fuel, maintenance, insurance, license & parking. Also includes mileage for outreach workers of \$6,100

Equipment (A)

The \$6,240 includes the monthly cost of leased mobile phones.
(8 employees X \$65 X 12 months)

Supplies (A)

The \$51,337 is for the following: \$987 for COTA bus passes for transportation to other linked behavioral health/primary health clinics, \$47,850 for medications, \$1,500 for emergency food & motel vouchers and \$1,000 for emergency medical supplies and blankets.

Supplies (B)

The total cost of supplies is projected at \$2,512. Supplies include photocopying, filing supplies, paper and etc.

Other (A)

This \$6,500 includes operating and building expenses for the office space and equipment used by Mobile Van staff, which is also utilized by PATH clients.

Other (B)

This total of \$35,457 includes the cost of operating, billing, audit fees, insurance, Electronic health records, support staff and other costs associated with indirect administrative and program staff.

The source of local match funds is levy dollars allocated through the ADAMH Board of Franklin County on an annual basis.

PATH: ADAMH BOARD OF FRANKLIN COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH-VETS)
Ohio Department of Mental Health**

Board Name: ADAMH BOARD OF FRANKLIN COUNTY		Period Request Covering		
		From: July 1, 2011	To: June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 36,382			
Fringe Benefits	\$ 10,405			
Travel (A)	\$ 7,663			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ 5,775			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 60,225			
Total Federal Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 60,225			

PATH: ADAMH BOARD OF FRANKLIN COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH-VETS)
Ohio Department of Mental Health**

Board Name: ADAMH BOARD OF FRANKLIN COUNTY		Period Request Covering		
		From: July 1, 2011	To: June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ -			
Fringe Benefits	\$ -			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ 14,325			
Supplies (B)	\$ 1,200			
Contractual	\$ -			
Construction				
Other (A)	\$ 4,550			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 18,875			
Total Local Indirect (B)	\$ 1,200			
TOTAL LOCAL: ADAMH LEVY	\$ 20,075			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 80,300			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date: 5-4-11
Board Chief Financial Officer:	Date: 5-4-11
Requested By:	Telephone No. 614-222-3752 Date: 5-4-11

PATH: ADAMH BOARD OF FRANKLIN COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (VETS PILOT)

ADAMH BOARD OF FRANKLIN COUNTY – SOUTHEAST, INC.

Budget Narrative for PATH Vets Pilot for the Period July 1, 2011 to June 30, 2012

BUDGET TOTAL: \$80,300

FEDERAL PATH FUNDS: \$60,225

Personnel (salaries and wages)

The total of \$36,382 includes costs associated with the local PATH program staff: \$32,000 for Vet Peer (1 FTE) and \$4,382 for Program Supervisor (.1FTE).

Fringe Benefits

These were projected at 28.6% of the above salaries for a total of \$10,405.

Travel (A)

The total of \$7,663 consists of program staff mileage of \$6,583 (44 cents a mile X 14,961 miles) and parking \$1,080

Supplies (A)

Consists of \$5,775 for COTA bus passes for transportation to other linked behavioral health/primary health clinics

LOCAL MATCHING FUNDS: \$20,075

Supplies (A)

The \$14,325 is for emergency assistance for clients, e.g. medications, medical supplies, food, motel vouchers, blankets.

Supplies (B)

The total cost of supplies is projected at \$1200. Supplies include photocopying, filing supplies, flash drive, medical record forms, paper and etc.

Other (A)

This total of \$4,550 includes \$4,250 for cell phone and air card, costs for client ID cards, birth certificates, as well as \$300 for consumer focus group appreciation.

The source of local match funds is levy dollars allocated through the ADAMH Board of Franklin County on an annual basis.

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Hamilton County

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD FY 2012 PATH BUDGET			Period Request Covering	
			From: 07/01/2011	To: 06/30/2012
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	178,128	-	-	178,128
Fringe Benefits	54,352	-	-	54,352
Travel (A)	-	-	-	-
Travel (B)	-	-	-	-
Equipment (A)	-	-	-	-
Equipment (B)	-	-	-	-
Supplies (A)	1,064	-	-	1,064
Supplies (B)	-	-	-	-
Contractual	-	-	-	-
Construction	-	-	-	-
Other (A)	-	-	-	-
Other (B)	-	-	-	-
Other (C - Housing)	-	-	-	-
Total Federal Direct	233,544	-	-	233,544
Total Federal Non-direct (B)	-	-	-	-
TOTAL FEDERAL	\$ 233,544	-	-	\$ 233,544

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

**PATH Program - Hamilton County
FY 2012 Detail Budget Narrative
FEDERAL FUNDS**

Salaries		Total
4.0 FTEs - outreach workers =	\$	106,961
.5 FTE Consumer Staff =		8,612
Team Coordinator @ 95%=		29,408
Program Manager @ 20% =		8,445
Director @ 5% =		2,913
Accounting Manager @ 10% =		4,696
MIS @ 5.75% =		787
Human Resources @ 5% =		1,320
Clerical support @ 20% =		5,734
Tender Mercies Volunteer Coordinator @ 10% =		7,772

Total Federal - Salaries: \$ 176,648

Benefits		Total
4.0 FTEs - outreach workers =	\$	39,104
.5 FTE Consumer Staff =		1,205
Team Coordinator @ 95%=		7,991
Program Manager @ 20% =		2,140
Director @ 5% =		931
Accounting Manager @ 10% =		1,074
MIS @ 5.75% =		585
Human Resources @ 5% =		325
Clerical support @ 25% =		2,497
Tender Mercies Volunteer Coordinator @ 10% =		719

Total Federal - Benefits: \$ 56,571

Supplies		Total
A		
SORTA/Metro - bus tokens		
	\$	325
Total Federal - Supplies A:	\$	325

Fiscal Controls: Supplies will be distributed by the PATH worker. The Program Manager will authorize all financial requests. All receipts are reviewed by the Program Manager and forwarded to Finance for approval and payment. All payments are subject to internal and external audit.

TOTAL FEDERAL FUNDS		Total
TOTAL FEDERAL PATH FUNDS:	\$	233,544

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health
Hamilton County

	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
LOCAL MATCH for Hamilton County SFY 2012				
Personnel	41,118	-	-	41,118
Fringe Benefits	12,991	-	-	12,991
Travel (A)	8,520	-	-	8,520
Travel (B)	637	-	-	637
Equipment (A)	2,043	-	-	2,043
Equipment (B)	2,000	-	-	2,000
Supplies (A)	7,661	-	-	7,661
Supplies (B)	500	-	-	500
Contractual	2,000	-	-	2,000
Construction	-	-	-	-
Other (A)	1,225	-	-	1,225
Other (B)	5,300	-	-	5,300
Other (C - Housing)	-	-	-	-
Total Local Direct	75,558	-	-	83,995
Total Local Non-direct (B)	8,437	-	-	-
Total Local	83,995	-	-	83,995
TOTAL				
GRAND TOTAL (Federal and Local)	317,539	-	-	317,539

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director/President/ CEO

Board Vice President, Finance	
Requested By	
Maximum Allocation	Expenditures This Period
Total to Date	Remaining Balance

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

**PATH Program - Hamilton County
FY 2012 Detail Budget Narrative
LOCAL MATCHING FUNDS**

Salaries		Total
4.0 FTEs - outreach workers =	\$	24,279
.5 FTE Consumer Staff =		1,955
Team Coordinator @ 95%=		6,675
Program Manager @ 20% =		1,917
Director @ 5% =		661
Accounting Manager @ 10% =		1,066
MIS @ 5.75% =		1,200
Human Resources @ 5% =		299
Clerical support @ 25% =		1,302
Tender Mercies Volunteer Coordinator @ 10% =		1,764
Total Local Match - Salaries:	\$	41,118
Benefits		Total
4.0 FTEs - outreach workers =	\$	8,877
.5 FTE Consumer Staff =		273
Team Coordinator @ 95%=		1,814
Program Manager @ 20% =		485
Director @ 5% =		211
Accounting Manager @ 10% =		244
MIS @ 5.75% =		282
Human Resources @ 5% =		74
Clerical support @ 25% =		567
Tender Mercies Volunteer Coordinator @ 10% =		164
Total Local Match - Benefits:	\$	12,991
Travel		Total
A		
Local travel @ \$.48 per mile, Approximately 4000 miles per year per each Outreach FTE (4) Approximately 750 miles per year per Team Coordinator Approximately 1000 miles per year per Outreach Worker		
	\$	8,520
Total Local Match - Travel A:	\$	8,520

