

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"/>
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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: <input type="text" value="Ohio Department of Mental Health (ODMH)"/>

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

*Street1: <input type="text" value="30 East Broad Street, 8th Floor"/>
Street2: <input type="text"/>
*City: <input type="text" value="Columbus"/>
County/Parish: <input type="text" value="Franklin"/>
*State: <input type="text" value="Ohio"/>
Province: <input type="text"/>
*Country: <input type="text" value="United States of America"/>
*Zip/Postal Code: <input type="text" value="43215-3430"/>

e. Organizational Unit

Department Name: <input type="text" value="Office of Community Supports & Emergency Preparedne"/>	Division Name: <input type="text" value="Program and Policy Development"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Mr."/> *First Name: <input type="text" value="Christopher"/>
Middle Name: <input type="text"/>
*Last Name: <input type="text" value="Nicastro"/>
Suffix: <input type="text" value="MA, LPCC-S"/>

Title: <input type="text" value="PATH Program Manager"/>

Organizational Affiliation: <input type="text" value="N/A"/>
--

*Telephone Number: <input type="text" value="614-466-9969"/> Fax Number: <input type="text" value="614-995-5870"/>
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*Email: <input type="text" value="Christopher.Nicastro@mh.ohio.gov"/>
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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 2012 PATH RFA

*12. Funding Opportunity Number:

RFA #SM-12-F1

*Title:

FY 2012 PATH Request for Application (RFA)

13. Competition Identification Number:

Not Applicable

Title:

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

15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date:

b. End Date:

18. Estimated Funding(\$): \$2,205,000

*a. Federal	<input type="text"/>
*b. Applicant	<input type="text"/>
*c. State	<input type="text" value="\$ 806,375"/>
*d. Local	<input type="text"/>
*e. Other	<input type="text"/>
*f. Program Income	<input type="text"/>
*g. TOTAL	<input type="text" value="\$ 806,375"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)

- Yes
- 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)**

**** 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: *First Name:

Middle Name:

Last Name:

Suffix:

*Title:

*Telephone Number: Fax Number:

*Email:

*Signature of Authorized Representative: Date Signed:

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

Project/Performance Site Location(s)

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Project/Performance Site Primary Location

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Project/Performance Site Location 1

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/Performance Site Congressional District:

See next page for instructions.

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

5-18-2012

Date

Signature of Authorized Official

Tracy J. Plouck, Director

Name and Title of Authorized Official (please print or type)

Ohio Department of Mental Health

Name of Healthcare Facility Receiving/Requesting Funding

30 East Broad Street, 8th Floor

Street Address

Columbus, Ohio 43215-3430

City, State, Zip Code

Please mail form to:
U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Washington, DC 20201

Table of Contents

Application for Federal Assistance (SF-424)	
Project/Performance Site Location(s)	
Assurance Compliance	
Table of Contents	Page 7
Project Narrative and Supporting Documentation	
Section A: Executive Summary	Page 8
Budget Form (SF-424A)	Page 11
Section B: State-Level Information.....	Page 13
Section C: Local Provider Intended Use Plans (with Budgets/Budget Narratives)	
Butler County	Page 26
Columbiana County (Expansion/Mini Grant)	Page 41
Cuyahoga County	Page 58
Franklin County	Page 79
Hamilton County	Page 96
Lake County	Page 117
Lorain County	Page 130
Lucas County	Page 150
Mahoning County	Page 163
Montgomery County.....	Page 176
Stark County	Page 192
Summit County	Page 204
Appendices (Additional Required Documents)	Page 220
Assurances – Non-construction Program (Standard Form 424B)	Page 221
List of Certifications	Page 223
Agreement/Charitable Choice (Appendix D)	Page 224
Checklist	Page 228
Disclosure of Lobbying Activities Form and Ohio’s PATH Assurance.....	Page 230

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))	(2)Provider Organization (received funds from organization in Column 1)	(3)Provider Organization Type	(4) Federal PATH Funds to be Received ¹	(5) Amount of Matching Funds	(6) Source of Matching Funds and Service Area(s)	(7)Services to be Supported by Federal PATH Funds	(8) Number of persons contact/Literally Homeless	(9) 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	\$ 94,365	\$ 31,455	Butler County	Outreach, Staff training, referrals, and housing services	264/753	238
Columbiana County MHRS Board	<u>The Counseling Center</u> Age Range: 18+; Housing Status: Literally & at risk	Community mental health center	\$ 50,000	\$ 16,667	Columbiana County	Outreach, Staff training, referrals, and housing services	135/87	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	\$ 453,168	\$151,056	Cuyahoga County	Outreach, Staff training, referrals, and housing services; includes 3 rd year funding for Veteran's Pilot	1,040/1,494	781
The ADAMH Board of Franklin County	<u>Southeast, Inc.</u> ; Age Range: 18+ Housing Status: Literally & at risk	Community mental health center	\$ 378,035	\$134,651	Franklin County	Outreach, Staff training, referrals, and housing services; includes 3 rd year funding for Veteran's Pilot	410/1,861	360
Hamilton County Community Mental Health Board	<u>Greater Cincinnati Behavioral Services</u> ; Age Range: 18+ Housing Status: Literally & at risk	Community mental health center	\$ 294,574	\$104,338	Hamilton County	Outreach, Staff training, referrals, and housing services; includes 3 rd year funding for Veteran's Pilot	720/1,601	500
Lake County ADAMHS Board	<u>Extended Housing, Inc.</u> Age Range: 18+; Housing Status: Literally & at risk	Other housing agency	\$ 50,000	\$ 65,800	Lake County	Outreach, Staff training, referrals, and housing services	162/203	111
Lorain County Board of Mental Health	<u>Gathering Hope House</u> Age Range: 18+; Housing Status: Literally & at risk	Consumer-run mental health agency	\$ 83,500	\$ 27,833	Lorain County	Outreach, Staff training, referrals, and housing services	225/250	125
Lucas County Mental Health and Recovery Services Board	<u>Neighborhood Properties, Inc.</u> Age Range: 18+Housing Status: Literally & at risk	Other housing agency	\$ 165,000	\$ 55,000	Lucas County	Outreach, Staff training, referrals, and housing services	870/870	250

SECTION A: EXECUTIVE SUMMARY

(2) Organization to Receive Funds(all are entities of county government except (COHHIO))	(2)Provider Organization (received funds from organization in Column 1)	(3)Provider Organization Type	(4) Federal PATH Funds to be Received ¹	(5) Amount of Matching Funds	(6) Source of Matching Funds and Service Area(s)	(7)Services to be Supported by Federal PATH Funds	(8) Number of persons contact/Literally Homeless	(9) Numbers enrolled
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	\$ 49,594	Mahoning, Trumbull Counties	Outreach, Staff training, referrals, and housing services	450//450	350
ADAMHS Board for Montgomery County	<u>Miami Valley Housing Opportunities, Inc.;</u> Age Range: 18+Housing Status: Literally & at risk	Other mental health agency	\$ 176,268	\$ 65,216	Montgomery County	Outreach, Staff training, referrals, and housing services	707/707	235
MH&RSB of Stark County	<u>ICAN, Inc.;</u> Age Range: 18+ Housing Status: Literally & at risk	Other mental health agency	\$ 96,250	\$ 32,083	Stark County	Outreach, Staff training, referrals, and housing services	759/759	161
The County of Summit ADAMHSB	<u>Community Support Services, Inc.</u> Age Range: 18+Housing Status: Literally & at risk	Community mental health center	\$ 129,845	\$ 43,282	Summit County	Outreach, Staff training, referrals, and housing services	1,225/938	300

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.

SECTION A: EXECUTIVE SUMMARY

8) Major strategies:

- Ohio has a guidance document as a resource tool for all PATH providers that outlines eligible services.
- An Expedited SSI program that benefits disabled persons experiencing homelessness. Expedited SSI results have shown an increased approval rate as well a much faster processing time.
- Ten million dollars in new capital funds for housing projects has been allocated. This is Ohio's largest capital investment in community mental health since 2001.
- An increase in Block Grant funding (from \$500,000 in FY12 to \$900,000 in FY13) for county mini grants, evidenced-based core competency trainings, scholarships to community housing teams for housing development, and assistance in obtaining dollars from the Ohio Department of Development to provide housing for persons that are mentally ill and chronically homeless through the leveraging of funds for match.

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.

SECTION A: EXECUTIVE SUMMARY

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.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5. TOTALS		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Program	(2) Administrative Fee	(3)	(4)		
a. Personnel	\$ 1,466,474.10	\$ 56,812.00	\$	\$	\$ 1,523,286.10	
b. Fringe Benefits	\$ 421,671.90	\$ 28,888.00	\$	\$	\$ 450,559.90	
c. Travel	\$ 80,020.00	\$ 2,000.00	\$	\$	\$ 82,020.00	
d. Equipment	\$ 13,845.00	\$	\$	\$	\$ 13,845.00	
e. Supplies	\$ 35,272.00	\$	\$	\$	\$ 35,272.00	
f. Contractual	\$ 2,830.00	\$	\$	\$	\$ 2,830.00	
g. Construction		\$	\$	\$	\$	
h. Other (Training)	\$ 67,286.00	\$ 500.00	\$	\$	\$ 67,786.00	
i. Total Direct Charges (<i>sum of 6a -6h</i>)	\$ 2,087,399.00	\$ 88,200.00	\$	\$	\$ 2,175,599.00	
j. Indirect Charges	\$ 29,401.00	\$	\$	\$	\$ 29,401.00	
k. TOTALS (<i>sum of 6i and 6j</i>)	\$ 2,116,800.00	\$ 88,200.00	\$	\$	\$ 2,205,000.00	
7. Program Income	\$	\$	\$	\$	\$	

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

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:

1. Must be 18 years of age or older; and
2. Individuals with any DSM-IV-TR diagnosis, with the exception of the following exclusionary diagnoses:
 - developmental disorders (tic disorders, mental retardation, pervasive developmental disorders, learning disorders, motor skills disorders and communication disorders)
 - substance-related disorders
 - conditions or problems classified in DSM-IV-TR as "other conditions that may be a focus of clinical attention" (V codes)
 - Dementia, mental disorders associated with known or unknown physical conditions such as hallucinosis, amnesic disorder or delirium sleep disorders and;
3. Treatment history covers the client's lifetime treatment for the DSM IV-TR diagnoses other than those listed as "exclusionary diagnoses" specified in section II and meets one of the following criteria:
 - a. Continuous treatment of 6 months or more, or a combination of, the following treatment modalities: inpatient psychiatric treatment, partial hospitalization or six months continuous residence in a residential program (e.g., supervised residential treatment program, or supervised group home); or

SECTION B: STATE LEVEL INFORMATION - OHIO

- b. Two or more admissions of any duration to inpatient psychiatric treatment, partial hospitalization or residential programming within the most recent 12 month period; or
 - c. A history of using two or more of the following services over the most recent 12 month period continuously or intermittently (this includes consideration of a person who received care in a correctional setting): psychotropic medication management, behavioral health counseling, CPST, crisis intervention; or Previous treatment in an outpatient service for at least six months, and a history of at least two mental health psychiatric hospitalizations; or
 - d. In the absence of treatment history, the duration of the mental disorder is expected to be present for at least 6 months.
4. Individuals with Global Assessment of Functioning Scale (GAF) ratings between 40 and 60 (mid-range level of care need, tier 2). Clinician discretion may be used in determining into which tier an individual with a GAF rating of 40-50 (either tier 1 or tier 2) should be placed.

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-TR).

2. **Alignment with SAMHSA’s Strategic Initiative #3: Military Families** – Describe how the State gives special consideration in awarding PATH funds to entities with a demonstrated effectiveness in serving veterans experiencing homelessness.

Ohio has given special consideration in awarding PATH funds to better serve veterans. The funded projects are located in Butler/Hamilton County (Transitional Living, Inc. in partnership with Greater Cincinnati Behavioral Health Services); Cuyahoga County (Mental Health Services for Homeless Persons, Inc.) and Franklin County (Southeast, Inc.). The targets of these pilot projects are to expand culturally appropriate outreach, engagement, treatment, and other services to veterans with mental illness who are experiencing homelessness. One requirement of all projects was to train all PATH Staff members in the principles of Trauma-Informed Care, including but not limited to the diagnosis of PTSD. Other targeted outcomes from the projects are sustainability planning, project replicability, current collaboration with local veteran service providers, and effective collaboration with local housing providers or the ability to leverage local housing dollars with their local communities.

All of the projects were required to hire a veteran peer as part of their PATH outreach teams. By incorporating a veteran peer all projects report they have improved the team’s ability to engage homeless veterans in settings where they are known to congregate and have increased their awareness and understanding of military culture. The veteran workers have also been able to train

SECTION B: STATE LEVEL INFORMATION - OHIO

their PATH team members on how to more effectively ask questions of people experiencing homelessness in order to obtain information regarding their veteran status.

All projects have demonstrated an increase in the number of veterans served. Projects report an increase in their overall collaboration with and understanding of how to navigate the VA system, particularly knowing who is and who is not appropriate/eligible for VA services. Additional lessons learned specific to VA services have been how to effectively and efficiently work towards upgrading a veteran's less than honorable discharge status and the potential benefits of those meeting a "veteran" definition threshold.

3. **Alignment with SAMHSA's Strategic Initiative #4: Recovery Support** – Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless.

The multiple strategies (Motivational Interviewing, Trauma-Informed Care, Stages of Change, Harm Reduction, etc.) used by PATH workers to provide outreach and engagement will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless. These interventions are client centered, non-judgmental, and available when the client is ready. By using these strategies, PATH workers are able to reduce barriers to mental health services, housing, substance abuse treatment and other needed community based services to sustain recovery.

4. **Alignment with PATH goals** – Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

ODMH views outreach, engagement, and case management as a priority in serving the most vulnerable adults who are literally and chronically homeless. ODMH strives to ensure that training opportunities are available to PATH workers to build their knowledge, awareness, and skills around outreach and engagement of Ohioans experiencing homelessness. ODMH has contracted with COHHIO to provide PATH staff training including outreach, homelessness prevention, diversion, emergency shelter, rapid re-housing, transitional housing, supportive housing, and permanent supportive housing.

Ohio's PATH providers also participate in an array of supportive housing and homeless evidence-based practices and innovations. A number of Ohio's PATH providers are participating in pilot and research projects on evidenced-based or emerging-best practices. In the past year, ODMH has sponsored trainings on the evidence-based practices noted below with an asterisk. Ohio providers are currently participating in these PATH and/or supportive housing recognized best practices:

- SSI/SSDI Outreach, Access, and Recovery (SOAR)*
- Motivational Interviewing (MI)*
- Critical Time Intervention (CTI)*
- Harm Reduction
- Integrated Dual Disorder Treatment (IDDT)
- Trauma Informed Care (TIC)
- Housing First
- Supported Employment (SE)
- Outreach

SECTION B: STATE LEVEL INFORMATION - OHIO

5. **Alignment with State Comprehensive Mental Health Services Plan** – Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

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

- Increase and preserve safe, decent, and affordable housing to persons with severe and persistent mental illness.
- Increase and preserve the number of existing Permanent Supportive Housing units in which ODMH has been a funding participant.
- Leverage housing dollars from sources outside of ODMH.
- Work cooperatively with Ohio’s Medicaid agency on the Money Follows the Person (MFP) grant to assist persons with severe mental illness currently in institutions in obtaining housing.
- Award mini grants around Ohio as pilot projects to provide additional resources to existing housing programs serving persons exiting institutions.

Six (6) of the local PATH providers are certified by ODMH as “other housing agency’s”. Additionally, the PATH program works extensively in the following areas:

<p>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.</p>
<p>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.</p>
<p>Workforce Development 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>

SECTION B: STATE LEVEL INFORMATION - OHIO

6. **Alignment with State Plan to End Homelessness** – Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness.

The State of Ohio has nine (9) different U.S. Department Housing and Urban Development Continuums of Care (CoC). These CoCs complete their own program coordinating and planning to end homelessness. The nine CoCs include the following counties along with their respective PATH programs:

- Cuyahoga County/Cleveland
 - Cuyahoga County Community Mental Health Board – Mental Health Services for Homeless Persons
- Franklin County/Columbus
 - The Alcohol Drug Addictions and Mental Health Board of Franklin County – Southeast, Inc.
- Hamilton County/Cincinnati
 - Hamilton County Community Mental Health Board – Greater Cincinnati Behavioral Services
- Lucas County/Toledo
 - Lucas County Mental Health and Recovery Services Board – Neighborhood Properties, Inc.
- Mahoning County/Youngstown
 - Mahoning County Mental Health Board – Help Hotline Crisis Center
- Montgomery County/Dayton/Kettering
 - Alcohol Drug Addiction and Mental Health Services Board – Miami Valley Housing Opportunities, Inc.
- Ohio Balance of State Continuum of Care (Ohio BOSCO) is comprised of the 80 most rural counties. The PATH program covered counties have their own local homeless planning body that report information to the Ohio BOSCO.
 - Butler County Community Mental Health Board – Transitional Living, Inc.
 - Columbiana County Mental Health Recovery Services Board – The Counseling Center
 - Lake County Alcohol Drug Addictions and Mental Health Services Board – Extended Housing, Inc.
 - Lorain County Board of Mental Health – Gathering Hope House
 - Mahoning County Mental Health Board – Help Hotline Crisis Center for Trumbull County
- Stark County/Canton/Alliance/Massillon
 - Mental Health and Recovery Services Board of Stark County – ICAN, Inc.
- Summit County/Akron/Barberton
 - The County of Summit Alcohol Drug Addictions and Mental Health Services Board – Community Support Services, Inc.

The State of Ohio does not have a statewide plan to end homelessness. Instead, the individual CoCs have their own strategies, goals and objectives in regards to ending homelessness. Within those plans and strategies each CoC has discussed a need for a full continuum of homeless programs that includes homeless outreach programs. PATH and similar outreach programs target

SECTION B: STATE LEVEL INFORMATION - OHIO

the most vulnerable and often long-term homeless persons with a goal to engage them in housing and other service programs.

Furthermore ODMH through its PATH and other funding are integral in ending Ohio's homelessness through the following:

- PATH program staff members participate in their local homeless coalitions and/or COCs.
 - ODMH staff belong to the Ohio BOSCO Steering and Advisory Committees.
 - ODMH staff participate in the Ohio Department of Development's (ODOD) Homeless and Housing Program Consolidated Plan Advisory Committee to ensure that PATH program goals are consistent with the State of Ohio's Consolidated Plan.
 - ODMH offers match assistance for ODOD's homeless grant programs. Funds are allocated to mental health boards that work with agencies that provide an array of supportive housing programs to homeless persons experiencing a severe and persistent mental illness. In many cases these funds leverage themselves more than 5:1.
 - ODMH lowered its mortgage requirement from 40 to 30 years.
 - ODMH decreased the match requirement for ODMH capital projects from 50% to 25% to assist those board areas that were struggling to meet the 2:1 match.
 - In the most recent Ohio budget update, \$10 million has been specified for housing capital projects.
 - ODMH aligned its capital rules to align them with the Ohio Housing Finance Agency's (OHFA) Low-Income Housing Tax Credit (LIHTC) Program to maximize use of these resources to develop new affordable housing units.
 - In February 2012, OHFA approved funding through its new Capital Investment Pilot Program (CIPP). This program is designed to provide funding for minor renovations and maintenance on aging ODMH funded properties.
 - In FY 2012-13, ODMH assumed licensure of nearly 700 Adult Care Facilities (ACFs) which are a source of permanent community housing for people who do not require a nursing home level of care, but need a higher level of support to maintain their health and safety. In January 2012, OHFA approved \$1 million to pay for health and safety repairs at ACFs. This program will assist ACFs in making essential repairs needed to maintain their structural integrity.
 - ODMH has contracted with COHHIO to address transitional age youth specific mental health issues including homelessness.
 - ODMH strives to ensure that training opportunities are available to mental health PATH and other homeless program staff. ODMH contracts with COHHIO to provide: PATH program technical assistance, homeless program trainings and capacity building activities. ODMH also sponsors COHHIO's annual conference, Housing Ohio. Similarly ODMH has provided scholarships for local boards and teams to attend the Corporation for Supportive Housing's Opening New Doors and The 7 Dimensions of Quality trainings.
 - Director Tracey Plouck has also championed the collaboration of state departments, homeless advocates, and technical assistance providers to work towards ending homelessness.
7. **Process for Providing Public Notice** – Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse, and housing agencies; and the general public, to review the proposes use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

SECTION B: STATE LEVEL INFORMATION - OHIO

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 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.