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

B	Non-Local travel including costs associated with staff training events	\$	637
	Total Local Match - Travel B:	\$	637
Equipment			Total
A	Cell phones rented @ \$30/mo per Outreach FTE (4), Team Coordinator and Program Manager - \$1741 Computer Equipment - mini Laptop - field use - \$302	\$	2,043
	Total Local Match - Equipment A:	\$	2,043
B	Telephone equipment and service, Depreciation expenses associated with computers	\$	2,000
	Total Local Match - Equipment B:	\$	2,000
Supplies			Total
A	Emergency Food Ready-to-Eat Meals Survival packets (i.e. water, toothpaste/brush, underwear, socks) SORTA/Metro - bus tokens Fox's Clothing Co - clothing and blankets	\$	7,661
	Total Local Match - Supplies A:	\$	7,661
B	Office Supplies: paper, pens, staples, pencils, folders, files, note pads Copying costs Brochures	\$	500
	Total Local Match - Supplies B:	\$	500

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

Contractual		Total
	HMIS - Annual Maintenance Contract	
		\$ 2,000
	Total Local Match - Contractual:	\$ 2,000
Other		Total
A	Facilities Lease - Over the Rhine outreach space including laundry facilities and other direct service space	
	Police Checks	
	Recruiting	
	Staff training events	
		\$ 1,225
	Total Local Match - Other A:	\$ 1,225
B	Facilities Lease - Facility rent for space allocated to the PATH Program	
	General, non-benefit Insurance	
	Utilities/R&M Building	
		\$ 5,300
	Total Local Match - Other B:	\$ 5,300
Housing		Total
C	One-time rental payments to prevent eviction	
	Security deposits	
		\$ -
	Total Local Match - Housing:	\$ -
		Total
	TOTAL LOCAL MATCH DIRECT	\$ 75,558
	TOTAL LOCAL MATCH INDIRECT	\$ 8,437
	TOTAL LOCAL PATH FUNDS:	\$ 83,995
TOTAL FUNDS		Total
	TOTAL PATH PROGRAM BUDGET:	\$ 317,539

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Hamilton County

VETERAN'S PATH PROJECT

Ohio Department of Mental Health

HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD			Period Request Covering	
FY 2012 VETERAN'S PATH BUDGET			From: 07/01/2011	To: 06/30/2012
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	38,225	-	-	38,225
Fringe Benefits	12,107	-	-	12,107
Travel (A)	-	-	-	-
Travel (B)	-	-	-	-
Equipment (A)	-	-	-	-
Equipment (B)	-	-	-	-
Supplies (A)	282	-	-	282
Supplies (B)	-	-	-	-
Contractual	-	-	-	-
Construction	-	-	-	-
Other (A)	-	-	-	-
Other (B)	-	-	-	-
Other (C - Housing)	-	-	-	-
Total Federal Direct	50,614	-	-	50,614
Total Federal Non-direct (B)	-	-	-	-
TOTAL FEDERAL	50,614	-	-	50,614

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Hamilton County

VETERANS PATH Program - Hamilton and Butler County

FY 2012 Detail Budget Narrative

FEDERAL FUNDS

Salaries		Total
1.0 FTEs - Veteran Peer Outreach Worker =		\$ 25,238
Team Coordinator @ 5% =		1,612
Program Manager @ 10% =		4,399
Director @ 5% =		3,035
Accounting Manager @ 5% =		2,446
MIS @ 2.75% =		807
Human Resources @ 2.5% =		688
Total Federal - Salaries:		\$ 38,225
Benefits		Total
1.0 FTEs - Veteran Peer Outreach Worker =		\$ 7,082
Team Coordinator @ 5% =		2,362
Program Manager @ 10% =		1,001
Director @ 5% =		596
Accounting Manager @ 5% =		558
MIS @ 2.75% =		339
Human Resources @ 2.5% =		169
Total Federal - Benefits:		\$ 12,107
Supplies		Total
A SORTA/Metro - bus tokens = \$282		
		\$ 282
Total Federal - Supplies A:		\$ 282
Fiscal Controls: Supplies will be distributed by the PATH worker. The Program Manager will authorize all financial requests. All receipts are reviewed by the Program Manager and forwarded to Finance for approval and payment. All payments are subject to internal and external audit.		
TOTAL FEDERAL FUNDS		Total
TOTAL FEDERAL FUNDS:		\$ 50,614

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Hamilton County

VETERAN'S PATH PROJECT

	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
LOCAL MATCH: Veterans Pilot				
Personnel	6,797	-	-	6,797
Fringe Benefits	2,154	-	-	2,154
Travel (A)	2,440	-	-	2,440
Travel (B)	1,000	-	-	1,000
Equipment (A)	360	-	-	360
Equipment (B)	865	-	-	865
Supplies (A)	1,267	-	-	1,267
Supplies (B)	50	-	-	50
Contractual	750	-	-	750
Construction	-	-	-	-
Other (A)	250	-	-	250
Other (B)	938	-	-	938
Other (C - Housing)		-	-	
Total Local Direct	14,018	-	-	14,018
Total Local Non-direct (B)	2,853	-	-	2,853
Total Local	16,871	-	-	16,871
TOTAL				
GRAND TOTAL (Federal and Local)	\$ 67,485	-	-	\$ 67,485

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations. Mental Health Levy Funds will be used for the Local Match.

Board Executive Director/President/ CEO	Date	
Board Chief Financial Officer	Date	
Requested By	Telephone No. 513.946.8643	Date

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

VETERANS PATH Program - Hamilton and Butler County

FY 2012 Detail Budget Narrative

LOCAL MATCHING FUNDS

Salaries			Total
	1.0 FTEs - Veteran Peer Outreach Worker =	\$	4,487
	Team Coordinator @ 5% =		287
	Program Manager @ 10% =		782
	Director @ 5% =		539
	Accounting Manager @ 5% =		435
	MIS @ 2.75% =		143
	Human Resources @ 2.5% =		123
	Total Local Match - Salaries:	\$	6,797
Benefits			Total
	1.0 FTEs - Veteran Peer Outreach Worker =	\$	1,261
	Team Coordinator @ 5% =		420
	Program Manager @ 10% =		178
	Director @ 5% =		106
	Accounting Manager @ 5% =		99
	MIS @ 2.75% =		60
	Human Resources @ 2.5% =		30
	Total Local Match - Benefits:	\$	2,154
Travel			Total
A	Local travel @ \$.48 per mile, Approximately 3000 miles per year per each Outreach FTE (1) plus Team Coord		
		\$	2,440
	Total Local Match - Travel A:	\$	2,440
B	Non-Local travel including costs associated with staff training events	\$	1,000
	Total Local Match - Travel B:	\$	1,000
Equipment			Total
A	Cell phones rented @ \$30/mo For Veteran Peer Outreach		
		\$	360

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

	Total Local Match - Equipment A:	\$ 360
B	Telephone equipment and service, Depreciation expenses associated with computers	\$ 865
	Total Local Match - Equipment B:	\$ 865
Supplies		Total
A	Emergency Food Ready-to-Eat Meals = \$500 Survival packets (i.e. water, toothpaste/brush, underwear, socks) = \$500 Bus Tokens - \$267	\$ 1,267
	Total Local Match - Supplies A:	\$ 1,267
B	Office Supplies: paper, pens, staples, pencils, folders, files, note pads Copying costs first aid kit	\$ 50
	Total Local Match - Supplies B:	\$ 50
Contractual		Total
	Joseph House Contract for 500 Hours of Peer Outreach Assistance	\$ -
	HMIS Annual Maintenance Contract	\$ 750
	Total Local Match - Contractual:	\$ 750
Other		Total
A	Police Checks Recruiting Staff training events	\$ 250
	Total Local Match - Other A:	\$ 250
B	General, non-benefit Insurance Utilities/R&M Building	

PATH: HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

		\$	938
	Total Local Match - Other B:	\$	938
Housing			Total
C	One-time rental payments to prevent eviction Security deposits	\$	-
	Total Local Match - Housing:	\$	-
			Total
	TOTAL LOCAL MATCH DIRECT	\$	14,018
	TOTAL LOCAL MATCH INDIRECT	\$	2,853
	TOTAL LOCAL MATCHING FUNDS:	\$	16,871
	TOTAL FUNDS		Total
	TOTAL VETERANS PATH PROGRAM BUDGET:	\$	67,485