8. **Programmatic and Financial Oversight** – Describe how the state will provide necessary programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the State provides funds through intermediary organization (i.e., County agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of 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 and/or COHHIO visits each PATH program annually. ODMH/COHHIO 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 June 30, 2013.

ODMH requires quarterly data reporting via Survey Monkey for PATH Providers. ODMH utilizes the data collected for real-time site-specific and aggregate quality improvement processes.

9. **Selection of PATH Local-Area Providers** – Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who are homeless with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, or other means).

For FFY 2012, ODMH will continue to distribute PATH federal funds by formula. Two years ago ODMH performed a need-based analysis of statewide PATH programs and applied dollars toward

SECTION B: STATE LEVEL INFORMATION - OHIO

programs shown to be in most need; therefore, ODMH will continue funding for the upcoming funding year in the same manner with adjustments based on previous year(s) performance outcomes.

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.

Over the next year, Ohio will assess the types of programs and services needed to best serve homeless persons with mental illness while looking to expand the geographic area of PATH services.

The Substance Abuse and Mental Health Services Administration (SAMHSA) completed a federal site review of Ohio's PATH Program. Two (2) 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, ODMH will evaluate perspective methods to develop a more competitive allocation process.

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.

Ohio's projects served 310 known veterans between July 1, 2011 and April 7, 2012.

In order to increase Ohio's effectiveness working with the veteran population, Ohio began funding three veteran projects during SFY 2010. These projects continue to demonstrate Ohio's efforts to expand outreach, engagement, treatment, and other services to Veteran's with mental illness who are experiencing homelessness. Since SFY 2010 Ohio's PATH Program has been tracking veteran specific data. Subsequent funding years will decrease over time until self-sufficient.

10. **Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness –** Indicate the number of homeless individuals with serious mental illness by each region or

SECTION B: STATE LEVEL INFORMATION - OHIO

geographic area of the entire State. Indicate how the numbers were derived and where the selected providers are located on a map.

Location of Homeless Individuals with Serious Mental Illness

Geographic Region (by County Board Area)	# Homeless with Serious Mental Illness	Total # Homeless in County
Adams-Lawrence-Scioto	46	198
Allen-Auglaize-Hardin	18	79
Ashland	18	80
Ashtabula	18	77
Athens-Hocking-Vinton	23	102
Belmont-Harrison-Monroe	4	19
Brown	0	2
Butler*	753	3,330
Carroll-Tuscarawas	13	58
Champaign-Logan	6	27
Clark-Greene-Madison	94	410
Clermont	12	52
Clinton-Warren	87	379
Columbiana*	87	87
Coshocton-Guernsey-Morgan-Muskingum-Noble-Perry	39	169
Crawford-Marion	49	213
Cuyahoga*	1,494	6,497
Darke-Miami-Shelby	19	83
Defiance-Fulton-Henry-Williams	15	64
Delaware-Morrow	45	197
Erie-Ottawa	57	248
Fairfield	77	336
Fayette-Highland-Pickaway-Pike-Ross	54	236
Franklin*	1,861	8,091
Gallia-Jackson-Meigs	2	8
Geauga	8	33
Hamilton*	1,601	6,965
Hancock	21	93
Holmes-Wayne	37	161
Huron	6	28
Jefferson	25	110
Knox-Licking	69	302
Lake*	203	882
Lorain*	250	1,070
Lucas*	870	2,300
Mahoning/Trumbull*	145	450
Medina	8	34
Mercer-Paulding-Van Wert	0	0
Montgomery*	707	3,072
Portage	61	265
Preble	5	21
Putnam	0	0
Richland	18	77
Sandusky-Seneca-Wyandot	41	177
Stark*	759	3,302
Summit*	938	4,077
Union	6	27
Washington	8	34
Wood	13	55

* *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%

SECTION B: STATE LEVEL INFORMATION - OHIO

11. **Matching funds** – Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

All matching funds will be provided by the respective Mental Health Board (CMH/ADAMH) of the funded county. Each Board has signed and submitted a copy of their assurance to ODMH that non-federal matching funds will be available at the beginning of the PATH grant period. This specific issue is address in Question 5 of the PATH Assurances. All SFY 2013 Assurances are on file.

This application exceeds Ohio's minimum local match requirement of \$735,000; therefore, the local matching fund contributions in this application totals \$806,375 (\$71,375 over minimum requirement).

12. **Other Designated Funding** – Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving 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 to provide bridge subsidies for those awaiting Housing Choice (Section 8) vouchers.

(c) ODMH uses state Block Grant (BG) (\$350,000) to match the Ohio Department of Development's Homeless Assistance Grant program. Our match is used to leverage supportive housing projects that target homeless people with severe mental illness.

13. **Data** – Describe the State's and providers' status on HMIS migration and a plan, with accompanying timeline for migrating data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

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.

Each of Ohio's nine Continua of Care (CoC) has their own HMIS and trains their users on the individual systems. Each CoC and PATH program within the CoCs listed in question five (5) will work over the next two to four years to fully implement HMIS data migration by

Every CoC has a different timeline and plan to implement PATH data collection in HMIS. A number of the agencies that provide PATH services were already entering data into HMIS for other homeless programs; hence for more agencies the entering of data into HMIS should be a smooth transition.

SECTION B: STATE LEVEL INFORMATION - OHIO

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.

14. **Training** – Indicate how the State provides, pays for, or otherwise supports evidenced-based practices and other trainings for local PATH-funded staff.

ODMH strives to ensure that training opportunities are available to mental health PATH and other homeless program staff. These training opportunities provide an opportunity for PATH staff to building their knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, and traditions of Ohioans experiencing homelessness. ODMH contracts with technical assistance providers to provide trainings on evidenced-based practices.

ODMH encourages, pays for and supports best practices by:

- Encouraging PATH provider networking and sharing of knowledge
- Sharing best practice information through trainings, presentations and announcements
- Inspiring PATH providers to participate in Ohio's Coordinating Centers of Excellence (CCOE), including:
 - Supported Employment (SE)
 - Wellness Management and Recovery (WMR)
 - Integrated Dual Disorder Treatment (IDDT)
 - Center for Innovative Practices (CIP)
 - Mental Illness/Developmental Disabilities (MIDD)
 - Criminal Justice (CJ)
- Conducting cultural competence needs assessment and funding the Multiethnic Advocates for Cultural Competence (MACC), which promotes culturally and linguistically appropriate services in Ohio through annual cultural competence training.

Ohio's PATH providers also participate in an array of supportive housing and homeless evidence-based practices and innovations. Some providers follow the fidelity of the practice while others utilize the context or culture of the practice in their provision of care. A number of Ohio's PATH providers are participating in pilot and research projects on evidenced-based or emerging-best practices. In the past year, ODMH has sponsored trainings on the evidence-based practices noted below with an asterisk. Ohio providers are currently participating in these PATH and/or supportive housing recognized best practices:

- SSI/SSDI Outreach, Access, and Recovery (SOAR)*
- Motivational Interviewing (MI)*
- Critical Time Intervention (CTI)*
- Harm Reduction
- Integrated Dual Disorder Treatment (IDDT)
- Trauma Informed Care (TIC)
- Housing First
- Supported Employment (SE)
- Outreach

SECTION B: STATE LEVEL INFORMATION - OHIO

ODMH has contracted with COHHIO to provide PATH staff training and capacity building. Furthermore ODMH contracts with COHHIO to provide training of individuals who work in the full array of homeless programs including outreach, homelessness prevention, diversion, emergency shelter, rapid re-housing, transitional housing, supportive housing, and permanent supportive housing. These trainings are targeted for front-line/direct care staff, program managers/supervisors, agency executive directors and mental health board staff.

ODMH sponsors, Housing Ohio, COHHIO's annual conference. COHHIO strives each year to include at least four workshop sessions that would be relevant for PATH program staff. The Housing Ohio 2012 workshops that were pertinent to PATH staff included:

- Helping Homeless Persons Become Self-sufficient
- Targeting Services for Mentally Ill Youth Aging Out of Foster Care
- Combining Housing First and Assertive Community Treatment
- How Homeless Providers Can Partner With Developers to Create Permanent Supportive Housing
- Strategies to Meet Permanent Supportive Housing Goals
- Serving Transgender Clients in Homeless Programs
- How to Implement Critical Time Intervention in your Organization
- Prioritizing Services for the Most Vulnerable
- Successful HMIS Implementation of Centralized Intake Across Urban and Rural Areas
- Ending Veteran Homelessness
- Integrating Motivational Interviewing across your Organization
- Using SSI/SSDI Benefits as a Tool in Recovery

COHHIO provides a number of webinar trainings on various homeless and affordable housing topics that are beneficial to PATH staff. Past trainings have included:

- Introduction to the HEARTH Act
- Completing Point-In-Time Counts
- Linking Homeless Persons to Mainstream Benefits
- Increasing Homeless Program Performance

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

Butler County/Transitional Living, Inc.

1. **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

- Provider: Transitional Living, Inc.
- Other Mental Health Agency – Established 1978
- Providing an array of mental health services to individuals diagnosed with a severe and persistent mental health needs who are 18 year of age and older and within Butler County, Ohio.
- Funding: Federal: \$ 94,365 Local Match: \$ 31,455

2. **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

- PATH is active in the Butler County Homeless and Housing Coalition monthly meetings. PATH is also involved in the Continuum Planning for the Cities of Hamilton and Middletown, Ohio as well as for Butler County. PATH Staff yearly organize and take the primary participation role in the Butler County Point in Time Count.

3. **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

PATH Staff serve:

- Criminal Justice Board - Chairperson
- Elderly Services Board – Board Member
- Butler Metropolitan Housing Authority Board – Board Member
- Butler Tech Safety Services Training Advisory Board – Board Member

Members of:

- Butler County Homeless and Housing Coalition
- Continuum of Care Planning Committees in Butler County, Hamilton, Middletown
- Ohio Attorney General’s Committee with Law Enforcement - several sub committees serve on
- Butler County Elder Abuse Task Force

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

See other services below:

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	4	
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	

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

4. **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
 - 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. PATH staff do not work regular hours hence allowing for outreach into the community at times when mainstream mental health providers are not open. PATH Staff frequent homeless camps and shelters along with riding with law enforcement targeting second shift and being on call 24/7 for the community.
 - b) Describe any gaps that exist in the current service system.
 - 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 due to there being fewer subsidized housing providers. The ability to provide intensive support services could be impacted negatively due to the caps and limits put into place by Medicaid.
 - c) Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.
 - Agencies who serve dually diagnosed PATH clients: Transitional Living, Inc., Sojourner’s, Horizons Recovery Services, Veterans Administration, Community Behavioral Health, and Butler Behavioral Health Services. 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.
 - d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

- 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.
 - Transitional Living continues to use an agency based data program which meets our needs for collection of data needed for reports.
- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.
- 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. Butler County has been awaiting Statewide training prior to implementing this program.
- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- 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. Construction is to begin May 2012.

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

- Transitional Housing: Butler Metropolitan Housing Authority, YWCA, Hope House, SERVE City
 - 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, VA for the HUD-VASH and Community Development Professionals who manage the Shelter plus Care Vouchers.
- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.
- Currently the PATH staff consists of 7 individuals. Of these individuals there are 5 females and 2 males. Three of the staff is between the ages of 50 – 64 years old,

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

- three are between the ages of 35 – 49 and one is between the ages of 18 – 34. Four are Caucasian, 2 are African American and one American Indian. One staff is also of Appalachian decent. Four staff has been formally homeless. One staff is a former consumer of the mental health system and 2 are current consumers. All are non-veterans.
- 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.
- PATH Staff in FY 12 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 along 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. For FY 13, 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.

8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

- The demographics of the client population tend to be white males between the ages of 18-34 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.

Projected number adult clients to be contacted using PATH funds: 264

Projected number adult clients to be enrolled using PATH funds: 238 (90%)

Percentage adult clients served with PATH funds projected “literally” homeless: 98%

9) **Consumer Involvement** – Describe how individuals 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.

- 100% of PATH Staff have family members who have been or are currently consumers of the Mental Health System. Fifteen percent (15%) of the PATH staff are former consumers and 30% are current consumers. Sixty percent (60%) of PATH staff are formally homeless. Transitional Living also has employed consumers and family

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

- 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 implemented the hiring of Peer Specialists for PATH that are currently TLC consumers and formally homeless. There are four (4) Peer Specialist with two (2) paid through PATH Funds and two (2) of the positions are funded by a donation from the community.
- 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

- 1. Homeless Individuals with Serious Mental Illness in your County (please answer both a and b):**
 1. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (ODMH DRAFT Guidance Document revised January 2012, Page 3) .
 - 753
 2. Estimate the number of above clients to be served in FY2012 (SFY2013).
 - 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:**
 - The PATH Quarterly Data has allowed staff to see changes earlier to then adjust outreach opportunities. PATH used this information to recognize trends in the population being identified. PATH has been able to use this information to expand community collaborations to help meet individual needs.
- 3. Please list any specific questions or thoughts you have regarding how to better utilize the quarterly PATH data you are collecting:**
 - Unfortunately there is an expectation to gather information that is difficult to get if consumers are opened into mainstream mental health agencies that are not the PATH providing agency. These other agencies may not adequately tract the information needed to provide for outcome data. This becomes time consuming for PATH staff to try to acquire this information and pulls from the main goals of PATH – outreach and engagement.
- 4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:**
 - Working closely with the Housing Authority and Elderly Services by involvement in these Board of Directors. Have also ventured more directly into the Area Courts throughout Butler County.
- 5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:**
 - 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

6. Please briefly describe your PATH Project’s greatest accomplishment in the past 12 months:

- Our greatest accomplishment has been able to add 4 PATH Peer Specialist to the program to help with the engagement and identification of individuals who are experiencing homelessness. 2 of the PATH Peer Specialist salaries are funded through the PATH Budget and 2 are funded by a donation from the community. PATH staff have fluctuated their hours to be able to attend community meals and monthly NAMI meetings. This fluctuation in scheduling allows the PATH staff to outreach at a local breakfast club that meets weekly starting at 7:30 am and community meals or meetings that typically do not begin until after 6 pm or later.

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, 2011 – April 7, 2012?

- 22

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

**PATH Veteran's Pilot Project SFY 2013
Outcomes and Status Report**
(Compilation of Data: July 1, 2011 - April 7, 2012)

Partnership/Collaboration with Hamilton County

1. Description of Program Design:

The Program Design for the Hamilton County Veteran Pilot Project has used two methods to provide effective PATH outreach to veterans. The first was to hire a full-time veteran peer position that provides outreach services in Hamilton County four days per week. He then serves Butler County the remaining weekday.

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

The Veteran Peer Worker for this program is Myron Reynolds, a Marine who served in the Gulf War from 1988-1992.

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

When working with clients who have the desire to upgrade their discharge status. The Veteran Peer Worker will assist the client in filling out the DD form 293, which is an application for the review of discharge from the armed forces of the United States. The application is then mailed to the proper branch of service. Clients will usually receive an outcome letter within six months.

4. What effective new strategies were implemented to improve services to homeless veterans within the last 12 months?

The Veteran PATH Worker has focused on developing relationships with veteran resources and services in the community. He has engaged with and marketed to veteran-specific service providers such as the local VA hospital, the Veteran Services Commission, Joseph House, Mt. Airy Shelter (where they manage a number of veteran-specific beds) and the Veteran Specialist for Pretrial Services at the Hamilton County Justice Center.

5. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to Veterans experiencing homelessness?

The Veteran PATH Worker has used marketing to establish relationships with agencies that have traditionally served homeless individuals (but do not necessarily target veteran populations). These strategies have been effective in educating the PATH Team on ways to connect homeless veterans to services and have educated local homeless service entities on

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

how PATH can assist homeless veterans who are dealing with mental illness and substance abuse. Veteran's Court has led to new collaborations for the Veteran PATH worker. The Veteran's court is new to Hamilton County and the Veteran PATH worker is now working with clients affiliated with the veteran court program.

6. How were trauma-informed services and training incorporated within in this pilot project during the last 12 months?

As part of the Veteran Pilot Project all outreach workers are required to participate in trainings conducted by the local Veterans Association on Trauma Informed Care and on the signs and symptoms of Post Traumatic Stress Disorder. Outreach workers are encouraged to remain mindful of the presence of trauma as it exists within the homeless culture.

7. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months in terms of providing quality services to Veterans experiencing homelessness:

Within the past 12 months, the PATH Veterans Pilot Project has changed the lives of many homeless veterans within Hamilton and Butler County. Clients have received residential substance abuse treatment through the Joseph House. Several have also received mental health case management with the veteran's administration. Clients who have been homeless for years have received stable housing, and employment due to the implementation of the Veterans Pilot Project.

8. Number of Veterans Served:

- a) Number of veterans served? Demographics are collected on enrolled clients only. The number of enrolled veterans is 48.
- b) Age of the veterans served?
 - 18-30 = 4
 - 31-51 = 20
 - 51-78 = 24
- c) Gender of the veterans served?
 - Female = 4
 - Male = 44
- d) Race of the veterans served?
 - White = 23
 - Black = 25
 - American Indian = 0
 - Other = 0
- e) Number of veterans enrolled? 48

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

- 9. Describe in detail what impact the Veterans Pilot Project(s) have had on those served that it did not have prior to these funding opportunities?**

Prior to the Veterans Pilot Project many homeless veterans failed to understand, or take advantage of services within the community which could help them with important issues such as mental illness, substances abuse, and medical treatment. This was primarily due to veterans failing to understand what services were available to them. On a regular basis, they failed to identify themselves as veterans due to the nature of their discharge, and lack of trust when working with a non-veteran worker.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Attachment A

Board Name: BUTLER COUNTY COMMUNITY MENTAL HEALTH BOARD			Period Request Covering	
			From: July 1, 2012	To: June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 82,805.10			
Fringe Benefits	\$ 11,559.90			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 94,365.00			
Total Federal Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 94,365.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

BUTLER COUNTY/TRANSITIONAL LIVING, INC.