PATH: LAKE COUNTY ADAMHS BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board Name:		Period Request Covering		
		From:	To:	
Lake County Alcohol, Drug Addiction and Mental Health Service Board		July 1, 2011	June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 36,721.00			
Fringe Benefits	\$ 1,637.00			
Travel	\$ 2,542.00			
Travel (B)	\$ 1,119.00			
Equipment (A)	\$ -			
Equipment (B)	\$ 2,117.00			
Supplies (A)	\$ 2,000.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 3,864.00			
Total Federal Direct	\$ 46,764.00			
Total Federal Indirect (B)	\$ 3,236.00			
TOTAL FEDERAL	\$ 50,000.00			

PATH: LAKE COUNTY ADAMHS BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board Name:		Period Request Covering		
Lake County Alcohol, Drug Addiction and Mental Health Service Board		From: July 1, 2011	To: June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 40,165.00			
Fringe Benefits	\$ 4,645.00			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ 1,825.00			
Supplies (A)	\$ 1,000.00			
Supplies (B)	\$ 1,185.00			
Contractual	\$ 1,482.00			
Construction				
Other (A)	\$ -			
Other (B)	\$ 7,959.00			
Other (C - Housing)	\$ 7,539.00			
Total Local Direct	\$ 53,349.00			
Total Local Indirect (B)	\$ 12,451.00			
TOTAL LOCAL	\$ 65,800.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 115,800.00			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date:
Board Chief Financial Officer:	Date:
Requested By:	Telephone No. Date:

PATH: LAKE COUNTY ADAMHS BOARD

**PATH Program - Lake County
FY 2012 Detail Budget Narrative
FEDERAL & LOCAL MATCHING FUNDS**

ITEM	FEDERAL		STATE/LOCAL		TOTAL	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
PERSONNEL TOTAL	36,721		40,165		76,886	0
Path Wkr 1 - 1.0 FTE Outreach Coordinator \$33,471						
Path Wkr 2 - 1.0 FTE Outreach Coordinator \$23,294						
Fiscal Manager - .1666 FTE \$6,854 (\$41,458 annual salary)						
Director of Housing Services - .34 FTE \$13,267 (\$39020 annual salary)						
FRINGE BENEFITS TOTAL is based on actual cost with a projected 24% increase in health insurance premiums	1,637		4,645		6,282	
TRAVEL A Painesville Social Services (Salvation Army, Project Hope shelter, Veterans agencies) 8 miles/day x 52 weeks = 2080 miles @ .48 = \$998 Public Mental Health Agencies/Schools: 30 miles/wk x 52 = 1560 x .48 = \$748 Outreach to east and west end of the county and misc. direct service 2.475/mile at 55.8 miles = 138.11 x 12 mo = 1,657.32 x .48 = \$796.	2,542				2,542	
TRAVEL B Homeless Task Force Mtgs 10miles/month x 12 mos. = 120 miles x \$.48 = \$58 PATH mtgs in Columbus - 2 Staff at 487 miles x 2/year = 1,948 x \$.48 = \$993 \$126 for Homeless/Advisory Council and other meeting costs		1,119				1,119
EQUIPMENT B						
Computer/Phone Maintenance (24/7 on 3 computers; 2 laptop computers and phone system for the year, 16.66% of agency budget, based on program)		2,117				2,117
Office Equipment (16.71% of agency budget, based of FTE)						0
Office Furniture (16.66% of agency budget based on program)						0
Office Phones for PATH Outreach Workers (16.71% of agency budget, based of FTE)				1,825		1,825
Equipment rental costs for postage meter (16.66% of agency budget based on program)						0
SUPPLIES A	2,000		1,000		3,000	
Food \$500						
laundry \$500						
bus tokens/cab vouchers \$1000						
personal supplies \$1000						

PATH: LAKE COUNTY ADAMHS BOARD

**PATH Program - Lake County
FY 2012 Detail Budget Narrative
FEDERAL & LOCAL MATCHING FUNDS**

ITEM	FEDERAL		STATE/LOCAL		TOTAL	
	Direct	Indirect	Direct	Indirect	Direct	Indirect
SUPPLIES B office supplies/expenses - 16.66 % of agency budget, based on program. General office supplies are ordered as needed then expensed out at 16.66% of the total invoice. Supplies ordered specifically for the PATH program are expensed to that program.				1,185		1,185
CONTRACTUAL						
Outside contracts for office operations (16.66% of agency budget based on program).				1,482		1,482
OTHER B office space for PATH (16.71% of total agency cost, based on FTE)				4,620		4,620
Computer Programming (i.e. Access Data Base) - Consultant/Maintenance (16.71% of agency budget, based on FTE)				416		416
Liability insurance for PATH workers (16.71% of agency budget, based on FTE)				1,342		1,342
Audit (16.66% of agency budget) and Legal expenses (16.66% of agency budget), based on program.				1,581		1,581
OTHER C security deposits, one time rent to prevent eviction	3,864		6,657		10,521	
dues and subscriptions- 16.66% of agency budget based on program			257		257	
advertising costs - 16.66% of agency budget based on program			625		625	
TOTAL Direct/Indirect	46,764	3,236	53,349	12,451	100,113	15,687
TOTAL BUDGET	50,000		65,800		115,800	

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: Lorain County Board of Mental Health			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 45,888.00			
Fringe Benefits	\$ 11,939.00			
Travel	\$ 2,889.00			
Travel (B)	\$ 750.00			
Equipment (A)	\$ 1,500.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 5,400.00			
Supplies (B)	\$ 750.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 450.00			
Other (B)	\$ 4,050.00			
Other (C - Housing)	\$ 1,200.00			
Total Federal Direct	\$ 69,266.00			
Total Federal Indirect (B)	\$ 5,550.00			
TOTAL FEDERAL	\$ 74,816.00			

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Lorain County Mental Health Board

**PATH SFY 12 Federal Budget Narrative
April 22, 2011**

TOTAL ALLOCATION ALLOWED: \$ 99,755
Requested Federal PATH Funds: \$ 74,816
Requested Local Matching Funds: \$ 24,939

FEDERAL PATH FUNDS: \$ 74,816

Personnel: \$ 45,888
Fringes: \$ 11,939

Total FTE's: 1.63125

.60 FTE Program Coordinator
\$17,472 Salary cost for the position.
\$14.00 X 1248 hours = \$17,472

.60 FTE Outreach Specialist
\$14,976 Salary cost for the position.
\$12.00 X 1248 hours = \$14,976

.2625 FTE Outreach Specialist (Consumer Position)
\$5,460 Salary cost for the position.
\$10.00 X 546 hours = \$5,460

0.09375 FTE Office Manager
\$2,730 Salary cost for the position.
\$14.00 X 195 hours = \$2,730

.075 FTE Administration
\$5,250 Salary cost for the position.

\$ 45,888 TOTAL Salaries for all positions.

Fringe Benefits (*Includes Soc. Sec., Med, OBES, BWC*)

.60 FTE Program Coordinator
\$8,829 Fringe Benefits Expense

.60 FTE Outreach Specialist
\$1,146 Fringe Benefits Expense

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

2625 FTE Outreach Specialist (Consumer Position)

\$418 Fringe Benefits Expense

.09375 Office Manager

\$209 Fringe Benefits Expense

.075 FTE Administration

\$1,337 Fringe Benefits Expense

\$ 11,939 TOTAL FRINGES for all positions.

Travel (A): \$ 2,889

\$2,889 Mileage expenses for day to day activities serving client's needs

Travel (B): \$750

\$300 Mileage expenses for training related and other travel (Quarterly PATH Trainings in Columbus, Ohio; COOHIO (Coalition on Homelessness and Housing in Ohio) Conference; MACC (Multi-ethnic Advocates for Cultural Competence):

\$350 Expenses associated with training such as registration fees, parking fees, hotel expenses and per-diem (Includes COOHIO Conference Registration for 2 employees, MACC Conference Registration for 2 employees)

\$100 Staff Development Training (Focusing on: Mental Illness, Substance Abuse, Co-Occurring Substance Abuse and Mental Illness and Cultural Competency)

Equipment (A): \$1500

\$1500 Cell phone expenses

Supplies (A) \$5,400

\$1,762.50 Bus tickets calculated as 75% of (1000 tickets X \$2.35 each = \$2,350)

\$1,400 Blankets, sleeping bags, hand & feet warmers, shoes, clothing, etc.

\$1,400 Emergency hygiene kits (personal care items for clients including soap, shampoo, deodorant, skin cream, shaving cream, razor, feminine products, and other related items.)