ATTACHMENT B

**PATH BUDGET NARRATIVE
FEDERAL FUNDS**

FOR SFY 2013

FEDERAL FUNDS				
POSITION	ANNUAL SALARY	PATH FUNDED %	PATH FUNDED SALARY	TOTAL
PATH OUTREACH WORKER	\$ 30,057.30	100%	\$ 30,057.30	
PATH OUTREACH WORKER	\$ 26,000.00	100%	\$ 26,000.00	
PATH SUPERVISOR	\$ 32,283.94	20%	\$ 6,456.79	
PATH PEER SPECIALIST	\$ 769.60	100%	\$ 769.60	
PATH PEER SPECIALIST	\$ 769.60	100%	\$ 769.60	
CLINICAL SUPERVISOR	\$ 59,999.94	10%	\$ 5,999.99	
PATH COORDINATOR	\$ 79,698.84	16%	\$ 12,751.81	
TOTAL				\$ 82,805.10
* BENEFITS				
PATH OUTREACH WORKER	\$ 9,758.21	100%	\$ 9,758.21	
PATH OUTREACH WORKER	\$ 9,758.21	100%	\$ 1,801.69	
TOTAL				\$ 11,559.90
TRAVEL (A)				
EQUIPMENT (A)				
TOTAL FEDERAL				\$ 94,365.00

* 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

ATTACHMENT C

Board Name:		Period Request Covering		
		From: July 1, 2012	To: June 30, 2013	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ -			
Fringe Benefits	\$ 11,797.87			
Travel	\$ 9,600.00			
Travel (B)	\$ 8,857.13			
Equipment (A)	\$ 1,200.00			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 22,597.87			
Total Local Indirect (B)	\$ 8,857.13			
TOTAL LOCAL	\$ 31,455.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 125,820.00			

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:

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – BUTLER

BUTLER COUNTY/TRANSITIONAL LIVING, INC

ATTACHMENT D

**PATH BUDGET NARRATIVE
LOCAL LEVY MATCH FUNDS**

FOR SFY 2013

LOCAL FUNDS				
BENEFITS				
PATH OUTREACH WORKER	\$ 9,528.18	100%	\$ 7,726.49	
PATH SUPERVISOR	\$ 5,421.16	20%	\$ 1,084.23	
PATH PEER SPECIALIST	\$ 92.03	100%	\$ 92.03	
PATH PEER SPECIALIST	\$ 92.03	100%	\$ 92.03	
CLINICAL SUPERVISOR	\$ 6,443.69	10%	\$ 644.37	
PATH COORDINATOR	\$ 13,491.97	16%	\$ 2,158.72	
TOTAL				\$ 11,797.87
TRAVEL (A)				
MILEAGE	\$ 9,400.00			
PARKING	\$ 200.00			
TOTAL				\$ 9,600.00
TRAVEL (B)				
COHHIO CONFERENCE	\$ 2,000.00			
QUARTERLY MEETINGS	\$ 300.00			
OTHER NATIONAL TRAININGS AND CONFERENCES	\$ 6,557.13			
TOTAL				\$ 8,857.13
EQUIPMENT (A)				
CELLPHONES	\$ 1,200.00			
TOTAL				\$ 1,200.00
TOTAL LOCAL MATCH				\$31,455.00
GRAND TOTAL				
				\$125,820.00

* 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

COLUMBIANA COUNTY MH AND RECOVERY SERVICES BOARD/THE COUNSELING CENTER

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

In April of 2012 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 2013 PATH MINI GRANT PROPOSAL NARRATIVE

THE COLUMBIANA COUNTY MENTAL HEALTH CLINIC, DBA THE COUNSELING CENTER

1. Quantitative needs, goals, objectives, and desired outcomes associated with the PATH program proposed for Columbiana County and the amount to be received.

The need is to (a) ensure contact with all homeless individuals who are potentially PATH eligible, estimated at 135 people and (b) enroll all eligible PATH clients into the PATH program, estimated at 35 people.

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

- a. Consumers will be involved in 100% of all outreach, engagement, and community education events.
- b. PATH data will be included in the local HMIS.
- c. 100% of homeless individuals with serious mental illness will be offered safe and decent housing.
- d. 90% of PATH clients will secure safe, decent, and affordable permanent housing.
- e. 100% of PATH clients will be linked to mental health services and supports within 30 days of initial contact.
- f. PATH staff will help to expedite disability application procedures for all PATH clients who apply for benefits, or who apply for benefit reinstatement.
- g. 90% of PATH clients will be offered vocational services and supports.
- h. 60% of PATH clients will be referred and contacted by vocational program staff.
- i. 100% of PATH clients will be linked to medical insurance programs and referred for primary medical care

Federal Allocation: \$50,000 and Match is a minimum of \$16,667.

2. This applicant has received funding within the previous four years.

3. Description of the Board contracted provider, including name, type of organization, services provided by the organization and region served.

The Columbiana County Mental Health Clinic, d.b.a. the Counseling Center, is a not for profit, 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

The types of services currently being provided by provider organization are: Outreach; Screening/Diagnostic; Habitation/Rehabilitation; Food/Food Referral; Clothing/Clothing Referral; Shelter/Shelter Referral; Referral to other agencies; Mental Health Services; Substance Abuse Services; Physical Health Services Referral, not treatment; Medication Management; Case Management; Housing; Benefits Bank Site or Assistance with Obtaining Benefits; Employment/Employment Referral. Other services offered by the Counseling Center include Payeeship, 24/7 mobile crisis, integrated dual diagnosis treatment, alcohol and drug treatment, and mental health education (including Wellness Management and Recovery).

4. Provider organization’s current collaborations with local homeless shelters, Health care for the Homeless, community physical healthcare centers, social security administration, County Department of Job and Family Services, The Ohio Benefit Bank, and other local social service providers serving persons experiencing homelessness.

The Housing Coordinator of the Center has chaired the Columbiana County Continuum of Care for the past ten years, and homeless outreach staff and volunteers are longstanding active members of the Continuum. This participation in the Continuum of Care has enabled the Center to forge working partnerships with other member agencies whose mission involves work with the homeless and/or low income persons. These partners include Community Action Agency, which in addition to its shelter services for homeless operates a federally qualified health center. The Department of Job and Family Services, Columbiana Metropolitan Housing, The Christina Center Domestic Violence Shelter, the Columbiana County One Stop, and Columbiana County Veterans Services are also members, which has enabled the Center to establishing strong partnerships with organizations that provide housing, income supports, mainstream benefits, and employment services for the homeless, including homeless veterans. The Center operates two immediate access housing programs for homeless adults with SMI and a housing program which is typically able to secure permanent housing for adults with SMI within thirty days. All staff of the Center have received training on the Ohio Benefit Bank and direct clients accordingly; however, the Center emphasizes hands on assistance by community support workers for people who are homeless. PATH clients are always accompanied by outreach staff or volunteers when making application for services that can be accessed through the Ohio Benefit Bank.

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

The Center works closely with the local criminal justice system, including probation officers, the Columbiana County Jail, law enforcement, and the Adult Parole Authority. The Clinical Director is an active member of the Community Corrections Planning Board. A mental health liaison from the Center provides diagnostic assessment and referral services to inmates at the County Jail. The Center provides on-site drug and alcohol treatment at the Jail. The Center employs a CPST worker who is assigned exclusively to persons with SMI who are on probation. This person is assigned to work with all persons served in the Columbiana County Municipal Court Mental Health Docket. Center screeners collaborate with the Adult Parole Authority and Ohio Prison staff to coordinate services and referrals for clients being released from prison. Adults with SMI who are being released from jail or prison or jail are linked to Center operated immediate access housing programs.

6. The estimated number of individuals in the Columbiana County MHRS Board area who are experiencing homelessness and have a severe mental illness is 87. This estimate is based on input from all community partners who interact with individuals who are homeless.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

7. **The estimated number of persons identified in No. 6 who are veterans is 18.**
8. **Regarding the number of individuals in #6 and #7 to be served with PATH dollars, the 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 135 homeless persons will be contacted, and approximately 35 will be enrolled in PATH services. Some persons contacted through outreach will already be linked to mental health services or will not have a severe mental illness and thus be ineligible for PATH services.**
9. **Demographics of (a) Columbiana County’s homeless 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 and trauma informed care.**

- 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. All staff are Caucasian, and two grew up in the Appalachian Region. Staff members will be assisted by volunteers recovering with mental illness who will help to engage those who are homeless. The Program Assistant will be a person recovering with SMI who was at imminent risk of homelessness prior to her employment. She has held this position for five years.

The Program Coordinator will be a professional who has been employed by the Center for 26 years and has worked exclusively with adults with SMI in helping them achieve recovery and independence. During times when the Center had PATH grant funding, she assumed the position PATH Program Coordinator. In addition to overseeing the homeless outreach program, she supervises the Kendall Home and Hand In Hand Outreach Home, which provide shelter and short term temporary housing for adults with SMI 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 25 years.

- c. Most of those who are conducting outreach have mental illnesses, are lifelong residents of Columbiana County, 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. Counseling Center training and supervision emphasizes sensitivity to these issues. Interpreter services are available for those who are deaf or who do not speak English.
- d. The 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. Agency staff have been trained to understand the extent of trauma among homeless people with SMI. Outreach workers have also been trained in crisis intervention and post-traumatic stress disorder. The Columbiana County MHRS Board is providing a multi-level training on trauma informed care beginning in June, 2012. All staff in the PATH program will participate in a six hour training on trauma informed cognitive behavioral interventions. 22 therapists employed by the Center will receive training that will enable them to achieve certification in trauma informed cognitive behavioral therapy. One component of this training,

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

scheduled in July, 2012, is on Appalachian Cultural Considerations in Serving Persons with MI or Addictions. This training will be open to all PATH staff and volunteers.

10. Proposed staffing for the PATH mini-grant.

- a. **PATH Outreach Coordinator:** (.75 FTE) Supervisor: Director of Client Services
Qualifications: Bachelor's degree in human services or related field. Three years 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, 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. A current or past consumer of mental health services. 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.
- b. **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. **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.

11. Organization's plan to provide coordinated and comprehensive services

- a. Services to be provided with PATH funding are the following: outreach, screening and diagnostic treatment, staff training, case management, supportive and supervisory services in residential settings, and referrals for other services, including primary health, education, vocational and relevant housing.
- b. PATH eligible Housing Services to be provided with PATH funding are: planning of housing, technical assistance in applying for housing, improving the coordination of housing services, security deposits, one time rental payments to prevent eviction, and costs associated with matching eligible homeless individuals with appropriate housing situations.
- c. Community organizations which will provide key services to PATH-eligible clients include housing providers, namely, The Center, Community Action Agency, Columbiana Metropolitan Housing Authority, and Family Recovery Center. The Center and Family Recovery Center will provide needed outpatient mental health and substance abuse services. PATH staff will work with the local social security office to assist clients in applying for disability benefits; expediting claims; and ensuring Disability Determination Examiners receive all relevant information in a timely way. The Department of Job and Family Services will determine client eligibility for food assistance, temporary disability benefits, and Medicaid. Community Action Agency (CAA) operates a

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

federally qualified health center with locations in Lisbon and East Liverpool where clients will obtain primary health services. CAA operates a county-wide transportation service that PATH clients will access. Vocational services will be obtained from Shining Reflections, a consumer operated recovery center, Center's Supported Employment Program, and the One Stop. Eligible veterans will be linked to the Veterans Administrative Services and to the Louis Stokes VA clinic in East Liverpool, Ohio, for comprehensive outpatient health services. These organizations, along with the Center, are members of a number of active community planning collaboratives, in addition to the Continuum of Care, which provides opportunities for enhancing coordination of services and developing new shared approaches based on emerging client needs and trends.

d. Current gaps in your local system of care; how will PATH funds be utilized to help to reduce gaps.

The system of care is unable to provide permanent housing for some persons with SMI who are labeled as sexual predators. Center staff are working with the Metropolitan Housing Authority (MHA) to allow the use of Shelter plus Care vouchers for Tier I sexual predators. Ensuring these individuals are linked to vocational services with the goal of self-support is also crucial and is being addressed. Center staff are co-planning with MHA to allow current recipients of Shelter Plus Care vouchers to be prioritized on the waiting list for mainstream Section 8 vouchers. Although no PATH funds will be directly spent on these advocacy efforts, PATH staff participate in the co-planning with MHA.

e. Strategies to be implemented to make suitable housing available to PATH clients, including the type of housing and names of agencies providing the housing PATH staff will link 100% of PATH clients to safe immediate access housing. The Center operates two immediate access temporary housing resources: the Kendall Home and Hand In Hand Outreach House. The Center operates a robust housing program that enables PATH clients to obtain permanent supportive housing in Center owned units or in privately owned units scattered throughout the county. PATH and Center staff will continue collaborating with the Community Action Agency and Family Recovery Center to ensure access to transitional housing for PATH clients who meet criteria. PATH and Center staff will continue collaborating with the Metropolitan Housing Authority to ensure access to public housing and Section 8 mainstream vouchers. Center staff also have collaborative relationships with boarding home operators in Columbiana County, and boarding home placements are obtained for PATH clients who need that level of care and wish to live in a group setting.

12. Describe how your county's PATH provider plans to participate in the HUD Continuum of Care (C o C) and any other local planning, coordinating or assessment activities. The Housing Coordinator employed by the Center has served as the Chair of the Columbiana County C o C for ten years. The Outreach Coordinator, Outreach Assistant, and consumer outreach volunteers are also members of the C o C. All local planning, coordinating, and assessment activities relative to homelessness are conducted by the local C of C.

13. Involvement of persons who are homeless and have severe mental illnesses and their family members 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 this grant. The PATH outreach assistant and outreach volunteers are people recovering with severe and persistent mental illness who have personally experienced homelessness. PATH consumer volunteers will be active members of the Continuum of Care. PATH

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

staff and consumer volunteers will meet monthly to plan, assess, and evaluate program goals and outcomes. They will review quarterly outcome data and the results of satisfaction surveys completed by PATH clients at program exit and jointly decide changes in service provision based on a review of this data. PATH staff and volunteers refer family members and loved ones of PATH clients to the Columbiana County Chapter of NAMI, which operates a support group and teaches the Family to Family course twice each year.

14. Utilization of PATH Quarterly Data in the program’s daily operation practices to make real-time 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.

As noted in the response to Question 13, PATH staff and volunteers will use this data to make modifications in outreach, community education, and service provision. They will determine if training or technical assistance is needed. This data is fed into the Centers’ Quality Assurance Monitoring Program and also into the MHRS Board’s system-wide quality improvement program. Both quality assurance processes are highly effective, and training needed for quality improvement is often secured as a result of these processes.

15. Local plan for continuation/sustainability funding once mini-grant funds end.

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

16. Local plan to share/replicate the lessons learned within the local system of care, including but not limited to best practices and effective outreach and engagement strategies to persons experiencing homelessness.

PATH and provider agency staff share “lessons learned” within the local system of care in multiple ways. First, lessons learned regarding outreach to and engagement of homeless individuals into services are shared through the local Continuum of Care. Second, the Counseling Center participates in a number of local forums designed to promote recovery for adults with serious mental illnesses. One such forum is the Mental Health Recovery Steering Committee. The Quality Improvement Coordinator of the Center is a member of this group; a number of current and former PATH volunteers, who are recovering people, are members of this group. Their knowledge of homelessness and engagement of persons into mental health services influences the decisions of this group. The MHRS Board maintains a housing plan for adults with SMI which it periodically updates. “Lessons learned” within PATH are shared when the housing plan is reviewed to inform service design intended to reduce homelessness among adults with SMI.

PATH staff and volunteers have consulted extensively with other organizations wishing to improve its outreach capabilities, particularly those with an interest in involving consumers in program design and

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

service delivery. PATH staff are willing to share “lessons learned” with others in the State of Ohio in any forum desired by the ODMH.

2013 - RFA - Questions

- 3). **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

The Columbiana County PATH Program has established extensive partnerships that ensure provision of key services to PATH clients. The PATH program refers directly to the Columbiana Metropolitan Housing Authority, the Counseling Center’s Housing Program, Community Action Agency’s Transitional Housing Program, and Family Recovery Centers’ Transitional Housing Program for Women with Addictions. These organizations provide an array of affordable housing choices. PATH clients receive primary health care, including dental care, from the Columbiana County Community Action Agency Health Clinic, a federally qualified health center. The Louis B. Stokes Veteran’s Center offers a vast array of outpatient health services to veterans. With regard to substance abuse services, PATH clients have access to all levels of alcohol and drug treatment, except residential, from the following community partners: the Counseling Center, Family Recovery Center, Neil Kennedy Recovery Clinic, and Trinity Hospital. Gender specific programming for women, medication assisted treatment for opiate addiction, and integrated dual diagnosis treatment is available. With regard to employment, all PATH clients are referred to the Counseling Center’s Supported Employment Program. The Counseling Center, Community Action Agency, Columbiana Metropolitan Housing Authority, Family Recovery Center, and the county veteran’s organization are all active members of the Columbiana County Continuum of care. Coordination of care and coordinated policy are addressed through the Continuum of Care planning process. The Columbiana County MHRS Board, also an active member of the Continuum, maintains contracts with Neil Kennedy Recovery Clinic and Trinity Hospital for detox services which Path clients can access.

- 4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Services to be provided with PATH funding are the following: outreach, screening and diagnostic treatment, staff training, case management, supportive and supervisory services in residential settings, and referrals for other services, including primary health, education, vocational and relevant housing. These services will be provided to adults with serious mental illnesses who are literally homeless and not linked to mental health services.

- Describe any gaps that exist in the current service system.

The system of care is unable to provide permanent housing for some persons with SMI who are labeled as sexual predators. Center staff are working with the Metropolitan Housing Authority (MHA) to allow the use of Shelter plus Care vouchers for Tier I sexual predators. Ensuring these

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

individuals are linked to vocational services with the goal of self support is also crucial and is being addressed. Center staff are co-planning with MHA to allow current recipients of Shelter Plus Care vouchers to be prioritized on the waiting list for mainstream Section 8 vouchers. Although no PATH funds will be directly spent on these advocacy efforts, PATH staff participate in the co-planning with MHA.

- Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder

The Counseling Center operates an IDDT program for adults with SMI and co-occurring substance disorders. The program includes specialized case management, individual and group counseling, intensive outpatient level of care, medical somatic treatment, housing support, and vocational assistance.

- Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

The Counseling Center participates in the Columbiana County MHRS Board led system-wide quality improvement process. The purpose of this group is to track outcomes of the Board's high priority populations, which include adults with serious and persistent mental illnesses, and to develop system wide plans to improve outcomes by providing training and supporting the implementation of evidence-based practices. The MHRS Board provides funding for training and implementation costs of evidence-based practices. The Counseling Center currently operates a supported employment program and integrated dual diagnosis treatment, both of which were developed from this quality improvement process. The MHRS Board oversees an ongoing initiative in cultural competency which includes regular training. This training is available to PATH staff and volunteers at no cost to the agency. Currently, the Board is providing system-wide training on trauma informed care. PATH staff and volunteers will participate in this training. Therapists employed in the local system will achieve certification in trauma informed cognitive behavioral therapy through this initiative.

With regard to trainings and activities to support migration of PATH data into HMIS, two staff of the Counseling Center are trained in HMIS and enter data on homeless individuals served in variety of housing programs into the HMIS system. These staff could train PATH program staff on this data collection and entry, and PATH data could be entered as soon as training was completed and the system can accept data on PATH clients.

5. **Data** – Describe the provider's status on HMIS migration and a plan; with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

Two staff of the Counseling Center are trained in HMIS and enter data on formerly homeless individuals served in variety of housing programs into the HMIS system. These staff could train

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

PATH program staff on this data collection and entry, and PATH data could be entered as soon as training was completed and the system can accept data on PATH clients. This could be accomplished within two months. We are working with our local Continuum of Care and the PATH SPC on strategies to fully utilize HMIS within the next two to four years.

Follow up Questions

A. 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.

B. 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

C. 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

D. Activities that will be implemented to facilitate migration of PATH data into HMIS within 2-4 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.

E. 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.

F. 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.

G. 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

(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.

H. 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

**Exhibit A1
Project Budget**

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Federal Year 2012: PATH 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: July 1, 2012	To: June 30, 2013	
Board Area: Columbiana County Mental Health and Recovery Services Board				
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH 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 In-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:

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

P.A.T.H. Mini-Grant

SFY 2013

Increasing Outreach and Services to Homeless Adults

Exhibit A2

PROJECT 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 \$14.00 per outreach activity.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

**Exhibit B1
Project Budget**

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

Federal Year 2012: PATH 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: July 1, 2012	To: June 30, 2013	
Board Area: Columbiana County Mental Health and Recovery Services Board				
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCHING FUNDS				
Personnel	882			
Fringe Benefits	264			
Travel (A)	4,396			
Travel (B)	724			
Equipment (A)	818			
Equipment (B)				
Supplies (A)	1,265			
Supplies (B)				
Contractual				
Construction				
Other (A)	1,954			
Other (B)	250			
Other (C - Housing)	6,114			
Total Local Direct	15,693			
Total Local In-direct (B)	974			
GRAND TOTAL (FEDERAL and 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:

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS

P.A.T.H. Mini-Grant

SFY 2013

Increasing Outreach and Services to Homeless Adults

Exhibit B2

PROJECT 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:	\$ 882
B. Fringe:	\$ 264
C. Other (A):	\$ 1,954
D. Other (B):	\$ 250
E. Equipment (A):	\$ 818
F. Travel (A):	\$ 4,396
G. Travel (B):	\$ 724
H. Supplies (A):	\$ 1,265
I. Other (C - Housing):	\$ 6,114

TOTAL: **\$16,667**

A. Personnel: **\$ 882**

PATH Assessor/Provider (.03 FTE): \$ 882

B. Fringe: **\$ 264**

PATH Assessor/Provider (.03 FTE): \$ 264

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): **\$ 1,954**

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 \$14.00 per outreach activity.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

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): \$ 4,396

Costs in this category include local mileage reimbursement (outreach activities) for PATH Coordinator and PATH Outreach Assistant. Two PATH staff at 5,233 miles per year = 10,466 miles at 42 cents per mile = \$4,396.