\$687 Emergency food and hotel vouchers (as an outreach tool of last resort)

\$150.50 Expenses associated with procuring client identification documents such as Social Security Cards, Drivers Licenses, Birth Certificates, etc.

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

Supplies (B): \$750

\$500 Typical consumable office supplies

\$250 Printing costs for brochures, flyers, handouts, business cards and postage

Other (A): \$450

\$450 Provision of laundry services to homeless person at Gathering Hope House (use of washer, dryer, detergent).

Other (B): \$4,050

\$4,050 Utilities and other facility costs

Other (C- Housing) \$1,200

\$1,200 One-time rental payments, security deposits.

Total Federal Direct Costs: \$ 11,439

Total Federal Indirect Costs: \$ 5,550

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
Lorain County Board of Mental Health	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH (source: Board of Mental Health)				
Personnel	\$ 15,296.00			
Fringe Benefits	\$ 3,980.00			
Travel	\$ 963.00			
Travel (B)	\$ 250.00			
Equipment (A)	\$ 500.00			
Equipment (B)				
Supplies (A)	\$ 1,800.00			
Supplies (B)	\$ 250.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 150.00			
Other (B)	\$ 1,350.00			
Other (C - Housing)	\$ 400.00			
Total Local Direct	\$ 22,689.00			
Total Local Indirect (B)	\$ 1,850.00			
TOTAL LOCAL	\$ 24,939			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 99,755.00			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date:
Board Chief Financial Officer:	Date:
Requested By:	Telephone No. Date:

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

**Lorain County Mental Health Board
PATH SFY 12 Budget Narrative
April 22, 2011**

TOTAL ALLOCATION ALLOWED: \$ 99,755
Requested Federal PATH Funds: \$ 74,816
Requested Local Matching Funds: \$ 24,939

LOCAL MATCH PATH FUNDS: \$ 24,939

LOCAL MATCH FUNDS: \$ 24,939

Personnel: \$ 15,296
Fringes: \$ 3,980

Total FTE's: .54375

.20 FTE Program Coordinator
\$5,824 Salary cost for the position.
\$14.00 X 416 hours = \$5,824

.20 FTE Outreach Specialist
\$4,992 Salary cost for the position.
\$12.00 X 416 hours = \$4,992

.0875 FTE Outreach Specialist
\$1,820 Salary cost for the position.
\$10.00 X 182 hours = \$1,820

0.03125 Office Manager
\$910 Salary cost for the position.
\$14.00 X 65 hours = \$910

.025 FTE Administration
\$1,750 Salary cost for the position.

\$ 15,296 TOTAL Salaries for all positions.

Fringe Benefits (Includes Soc. Sec., Med, OBES, BWC)

.20 FTE Program Coordinator
\$2,943 Fringe Benefits Expense

.20 FTE Outreach Specialist
\$382 Fringe Benefits Expense

.0875 FTE Outreach Specialist (Consumer Position)
\$139 Fringe Benefits Expense

0.03125 Office Manager
\$70 Fringe Benefits Expense

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

.025 FTE Administration
\$446 Fringe Benefits Expense

\$ 3,980 TOTAL FRINGES for all positions.

Travel (A): \$963

\$963 Mileage expenses for day to day activities serving client's needs

Travel (B): \$250

\$100 Mileage expenses for training related and other travel (Quarterly PATH Trainings in Columbus, Ohio; COOHIO (Coalition on Homelessness and Housing in Ohio) Conference; MACC (Multi-ethnic Advocates for Cultural Competence):

\$115 Expenses associated with training such as registration fees, parking fees, hotel expenses and per-diem (Includes COOHIO Conference Registration for 2 employees, MACC Conference Registration for 2 employees)

\$35 Staff Development Training (Focusing on: Mental Illness, Substance Abuse, Co-Occurring Substance Abuse and Mental Illness and Cultural Competency)

Equipment (A): \$500

\$500 Cell phone expenses

Supplies (A) \$1,800

\$587.50 Bus tickets calculated as 25% of (1,000 tickets X \$2.35 each=\$2,350)

\$450 Blankets, sleeping bags, hand & feet warmers, shoes, clothing, etc.

\$450 Emergency hygiene kits (personal care items for clients including soap, shampoo, deodorant, skin cream, shaving cream, razor, feminine products, and other related items.)

\$230 Emergency food and hotel vouchers (as an outreach tool of last resort)

\$82.50 Expenses associated with procuring client identification documents such as Social Security Cards, Drivers Licenses, Birth Certificates, etc.

Supplies (B): \$250

\$165 Typical consumable office supplies

\$85 Printing costs for brochures, flyers, handouts, business cards and postage

Other (A): \$150

PATH: LORAIN COUNTY MENTAL HEALTH BOARD

\$150 Provision of laundry services to homeless person at Gathering Hope House (use of washer, dryer, detergent).

Other (B) \$1,350

\$1,350 Utilities and other facility costs

Other (C- Housing) \$400

\$400 One-time rental payments, security deposits.

Total Local Direct Costs: \$ 3,813

Total Local Indirect Costs: \$ 1,850

Fiscal Controls

The Gathering Hope House CPA will provide accounting services for the project as part of their ongoing contract work as an accounting resource to the agency. A separate department has been set up in the organization's QuickBooks software for the purpose of tracking PATH related income and expenses. The Monthly Financial Statements will reflect the PATH Program as a separate report, detailing all income and expenses by month and year-to date. The Gathering Hope House Board of Directors and its Finance Committee will track this information and provide fiscal oversight quarterly. The Executive Director will monitor all day to day expenses as part of his normal duties. The organization has no financial officer because of its size.

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board Name:		Period Request Covering		
		From:	To:	
Mental Health & Recovery Services Board of Lucas County		July 1, 2011	June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 85,030.00			
Fringe Benefits	\$ 33,563.00			
Travel	\$ 8,390.00			
Travel (B)	\$ 749.00			
Equipment (A)	\$ 900.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 3,172.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 32,950.00			
Total Federal Direct	\$ 164,005.00			
Total Federal Indirect (B)	\$ 749.00			
TOTAL FEDERAL	\$ 164,754.00			

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

**Lucas County Mental Health Board
PATH SFY 12
Federal Budget Narrative
April 22, 2011**

Federal PATH Funds -Total \$164,754

- \$ 85,030 **Personnel:** 3.205 FTEs for outreach and coordination services; supervising, organizing and documentation related to the delivery of PATH services.
- John (hourly): $\$16.00 * 40 * 52 = \$33,280$ *75% federal funds
 - Vacant (hourly): $\$13.50 * 40 * 52 = \$28,080$ *75% federal funds
 - Jennifer (salaried): $\$39,758 * .33 = \$13,120 = \$$ *75% federal funds
 - Suzanne (hourly): $\$7.52 * 3 * 52 = \$1,173.12$ *75% federal funds
 - James (salaried): $\$91,930 * .15 = \$13,790$ * 75% federal funds
 - Laurie (salaried): $\$36,816 * .65 = \$23,930.40$ * 75% federal funds
- \$ 33,563 Taxes (FICA+Worker' Comp+Empl. Serv Contrib.) = .1046848 + **fringe benefits** (Health, Life/Disability Insurance & 401K) related to the above staffing. John: $\$3,484+7,452 = \$10,936$ *75% federally funded. Vacant: $\$2,940+11,475 = \$14,415$ *75% federally funded. Jennifer: $\$1,373+2,564 = \$3,937$ *75% federally funded. Suzanne: $\$123+35 = \158 *75% federally funded. James: $\$1,444+3,145=\$4,589$ *75% federally funded. Laurie: $\$2,505+\$8,211=\$10,716$ *75% federally funded.
- \$ 8,390 **Travel (A):** Lease payments for dedicated vehicle. Reimbursed mileage rate, insurance, repairs, and gas make up the balance – 75% federally funded.
- \$ 749 **Travel (B):** Costs related to seminars/trainings such as ODMH, National Homeless Conference, Cultural Competency Training and COHIHO, and SOAR training – 75% federally funded.
- \$ 900 **Equipment (A):** Cell phones dedicated to the program 75% federally funded.
- \$ 3,172 **Supplies (A):** Basic needs for clients – emergency food, clothes, hygiene supplies and medications to be used for outreach engagement or emergencies – 75% federal funds.
- \$ 32,950 **Other (C):** Housing Assistance
- Security deposits of \$530 for 30 tenants plus one-time emergency payments for 35 tenants 75% federally funded.

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board Name:		Period Request Covering		
		From:	To:	
Mental Health & Recovery Services Board of Lucas County		July 1, 2011	June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 28,343.00			
Fringe Benefits	\$ 11,188.00			
Travel	\$ 2,797.00			
Travel (B)	\$ 250.00			
Equipment (A)	\$ 300.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 1,057.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 10,983.00			
Total Local Direct	\$ 54,668.00			
Total Local Indirect (B)	\$ 250.00			
TOTAL LOCAL	\$ 54,918.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 219,672.00			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date:
Board Chief Financial Officer:	Date:
Requested By:	Telephone No. Date:

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

**Lucas County Mental Health Board
PATH SFY 12**

**Local Match Budget Narrative
April 22, 2011**

Local Match PATH funding - Total \$54,918 (Source of funding: Local Government Funds)

- \$ 28,343 **Personnel:** 3.205 FTEs for outreach and coordination services; supervising, organizing and documentation related to the delivery of PATH services.
- John (hourly): $\$16.00 * 40 * 52 = \$33,280 * 25\%$ federal funds
 - Vacant (hourly): $\$13.50 * 40 * 52 = \$28,080 * 25\%$ federal funds
 - Jennifer (salaried): $\$39,758 * .33 = \$13,120 = \$ * 25\%$ federal funds
 - Suzanne (hourly): $\$7.52 * 3 * 52 = \$1,173.12 * 25\%$ federal funds
 - James (salaried): $\$91,930 * .15 = \$13,790 * 25\%$ federal funds
 - Laurie (salaried): $\$36,816 * .65 = \$23,930.40 * 25\%$ federal funds
- \$ 11,188 Taxes (FICA+Worker' Comp+Empl. Serv Contrib.) = .104681 + **fringe benefits** (Health, Life/Disability Insurance & 401K) related to the above staffing. John: $\$3,484+7,452 = \$10,936 * 25\%$ federally funded. Vacant: $\$2,940+11,475 = \$14,415 * 25\%$ federally funded. Jennifer: $\$1,373+2,564 = \$3,937 * 25\%$ federally funded. Suzanne: $\$123+35 = \$158 * 25\%$ federally funded. James: $\$1,444+3,145=\$4,589*25\%$ federally funded. Laurie: $\$2,505+\$8,211=\$10,716*25\%$ federally funded.
- \$ 2,797 **Travel (A):** Lease payments for dedicated vehicle. Reimbursed mileage rate, insurance, repairs, and gas make up the balance – 25% local funds.
- \$ 250 **Travel (B):** Costs related to seminars/trainings such as ODMH, National Homeless Conference, Cultural Competency Training and COHIHO, and SOAR training – 25% local funds.
- \$ 300 **Equipment (A):** Cell phones dedicated to the program 25% local funds.
- \$ 1,057 **Supplies (A):** Basic needs for clients such as blankets, clothes, hygiene supplies and medications to be used for outreach engagement or emergencies – 25% local funds.
- \$ 10,983 **Other (C):** Housing Assistance
- Security deposits of \$530 for 30 tenants plus one-time emergency payments for 25 tenants 25% local funds.

FISCAL CONTROLS

All NPI staff are required to complete a request form indicating needed item, purpose, amount and payee when requesting a check for client expenses. Receipts are required for all expenditures. The request form must be signed by the appropriate supervisor before submitting the form to the Staff Accountant/Accounting Manager to implement the request.

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name:		Period Request Covering		
		From:	To:	
Mahoning County Mental Health Board (Help Hotline Crisis Center, Inc.)		July 1, 2011	June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 105,121.00			
Fringe Benefits	\$ 22,441.00			
Travel	\$ 8,500.00			
Travel (B)	\$ 1,340.00			
Equipment (A)	\$ 1,925.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 2,289.00			
Supplies (B)	\$ 500.00			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 3,679.00			
Total Federal Direct	\$ 143,955.00			
Total Federal Indirect (B)	\$ 1,840.00			
TOTAL FEDERAL	\$ 145,795.00			

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

PATH BUDGET NARRATIVE SFY2012

Mahoning County

Help Hotline Crisis Center, Inc.

Federal Budget Narrative

	TOTAL
Personnel:	
CCRA-TC) 1.0 F.T.E. PATH Outreach Worker	\$29,708
CCRA-TC) Administration-7%/Supervision-5%	10,681
3.0 F.T.E.'s – 5 PATH Outreach Workers (HHCC-MC)	56,685
0.25 F.T.E. Outreach Supervisor/Admin (HHCC-MC)	<u>8,047</u>
	\$ 105,121
Fringe Benefits:	
CCRA(TC): Payroll taxes	\$ 4,445
Benefits: Health Insurance(single) & pension	10,042
HHCC(MC) .0765 FICA/Medicare tax	4,336
ODJ&FS(unemployment tax(.01), BWC(.006583) and pension(5%)	784
	<u>2,834</u>
	\$ 22,441
Travel A:	
CCRA: Local mileage for outreach – 6250@\$0.40	\$ 2,500
HHCC: Local mileage for outreach - 2 counties 12,000 miles @ \$0.50 per mile	\$ <u>6,000</u>
	\$ 8,500
Travel B:	
CCRA: Training, Conferences, Workshops – Local, COHHIO Conference registration (2 @ \$225.00), Lodging (1 room/2 nights @\$175 each) meals(\$130.), mileage to/from Youngstown-Columbus (\$115 each)	\$ 150
	\$ <u>1,190</u>
	\$ 1,340
Equipment A:	
Cell phone – Outreach Coordinator \$50. x 12 months (CCRA)	\$ 600
5 cell phones – Outreach workers: \$22.08 x 12 mos. X 5	\$ <u>1,325</u>
	\$ 1,925
Supplies A:	
Request forms must be completed and approved by Supervisors and CEO or Associate Director. Receipts will be attached.	
CCRA:bus passes- 100 books of ten @ \$10.00 or gasoline @ \$3.85/gal	\$ 700
Food Vouchers 24 @ \$25.00	\$ 600
Medical Care/Medications (10 @ \$30.00)	\$ 300
Misc. Personal Items (hygiene products, dental supplies, clothing, shoes, blankets, laundry supplies) est. 28 Wal-Mart	

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

certificates @ \$25.00 \$ 689
\$ 2,289

Supplies B: CCRA- paper, printer, folders, folder clips, legal pads \$ 250
Pens (DeBald Office Supply) \$ 100
Printing- vouchers, fliers, brochures, and appointment cards \$ 150
Copy machine maintenance/supplies (American Business) \$ 500

Other C – Housing: CCRA – One-time rental payments to prevent \$ 3,679
eviction or security deposits \$ 3,679

TOTAL FEDERAL DIRECT(A+C):
\$143,955
TOTAL FEDERAL NON-direct(B):
1,840
TOTAL FEDERAL:
\$145,795

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: Mahoning County Mental Health Board (Help Hotline Crisis Center, Inc.)		Period Request Covering		
		From: July 1, 2011	To: June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 2,288.00			
Fringe Benefits	\$ 4,496.00			
Travel	\$ -			
Travel (B)	\$ 2,410.00			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ 2,500.00			
Supplies (B)	\$ -			
Contractual	\$ 6,500.00			
Construction				
Other (A)	\$ -			
Other (B)	\$ 5,025.00			
Other (C - Housing)	\$ 25,400.00			
Total Local Direct	\$ 41,184.00			
Total Local Indirect (B)	\$ 7,435.00			
TOTAL LOCAL	\$ 48,619.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 194,414.00			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director: Ronald Marian	Date: May 5, 2011
Board Chief Financial Officer: Howard Merritt, Jr.	Date: May 5, 2011
Requested By: Howard Merritt, Jr. - Director of Finance	Telephone No. 330-746-2959 Date: May 5, 2011