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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – COLUMBIANA

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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

ADAMHS Board of Cuyahoga County/Mental Health Services, Inc.

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

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. These services include emergency shelter, assertive outreach, case management, employment, residential and pharmacological management services. MHS focuses on identifying and developing programs to meet the needs of minority and under-served populations, including those who reject traditional service systems. In addition to homeless services, MHS operates a full continuum of crisis and trauma services. These services include the adult and child mobile crisis teams, which provide a 24-hour hotline and community response for the entire county; these teams interact extensively with PATH. The agency also operates 4 trauma programs, including the nationally recognized Children Who Witness Violence (CWWV) program and the Violent Loss Response Team (VLRT). MHS serves Cuyahoga County, an urban area in the Northeast region of Ohio. Over the past five years, the city of Cleveland has consistently ranked among those with the highest poverty rates in the nation. The amount of PATH funds projected for 2013 is \$453,000 from the state with \$151,056 in local match funds. Of this award, \$59,504 is reserved to serve Veterans through the PATH Veteran pilot program.

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The Chief Operating Officer for MHS serves on the Advisory Board for the local continuum of care; the agency participates in all committee and board meetings regarding public policy and the development of new services for persons experiencing homelessness. MHS currently operates eleven programs funded by the Cuyahoga County Office of Homeless Services, which administers the HUD Continuum of Care.

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 currently leads the collaborative effort regarding the Homeless Prevention/Rapid Re-Housing Program (HPRP). Partners in this effort include Lutheran Metropolitan Ministries, EDEN, Inc., Cleveland Mediation Center, and the Department of Veteran Affairs (VA). While the HPRP initiative is expected to end by June 2012, the Homeless Services Central Intake system will be an ongoing collaboration in support of resources for persons who are homeless.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Primary Health: MHS has developed a strong partnership with Care Alliance, including the sharing of staff for joint street outreach and provision of services in partner sites. Most recently, MHS is pursuing integrated services by developing teams of shared expertise to promote successful housing (through its’ Bridges to Housing program). Other healthcare partners include: Neighborhood Family

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

Practice, Metro Health Medical Center, St. Vincent Charity Hospital, the Cleveland Clinic Healthcare System, University Hospitals of Greater Cleveland, the VA Medical Center, and the Free Clinic of Greater Cleveland. Several primary health providers provide services at shelters, and PATH workers collaborate through outreach, education and advocacy to ensure that consumers receive needed care.

Mental Health: Most PATH consumers transfer internally to the Community Psychiatric Treatment (CPST) teams at MHS for their outpatient treatment; options include the core intensive team, the Integrated Dual-Disorder Treatment Team (IDDT), the forensic team (for persons currently on probation), or a team based at one of the agency's permanent supported housing sites. PATH consumers can directly access the agency's pharmacological management services, including outreach psychiatry, while participating in the PATH program. Inpatient mental health treatment partners include: Northcoast Behavioral Healthcare Systems (state hospital system), the VA Medical Center, University Hospital, the Cleveland Clinic Healthcare System, St. Vincent Charity Hospital, Metro Health Medical Center, and Windsor/Laurelwood Hospitals. Outpatient mental health treatment partners include: Connections, Murtis Taylor Multi-Service Center, Recovery Resources, and the Center for Families and Children. For persons who would benefit from counseling but do not require more intensive services, PATH partners with the federally qualified healthcare centers and the Free Clinic of Greater Cleveland.

Substance Abuse: Many PATH consumers are linked to the Integrated Dual Disorder Treatment team (IDDT) for long-term treatment at MHS. Other Substance Use treatment partners include the Hitchcock Center for Women, Rosary Hall, the Salvation Army Harbor Light and PASS programs, Stella Maris, Recovery Resources, the Women's Center, Y-Haven, the Jean Marie Halfway House and Catholic Charities. PATH provides linkage, advocacy, and education to ensure treatment access.

Housing: MHS and EDEN have a well-established partnership; currently, the two agencies jointly operate the Norma Herr Women's Center (shelter), 5 permanent supported housing programs and 3 Safe Haven programs in Cuyahoga County. PATH team leaders participate in monthly prioritization meetings to expedite the transition from homelessness to housing – this is a collaborative effort with EDEN, Inc., the Department of Veteran Affairs (VA), the AIDS Taskforce of Greater Cleveland, Care Alliance, the Famicos Foundation, and the Office of Homeless Services of Cuyahoga County. PATH also partners with the Cuyahoga Metropolitan Housing Authority (CMHA) to facilitate transitions into publicly funded housing options. Other housing partners include the ODMH Respite facility (emergency/transitional housing), the Department of Housing and Urban Development (HUD) and private owners of rooming houses and adult care facilities.

Employment: PATH consumers can access employment assistance at MHS through two processes – by moving into permanent supported housing or by linkage to the Vocational Rehabilitation Public Private Partnership (VRP3) program. All of MHS' permanent supported housing programs have a Supported Employment specialist on-site, using the evidence-based practice to expedite access to competitive employment. Any MHS consumer may apply for VRP3 assistance – this program is a subsidiary of the Bureau of Vocational Rehabilitation. Consumers receive vocational assessment and linkage to training or competitive employment services through this program.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

PATH workers use multiple strategies to effectively outreach and engage consumers. Relationships with community and homeless providers facilitate the engagement process; these collaborations are critical to the program’s success. Interventions are grounded in Motivational Interviewing techniques; the strategies for engagement include practical assistance, developing rapport, ongoing assessment of consumers’ needs, and identifying goals. MHS also utilizes outreach psychiatrists in the engagement process; these doctors provide engagement, assessment, treatment, and crisis intervention (including medical certificates for emergency admission) on the street. The PATH team also provides real-time assistance to homeless persons in crisis, partnering with area law enforcement and other community stakeholders to ensure positive solutions for both the consumer and the community.

Once engaged in services, workers focus on linkage to resources needed for self-sufficiency. Types of resources include: housing, income/benefits, primary medical care, mental health treatment, substance abuse treatment services, employment, and social supports. Once consumers are engaged and able to link with traditional services, they transition to Community Psychiatric Supportive Treatment (CPST) teams – typically within MHS.

- Describe any gaps that exist in the current service system.

While Cuyahoga County has an excellent array of resources to support consumers, the system still has areas for growth. Almost all of the supported housing options require that consumers meet the HUD definition of chronic, rather than active, homelessness. For persons who are intermittently homeless but very symptomatic, permanent supported housing is often the most appropriate placement, but is simply not available to them. Publicly funded options, such as the Cuyahoga Metropolitan Housing Authority and Section 8, have extensive waiting lists for persons under the age of 60; it can take years to access an apartment through this process. Housing for persons without income is also extremely limited; another barrier to housing is a history of violent felony convictions.

- Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

MHS is certified by both 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. This team serves approximately 120 consumers with dual-disorders, providing stagewise interventions and participating in regular reviews to ensure fidelity to the model. For persons in need of more intensive treatment, PATH consumers may access dual-disorder treatment services (IDDT) at Northcoast Behavioral Healthcare Systems; other inpatient partners include Windsor/Laurelwood and St. Vincent Charity Hospital. PATH provides linkage, advocacy

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

and education for consumers who need to access traditional substance abuse treatment, while grounding PATH and pharmacological (mental health) interventions in motivational interviewing and the Transtheoretical Stages of Change.

- Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

MHS supports a continuum of evidence-based practices across the agency, and within the PATH program. In 2005, MHS became a provider of Integrated Dual Disorder Treatment (IDDT), in consultation with the SAMI Coordinating Center of Excellence at Case Western Reserve University. Over the 3-year grant period, MHS provided training and consultation to develop skill sets in this model across programs, to ensure effective implementation, as well as shift the organization's culture. In 2008, MHS began a second partnership in its' development of Supported Employment; for this model, the agency partners with both Case Western Reserve University, and also functions as a pilot site for Dartmouth University. Both programs involve regular fidelity reviews, and ongoing consultation to support implementation. MHS has also initiated implementing the Critical Time Intervention model (CTI) for its' Bridges to Housing program; staff received a week-long training in March 2012, with immediate implementation to follow.

For PATH-funded staff, the evidence-based practices include Motivational Interviewing (MI) and Trauma-Informed Care (TIC). MHS has provided 12 hours of Trauma-Informed Care training with ongoing updates, specifically geared to those who do street outreach; the agency is also launching an initiative to become a Trauma-Informed organization (meaning that every point of contact for the agency will work from a Trauma-Informed Care perspective) and is part of a national Trauma Learning Collaborative. The team also received 6 hours of training in Trauma Stewardship, and has received ongoing supervision in resiliency and mitigating the effects of vicarious trauma. Motivational Interviewing forms the foundation of PATH interventions; the medical director utilizes this model - as well as Trauma-Informed care - in providing weekly group supervision, and all staff members are trained in this evidence-based practice.

MHS currently utilizes HMIS for all of its' HUD-funded programs. The Cuyahoga County Office of Homeless Services has hosted training for homeless providers in developing proficiency with Service Point (the HMIS vendor used in Cuyahoga County). The program manager for MHS' clinical records department has taken the lead on overseeing migration of data into the HMIS system, with plans to incorporate PATH into the system when it is confirmed that the data sets match and no additional data collection processes will be necessary.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

MHS currently utilizes HMIS for all of its’ HUD-funded programs. The Cuyahoga County Office of Homeless Services has hosted training for homeless providers in developing proficiency with Service Point (the HMIS vendor used in Cuyahoga County). The program manager for MHS’ clinical records department has taken the lead on overseeing migration of data into the HMIS system, with plans to incorporate PATH into the system when it is confirmed that the required data sets match and no additional data collection processes will be necessary. The plan is for migration to occur in the next 18 to 24 months.

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Collaboration is critical in developing resources and improving access for PATH consumers. The Permanent Supported Housing programs and Safe Havens have the highest success rate for PATH consumers, as they are most welcoming and do not require either medication adherence or sobriety from substances in order to be housed. Supports include CPST and life skills staff on-site, as well as Supported Employment and AOD counselors; the Bridges to Housing program provides an overlay of support, specifically geared for the adjustment from homelessness to being permanently housed. For consumers ready for independent housing, Homeless Prevention/Rapid Re-Housing (HPRP) funds have assisted consumers in transitioning to apartments; these funds are administered through a collaborative initiative between MHS, EDEN, Inc., and the Cleveland Mediation Center. Other housing partners include the ODMH Respite facility (emergency/transitional housing), the Department of Housing and Urban Development (HUD) and private owners of rooming houses and adult care facilities.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Staff Demographics

AGE	STAFF
62 and over	11%
51-61	11%
31-51	45%
18-30	33%
17 and under	0%
GENDER	STAFF
Male	44%
Female	56%

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

RACE	STAFF
African American	44%
Caucasian	44%
Biracial	12%
Hispanic	0%
Asian	0%
Other	0%

As an agency, MHS’ Strategic Plan emphasizes culturally appropriate services – this is accomplished through its’ policies and procedures, goals and staff assignments. PATH workers also engage in both formal and informal peer education regarding age, race, gender, religion, ethnicity, class and culture. These issues are addressed in weekly individual and group supervision, and workers utilize this learning to ensure that services are culturally competent. MHS also provides annual training in cultural competence for all employees.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

CLIENT DEMOGRAPHICS

AGE	CLIENTS
62 and over	6%
51-61	29%
31-51	49%
18-30	16%
17 and under	0%
GENDER	CLIENTS
Male	78%
Female	22%
RACE	CLIENTS
African American	64%
Caucasian	31%
Biracial	0%
Hispanic	4%
Asian	0%
Other	1%

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

Based on the projections from the last IUP and the data from Calendar Year 2011, MHS anticipates that it will serve 1040 consumers during SFY 2013; of those, MHS will contact and enroll 781 clients. Regarding homeless status, MHS adheres to the HUD definition of homelessness; the only persons who may not be literally homeless upon enrollment are persons coming from prison, engaged at meal sites or staying alternately between friends and family. MHS estimates the percentage of consumers who are literally homeless to be 90%.

- 9) **Consumer Involvement** – Describe how individuals 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.

MHS has a long-standing commitment to partnering with consumers and family in service provision. MHS has consistently employed consumers and family members, and will continue to recruit them for open positions. Family members have also been encouraged to participate in treatment whenever possible, and this involvement has substantially improved consumer outcomes. MHS 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

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 January 2012, Page 3).

According to the Cuyahoga County Office of Homeless Services, there were 6497 unduplicated single adults in shelter during the 12-month period of 10/1/10 to 9/30/11 (5237 in emergency shelters, and 1260 in transitional shelters). According to the Point in Time (PIT) count conducted on 1/29/12, there were 1063 persons in shelter, and 2199 total homeless. The PIT data also confirm that 542 of those individuals identified themselves as seriously mentally ill. Using the 23% ratio recommended by ODMH, MHS estimates that there are 1494 homeless persons with severe and persistent mental illness in Cuyahoga County.

- b. Estimate the number of above clients to be served in FY2012 (SFY2013).

MHS estimates that it will serve 1040 persons who are homeless and have a severe and persistent mental illness. Of these, at least 90 will be homeless Veterans to be served by the Veteran Pilot program; the remaining 950 will be served by PATH and prison re-entry staff. The decreased projection for Veterans reflects the decrease from 2 FTE Veteran peer specialists to 1.3 FTE's in the budget for SFY 2013. It is MHS' intent to continue to serve as many Veterans as possible, while preserving the integrity of the original PATH mission.

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 is utilized to inform staffing needs and subsequent hiring processes; it also is used to identify gaps in current services, and allow for real-time adjustments to be made.

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

The quarterly PATH data could be better utilized to ensure a match between service targets and actual service provision; this could apply to numbers served, demographics of consumers, or types of linkages completed.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

A new resource available in 2011 is Metnoya, an overnight drop-in center at St. Malachi Church. PATH workers partner with center staff to identify and link persons with mental illness to mental health treatment.

MHS also implemented the Supportive Services for Veterans and Families (SSVF) and the Bridges to Housing program in September, 2011. SSVF provides assessment and linkage to resources for the general population of Veterans experiencing homelessness, as well as for their family members.

The Bridges to Housing program utilizes an integrated team (physical health, benefits specialists, and housing/engagement specialists) to partner with PATH and housing-based CPST workers in facilitating the transition from homelessness to housing.

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:

MHS employs several strategies to increase public awareness, as well as visibility among other homeless providers. These include: quarterly CIT training for area law enforcement officers, participation in monthly meetings of the Northeast Ohio Coalition for the Homeless (NEOCH), promoting services at the annual Cuyahoga County Homeless Stand-down Health Fair, featured articles in area newspapers, presentations at professional conferences, presentations to funders and other providers, and business cards.

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

In the course of implementing the Trauma-Informed Care model, a parallel process has been underway regarding Vicarious trauma. The entire PATH team attended a full-day training on Trauma Stewardship; the concepts from this training have evolved into a monthly resiliency group for the team. Supervisors and staff have substantially increased their knowledge of secondary traumatic stress resulting from the work, and have used this knowledge to not only improve their own skills, but to form a cohesive network of support across the team. PATH staff also participated in agency research regarding compassion fatigue and burnout in October 2011; this team had among the lowest rates in the agency – in part due to the focus on vicarious trauma. This work is considered an accomplishment because it is on the cutting edge of service models for behavioral health professionals; MHS is one of the few sites in Ohio, if not the nation, actively implementing this approach. Implications for this project include significant improvement in client care through improved skill sets, and reducing staff burnout and turnover.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

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, 2011 – April 7, 2012? 89

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

PATH Veteran's Pilot Project SFY 2013 Outcomes and Status Report (Compilation of Data: July 1, 2011 - April 7, 2012)

1. Description of Program Design:

For the purposes of this pilot, MHS has adapted its PATH program in several ways. Long term engagement techniques and motivational interviewing principles form the foundation of interventions. MHS has trained outreach workers to use the principles of trauma-informed care in the course of interactions with all clients, but particularly those who are Veterans, and improved staff awareness regarding the unique needs and experiences of Veterans. MHS has hired two Veteran peer outreach specialists, who have developed crucial resource networks and significantly improved the team's ability to engage and serve Veterans. The admission criteria for this program are Veterans who are actively homeless and have a severe and persistent mental illness (to include combat-related trauma); service is provided regardless of discharge status from the military.

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

The one FTE position is currently held by Beth Falacienski. MHS expanded this position to 2 FTE's for SFY 2011, and is currently filling the recently vacated second position. Given the shifts in allocations for SFY 2013, the second specialist will be a Veteran peer who will serve Veterans as well as the general population served by PATH.

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

In Cuyahoga County, the process is to contact our local congressional representative and request that he/she investigate and advocate for the upgrade. The process for upgrading administrative discharges (i.e., general, other than honorable) involves contacting the Veteran Services Commission and working through a Commissions Officer (affiliated with the VFW, DAV or AmVets) and providing advocacy to navigate through the process.

4. What effective new strategies were implemented to improve services to homeless veterans within the last 12 months?

One strategy to improve services involves collaboration with a new internal resource; the Supportive Services for Veterans and Families (SSVF) program was launched in September, 2011. This program provides assessment and linkage to resources for the general population of Veterans experiencing homelessness, as well as for their family members. PATH and SSVF staff members have collaborated effectively to maximize resources for shared consumers. MHS is committed to expanding use of best practices in services; the SSVF program utilizes Critical Time Intervention to ground its interventions.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

5. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to Veterans experiencing homelessness?

PATH workers have had increased opportunities to collaborate with the Department of Veteran Affairs (VA) over the past year. The VA is currently implementing a new intake program, which serves as a centralized point of access for all VA services. MHS is working collaboratively with this program, as well as the outreach, shelter, and treatment teams of the VA, to ensure that shared consumers can access all needed supports.

In addition, MHS implemented two new programs in September, 2011. The Bridges to Housing program utilizes an integrated team (physical health, benefits specialists, and housing/engagement specialists) to partner with PATH and housing-based CPST workers as Veterans move from homelessness into housing.

The Supportive Services for Veterans and Families (SSVF) program was also launched in September, 2011 through a SAMHSA grant awarded to MHS. This program provides assessment and linkage to resources for the general population of Veterans experiencing homelessness, as well as for their family members. PATH and SSVF staff partner by sharing of information and resources, mutual referrals and joint partnerships with the Department of Veteran Affairs (VA).

6. How were trauma-informed services and training incorporated within in this pilot project during the last 12 months?

Trauma-informed care has been critical in improving the engagement of Veterans. PATH Veteran Peer specialists have taken the lead in creating a safe environment to develop relationships with their clients, but the entire team is now utilizing this approach to aid in their engagement skills. The MHS PATH team also received a refresher training in Trauma-Informed Care in March 2011, with plans for additional trainings over the next 12 months. In addition, the model is being used by the agency's medical director to inform group supervision; the ability to view client behavior from a different lens offers new opportunities to create empathy and develop rapport.

The trauma-informed perspective has also extended to vicarious trauma; the entire PATH team attended a full-day training on this topic in June 2011, which has led to the development of ongoing resiliency groups to mitigate the effects of secondary traumatic stress for staff. These groups are facilitated by the agency's medical director, who has become the face of the Trauma-Informed Care Initiative at MHS.

7. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months in terms of providing quality services to Veterans experiencing homelessness:

The expansion of the Trauma-Informed Care initiative has been MHS' greatest accomplishment over the past 12 months. Trauma-informed care has been critical in improving the engagement of Veterans, as well as other homeless persons. MHS is now implementing this model across the organization, so that Veterans receive the same welcoming approach whether their point of service contact is at the shelter, with the Supportive Services for Veterans and Families program, through the agency's Adult Mobile crisis service, or through the PATH Veteran Pilot Program. MHS is currently providing Trauma-Informed Care training for all employees, with plans to review and revise agency policies, procedures, documentation and performance evaluations based on a trauma-informed perspective.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

8. Number of Veterans Served:

- a. Number of veterans served? 89 (for 3 quarters; on-track to meet expectation of 120)
- b. Age of the veterans served?

18-30	3 (3%)
31-51	35 (39%)
52-60	42 (47%)
61+	10 (11%)

- c. Gender of the veterans served? Male: 84 (94%) Female: 5 (6%)
- d. Race of the veterans served? African American: 53 (60%) Caucasian: 36 (40%)
- e. Number of veterans enrolled? 89

9. Describe in detail what impact the Veterans Pilot Project(s) have had on those served that it did not have prior to these funding opportunities?

The single greatest area of impact has been in penetration; MHS improved service to Veterans by over 85% with the implementation of the Veteran Pilot Program. In the year prior to the pilot, the MHS PATH team served 17 Veterans; in the past two years, the team is serving an average of 120 Veterans per year. Another critical impact of this program is the development of partnerships with the Department of Veteran Affairs (VA) and other providers who serve Veterans. Services in Cuyahoga county were fragmented and difficult to access for homeless Veterans prior to the implementation of this pilot; over the past 3 years MHS has developed critical relationships with the VA and other partners to significantly improve coordination of services and most importantly, consumer outcomes. These partnerships have paved the way for new program development, including MHS' Supportive Services for Veterans and Families (SSVF) program, which further integrates the relationship between MHS and the Department of Veteran Affairs.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
			ATTACHMENT A	
Board			Period Request Covering	
Cuyahoga County Community Mental Health Board			From	To
			July 1, 2012	June 30, 2013
		Expenditures		
	Maximum Allocation	This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	262,974			
Fringe Benefits	91,029			
Travel	28,459			
Travel (B)	3,280			
Equipment (A)				
Equipment (B)				
Supplies (A)	7,922			
Supplies (B)				
Contractual				
Construction				
Other (A)				
Other (B)				
Other (C - Housing)				
Total Federal Direct	390,384			
Total Federal				
Non-direct (B)	3,280			
TOTAL FEDERAL	393,664			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)						
Ohio Department of Mental Health						
FY 2013 Budget Narrative						
Personnel:						
All positions provide direct outreach services to clients						
	<u>Position</u>			<u>FTE</u>	<u>Rate</u>	<u>Cost</u>
	Outreach Worker			5.000	29,927	149,635
	RN			1.000	41,995	41,995
	Psychiatrist			0.150	163,800	24,570
	Program Manager			0.750	62,368	46,774
	Totals			6.900		262,974
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).						
				34.62%		91,029
Travel:						
		<u>FTE</u>	<u>Miles / year</u>	<u>Rate / mile</u>		<u>Total</u>
	Local (A)	6.30	6,000	\$ 0.555		20,979
	Parking (A)			357/Mo		4,286
	Outreach Van (A)					
	Fuel		6,000	miles		1,754
	Insurance		\$ 840	per year		840
	Maintenance		\$ 600	per year		600
	Total					28,459
Other: (B)						
COHHIO Conference						
		8 Attendees @	\$ 225.00	per person		1,800
		8 Hotel Nights@	\$ 132.00	per night		1,056
		8 Per Diem	\$53	per day		424
						3,280
Supplies :(A)						
(A) Supplies will be given directly to clients being outreached as an engagement tool						
	Bus Tickets	2583 Tickets	\$ 1.50	per Ticket		3,875
	Medications	12 Months	\$ 113.83	per month		1,366
	Food & Water					645
	Food & Water					-
	Cell Phones	6 Phones @ \$28/mo				2,036
						7,922
Source of Funds:						
	Federal					393,664

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
	Maximum	Expenditures	Total to Date	Remaining Balance
	Allocation	This Period		
LOCAL MATCH				
Personnel	79,402			
Fringe Benefits	31,695			
Travel	-			
Travel (B)	-			
Equipment (A)				
Equipment (B)				
Supplies (A)	-			
Supplies (B)	4,175			
Contractual				
Construction				
Other (A)	11,451			
Other (B)	4,499			
Other (C - Housing)				
Total Local Direct	122,547			
Total Local Non-				
direct (B)	8,674			
TOTAL LOCAL	131,222			
GRAND TOTAL				
GRAND TOTAL				
(Federal and Local)	524,886			
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
Page 2 of 2				DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)					
Ohio Department of Mental Health					
FY 2013 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	36,213	36,213
	Outreach Worker		0.300	26,998	8,099
	Intake Specialist		0.250	33,384	8,346
	Benefit Specialist		0.500	30,555	15,278
	Psychiatrist		0.070	163,800	11,466
	Totals				79,402
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).					
			34.62%		31,695
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)				2,350
	Postage				450
	Copier rent and service (B)				1,375
	Total (B)				4,175
	Total				4,175
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	3,830	1,270		5,100
	Telephones	1,041	1,041		2,081
	Insurance	1,780	595		2,375
	Office Cleaning Services	1,330	440		1,770
	Security	1,740	577		2,317
	Maintenance	1,730	577		2,307
	Total	11,451	4,499		15,950
Grand Total Local					131,222
Source of Funds:					
Cuyahoga County Community Mental Health Board					131,222
* 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.					

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Veteran Assistance Pilot Program				
Ohio Department of Mental Health				
Board		Period Request Covering		
Cuyahoga County Community Mental Health Board		From	To	
		July 1, 2012	June 30, 2013	
	Maximum	Expenditures	Total to Date	Remaining Balance
	Allocation	This Period		
FEDERAL PATH FUNDS				
Personnel	37,734			
Fringe Benefits	13,063			
Travel	4,163			
Travel (B)				
Equipment (A)				
Equipment (B)				
Supplies (A)	625			
Supplies (B)	517			
Contractual	2,730			
Construction				
Other (A)	672			
Other (B)				
Other (C - Housing)				
Total Federal Direct	58,987			
Total Federal				
Non-direct (B)	517			
TOTAL FEDERAL	59,504			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)					
Veteran Assistance Pilot Program					
Ohio Department of Mental Health					
FY 2013 Budget Narrative					
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		1.300	29,026	37,734
			-	-	-
	Totals		1.300		37,734
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).					
			34.62%		13,063
Travel:					
		<u>FTE</u>	<u>Miles / year</u>	<u>Rate / mile</u>	<u>Total</u>
	Local (A)	1.25	6,000	\$ 0.555	4,163
	Total				4,163
Supplies :(A)					
(A) Supplies will be given directly to clients being outreached as an engagement tool or to 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	\$ 25.00	each	625
	Total				625
	B:				
	Office Supplies				517
	Total				517
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				59,504

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – CUYAHOGA

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Veteran Assistance Pilot Program				
Ohio Department of Mental Health				
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	14,513			
Fringe Benefits	4,845			
Travel	476			
Travel (B)	-			
Equipment (A)	-			
Equipment (B)	-			
Supplies (A)	-			
Supplies (B)	-			
Contractual	-			
Construction				
Other (A)	-			
Other (B)	-			
Other (C - Housing)				
Total Local Direct	19,834			
Total Local Non-direct (B)	-			
TOTAL LOCAL	19,834			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	79,338			
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
Page 2 of 2				DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

Franklin County/Southeast, Inc.

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Southeast, Inc. is the provider organization receiving PATH funds in Franklin County. Southeast is a non-profit, comprehensive provider of mental health and substance abuse treatment, physical healthcare, and homeless services. Southeast provides services in Franklin, Belmont, Harrison, Monroe, Tuscarawas, and Carroll Counties, Ohio. PATH services are provided in Franklin County only.

Southeast will receive the following PATH funds:

\$378,035 PATH Federal grant (including \$51,493 for Veterans' Pilot)
\$126,012 Local match-ADAMH Levy

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Southeast has two HUD grants through the Columbus Continuum of Care. One funds permanent supportive housing for persons who are chronically homeless and have a disabling condition, and the other supports a transitional housing program for chronically homeless persons with SMI.

Carl Landry, who has supervisory responsibility for the PATH program, participates in the local Continuum of Care process and other local activities through his role in the Columbus Coalition for the Homeless.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

The PATH program refers clients to (and sometimes receives referrals from) many service providers in Central Ohio. Some of the key providers and partnerships are:

- A PATH project staff member spends one day a week on Southeast's mobile medical van that brings physical healthcare services to homeless individuals. The PATH staff member provides outreach and PATH services to homeless individuals who also receive treatment for physical healthcare needs.
- Southeast staff working with Mt. Carmel hospital's medical van refers homeless individuals in need of mental health services to PATH.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

- PATH clients are linked to local community mental health and substance abuse programs at Southeast and elsewhere.
- The Community Housing Network, which provides subsidized permanent supportive housing for persons with severe and persistent mental illness and co-occurring disorders, is a source of housing for some PATH clients.
- Rebuilding Lives, coordinated by the Community Shelter Board, incorporates the shelter system and initiatives to end chronic homelessness by providing permanent supportive housing to chronically homeless persons. PATH clients who are eligible and interested are linked to Rebuilding Lives permanent supportive housing.
- PATH clients who are veterans are referred to the Chalmers P. Wylie VA Ambulatory Care Center and other veterans' organizations.
- The Traumatic Brain Injury (TBI) Network at Ohio State University provides consultation, assessment, and treatment for individuals with traumatic brain injury.

4) **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally.

The outreach strategies that Southeast's PATH program uses to reach and serve the priority population of individuals who are literally homeless include in-reach into shelters, visiting homeless camps, and receiving referrals from other organizations. A PATH staff member has recently started traveling weekly on Southeast's mobile medical van and provides outreach to homeless individuals seeing physical healthcare services. PATH staff also participate twice weekly in the Maryhaven/Community Shelter Board street outreach activities. Key strategies employed to engage vulnerable, literally homeless, adults include building trusting relationships, providing assertive case management and assisting with immediate tangible needs.

- Describe any gaps that exist in the current service system.

The greatest need continues to be for supportive and transitional housing. There is a significant gap for dually-diagnosed homeless persons with criminal justice histories, especially histories involving sex offenses and arson.

- Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

The PATH staff use "motivational interviewing," "stages of change," and "harm reduction" models to work with clients. They ensure that initial interventions are client-centered, low-key, integrated, repetitive, non-judgmental, and available when the client is ready. The PATH project can link consumers with Southeast treatment teams

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

providing Integrated Dual Disorder Treatment. PATH staff members include one LICDC and one LCDC II.

- Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

Direct care staff at Southeast receives in-service training in motivational interviewing, clustering, and Integrated Dual Diagnosis Treatment (IDDT). Staff may request funding and conference leave to attend additional trainings. Southeast uses Columbus Service Point (CSP) as the HMIS for our homeless shelter and housing programs and will train staff on use of CSP and quality standards when PATH data is migrated into CSP.

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

We have had initial conversations with the Community Shelter Board, the operator of Columbus Service Point (the Central Ohio HMIS) about using CSP for PATH data. Southeast currently uses CSP for our homeless shelter and housing programs. We currently gather and track client-specific data on PATH clients, which we use to submit client-identifying, HIPAA-compliant claims to MACSIS, Ohio’s behavioral healthcare information system. We also use this data to complete federal and state PATH reports with actual (not estimated) information on consumers, services provided, and outcomes achieved. Our implementation steps for using CSP for PATH will be:

- a) Identify expenses of using CSP as the HMIS for PATH
 - b) Include these expenses in the PATH budget or seek additional funding for this expense
 - c) Contract with CSB for PATH CSP implementation
 - d) Train PATH staff on the use of CSP
 - e) Migrate PATH data into CSB.
- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

To link clients with housing, PATH staff work with housing providers including the Community Housing Network and private property owners. PATH clients who are chronically homeless are linked to permanent, subsidized housing with supportive services through the Unified Supportive Housing System.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

PATH staff:

Age	%	Gender	%	Race/Ethnicity	%	Veteran Status	%
<13	0	Male	50	American Indian	0	Veteran	12.5
13-17	0	Female	50	Asian	0	Non-Vet	87.5
18-34	12.5	Unknown	0	Black or African American	62.5	Unknown	0
35-49	12.5			Hispanic or Latino	0		
50-64	75			White	37.5		
65-74	0			Other	0		
75	0			Unknown			

Southeast staff working with homeless individuals have developed a strong understanding of cultural issues and sensitivity to individual client needs. They work with awareness of: distrust and suspicion of service providers among homeless people; history of misdiagnosis and decreased access to treatment among African American consumers; the need to develop trust gradually over time to engage clients into services as they feel comfortable; and the non-judgmental approach of the Transtheoretical Stages of Change model. All Southeast staff participate in cultural competence training annually.

In Franklin County, Somali and other African languages and Asian languages are used in small but increasing numbers, while the 2010 Census shows that 4.9% of residents are Latinos.

The PATH program utilizes trained interpreters to work with clients with limited English proficiency. Southeast has ASL interpreters available on our Deaf Services Team.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

PATH clients:

Age	%	Gender	%	Race/Ethnicity	%	Veteran Status	%
<13	0	Male	58	American Indian	1	Veteran	11
13-17	0	Female	42	Asian	0	Non-Vet	88
18-34	28%	Unknown	0	Black or African American	54	Unknown	

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

35-49	46%			Hispanic or Latino	<1		
50-64	27%			Native Hawaiian or other Pacific Islander	<1		
65-74	0			White	42		
75	0			Other	1		
				Unknown	<1		

We project that the PATH program will perform outreach to 410 individuals. We project that 360 adult clients, of whom 40 will be veterans, will be enrolled, and that 85% of them will be literally homeless.

- 9) **Consumer Involvement** – Describe how individuals 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.

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 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, consumer input guided our choices about the PATH 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 added one full-time consumer peer specialist to the team.
- *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 the 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

- *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. 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

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 January 2012, Page 3).

According to the Community Shelter Board's Annual Homeless Assessment Report for the 12 months ending September 30, 2011, there were 8091 homeless individuals served by our system in the previous year. When we take 23% of that number, we can estimate that there were 1861 individuals who experienced homelessness and had a serious mental illness in our board area in 2011.

- b. Estimate the number of above clients to be served in FY2012 (SFY2013).

We anticipate that we will contact 410 people with outreach and enroll 360, of whom 40 will be veterans.

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 team collects client-specific, real-time data, which is entered into a spreadsheet by the Program Coordinator. This data is used to generate the PATH quarterly and annual reports. Southeast leadership and the PATH team also use this information to monitor how well the program is meeting its goals and to track individual case managers' productivity and contribution to program results. The Program Coordinator uses this information in individual and group supervision and, together with the Director of Friends of the Homeless Programs, uses the data to make program adjustments 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:

The quarterly data help us identify strengths and weaknesses in the program and in staff performance. This feedback helps us maintain and improve progress in meeting program goals.

4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

A PATH staff member now spends one day a week on Southeast's mobile medical van that brings physical healthcare services to homeless individuals. The PATH staff member

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

provides outreach and PATH services to homeless individuals who also receive treatment for physical healthcare needs. The program's veteran peer outreach worker has increase collaborations with the VA outreach system and has built collaborative relationships with area settlement houses so that he can offer services to homeless veterans accessing other services at the settlement houses.

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:

We continue to find that participating in collaborations and coalitions is the best way to market the PATH program to the community at large and to other homeless providers. PATH program staff members are consistent participants in Columbus Coalition for the Homeless meetings, where they join with homeless services providers and community organizations such as the downtown Columbus Special Improvement District.

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

In the past 12 months, we have increased the numbers of clients enrolled and referred to housing, jobs, and treatment. We have recently established procedures and staffing patterns that provide more opportunities for PATH clients to receive mental health assessments. We have opened new communications pathways to increase efficiencies in linking PATH clients with mental health treatment.

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, 2011 – April 7, 2012?

We served a total of 73 homeless Veterans, of whom 38 were enrolled.

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

PATH Veteran's Pilot Project SFY 2013 Outcomes and Status Report (Compilation of Data: July 1, 2011 - April 7, 2012)

1. Description of Program Design:

The Franklin County PATH Veteran's Pilot is tightly woven into the existing PATH team. The program is staffed by a 1 FTE veteran peer outreach worker. The outreach worker builds relationships with homeless veterans. He is also responsible for building on existing relationships within the sheltered and unsheltered service delivery systems, including the Central Ohio VA outreach team. Those who meet PATH eligibility requirements are engaged with, and once consent is obtained, enrolled into the PATH program. The outreach worker provides all direct case management services and works with the vets to link them to appropriate behavioral health and housing services. Often consumers are linked to the VA system if they meet VA guidelines for type of discharge and length of service. If consumers are not eligible for VA services, the PATH veteran peer outreach worker links them to community mental health services.

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

Sterry Etheridge, an Army veteran whose 20 years of service include Gulf War combat duty.

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

When the veteran peer outreach worker identifies a Veteran who may have an issue with their discharge status, he will give the individual specialized support in completing the application process to request an upgraded discharge. This involves exploring the reasons for a less-than-honorable discharge, gathering documentation to support an upgrade of discharge status, submitting the upgrade request, and following up during the approval process. Successful requests for a change to an honorable discharge allow veterans to be eligible for VA services.

4. What effective new strategies were implemented to improve services to homeless veterans within the last 12 months?

The veteran peer outreach worker is one of the PATH staff members who travel regularly with Southeast's mobile medical van. He is able to perform outreach with homeless individuals seeking physical health care, as well as to help PATH clients get physical healthcare.

5. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to Veterans experiencing homelessness?

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

The veteran peer outreach worker has established close relationships with other providers who come into contact with homeless vets. He has established close collaborative relationships with the VA outreach team and the Maryhaven homeless outreach program. He has also built collaborative relationships with settlement houses, including St. Stephen's, South Side Settlement House (before it closed), Clintonville Settlement House, and Neighborhood House. He has established a presence at the settlement houses so that they can offer services to homeless veterans accessing other services at the settlement houses.

These new collaborations have enabled the PATH program to reach more homeless veterans. More importantly, the veteran peer outreach worker has been able to connect with and serve vets who are ineligible for VA services.

6. How were trauma-informed services and training incorporated within in this pilot project during the last 12 months?

As a combat veteran, the veteran peer outreach worker is aware of the need to link homeless veterans affected by trauma to appropriate counseling. His peer experience, training, and job experience help him address trauma issues with veterans.

7. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months in terms of providing quality services to Veterans experiencing homelessness:

The veteran peer outreach worker continues to increase his visibility in the veteran's community. He is able to connect with homeless mentally ill veterans on the basis of shared military experience, and his military background gives him a way to establish rapport with veterans, who often approach him (for example, when he visits a homeless shelter) because they can identify him as a veteran. His ability to engage veterans, his knowledge of the VA system, and his ability to provide service and advocacy to those who have served in the military but do not meet the criteria for VA services make his work very valuable to and appreciated by the homeless veterans he serves.

8. Number of Veterans Served:

- a. Number of veterans served? 73
- b. Age of the veterans served? 16 were age 18-34; 26 were age 35-49; 31 were age 50-64.
- c. Gender of the veterans served? 15 were female and 58 were male
- d. Race of the veterans served? 45 African-American; 1 Latino; 1 Pacific Islander; 24 white; 11 other.
- e. Number of veterans enrolled? 38

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

9. Describe in detail what impact the Veterans Pilot Project(s) have had on those served that it did not have prior to these funding opportunities?

The Veterans Pilot Project has given the PATH project specialized ability to engage homeless veterans and link them to services. As discussed under question 8, the veteran peer outreach worker is particularly effective at engaging other veterans. His specialized knowledge of the VA system and of the process to upgrade less-than-honorable discharges is of particular benefit to homeless veterans.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Attachment A				
Board Name:			Period Request Covering	
FRANKLIN COUNTY (SOUTHEAST, INC.)			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 255,990.00			
Fringe Benefits	\$ 70,552.00			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 326,542.00			
Total Federal Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 326,542.00			
Page 1 of 2				DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Veterans -- Attachment A				
Board Name:			Period Request Covering	
FRANKLIN COUNTY (SOUTHEAST, INC.)			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 31,000.00			
Fringe Benefits	\$ 12,830.00			
Travel	\$ 7,663.00			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 51,493.00			
Total Federal				
Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 51,493.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

Franklin County/Southeast, Inc.

Budget narrative for PATH funding for the period July 1, 2012 to June 30, 2013

FEDERAL PATH FUNDS

Personnel (salaries and wages)

Includes costs associated with the local PATH program staff. The \$255,990 requested for this line item support of following direct service staff: APN \$31,040 (.3 FTE), Nurse \$39,950 (1 FTE), Community Support and Outreach Worker \$113,350 (4 FTE), Program Supervisor/Outreach Worker \$38,440 (1 FTE) and AOD Worker \$33,210 (1 FTE).

Fringe Benefits

These were projected at 27.6% of the above salaries which equals \$70,552.

Budget narrative for PATH Pilot for VETS funding for the period July 1, 2012 to June 30, 2013

FEDERAL PATH FUNDS

Personnel (salaries and wages)

Includes costs associated with the local PATH program staff. The \$31,000 is for Vet Peer (1 FTE).

Fringe Benefits

These were projected based upon FY11 data (\$12,830).

Travel (A)

Staff mileage of \$6,583 (44 cents a mile X 14961 miles) and parking \$1,080

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name:			Period Request Covering	
FRANKLIN COUNTY (SOUTHEAST, INC.)			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ -			
Fringe Benefits	\$ -			
Travel	\$ 13,004.00			
Travel (B)	\$ -			
Equipment (A)	\$ 6,240.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 50,863.00			
Supplies (B)	\$ 2,512.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 6,500.00			
Other (B)	\$ 35,457.00			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 76,607.00			
Total Local Indirect (B)	\$ 37,969.00			
TOTAL LOCAL	\$ 114,576.00			
GRAND TOTAL				
GRAND TOTAL				
(Federal and Local)	\$ 441,118.00			
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:	

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Veterans -- ATTACHMENT C				
Board Name:		Period Request Covering		
FRANKLIN COUNTY (SOUTHEAST, INC.)		From:	To:	
		July 1, 2012	June 30, 2013	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ -			
Fringe Benefits	\$ -			
Travel	\$ 3,830.00			
Travel (B)	\$ -			
Equipment (A)				
Equipment (B)	\$ -			
Supplies (A)	\$ 11,375.00			
Supplies (B)	\$ 842.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 4,028.00			
Other (B)				
Other (C - Housing)	\$ -			
Total Local Direct	\$ 19,233.00			
Total Local Indirect (B)	\$ 842.00			
TOTAL LOCAL	\$ 20,075.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 71,568.00			
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:	

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – FRANKLIN

Franklin County/Southeast, Inc.

Budget narrative for PATH funding for the period July 1, 2012 to June 30, 2013

LOCAL MATCH

Travel (A)

The \$13,004 is based upon current estimates for operating the Mobile Van, which is used exclusively for outreach. These costs include fuel, maintenance, insurance, license & parking. Also includes mileage for outreach workers of \$4,000

Equipment (A)

The \$6,240 includes the monthly cost of leased mobile phones.

(8 employees X \$65 X 12 months)

Supplies (A)

The \$50,863 represents is for the following: COTA bus passes for transportation to other linked MH/primary health clinics, \$47,850 for medications \$1,500 emergency food & motel vouchers and \$1,000 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.

Budget narrative for PATH Pilot for VETS funding for the period July 1, 2012 to June 30, 2013

LOCAL MATCHING FUNDS - VETERANS

Travel (A)

Includes \$3,830 for COTA passes.

Supplies (A)

The \$11,375 is for the following: Sleeping bags, sock & shoes, White Castle gift certificates (\$400 a client X 35 clients).

Supplies (B)

The total cost of supplies is projected at \$842. Supplies include photocopying, filing supplies, flash drive, medical record forms, paper and etc.

Other (A)

This total of \$4,028 includes cell phone and air card, costs for client ID cards, birth certificates, and \$300 for consumer focus group appreciation.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

Hamilton County Mental Health and Recovery Services Board/Greater Cincinnati Behavioral Health Services, Inc.

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

Provider: Greater Cincinnati Behavioral Health Services (GCBHS) – A community Mental Health Center providing case management to adults with severe mental illness. In addition to general population and specialized population case management; GCBHS provides: PATH homeless outreach; substance abuse treatment; vocational programs; day treatment programs; pharmacological management (MD & RN); residential services; supported housing; housing brokerage; and peer-driven social/recreational services.

Board Area: Hamilton County Mental Health and Recovery Services Board

Region Served: Hamilton County, Ohio

Federal Funding: \$294,574

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Members of GCBHS’s PATH team are involved with the local Continuum of Care process in several ways. PATH participates in the COC’s annual Funding Allocation Process. This local large group scoring event allocates COC funding for all new and renewal programs. PATH chairs the Homeless Outreach Group (HOG) meeting and maintains a 100% participation in HOG. HOG is one of the COC’s work groups focusing on planning and coordinating homeless outreach services. Goals 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. 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 5 years since its inception as one of the COC’s working groups. This seat is currently filled by a member of GCBHS’s PATH team. The Homeless Clearinghouse meets year round on a quarterly basis and is the primary force for ending homelessness and improving the quality of life of individuals who find themselves homeless with Hamilton County.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

PATH workers have strong partnerships with several agencies providing key services to homeless within Hamilton County.

The McMicken Health Collaborative provides integrated medical, dental, and behavioral health services for homeless individuals. Services are provided within a clinic setting and on a mobile medical van. Our PATH program recently relocated services to the McMicken Health Collaborative building in Over the Rhine. PATH clients are easily and quickly referred to needed medical or dental

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

services as well as outpatient counseling and psychiatry. Medical clients who are in need of specialty behavioral health services are referred to PATH for assistance in connecting to case management or substance abuse treatment programs. This close relationship has benefitted the clients of both programs.

In 2005, GCB added intensive specialized case management services for homeless individuals using an Assertive Community Treatment (ACT) model. These services were developed for the hardest to engage, most severely mentally ill and most chronically homeless population and uses a “Housing First” approach in providing service. 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 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.

Other PATH partnerships schedule regular meetings to ensure a close working relationship and ensure continued success. The Homeless Outreach Group (HOG) holds monthly meetings to coordinate outreach efforts and provide a means for cross referrals. Key agencies that provide outreach to homeless individuals and participate in this meeting are the Veterans Administration; Lighthouse Youth Services; Off the Streets, a prostitution treatment program and GCB’s Paths to Recovery Program, a program serving the homeless public inebriate population using a “Housing First” model. A monthly meeting between PATH workers and GCBHS’s case management intake department ensures that the transition to services at GCBHS for PATH clients is a successful one. A monthly meeting with Tender Mercies, an agency providing housing to homeless individuals with a mental illness, focuses on the transition of PATH clients into Tender Mercies housing and also provides an opportunity for PATH workers to directly make referrals to their housing staff.

PATH workers access other needed services on behalf of their clients. Screening and Diagnostic Services are provided by Mental Health Access Point (MHAP) for mental health assessment and referral and Recovery Health Access Center (RHAC) for substance abuse assessment and referral. Once a client is assessed and referred by MHAP or RHAC, 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.

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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

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

Clients needing urgent psychiatric treatment may get assistance from a PATH worker in obtaining services from University Hospital which provides psychiatric emergency services, acute care services, medical service and hospital care or the VA Medical Center which provides a comprehensive array of services for veterans.

- 4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Working with individuals who are literally homeless continues to be a priority subpopulation for the PATH team. The goal is to maintain at least 80% of enrolled clients as literally homeless; although, this number is exceeded every year. 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 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. By focusing our efforts on the two tasks of outreach and in-reach, we can ensure that the goal of enrolling 80% literally homeless is maintained.

Another way our PATH team maintains its focus on serving literally homeless is by using our local HMIS program, VESTA. VESTA will generate a homeless certificate if the individual is literally homeless. By maintaining this separation in our 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.

In addition to outreach, quick connection to ongoing 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 scheduled 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

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 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 were presented at state and national conferences in 2010 and 2012 by the PATH team supervisor.

b) Describe any gaps that exist in the current service system.

- Insufficient housing availability for individuals with significant legal/criminal histories, particularly sexual offenders.
- Insufficient housing availability for veterans with a dishonorable discharge
- Insufficient housing availability for individuals who have no income and do not meet criteria for population specific housing.
- 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.
- Insufficient capacity for temporary and permanent housing for women and families.

c) Provide a brief description of the services available to clients who have both a serious mental illness and a 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. 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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

include: CCAT, Crossroads Center for Drug and Alcohol Treatment, Prospect House, Joseph House, Mt. Airy Shelter, First Step Home and the Drop Inn Center’s substance abuse program.

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

PATH team training focuses on best practices for working with the homeless mentally ill population. GCBHS supports the use of evidenced based practices and seeks out training opportunities where available.

The PATH team is currently involved in the Center for Social Innovation research study on the training and implementation of the evidenced based practice - Critical Transition Intervention (CTI). This study includes an initial 12 hours of intensive training on CTI and continues through the implementation phase of using this evidence based practice within the PATH team. Other evidenced based practices that the PATH team has been trained in are: Assertive Community Treatment (ACT), Housing First and Integrated Dual Disorder Treatment (IDDT). The IDDT model includes the concepts of “Stages of Change” and “Motivational Interviewing”. GCBHS 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 to reinforce the use of these skills throughout the process of assessment, engagement and referral to services.

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

The Hamilton County PATH team 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. PATH local match funds are used to pay the annual fee for VESTA use. Annual monitoring audits by VESTA staff are conducted to track outcomes related to data quality. All new staff are required to participate in training on VESTA data quality prior to beginning use. PATH funds have also paid for additional training on the advanced uses of VESTA for supervisory staff.

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

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.

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.

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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

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.
- Lighthouse Youth Services: Provides transitional and permanent housing for youth.

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 of housing. Most PATH clients choose apartments as their preferred living situation. PATH will do whatever they can to help clients realize this goal.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Gender: 66% Male, 34% Female

Age Range: 18-34 = 42%, 35-49 = 29%, 50-64 = 29%

Race: African American 43%, Caucasian 43%, Other 14%

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 and allows PATH staff to be able to respect their client’s choice of the age or race of their worker. GCB is a member of a multi-language interpreting service available to all PATH workers on the street and also has workers trained in American Sign Language.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

Gender: 63% Male, 37% Female

Age Range: 18-34 = 26%, 35-49 = 42%, 50-64 = 30%

Race: African American 52%, Caucasian 44%, Other 4%

Principal Mental Illness: Affective Disorders 77%

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

The total number of homeless in Hamilton County decreased in 2012 from 8,525 to 6,965. This represents a 28% decrease in the number of homeless locally. Due to this significant decrease, the number of projected contacts for 2013 is expected to decrease by 28% as well. This number is 720. However, we expect the number of enrolled clients to increase in 2013 due to the improvement in screening for mental illness by the PATH team. Training received by the outreach workers has enabled workers to develop an earlier rapport with clients and to better recognize signs and symptoms of mental illness. Both of these projections for 2013 reflect key performance outcomes cited in the 2012 PATH Guidance Document – 1) increase the number of enrolled each year and 2) increase the percent of contacts that are enrolled. The projected number of literally homeless will be 400 which are 80% of the total number of enrolled clients.

9. **Consumer Involvement** – Describe how individuals 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.

The PATH team has a .6FTE peer worker position. This worker serves as a consumer advocate and assists with street outreach. This position has been so beneficial to PATH clients that the number of hours this person works on a weekly basis has been increased from last year to this year. The PATH team has also developed a consumer satisfaction survey to seek feedback from and connect to former clients. Our PATH peer worker conducts this survey.

The PATH Advisory Board includes homeless and formerly homeless individuals who participate as members of this advisory group. 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

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 January 2012, 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 6,965. Based on the guidance in the document referenced above; 1,601 individuals are estimated to have a serious mental illness.

The results of the 2010 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 FY2012 (SFY2013).

The projected number of individuals to be contacted is 720 and the number to be enrolled is 500.

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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

In addition, the eleven PATH projects across Ohio have different models of serving their clients resulting in data that is difficult to compare. I would suggest that a few key performance measures are selected and presented to all projects as a means of comparison. My suggestion for outcomes to be compared is the number and percent of individuals connected to behavioral health and housing and the average cost per contact, enrolled and connected.

4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

There has been an increase in the number of outreach providers who have attended the Homeless Outreach Group (HOG) meeting over this past year. New agencies who have attended are: Off the Streets, an agency that provides outreach and treatment to women involved in prostitution; McMicken Health Collaborative's Patient Advocate; Ryan White's HIV Outreach worker; and several faith based organizations that provide outreach services. New membership to the HOG meeting increases the overall number of workers providing outreach to PATH eligible clients.

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and 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; although, there has been an increase in presentations on a temporary basis due to the recent change of address. 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. These presentations are done for agencies that come in contact with homeless individuals. The type of agency varies widely though, from the Cincinnati Public Library to University Hospital's Psychiatric Emergency Services to Cincinnati Police Department's Mental Health Response Team. 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 in the past 12 months:

Moving into the McMicken Health Collaborative building has been the most significant accomplishment this year for the PATH team. PATH workers have increased their accessibility to homeless individuals by relocating their services to a site where a large number of homeless individuals are. Homeless persons are now able to access multiple services from one location. In addition to accessing PATH services, clients are able to access medical, behavioral health and dental services. There is also an individual on site to assist with benefit acquisition.

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, 2011 – April 7, 2012?

48

b) Do you have one of the PATH funded Veteran's projects? Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

ADDITIONAL QUESTIONS FOR VETERANS PILOTS ONLY:

Section II

PATH Veteran's Pilot Project SFY 2013 Outcomes and Status Report (Compilation of Data: July 1, 2011 - April 7, 2012)

1. Description of Program Design:

The Program Design for the Hamilton County Veteran Pilot Project has used two methods to provide effective PATH outreach to veterans. The first was to hire a full-time veteran peer position that provides outreach services in Hamilton County four days per week. He then serves Butler County the remaining weekday.

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

The Veteran Peer Worker for this program is Myron Reynolds, a Marine who served in the Gulf War from 1988-1992.

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

When working with clients who have the desire to upgrade their discharge status. The Veteran Peer Worker will assist the client in filling out the DD form 293, which is an application for the review of discharge from the armed forces of the United States. The application is then mailed to the proper branch of service. Clients will usually receive an outcome letter within six months.

4. What effective new strategies were implemented to improve services to homeless veterans within the last 12 months?

The Veteran PATH Worker has focused on developing relationships with veteran resources and services in the community. He has engaged with and marketed to veteran-specific service providers such as the local VA hospital, the Veteran Services Commission, Joseph House, Mt. Airy Shelter (where they manage a number of veteran-specific beds) and the Veteran Specialist for Pretrial Services at the Hamilton County Justice Center.

5. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to Veterans experiencing homelessness?

The Veteran PATH Worker has used marketing to establish relationships with agencies that have traditionally served homeless individuals (but do not necessarily target veteran populations). These strategies have been effective in educating the PATH Team on ways to connect homeless veterans to services and have educated local homeless service entities on how PATH can assist homeless veterans who are dealing with mental illness and substance abuse. Veteran's Court has led to new collaborations for the Veteran PATH worker. The Veteran's court is new to Hamilton County and the Veteran PATH worker is now working with clients affiliated with the veteran court program.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

6. How were trauma-informed services and training incorporated within in this pilot project during the last 12 months?

As part of the Veteran Pilot Project all outreach workers are required to participate in trainings conducted by the local Veterans Association on Trauma Informed Care and on the signs and symptoms of Post Traumatic Stress Disorder. Outreach workers are encouraged to remain mindful of the presence of trauma as it exists within the homeless culture.

7. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months in terms of providing quality services to Veterans experiencing homelessness:

Within the past 12 months, the PATH Veterans Pilot Project has changed the lives of many homeless veterans within Hamilton and Butler County. Clients have received residential substance abuse treatment through the Joseph House. Several have also received mental health case management with the veteran's administration. Clients who have been homeless for years have received stable housing, and employment due to the implementation of the Veterans Pilot Project.

9. Number of Veterans Served:

a) Number of veterans served? Demographics are collected on enrolled clients only. The number of enrolled veterans is 48.

b) Age of the veterans served?

18-30 = 4

31-51 = 20

51-78 = 24

8. Gender of the veterans served?

Female = 4

Male = 44

9. Race of the veterans served?

White = 23

Black = 25

American Indian = 0

Other = 0

10. Number of veterans enrolled? 48

11. Describe in detail what impact the Veterans Pilot Project(s) have had on those served that it did not have prior to these funding opportunities?