PATH: MAHONING COUNTY MENTAL HEALTH BOARD

**PATH BUDGET NARRATIVE SFY2012
LOCAL MATCH**

	TOTAL
Personnel A: Help Hotline Crisis Center, Inc. Volunteer In-Kind	<u>\$ 2,288</u>
.10 F.T.E.'s @ \$11.00 x 208 hours. Assessment and referral/relay to PATH Outreach workers from calls to 24/7 hotline numbers	\$ 2,288
Fringe Benefits A: HHCC, Inc. – Outreach Supervisor: FICA/Medicare (\$8,047 x .0765), BWC(\$8,047x .006583), ODJFS/Unemp. (\$8,047x .01), Pension (\$8,047 x .05), Disability Insurance (\$8,047 x.0053), Life Ins. (\$70.68x .25), Health Ins. (\$13,137.60x .25)	<u>\$ 4,496</u> \$ 4,496
Travel B: HHCC, Inc. – Local training, skills workshops for PATH Workers	\$ 170
Taxi fares: to Shelters, Hospitals/ Doctor's offices (avg. \$15)	\$ 500
COHHIO Conference (2 registration @\$240.00)	
Lodging (2 rooms/2 nights @ 175.00), Meals(\$60.00,	
Round Trip (mileage COHHIO + 2 Round trip mileage	
PATH meetings \$850.00)	<u>\$ 1,740</u>
	\$ 2,410
Supplies A: HHCC: Emergency Assistance/Support – one time utility assistance To prevent homelessness; prescriptions for non-Medicaid clients. Estimated 50 clients @ average \$50.00 per Request forms must be completed and approved by Supervisors and CEO or Assoc. Director. Receipts will be attached	<u>\$ 2,500</u> \$ 2,500
Contractual: CCRA: Referral to Mental Health Diagnostic Assessment/ Valley Counseling Services & Turning Point Counseling Services(based on 1 referral/wk average@ \$125.00 per assessment x 52)	<u>\$ 6,500</u> \$ 6,500
Other B: CCRA: Mahoning & Trumbull office space based on 1.2 F.T.E.s	<u>\$ 5,025</u> \$ 5,025
Other C: Trumbull County Mental Health & Recovery Board: Direct and In-kind support via supplemental housing assistance and the Christy House Shelter Program (Warren/Trumbull Urban League)	<u>\$ 25,400</u> \$ 25,400
TOTAL LOCAL DIRECT (A+C):	\$ 41,204
TOTAL LOCAL NON-direct (B):	\$ 7,415
TOTAL LOCAL:	<u>\$ 48,619</u>
GRAND TOTAL: (Federal & Local)	\$194,414

PATH: ADAMHS BOARD OF MONTGOMERY COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department
of Mental Health

Board: Montgomery County			Period Request Covering	
			From: 7/1/2011	To: 6/30/2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$103,800			\$103,800
Fringe Benefits	\$35,850			\$35,850
Travel (A)	\$5,700			\$5,700
Travel (B)	\$1,753			\$1,753
Equipment (A)	\$2,685			\$2,685
Equipment (B)				
Supplies (A)	\$6,950			\$6,950
Supplies (B)				
Contractual				
Construction				
Other (A)				
Other (B)	\$0			\$0
Other (C-Housing)	\$3,500			\$3,500
Total Federal Direct	\$158,485			\$158,485
Total Federal Non-direct (B)	\$1,753			\$1,753
TOTAL FEDERAL	\$160,238			\$160,238

PATH: ADAMHS BOARD OF MONTGOMERY COUNTY

**PATH BUDGET NARRATIVE SFY2012
Montgomery County**

FEDERAL PATH

MVHO FY'12 Path Budget Narrative Supplement Page 1 of 3

Federal Path Funds

Personnel:	Annual	3FTE"s		\$103,800
	Salaries	100%		
		Path		
		Funded		
Path Program Director	45,127	1	45,127	
Outreach Worker	28,251	1	28,251	
Outreach Worker	27,049	1	27,049	
CEO	3,373		4% 3,373	

Fringe Benefits:	\$35,850
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Payroll taxes, health insurance, retirement and bonus

Travel (A):	\$5,700
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Local travel includes multiple trips per month to homes shelters, hospital psych units, and homeless camping and meal sites to recruit and serve Path clients and contacts.

Typical Itemized Monthly Local Travel: A

- St Vincent Homeless Shelter
- Target Dayton
- Good Sam Hospital Psych Unit
- Kettering Hospital Psych Unit
- Project Blessing
- Canvas homeless camping and meal sites
- MV Hospital Psych Unit
- Grandview Psych Unit
- Men's Gateway Shelter
- Crisis Care

Totals	5,700
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Travel (B):	\$1,753
--------------------	----------------

Travel for Training includes trips to quarterly state-wide Path Meetings, the annual Coalition on housing and Homelessness in Ohio (COHHIO) Conference, and peer-evaluation trips to other Path Programs

- Quarterly Path Meetings, Columbus
- COHHIO Conference, Columbus
- Training Cost

\$1,753

PATH: ADAMHS BOARD OF MONTGOMERY COUNTY

Equipment (A):	\$2,685
-----------------------	----------------

3 Cell Phones for the Path Outreach Workers:

Supplies (A)	\$6,950
---------------------	----------------

Supplies are distributed to Path Clients and Contacts in order to establish rapport and to provide basic necessities.

Itemized List

- Blankets
- Underwear
- Socks
- Bra
- Sweatshirts
- Sweatpants
- Pants
- Thermal top
- Thermal bottom
- Personal hygiene kits
- Shoes
- Birth records
- State ID Cards
- Coats
- Misc Items

Office Supplies
File Folders, Printer ink, pens writing tablets and ect.

Other (C-Housing)	\$3,500
--------------------------	----------------

One time rental payments to prevent eviction, security deposits and housing application fees
Client
Transportation

Total Federal Direct:	\$158,485
Total Federal Non-Direct (B)	\$1,753
Total Federal:	\$160,238

Fiscal Controls In Place: Purchase are made with a credit card and receipts are matched to Monthly Invoices, Purchases are also logged in and inventoried on a monthly basis. Receipts are reviewed be the CEO to assure that purchases are relevant to the needs of Path contacts/clients. A disbursement log is maintained in each PATH contact/client file.

PATH: ADAMHS BOARD OF MONTGOMERY COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board: Montgomery County			Period Request Covering	
			From: 7/1/2011	To: 6/30/2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 22,196			\$ 22,196
Fringe Benefits	\$ 5,405			\$ 5,405
Travel (A)	\$ 0			\$ 0
Travel (B)	\$ 875			\$ 875
Equipment (A)	\$ 0			\$ 0
Equipment (B)	\$ 975			\$ 975
Supplies (A)				
Supplies (B)	\$ 990			\$ 990
Contractual				
Construction				
Other (A)	\$ 30,000			\$ 30,000
Other (B)	\$ 4,775			\$ 4,775
Other (C-Housing)				
Total Local Direct	\$ 57,601			\$ 57,601
Total Local Non-direct (B)	\$ 7,615			\$ 7,615
TOTAL LOCAL	\$ 65,216			\$ 65,216
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 225,454			\$ 225,454

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director		Date
Board Chief Financial Officer		Date
Requested By	Telephone No.	Date
Rita Pinti, Financial Specialist	(937) 443-0416 x118	08/17/11

PATH: ADAMHS BOARD OF MONTGOMERY COUNTY

**PATH BUDGET NARRATIVE SFY2012
Montgomery County**

LOCAL MATCH

MVHO FY'12 Path Budget Narrative Supplement Page 3 of 3					
Local Match					
Personnel:					\$22,196
				Annual	Path
		<u>FTEs</u>		Rate	Match
	MVHO Admin Asst	10.0%		\$28,044	2,804
	MVHO Shelter + Care Director	14.0%		\$44,770	6,268
	MVHO Shelter + Care Specialist	9.0%		\$31,294	2,816
	MVHO CFO	16.0%		\$64,420	10,307
				Total:	22,196
Fringe Benefits:					\$5,405
Payroll taxes, health insurance, and retirement at.					
Match Service Samaritan Clinic:					\$30,000
	Screening and Diagnostic Treatment				
	Medication				
	Counseling and Referral				
Travel (B):					\$875
	Typical Itemized Local Travel :B				
	COHHIO Conference CFO & CEO				
	Cincinnati Path CEO				
	Bulter County Path CEO & CFO				
	ADAMHS CEO				
Equipment (B)					\$975
	Fax and coping (10% of operating costs)				\$125
	Office phone client and contact calls				\$850
	Total:				\$975
Supplies (B)					\$990
	Office Supplies. Postage, Dues and Subscriptions (10% of Operating Costs)				
Other (B)					\$4,775
	Training, Professional Fees, Office Utilities, Office Maint and Office rent (10% of Operating Costs)				
TOTAL LOCAL DIRECT:					\$57,601
TOTAL LOCAL NON-DIRECT (B):					\$7,615
TOTAL LOCAL:					\$65,216
GRAND TOTAL:					\$225,454
Source of Local Match Funds: Local Human Services Levy Funds and MVHO Rental Revenues					

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF STARK COUNTY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board Name: Mental Health & Recovery Services Board of Stark Co.			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 46,370.00			
Fringe Benefits	\$ 24,465.00			
Travel	\$ 4,895.00			
Travel (B)	\$ 3,150.00			
Equipment (A)	\$ 800.00			
Equipment (B)	\$ 2,055.00			
Supplies (A)	\$ 2,250.00			
Supplies (B)	\$ 800.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 2,202.00			
Other (B)	\$ 2,300.00			
Other (C - Housing)	\$ 5,230.00			
Total Federal Direct	\$ 86,212.00			
Total Federal Indirect (B)	\$ 8,305.00			
TOTAL FEDERAL	\$ 94,517.00			

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF STARK COUNTY

**Projects for Assistance in Transition from Homelessness (PATH)
Ohio Department of Mental Health
Federal PATH Budget Narrative for SFY 2012
Board: Mental Health & Recovery Services Board of Stark County**

1.65 FTE for direct program staff, 100% of PATH Specialist: salary (\$26104), on-call beeper (\$6396), OT(\$847); .5 FTE Path Assistant; .15 FTE direct service-supervisor

Personnel: \$46,370.00

Position	Annualized Salary	PATH Funded FTE	PATH Funded Salary
PATH Outreach Specialist	\$33,347	1.00	\$33,347
PATH Outreach Assistant	\$16,640	0.50	\$8,320
PATH Supervisor	\$31,350	0.15	\$4,703

Totals \$81,337 1.65 \$46,370

Proportional direct costs of payroll taxes, pension, group health & welfare benefits. Since direct benefit costs are charged to individuals based on employee's participation level and/or eligibility status, benefits as a percentage of wages will differ for each employee.

Fringe Benefits: \$24,465.00

Position	Annualized Benefits	Percent of Salary	PATH Funded FTE	PATH Funded Benefits
PATH Outreach Specialist	\$21,918	65.73%	1.00	21,918
PATH Outreach Assistant	\$1,874	11.26%	0.50	937
PATH Supervisor	\$10,734	34.24%	0.15	1,610

Totals \$34,526 1.65 24,465

Travel A: \$4,895.00

Direct expenses of van exclusively used for Path Program: Maintenance (\$1850) fuel costs (\$2000), insurance (\$1045).

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF STARK COUNTY

(2) Individuals to attend annual COOHIO conference, including registration fees hotel, meals, mileage (\$650); staff training on motivational interviewing (\$400), National Homeless Conference expenses: airfare, registration, hotel, meals (\$1800). Miscellaneous personal car mileage for meetings, on-call weekends (\$300).

Travel B: \$3,150.00

Equipment

A: \$800.00

Annual cost for leased cell phone for PATH Specialist.

Equipment

B: \$2,055.00

Shared cost of leased office equipment (\$600), phones (\$580), computer network & software support (\$875).

Supplies A: \$2,250.00

Funds will be used for direct client care needs : hygiene items & emergency food vouchers (\$400), bus passes (\$500), move-in packets, blankets, clothing items (\$300) birth certificate copies (\$150), coffee service & bottled water for drop-in center (\$900).

These funds will cover PATH personnel's consumable office supplies, such as postage (\$300), paper, ink etc. (\$500) These costs are both direct, and indirectly allocated. Direct would be for special mailings, items ordered specific for PATH program; indirect costs for same items are allocated among all programs using established distribution codes based on FTE, consistently applied.

Supplies B: \$800.00

Other A: \$2,202.00

Represents PATH program shared costs of drop-in center: daily newspaper (\$240), client restroom supplies (\$485), utilities maintenance & insurance (\$1477).

Other B: \$2,300.00

Indirect costs associated with office and other expenses of PATH Associates, specifically, building maintenance (\$625), utilities (\$300), insurance (\$275); pro-rata share of audit fees (\$650), and contract services e.g., payroll & benefit TPAs (\$450)

Other C: \$5,230.00

(Housing)

One-time rental assistance to prevent eviction of PATH enrollees who are behind in their rent or utilities; assistance with security deposits , emergency hotel or furnishings (mattresses).

**Total
Federal : \$94,517.00**

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF STARK COUNTY

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: Stark County Community MHR SB			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 20,289.00			
Fringe Benefits	\$ 11,217.00			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 31,506.00			
Total Local Indirect (B)	\$ -			
TOTAL LOCAL	\$ 31,506.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 126,023.00			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date:
Board Chief Financial Officer:	Date:
Requested By:	Telephone No. Date:

PATH: MENTAL HEALTH & RECOVERY SERVICES BOARD OF STARK COUNTY

**Projects for Assistance in Transition from Homelessness (PATH)
Ohio Department of Mental Health
Local Match PATH Budget Narrative for SFY 2012
Board: Mental Health & Recovery Services Board of Stark County**

Total of .775 FTE in support positions for PATH program: .40 FTE for Front Desk Assistant who serves PATH clients as walk-ins, scheduling appointments, oversight of drop-in center; .15 FTE of Housing Assistant who provides some referral, as well as custodial care of client restrooms and drop-in center; .10 FTE for Path Assistant who replaces Front Desk Assistant during breaks & planned PTO; .05 FTE for supervision of PATH personnel by Executive Director; .05 FTE for activities with Homeless Collaborative and Homeless Count by Development Coordinator; .025 FTE for Accounting staff for fiscal administration of program.

Personnel: \$20,289.00

Position	Annualized Salary	PATH Funded FTE	PATH Funded Salary
Front Desk Assistant	20,950	0.400	8,380
Housing Assistant	21,025	0.150	3,154
Path Assistant	16,640	0.100	1,664
Executive Director	73,571	0.050	3,679
Development Coordinator	47,424	0.050	2,371
Grant Accountant	41,635	0.025	1,041

Totals 221,245 0.775 20,289

Proportional direct costs of payroll taxes, pension, group health & welfare benefits. Since direct benefit costs are charged to individuals based on employee's participation level and/or eligibility status, benefits as a percentage of wages will differ for each employee.

Fringe Benefits: \$11,217.00

Position	Annualized Benefits	Percent of Salary	PATH Funded FTE	PATH Funded Benefits
Front Desk Assistant	15,667	74.78%	0.400	6,267
Housing Assistant	10,590	50.37%	0.150	1,589
PATH Assistant	1,874	11.26%	0.100	187
Executive Director	28,457	38.68%	0.050	1,423
Development Coordinator	23,357	49.25%	0.050	1,168
Grant Accountant	23,338	56.05%	0.025	583

Totals 103,283 0.775 11,217

Total Match: \$31,506.00

PATH: SUMMIT COUNTY ADAMH BOARD

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Board Name: Summit County			Period Request Covering	
			From: July 1, 2011	To: June 30, 2012
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 95,807.00			
Fringe Benefits	\$ 18,287.00			
Travel	\$ 7,100.00			
Travel (B)	\$ -			
Equipment (A)	\$ 7,296.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 4,783.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ 2,405.00			
Other (B)	\$ -			
Other (C - Housing)	\$ 1,000.00			
Total Federal Direct	\$ 136,678.00			
Total Federal Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 136,678.00			

PATH: SUMMIT COUNTY ADAMH BOARD

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Ohio Department of Mental Health

Board Name: Summit County		Period Request Covering		
		From: July 1, 2011	To: June 30, 2012	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 31,936.00			
Fringe Benefits	\$ 6,096.00			
Travel	\$ -			
Travel (B)	\$ 2,367.00			
Equipment (A)	\$ -			
Equipment (B)	\$ 2,432.00			
Supplies (A)	\$ -			
Supplies (B)	\$ 1,594.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 802.00			
Other (B)	\$ -			
Other (C - Housing)	\$ 333.00			
Total Local Direct	\$ 39,167.00			
Total Local Indirect (B)	\$ 6,393.00			
TOTAL LOCAL	\$ 45,560.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 182,238.00			

Certification:

I certify that the above request for funds is allowable and consistent with the approved budget and federal and state guidelines and regulations.