Prior to the Veterans Pilot Project many homeless veterans failed to understand, or take advantage of services within the community which could help them with important issues such as mental illness, substances abuse, and medical treatment. This was primarily due to veterans failing to understand what services were available to them. On a regular basis, they failed to identify themselves as veterans due to the nature of their discharge, and lack of trust when working with a non-veteran worker.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD			Period Request Covering	
FY 2013 PATH BUDGET			From: 07/01/2012	To: 06/30/2013
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	179,721	-	-	179,721
Fringe Benefits	57,273	-	-	57,273
Travel (A)	-	-	-	-
Travel (B)	-	-	-	-
Equipment (A)	-	-	-	-
Equipment (B)	-	-	-	-
Supplies (A)	550	-	-	550
Supplies (B)	-	-	-	-
Contractual	-	-	-	-
Construction	-	-	-	-
Other (A)	-	-	-	-
Other (B)	-	-	-	-
Other (C - Housing)	-	-	-	-
Total Federal Direct	237,544	-	-	237,544
Total Federal Non-direct (B)	-	-	-	-
TOTAL FEDERAL	237,544	-	-	237,544

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

PATH Program - Hamilton County	
FY 2013 Detail Budget Narrative	
FEDERAL FUNDS	
Salaries	Total
4.0 FTEs - outreach workers =	\$ 106,754
.469 FTE Consumer Staff =	8,211
Team Coordinator @ 95%=	30,045
Program Manager @ 20% =	9,502
Director @ 5% =	3,279
Accounting Manager @ 10% =	5,017
MIS @ 5.75% =	1,659
Human Resources @ 5% =	1,352
Clerical support @ 25% =	6,130
Tender Mercies Volunteer Coordinator @ 10% =	7,772
Total Federal - Salaries:	\$ 179,721
Benefits	Total
4.0 FTEs - outreach workers =	\$ 34,953
.469 FTE Consumer Staff =	1,280
Team Coordinator @ 95%=	11,203
Program Manager @ 20% =	3,700
Director @ 5% =	683
Accounting Manager @ 10% =	1,112
MIS @ 5.75% =	467
Human Resources @ 5% =	392
Clerical support @ 25% =	2,680
Tender Mercies Volunteer Coordinator @ 10% =	803
Total Federal - Benefits:	\$ 57,273
Supplies	Total
A SORTA/Metro - bus tokens	
	\$ 550
Total Federal - Supplies A:	\$ 550
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:	\$ 237,544

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
LOCAL MATCH				
Personnel	40,794	-	-	40,794
Fringe Benefits	13,000	-	-	13,000
Travel (A)	8,520	-	-	8,520
Travel (B)	3,000	-	-	3,000
Equipment (A)	2,241	-	-	2,241
Equipment (B)	500	-	-	500
Supplies (A)	5,377	-	-	5,377
Supplies (B)	120	-	-	120
Contractual	2,250	-	-	2,250
Construction	-	-	-	-
Other (A)	4,226	-	-	4,226
Other (B)	5,300	-	-	5,300
Other (C - Housing)	-	-	-	-
Total Local Direct	76,408	-	-	85,328
Total Local Non-direct (B)	8,920	-	-	-
Total Local	85,328	-	-	85,328
TOTAL				
(Federal and Local)	322,872	-	-	322,872
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				Date
Board Chief Financial Officer				Date
Requested By		Telephone No.	513.946.8643	Date

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

PATH Program - Hamilton County		
FY 2013 Detail Budget Narrative		
LOCAL MATCHING FUNDS		
Salaries		Total
	4.0 FTEs - outreach workers =	\$ 24,232
	.469 FTE Consumer Staff =	1,864
	Team Coordinator @ 95%=	6,820
	Program Manager @ 20% =	2,157
	Director @ 5% =	744
	Accounting Manager @ 10% =	1,139
	MIS @ 5.75% =	377
	Human Resources @ 5% =	307
	Clerical support @ 25% =	1,391
	Tender Mercies Volunteer Coordinator @ 10% =	1,763
	Total Local Match - Salaries:	\$ 40,794
Benefits		Total
	4.0 FTEs - outreach workers =	\$ 7,935
	.469 FTE Consumer Staff =	290
	Team Coordinator @ 95%=	2,543
	Program Manager @ 20% =	840
	Director @ 5% =	155
	Accounting Manager @ 10% =	252
	MIS @ 5.75% =	105
	Human Resources @ 5% =	89
	Clerical support @ 25% =	609
	Tender Mercies Volunteer Coordinator @ 10% =	182
	Total Local Match - Benefits:	\$ 13,000
Travel		Total
A	Local travel @ \$.48 per mile, Approximately 4250 miles per year per each Outreach FTE (4) Approximately 750 miles per year per Team Coordinator	
		\$ 8,520
	Total Local Match - Travel A:	\$ 8,520
B	Non-Local travel including costs associated with staff training events	
		\$ 3,000
	Total Local Match - Travel B:	\$ 3,000

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

PATH Program - Hamilton County	
FY 2013 Detail Budget Narrative	
LOCAL MATCHING FUNDS	
	Total
TOTAL LOCAL MATCH DIRECT	\$ 76,408
TOTAL LOCAL MATCH INDIRECT	\$ 8,920
TOTAL LOCAL PATH FUNDS:	\$ 85,328
TOTAL FUNDS	Total
TOTAL PATH PROGRAM BUDGET:	\$ 322,872

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

Ohio Department of Mental Health				
Projects for Assistance in Transition from Homelessness				
VETERAN'S PATH PROJECT				
HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD			Period Request Covering	
FY 2013 VETERAN'S PATH BUDGET			From: 07/01/2012	To: 06/30/2013
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	44,638	-	-	44,638
Fringe Benefits	12,067	-	-	12,067
Travel (A)	-	-	-	-
Travel (B)	-	-	-	-
Equipment (A)	-	-	-	-
Equipment (B)	-	-	-	-
Supplies (A)	325	-	-	325
Supplies (B)	-	-	-	-
Contractual	-	-	-	-
Construction	-	-	-	-
Other (A)	-	-	-	-
Other (B)	-	-	-	-
Other (C - Housing)	-	-	-	-
Total Federal Direct	57,030	-	-	57,030
Total Federal Non-direct (B)	-	-	-	-
TOTAL FEDERAL	57,030	-	-	57,030

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

VETERANS PATH Program - Hamilton and Butler County		
FY 2013 Detail Budget Narrative		
FEDERAL FUNDS		
Salaries		Total
	1.0 FTEs - Veteran Peer Outreach Worker =	\$ 26,848
	.156 FTE Consumer Staff =	2,984
	Team Coordinator @ 5% =	1,723
	Program Manager @ 10% =	5,176
	Director @ 5% =	3,572
	Accounting Manager @ 5% =	2,733
	MIS @ 2.75% =	865
	Total Federal - Salaries:	\$ 43,901
Benefits		Total
	1.0 FTEs - Veteran Peer Outreach Worker =	\$ 7,361
	.156 FTE Consumer Staff =	465
	Team Coordinator @ 5% =	699
	Program Manager @ 10% =	1,905
	Director @ 5% =	667
	Accounting Manager @ 5% =	548
	MIS @ 2.75% =	223
	Human Resources @ 2.5% =	199
	Total Federal - Benefits:	\$ 12,067
Supplies		Total
A	SORTA/Metro - bus tokens = \$282	
		\$ 325
	Total Federal - Supplies A:	\$ 325
<p>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.</p>		
TOTAL FEDERAL FUNDS		Total
		TOTAL FEDERAL FUNDS: \$ 56,292

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – HAMILTON

Ohio Department of Mental Health				
Projects for Assistance in Transition from Homelessness				
VETERAN'S PATH PROJECT				
	Maximum Allocation	Expenditures This Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	5,628	-	-	5,628
Fringe Benefits	1,522	-	-	1,522
Travel (A)	3,000	-	-	3,000
Travel (B)	1,000	-	-	1,000
Equipment (A)	765	-	-	765
Equipment (B)	465	-	-	465
Supplies (A)	2,232	-	-	2,232
Supplies (B)	50	-	-	50
Contractual	1,000	-	-	1,000
Construction	-	-	-	-
Other (A)	2,388	-	-	2,388
Other (B)	960	-	-	960
Other (C - Housing)	-	-	-	-
Total Local Direct	16,535	-	-	19,010
Total Local Non-direct (B)	2,475	-	-	-
Total Local	19,010	-	-	19,010
TOTAL				
GRAND TOTAL (Federal and Local)	76,040	-	-	76,040
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				Date
Board Chief Financial Officer				Date
Requested By		Telephone No.	513.946.8643	Date

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

VETERANS PATH Program - Hamilton and Butler County		
FY 2013 Detail Budget Narrative		
LOCAL MATCHING FUNDS		
Salaries		Total
	1.0 FTEs - Veteran Peer Outreach Worker =	\$ 3,386
	.156 FTE Consumer Staff =	376
	Team Coordinator @ 5% =	217
	Program Manager @ 10% =	653
	Director @ 5% =	451
	Accounting Manager @ 5% =	345
	MIS @ 2.75% =	109
	Human Resources @ 2.5% =	91
	Total Local Match - Salaries:	\$ 5,628
Benefits		Total
	1.0 FTEs - Veteran Peer Outreach Worker =	\$ 930
	.156 FTE Consumer Staff =	59
	Team Coordinator @ 5% =	88
	Program Manager @ 10% =	240
	Director @ 5% =	84
	Accounting Manager @ 5% =	69
	MIS @ 2.75% =	28
	Human Resources @ 2.5% =	24
	Total Local Match - Benefits:	\$ 1,522
Travel		Total
A	Local travel @ \$.48 per mile, Approximately 5000 miles per year per each Outreach FTE (1) plus Team Coord	\$ 3,000
	Total Local Match - Travel A:	\$ 3,000
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 plus same % of Team Coord, Prog Mgr and Director @ \$20/mo Landline phone - client	\$ 765
	Total Local Match - Equipment A:	\$ 765
B	Telephone equipment and service, Depreciation expenses associated with computers	\$ 465
	Total Local Match - Equipment B:	\$ 465

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

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	
		\$ 2,232
	Total Local Match - Supplies A:	\$ 2,232
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
	HMIS Annual Maintenance Contract	\$ 1,000
	Total Local Match - Contractual:	\$ 1,000
Other		Total
A	Facilities Lease - Over the Rhine outreach space and other direct service space	
	Police Checks	
	Recruiting	
	Staff training events	
		\$ 2,388
	Total Local Match - Other A:	\$ 2,388
B	Facilities Lease - Facility rent for space allocated to the PATH Program	
	General, non-benefit Insurance	
	Utilities/R&M Building	\$ 960
	Total Local Match - Other B:	\$ 960
Housing		Total
C	One-time rental payments to prevent eviction	
	Security deposits	
		\$ -
	Total Local Match - Housing:	\$ -
		Total
	TOTAL LOCAL MATCH DIRECT	\$ 16,535
	TOTAL LOCAL MATCH INDIRECT	\$ 2,475
	TOTAL LOCAL MATCHING FUNDS:	\$ 19,010
TOTAL FUNDS		Total
	TOTAL VETERANS PATH PROGRAM BUDGET:	\$ 75,302

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

Lake County/Extended Housing

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

Provider agency is Extended Housing, Inc. Extended Housing is a private, 501 (C) 3, not-for-profit agency, certified by the Ohio Department of Mental Health under “Other mental health services” that serves severely mentally disabled persons in Lake County. Extended Housing receives \$50,000 in federal funds and \$65,000 in local funds.

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The PATH Homeless Outreach Coordinator, Director of Housing Services, Executive Director of Extended Housing, Inc. and the Director of Quality and Clinical Operations of the Lake County ADAMHS Board are active members of the Lake County Continuum of Care (COC) and attend monthly meetings. Currently, the Director of Housing Services and the Lake County ADAMHS Board’s Director of Quality and Clinical Operations are helping to plan media releases about the Lake County’s CoC Point-In-Time Count and to educate Lake County residents on homelessness in the county. The Homeless Outreach Coordinator and Director of Housing Services will be on the Lake County’s CoC committee for implementing a centralized intake process for the homeless of Lake County.

The PATH Homeless Outreach Coordinator has led the Point-In-Time Count for the several years however, this most recent count, the Lake County Continuum of Care took the lead and the PATH Coordinator assisted in the process. For the FY 2012 Point-In-Time Count, the Coordinator met with the representatives from different social service agencies, police departments, city officials, local libraries and faith-based organizations to educate them on the Point-In-Time Count and to explain how to complete the needed forms for the count. The Coordinator also assisted in the count by going to all the places the homeless population tends to frequent that day and evening.

Extended Housing, Inc. is also very involved in the Coalition on Housing and Supportive Services in Lake County which meets approximately six or more times a year.

The Lake County ADAMHS Board has been granted three Shelter Plus Care Programs, which is administered by Extended Housing, Inc. This total of 55 vouchers includes 45 vouchers for single bedroom units, 4 vouchers for two-bedroom units, 1 voucher for a three-bedroom unit and 5 vouchers for chronically homeless single bedroom units.

PATH plays an active role in the Inter Agency Housing Committee, which meets monthly and includes representatives from Lake County’s mental health agencies and housing agencies. This committee recommends participants for Lake County’s Shelter Plus Care Programs.

Lake County formed a 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 City (Salvation Army) and the local police department has changed its

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

protocol. Instead of arresting homeless people, the police officers now take homeless individuals to the day shelter when appropriate. PATH workers go to the day shelter about four times a week to outreach and educate the homeless persons about the resources in the community.

PATH workers often meet consumers in the library where they find other homeless persons staying warm or cooling off because of the heat prior to dinner at the local church across the street. PATH workers will hold meetings in the private library rooms (when available) so that consumers do not have to walk to the PATH worker's office at Extended Housing located a mile away from the day shelter. PATH staff have educated local schools, Lake County Children Services Division, local food banks, churches, social service agencies and local businesses about the homeless population and how to refer homeless households to the PATH program at Extended Housing. Outreach workers have their office walk-in hours on the back of their business cards and this allows others to pass out their cards to someone they see in need of PATH services.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Extended Housing, Inc. contracts with the mental health providers in Lake County (Signature Health, NEIGHBORING and Pathways) to come to Extended Housing to perform initial diagnostic assessments for willing PATH clients. Each Wednesday morning, the mental health providers take turns coming to Extended Housing, which allows the consumers choices about mental health services. As a result of these partnerships, the waiting time has decreased for an intake.

One of the mental health providers, NEIGHBORING provides IDDT and supportive employment programs.

PATH staff refer clients to Extended Housing's waitlist; at times Extended Housing is able to prioritize someone who is homeless for a housing subsidy. The PATH staff will refer consumers to Transitional Housing programs as well as the Shelter Plus Care program.

The PATH Homeless Outreach Coordinator attends monthly Inter Agency Housing Committee meetings held at the Lake County ADAMHS Board; mental health providers' supervisors attend along with the group homes' supervisor and a supervisor of a transitional housing program for those who are severely mentally disabled. The PATH team also makes referrals to the local free clinic for primary medical care.

- 4) **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally homeless.

PATH staff outreaches in the evenings at Project Hope for the Homeless, the local emergency shelter, at least once a month and more as needed. PATH staff frequents the "day shelter" at the local Salvation Army; this is where many of the homeless go in the mornings to eat breakfast and lunch. Often times, early in the mornings, PATH staff will go to the Salvation Army to meet

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

with newly identified homeless persons before they start their day and leave the day shelter. In the early evenings, PATH staff attends Karpos dinners which is a dinner provided four nights of the week by volunteers from local churches. Many of the homeless not residing in the shelter and living outside eat dinner here. Lake County's help hotline (211) will also give PATH's phone numbers to those who call in needing assistance with housing.

PATH oversees the Homeless Advisory Council which is made up of formerly and currently homeless persons. The Homeless Advisory Council is able to connect with homeless persons who may be intimidated to work with an agency and refers them to the PATH program at Extended Housing, this way the most vulnerable individuals in the community are being outreached to. Along with the Homeless Advisory Council members, other chronically homeless individuals who have known the PATH Coordinator for over 10 years are very willing to refer their newly identified homeless friends to the PATH Coordinator due to trust and great working relationships.

The PATH program at Extended Housing also holds multiple community outreach events annually, such as a bake-sale held at the local Wal-Mart, Homeless appreciation dinner at a local church, PATH picnic at the local recreational park and for the 3rd year in a row, the PATH team has a booth at the Convoy of Hope event.

- b) Describe any gaps that exist in the current service system.

A gap that currently exists in the service system is public transportation. The bus route is very limited within Lake County and makes it hard for consumers to complete more than one task each day. Another gap in the current system is the 6-8 week long waitlist for obtaining community mental health services. Lack of group homes in the area is a third gap in the service system. The PATH program recently discovered that on the west side of Lake County, many faith-based organizations will provide funds for homeless persons to stay in motels. The PATH program has reached out to these organizations but so far there is no response back. Many of the homeless must move to Painesville and the east end of the county in order to obtain services. Lastly, the Lake Metropolitan Housing Authority has not opened their Housing Choice Voucher waitlist since 2009 which was for only three days; many consumers are unable to afford safe and decent housing. Lake County has one of the highest median rents in the state making it extremely hard for consumers to live independently.

- c) Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

The PATH Program at Extended Housing will refer consumers to the mental health provider, NEIGHBORING, who has IDDT services. The PATH Program will also refer consumers to Lake-Geauga Recovery Center which has Lake House and Oak House, local residential and outpatient treatment facilities. Lastly, The PATH Program will give consumers a list of different support groups (such as NA and AA) in the area. If needed, the PATH staff will attend the meeting with the consumer. PATH staff will also sit with the consumer during their substance abuse assessment if requested by the consumer. Extended Housing's PATH program has found that the consumer feels much more comfortable talking about their addictions to a new worker/agency with the PATH worker present.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

Extended Housing, Inc. pays for PATH staff to attend trainings on evidence-based practices and other trainings that may be of topic/issue in the area. This way, the PATH team is able to utilize the most up to date practices to best serve the consumers and is informed of the most recent trends and how to best handle difficult situations. The PATH team refers many of their consumers to agencies that practice evidenced-based programing.

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

Extended Housing, Inc. will support further HMIS training for PATH team’s travel and time spent in Columbus. The PATH program at Extended Housing started to use HMIS and attended training in September of 2011. PATH staff have been trained and are aware of what information must be entered into HMIS. As of now, HMIS utilization is on a temporary hold since there is no proper training for the ServicePoint used. The PATH program at Extended Housing plans to fully implement HMIS data entry by the end of FY 2013.

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Shelter Plus Care (55 vouchers, 5 of the vouchers designated to those who are chronically homeless) and 15 Housing Subsidies through Extended Housing, Inc. are two of the programs designated for the homeless population in Lake County. The Transitional Scattered Site program is another housing program for the homeless administered by the local emergency shelter, Project Hope for the Homeless. A fourth program is North Coast House, a short-term transitional program for those who suffer from a severe and persistent mental illness. The property is owned and maintained by Extended Housing while the mental health provider, Pathways, Inc., provides the on-site services. Extended Housing also provides Housing Subsidies vouchers for those who are severely mentally disabled or have a child in the household who is severely emotionally disturbed; the homeless can be prioritized for these vouchers if PATH staff is actively working with the consumer.

Lastly, PATH staff refers their consumers to Lake Metropolitan Housing Authority so that when the consumer does enter a program at Extended Housing or Project Hope for the Homeless, the consumer may move into more permanent housing when their name comes up on the public housing’s waitlist.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

The PATH staff serving the consumers are both life-long 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 disabled homeless population for over 10 years and has seen the generations of the homeless

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

population. Both PATH staff come from diverse backgrounds and currently maintain diverse households. While still working with the population who is aging, PATH staff are starting to see more homeless young adults (ages 18-22). In order to better work with this population at the beginning of their homelessness so that prevention of chronic homelessness occurs, PATH has trained Lake County Children Services Division. The immediate supervisor of the PATH homeless outreach team is a white female between the ages of 18-34.

Since the PATH Coordinator has been with Extended Housing Inc.'s PATH program for over 10 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.

The PATH team attends cultural diversity trainings annually. PATH staff is extremely flexible and is able to meet with consumers wherever they feel most comfortable.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

From July 1, 2011 through April 5, 2012, the number of enrolled PATH consumers was 107 and 151 have been outreached to; the projected number of adult consumers to be enrolled was 105. The projected number of adult consumers to be contacted is 153.

None of the 107 consumers were under the age of 18. Forty-eight percent (48%) of enrolled PATH consumers were ages 18-34; twenty-two percent (22%) were ages 35-49; twenty-nine percent (29%) were ages 50-64; and one percent (1%) was age 65-74.

Fifty-two percent (52%) of PATH consumers enrolled were male and forty-eight percent (48%) were female.

Ninety-five percent (95%) of PATH consumers enrolled were Non-Hispanic and five percent (5%) were Hispanic; this was a four percent (4%) increase from the previous year. Seventy-eight percent (78%) of PATH enrolled consumers were white, fifteen percent (15%) were African-American, three percent (3%) were Latino, three percent (3%) were multiracial and one percent (1%) was Asian.

Ten of the 107 enrolled PATH consumers or nine percent (9%) reported being veterans.

Seventy-one percent (71%) of the enrolled PATH consumers served using PATH Funds were literally homeless.

For FY13 we project to outreach to 162 consumers and enroll 111 with 75% of the consumers being literally homeless.

- 9) **Consumer Involvement** – Describe how individuals 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

The PATH Program at Extended Housing, Inc. began the Homeless Advisory Council, which consists of formerly and currently homeless persons. The Homeless Advisory Council meets at least once a month and more often when preparing for events. During these meetings, the Council puts together plans for fundraising, activities and outreach efforts. By hosting these events, the Council is able to help the PATH Program educate the community about homelessness and raise funds for the Council and the PATH Program to provide shoes, clothing and other hygiene products to the homeless population. The Homeless Advisory Council has applied for a grant at Wal-Mart to buy shoes and boots for the homeless population. The Homeless Advisory Council participates in annual outreach events, such as the homeless picnic, homeless appreciation dinner, bake-sale at Wal-Mart, Point-In-Time Count and past coat and blanket drives. The Council has also met to address current issues homeless persons are facing in the community discuss ways in which PATH services and services delivery can be improved. Lastly, the Homeless Advisory Council's chairperson or a member presents their annual report at an Extended Housing, Inc. Board of Directors meeting.