Board Executive Director:	Date:
Board Chief Financial Officer:	Date:
Requested By:	Telephone No. Date:

PATH: SUMMIT COUNTY ADAMH BOARD

**Projects for Assistance in Transition from Homelessness (PA1
Ohio Department of Mental Health for Continuation
SFY 2012 Budget Narrative
Summit County**

Funding Period: SFY 2012 (July 1, 2011 - June 30, 2012)

I. BUDGET LINE ITEMS	Grant FTEs	Total PATH GRANT	LOCAL MATCH	TOTAL BUDGET
PERSONNEL				
A. Salaries & Wages:				
3. Psychiatrist	0.25	0.00	0	0
4. Nurse	0.06	0.00	0	0
5. Supervisor	0.75	18,791.00	6,264	25,055
6. Outreach Worker	0.75	20,768.00	6,923	27,691
7. Outreach Worker	0.75	19,305.00	6,435	25,740
8. Outreach Worker	0.75	17,550.00	5,850	23,400
9. Outreach Peer Support	1.00	11,437.00	3,812	15,249
10. Manager/Administrator	0.23	4,273.00	1,424	5,697
11. Clerical	0.35	3,683.00	1,228	4,911
Sub-Totals	4.89	95,807	31,936	127,743
B. Fringe Benefits				
1. Social Security (7.65%)		7,329	2,444	9,773
2. Workers Compensation		789	263	1,052
3. Unemployment		302	101	403
4. Retirement		4,790	1,597	6,387
5. Life Insurance		301	100	401
6. Disability		301	100	401
7. Health Insurance		4,475	1,492	5,967
Sub-Totals		18,287	6,096	24,383
TOTAL PERSONNEL COSTS		114,094	38,033	152,127
TRAVEL (A)		7,100	0	7,100
TRAVEL (B)		0	2,367	2,367
PAGERS, CELL PHONES, LAPTOPS (Equipment A)		7,296	0	7,296
TELEPHONES/OTHER EQUIPMENT (Equipment B)		0	2,432	2,432
EMERGENCY Food/Transportation/ Clothing/Blankets (Supplies A)		4,783	0	4,783
OFFICE SUPPLIES (Supplies B)		0	1,594	1,594
CONTRACTUAL	0.00	0	0	0

PATH: SUMMIT COUNTY ADAMH BOARD

CONSTRUCTION	0	0	0
RENT/MAINTENANCE/INSURANCE	2,405	802	3,207
Homeless Office Area Only (Other A)			
UTILITIES	0		0
Audits for outside Auditors (Other B)	0		0
EMERGENCY HOUSING	1,000	333	1,333
(Other C)			
Total Direct	136,678	39,167	175,845
Total Non-Direct	0	6,393	6,393
TOTAL BUDGET	136,678	45,560	182,237
	75.00%	25.00%	100%

James Bournival, C.F.O.

Date

Additional Required Attachments

Assurance (Form 424B)

Certifications (Form 424D)

Agreements (Appendix E)

Checklist (Form 5161-1)

**Disclosure of Lobbying Activities Form
and Ohio's PATH Assurance**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age;
- (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction sub agreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Director	
APPLICANT ORGANIZATION Ohio Department of Mental Health		DATE SUBMITTED 5/20/2011

CERTIFICATIONS**1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal- agency has designated a central point for the receipt of

such notices. Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C.20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children’s services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children’s services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE Director	
APPLICANT ORGANIZATION Ohio Department of Mental Health		DATE SUBMITTED 5/20/2011

Agreements (Appendix E)

FISCAL YEAR 2011 PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Ohio agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who

- (1) (a) are suffering from serious mental illness; or
(b) are suffering from serious mental illness and have a substance use disorder; and
- (2) are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- (1) outreach;
- (2) screening and diagnostic treatment;
- (3) habilitation and rehabilitation
- (4) community mental health
- (5) alcohol or drug treatment
- (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- (7) case management services, including
 - (a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - (b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation services, prevocational and vocational services, and housing
 - (c) providing assistance to the eligible homeless individual in obtaining income obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - (d) referring the eligible homeless individual for such other services as may be appropriate; and
 - (e) providing representative payee services in accordance with Section 163(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- (8) supportive and supervisory services in residential settings;
- (9) referrals for primary health services, job training, education services and relevant housing services;

- (10) housing services [subject to Section 522(h)(1)] including:
- (a) minor renovation, expansion, and repair of housing;
 - (b) planning of housing;
 - (c) technical assistance in applying for housing assistance;
 - (d) improving the coordination of housing services;
 - (e) security deposits;
 - (f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - (g) one time rental payment to prevent eviction.
 - (h) other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly or through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period proceeding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that:

- (1) not more than 20 percent of the payments will be expended for housing services under Section 522(b)(10); and
- (2) the payments will not be expended
 - (a) to support emergency shelters or construction of housing facilities;
 - (b) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - (c) to make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provide pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a statement:

- (1) identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- (2) containing a plan for providing services and housing to eligible homeless individuals, which:
 - (a) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - (b) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individual;
- (3) describing the source of the non-Federal contributions described in Section 523;
- (4) containing assurances that the non-Federal contribution described in Section 523 will be available at the beginning of the grant period;
- (5) describing any voucher system that may be used to carry out this part; and
- (6) containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1),(2), and (3). The State has attached hereto a description of the intended use of PATH Formula Grant amounts for which the State is applying. The description:

- (1) identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- (2) Provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under PX. 102-321.

Section 528(a). The State will, by January 31, 2009, prepare and submit a report providing such information as is necessary for:

- (1) securing a record and a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2009 and of the recipients of such amounts; and
- (2) determining whether such amounts were expended in accordance with the provisions of Part C-PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the Chief Executive Officer of the State.

State agrees to send a representative to any annual or biennial meetings of State PATH Contacts.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statues codified as Sections 581-584 and 1955 of the Public Health Services Act (42 U.S.C. §290kk, et seq., and 300x-65) and their governing regulations at 41 C.F.R. Part 54 and 54a respectively.

Governor

Date

CHECKLIST Expiration Date: 08/31/2010

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for

Reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

Included NOT Applicable

1. Proper Signature and Date on the SF 424 (FACE PAGE)
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)
 - Civil Rights Assurance (45 CFR 80) 07/20/1992
 - Assurance Concerning the Handicapped (45 CFR 84) 07/20/1992
 - Assurance Concerning Sex Discrimination (45 CFR 86) 07/20/1992
 - Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91) 07/20/1992
3. Human Subjects Certification, when applicable (45 CFR 46)

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

YES NOT Applicable

1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?
4. Have biographical sketch(es) with job description(s) been provided, when required?
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?
6. Has the 12 month narrative budget justification been provided?
7. Has the budget for the entire proposed project period with sufficient detail been provided?
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?
9. For Competing Continuation and Supplemental applications, has a progress report been included?

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: Ms. First Name: Tracy Middle Name: J.

Last Name: Plouck Suffix: _____

Title: Director

Organization: Ohio Department of Mental Health

Street1: 30 East Broad Street, 8th Floor

Street2: _____

City: Columbus

State: Ohio ZIP/Postal Code: 43215 ZIP/Postal Code4: 3430

Email Address: Tracy.Plouck@mh.ohio.gov

Telephone Number: 614.466.2174 Fax Number: 614.466.1571

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Ms. First Name: Amy Middle Name: L.

Last Name: Price Suffix: _____

Title: Chief

Organization: Ohio Department of Mental Health

Street1: 30 East Broad Street, 8th Floor

Street2: _____

City: Columbus

State: Ohio ZIP/Postal Code: 43215 ZIP/Postal Code4: 3430

Email Address: Amy.Price@mh.ohio.gov

Telephone Number: 614.466.9969 Fax Number: 614.466.1571

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency) on (Date)

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INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals– Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination– The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension– Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements– Title 45 CFR part 82.

Certification Regarding Lobbying– Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke– Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Ohio Department of Mental Health 30 East Broad Street, 8 th Floor Columbus, Ohio 43215-3430 Congressional District, if known: <u>12, 15</u>		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: <p style="text-align: center; font-size: 1.2em;">Not Applicable</p> Congressional District, if known: _____
6. Federal Department/Agency: <p style="text-align: center; font-size: 1.2em;">SAMHSA</p>	7. Federal Program Name/Description: <p style="text-align: center; font-size: 1.2em;">FY 2011 PATH Application</p> CFDA Number, if applicable: <u>93.150</u>	
8. Federal Action Number, if known:	9. Award Amount, if known:	
10.a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i> <p style="text-align: center; font-size: 1.2em;">None</p>	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i> <p style="text-align: center; font-size: 1.2em;">None</p>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Tracy J. Plouck</u> Title: <u>Director</u> Telephone No.: <u>614.466.2174</u> Date: <u>5/20/2011</u>	
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DISCLOSURE OF LOBBYING ACTIVITIES

0348-

0046

CONTINUATION SHEET

Reporting Entity: _____ **Page** _____ **of** _____

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