Extended Housing, Inc. strives to create housing opportunities by purchasing properties in areas desired by the population it serves. Staff rely upon surveys which are completed annually by those served by the agency. The PATH team gives out surveys to consumers on a regular basis when the consumer is about to be housed or in transition so that the PATH team may adjust to future consumers' needs accordingly. The PATH staff understand that trends come and go and they must stay up to date with the current trends. Extended Housing, Inc. also collects information regarding housing preferences on its application. 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.

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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

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 January 2012, Page 3).

203

- b) Estimate the number of above clients to be served in FY2012 (SFY2013).

162 will be served and 111 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:

Extended Housing, Inc. is using the quarterly data in our daily operations by calculating how many people we need to strive to outreach to and see how many we have assisted with obtaining different services, such as benefits, housing, employment and engaging in mental health services. We are able to focus on what services we need to increase by identifying patterns in our quarterly reports.

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 within the last 12 months to increase your outreach to people experiencing homelessness:

Extended Housing, Inc.'s PATH program has reached out to Lake County's Children Services Division to identify newly homeless transitional youth. PATH has obtained outreaches via Extended Housing's website and Facebook page. Extended Housing, Inc.'s PATH program has also outreached to local churches and is planning on forming a relationship with those local churches on the west end of the county not familiar nor near to the areas of the social service agencies. PATH has developed a great working relationship with a local church that serves hot meals in the evening as well as the local library. At the library, where many homeless persons stay during the day, the PATH staff will meet with consumers and potential consumers in private study rooms so that the consumers do not need to walk the one mile to Extended Housing's office.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:

PATH program has flyers of the walk-in hours and cards of workers posted throughout the community. The PATH staff's business cards also have the walk-in hours labeled on the back for others to pass out. The PATH program promotes itself at community events, such as Convoy of Hope (a non-profit organization that travels throughout the country but has decided to come to Lake County for a 3rd time), Mentor Mall during Hearts and Hands Community Day. This past November and December, a local restaurant that does not usually come into contact with homeless persons held a coat drive; the coat drive turned into donations of all kinds, including but not limited to hand-warmers for the homeless, shoes, jackets, clothing and other hygiene products. The owner of the restaurant sent emails out to customers who weren't aware of who Extended Housing's PATH team was and what they did. The PATH Program provides annual community events, such as homeless appreciation dinner, homeless outreach picnic held at the local recreational park and bake-sale at Wal-Mart. These events are held at very public and frequented places so that the community is aware of PATH and not just the homeless population or low-income. PATH Program has developed a working relationship with the local library and is going to train the far-end of the county libraries as well in May 2012 at one of their all staff meetings.

PATH team has great working relationships with the local emergency shelters, Project Hope for the Homeless and Forbes House. PATH team speaks with Project Hope for the Homeless staff almost daily and set up times to visit in the evenings to meet newly identified homeless persons. Forbes House, the domestic violence shelter, will call PATH workers weekly to meet new residents as well. PATH team also frequents Salvation Army "day shelter" in early mornings at lunch time to meet the homeless and identify those who are appropriate for the PATH program. If a consumer is unable to be enrolled in the PATH program, the outreach worker will still take the time to follow up with the consumer, give them resources and complete housing applications to Extended Housing and Lake Metropolitan Housing Authority. PATH works closely with the community mental health agencies and the PATH Homeless Outreach Coordinator attends monthly Inter Agency Housing Committee meetings to obtain any information about potential consumers or update the mental health agencies on new trends with the homeless. Again, PATH has cards and flyers with the scheduled walk-in hours at the office they hand out. If a PATH member is unavailable for walk-in hours, another staff member will fill in so the homeless consumer is never turned away at Extended Housing.

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

In the past 12 months, Extended Housing's PATH program has exceeded the goal of a 10% increase in those outreached to and enrolled. This happened within the first three quarters of the fiscal year. The PATH program has pushed very hard the past 12 months to reach out to and connect with organizations within Lake County who never worked with the program before and have developed great working relationships so that PATH is able to obtain more referrals and identify new homeless populations.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

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, 2011 – April 7, 2012?

10 Homeless veterans received services.

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Attachment A

Board Name: Lake County Alcohol, Drug Addiction and Mental Health Service Board			Period Request Covering	
			From: July 1, 2012	To: June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 36,721.00			
Fringe Benefits	\$ 1,637.00			
Travel	\$ 1,314.00			
Travel (B)	\$ 1,536.00			
Equipment (A)	\$ -			
Equipment (B)	\$ 2,928.00			
Supplies (A)	\$ 2,000.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 3,864.00			
Total Federal Direct	\$ 45,536.00			
Total Federal Indirect (B)	\$ 4,464.00			
TOTAL FEDERAL	\$ 50,000.00			

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

Budget Narrative – “Attachment B” (Federal Allocation)

	Direct	Indirect
PERSONNEL TOTAL	36,721	
Path Wkr 1 - 1.0 FTE Outreach Coordinator \$34,369		
Path Wkr 2 - 1.0 FTE Outreach Coordinator \$23,454		
Fiscal Manager - .1666 FTE \$7,339 (\$44,049 annual salary)		
Director of Housing Services - .34 FTE \$13,625 (\$40,073 annual salary)		
FRINGE BENEFITS TOTAL is based on actual cost with a projected 10% increase in insurance premiums	1,637	
TRAVEL A Painesville Social Services (Salvation Army, Project Hope shelter, Veterans agencies) 8 miles/day x 49 weeks = 1960 miles @ .50 = \$980 Public Mental Health Agencies/Schools: 31 miles/wk x 49 = 1540 x .50 = \$770	1,314	
TRAVEL B Homeless Task Force Mtgs 10miles/month x 12 mos. = 120 miles x \$.50 = \$60 PATH mtgs and trainings in Columbus - 2 Staff at 492 miles x 3/year = 2952 x \$.50 = \$1476		1,536
EQUIPMENT B		
Computer/Phone Maintenance (24/7 on 3 computers; 2 laptop computers, 16.66% of agency budget, based on program)		2,928
Office Equipment (16.71% of agency budget, based of FTE)		
Office Furniture (16.66% of agency budget based on program)		
Office Phones for PATH Outreach Workers (16.71% of agency budget, based of FTE)		
Equipment rental costs for postage meter (16.66% of agency budget based on program)		
SUPPLIES A	2,000	
Food \$500		
laundry \$500		
bus tokens/cab vouchers \$1000		
personal supplies \$1000		
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.		
CONTRACTUAL		
Outside contracts for office operations (16.66% of agency budget based on program).		
OTHER B office space for PATH (16.71% of total agency cost, based on FTE)		
Computer Programming (i.e. Access Data Base) - Consultant/Maintenance (16.71% of agency budget, based on FTE)		
Liability insurance for PATH workers (16.71% of agency budget, based on FTE)		
Audit (16.66% of agency budget) based on program.		
OTHER C security deposits, one time rent to prevent eviction	3,864	
dues and subscriptions- 16.66% of agency budget based on program		
advertising costs - 16.66% of agency budget based on program		
TOTAL Direct/Indirect	45,536	4,464
TOTAL BUDGET	50,000	

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

ATTACHMENT C

Board Name: Lake County Alcohol, Drug Addiction and Mental Health Service Board		Period Request Covering		
		From: July 1, 2012	To: June 30, 2013	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 42,065.00			
Fringe Benefits	\$ 1,011.00			
Travel	\$ 436.00			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ 1,509.00			
Supplies (A)	\$ 1,000.00			
Supplies (B)	\$ 1,028.00			
Contractual	\$ 1,030.00			
Construction				
Other (A)	\$ -			
Other (B)	\$ 9,221.00			
Other (C - Housing)	\$ 8,500.00			
Total Local Direct	\$ 53,012.00			
Total Local Indirect (B)	\$ 12,788.00			
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:

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LAKE

Budget Narrative – “Attachment D” (Local Match Allocation)

	Direct	Indirect
PERSONNEL TOTAL	42,065	
Path Wkr 1 - 1.0 FTE Outreach Coordinator \$34,369		
Path Wkr 2 - 1.0 FTE Outreach Coordinator \$23,454		
Fiscal Manager - .1666 FTE \$7,339 (\$44,049 annual salary)		
Director of Housing Services - .34 FTE \$13,625 (\$40,073 annual salary)		
FRINGE BENEFITS TOTAL is based on actual cost with a projected 10% increase in insurance premiums	1,011	
TRAVEL A Painesville Social Services (Salvation Army, Project Hope shelter, Veterans agencies) 8 miles/day x 49 weeks = 1960 miles @ .50 = \$980 Public Mental Health Agencies/Schools: 31 miles/wk x 49 = 1540 x .50 = \$770	436	
TRAVEL B Homeless Task Force Mtgs 10miles/month x 12 mos. = 120 miles x \$.50 = \$60 PATH mtgs and trainings in Columbus - 2 Staff at 492 miles x 3/year = 2952 x \$.50 = \$1476		
EQUIPMENT B		
Computer/Phone Maintenance (24/7 on 3 computers; 2 laptop computers, 16.66% of agency budget, based on program)		
Office Equipment (16.71% of agency budget, based of FTE)		
Office Furniture (16.66% of agency budget based on program)		
Office Phones for PATH Outreach Workers (16.71% of agency budget, based of FTE)		1,509
Equipment rental costs for postage meter (16.66% of agency budget based on program)		
SUPPLIES A	1,000	
Food \$500		
laundry \$500		
bus tokens/cab vouchers \$1000		
personal supplies \$1000		
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.		1,028
CONTRACTUAL		
Outside contracts for office operations (16.66% of agency budget based on program).		1,030
OTHER B office space for PATH (16.71% of total agency cost, based on FTE)		4,620
Computer Programming (i.e. Access Data Base) - Consultant/Maintenance (16.71% of agency budget, based on FTE)		1,938
Liability insurance for PATH workers (16.71% of agency budget, based on FTE)		1,342
Audit (16.66% of agency budget) based on program.		1,321
OTHER C security deposits, one time rent to prevent eviction	6,657	
dues and subscriptions- 16.66% of agency budget based on program	272	
advertising costs - 16.66% of agency budget based on program	1,571	
TOTAL Direct/Indirect	53,012	12,788
TOTAL BUDGET	65,800	

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

Lorain County/Gathering Hope House

SECTION C: Local-Area Provider Intended Use Plan

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

Gathering Hope House (GHH) is a safe and welcoming community for adults who struggle with mental illness in Lorain County. The Gathering Hope House staff, the majority of which are mental health consumers themselves, has always worked to improve our members' lives through mutual peer support and a firm belief in recovery from mental illness. This personalized care and support paves the way for client-driven recovery in order to meet each member's unique goals.

The facility includes a computer lab, art studio, fitness center, library, and a thrift store. Among services offered are educational and support groups, volunteer opportunities, on and off site social activities, and peer support.

The program is also designed to promote better health outcomes for our members. We do this by working to improve not only the mental health, but also the physical health of our members. In addition to the various wellness programs offered, the Student Nurses from Lorain County Community College provides screening and informational classes, focusing in particular on blood pressure checks, education, nutrition and smoking cessation.

Other perks for our PATH clients include GED classes, daily meals, lockers, showers, laundry facilities, phone availability and an anonymous mailing address. All services and amenities are available to PATH clients and members of Gathering Hope House free of charge.

The amount of the projected PATH funds for the 2012-2013 year for the Federal is \$83,500. The local match from the Lorain County Board of Mental Health is \$27,833. The total allocated funds are \$111,333. *(See attached budget for detailed line items.)*

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The staff of Lorain County's PATH Team attends all scheduled Continuum of Care (CoC) meetings and Lorain County Task Force for the Homeless (otherwise known as the Homeless Task Force) meetings.

PATH not only attends the monthly meeting, but one of the staff is seated on the Executive Board of the Task Force. PATH leads the sub-committee of the Homeless Task Force's subcommittee, *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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

The Lorain County Continuum of Care Committee seeks to identify gaps and needs in services for individuals who are homeless and coordinates the system in an effort to fill those gaps. The CoC Committee also leads the twice-annual *Point in Time Counts* to determine the number of unduplicated homeless individuals in Lorain County on a given day. PATH staff assist in these efforts. The results are reviewed by the Homeless Taskforce. Gaps are identified and strategies are designed and an effective plan is put into place to close those gaps. The "count" results also help to identify the overall need for homeless services in the County. The committee also coordinates the state and federal funding proposals for agencies that provide services to homeless persons and/or homelessness prevention activities.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

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

Service	Coordination of Services
<p>Shelter</p>	<p>When seeking shelter for PATH clients, the Haven Center is the first organization the PATH Team contacts. However, Haven Center does not accept sex offenders and has a “do not return” list of clients that can not return because of past problematic behaviors. If the client is not appropriate for the Haven Center, efforts to find suitable and safe alternatives are explored.</p> <p>If the client is dually diagnosed, they are referred to one of three sober houses for temporary housing and treatment for addictions. But not all addicted and mentally ill homeless people are motivated or presently capable of maintaining a sober lifestyle. Many who are chronically homeless have attempted to end their addictions many times without much long term success.</p> <p>A local boarding house is available to clients with an income. If housing and income are not available. Catholic Charities, the Salvation Army, and many local faith based organizations provide vouchers to local motels to provide our most vulnerable a safe place to stay while we connect them to vital resources to help provide for their immediate needs.</p> <p>The Nord Center (mental health agency) provides supportive housing for clients with severe and persistent mental illness. These locations are in Lorain, Elyria or North Ridgeville. There are no sites at this time in the southern parts of the county. There is frequently a waiting list for this resource.</p>

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

<p>Mental Health</p>	<p>The Nord Center is the largest provider of services in this area, including mental health assessments, case management, counseling, psychiatry. Firelands Counseling and Far West Center (mental health centers) also provide these services which enables clients’ choices about the providers of the services they select.</p> <p>PATH referrals are based on client preference, eligibility and a timely intake. PATH assists in the process of reaching out and connecting clients to mental health services.</p> <p>Additionally Nord operates a hotline and a crisis unit that includes a mobile team that provides crisis intervention assessments and 24 hours a day, seven days a week. There is also a short-term stabilization unit available for those at increased risk in the community, but not needing an inpatient level of care.</p>
<p>Benefits or Employment</p>	<p>If eligible for cash assistance programs, disabled clients are referred to the Social Security Administration or the Department of Veteran Affairs. Referrals are also 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 enabled us to get several homeless clients into housing more quickly.</p> <p>In the next fiscal year, PATH will facilitate having clients work with The Lorain County Labor Agency Benefits Bank in helping individuals obtain public benefits and free preparation of income taxes.</p> <p>The PATH team also networks with several agencies including the Bureau of Vocational Rehabilitation (BVR) to initiate the job search process. In addition, PATH clients who wish to pursue employment are referred to Goodwill Industries and the Employment Network to receive counseling and assistance with resume writing and job readiness. In FY 2013, Gathering Hope House will be offering a job club which will also be open to eligible PATH clients. The “club” will assist participants who are motivated or contemplating work, offer benefits planning for those who are considering employment, and support to those are currently working.</p>
<p>Substance Abuse</p>	<p>Both the Lorain County Alcohol and Drug Administration and the Nord Center agencies provide addiction services for PATH clients who are need of this service.</p>

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

<p>Permanent Housing</p>	<p>We immediately connect eligible clients (qualified clients are required to be two years free of any criminal offences and have three preferences as specified by the agency) to Lorain Metropolitan Housing Administration (<i>LMHA</i>). They have a lengthy waiting list, but the greater the number of preferences, the more quickly the client is able to get into housing.</p> <p>SMI clients in need of rental subsidies can access the Housing Assistance Program, funded by the Lorain County Board of Mental Health, Section 8 through the Lorain Metropolitan Housing Administration (LMHA), and Shelter Plus Care, managed by the New Sunrise Properties (NSP). For all of these funds, the PATH team works together with the mental health agencies and NSP to access.</p> <p>The PATH Team cultivates and outreaches to private landlords to rent to our homeless clients.</p> <p>We also have established a rapport with a provider of a boarding house (<i>with sleeping rooms</i>), for clients with an income.</p>
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PATH participates with several of the above agencies in the monthly **Lorain County Task Force** for the **Homeless (*Homeless Task Force*) meetings**. The PATH team has a relationship with at least one individual from each of the agencies that they collaborate with. Agencies participating in the Homeless Task Force (*including the PATH team*) have given a presentation describing the services, programs and resources that are offered in their organization, eligibility, and the policies regarding that service.

- 4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally.

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

1. **Street Outreach:** We are increasing our staff so the PATH team can devote more time to street outreach and engagement. Our team of outreach specialists will build a quality connection with people living on the streets to link them to local mental health services, housing and other resources. The team also responds to calls for assistance from law enforcement, local businesses and concerned citizens.

Because of the large number of individuals who are Hispanic, the PATH team will broaden their efforts to reach out to this population. This will include establishing a connection with and collaborating with El Centro **de Servicios Sociales Inc. (*an organization that offers social, educational, cultural and community development*)**

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

services), the Coalition for South Lorain (*an entity composed of various social service agencies, safety forces and the members of the community whose mission is rebuilding Latino neighborhoods*) local churches and merchants within the Hispanic community.

2. **Case Management/Coordination of Services:** With the increase of staffing, the Lorain County PATH Team will be able to offer either brief assistance in coordinating care and services as well as an intensive or longer-term linkages approach offered to clients working toward goals of mental health recovery, increased stability, self-reliance and a transition from homelessness. These efforts are client-centered and client-driven. The PATH team provides a thorough assessment of the strengths, aspirations, barriers to success; and places an emphasis on the relationship between the outreach specialist and client, who together work on a plan to reach client goals.

Once enrolled, support and guidance in obtaining appropriate health and social services will be provided to obtain the following services:

1. **Shelter:** Haven Center Shelter, 700 House sleeping rooms, Timothy Sober House for men, Jennifer's Gate or The Key Sober House for Women, Safe Harbor (*a local battered women's shelter*), and motel rooms (*for those who meet the criteria*).
2. **Mental Health Services:** The Nord Center, Far West Center, Fireland's Counseling and Recovery, private psychiatrists and Gathering Hope House's Recovery Program. Some of these programs have, but are not limited to: mental health resources, such as psychiatry, counseling, case management, housing and crisis intervention programs. These services are based on clients' preference and eligibility.
3. **Benefits Advocacy and/or Employment Services:** Social Security Administration, Lorain County Department of Job and Family Services, Veteran's Association, Goodwill Employment Counseling, Bureau of Vocational Rehabilitation, Employment Network, Lorain County Labor Agency Benefits Bank, Gathering Hope House's GED program and Job Club. Gathering Hope House also has a staff member trained in benefits planning to prepare those who already have social security and/or other benefits (SSI/SSDI/Medicaid) to explore the idea of returning to work.
4. **Primary Health Services:** Allen Memorial Hospital, Elyria Memorial Hospital, Mercy Hospital, Free Clinic, Lorain County Health and Dentistry
5. **Substance Abuse Treatment:** Lorain County Alcohol and Drug Addiction Services Inc., 700 Broadway Sober House, Nord Center, Timothy Sober House (*for men*), Jennifer's Gate or The Key Sober House (*for women*)
6. **Permanent Housing:** Lorain Metropolitan Housing Association (*LMHA*), Nord Center's Housing Program, New Sunrise Properties and private landlords

* PATH meets with each of the providers above regularly in an effort to collaborate and assure continuity in services.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

- b) Describe any gaps that exist in the current service system.

The supply of beds in emergency shelters in Lorain County was already insufficient. The PATH team has now received confirmation that St. Joseph's shelter, which houses 50 men and 14 women and children during the winter months, may be permanently closing. This will create a severe deficit for our clients who are homeless during the coldest and most difficult time of the year. 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, 2013. It is unclear at this time if the program will be permitted to operate at a different location.

The only other shelter for the homeless of Lorain County, which has 68 beds, serves families with children first and fills up quickly. They do not accept individuals with sexual offences. Clients with addictions have a hard time abiding by the stricter policies at this facility. Many leave on their own accord or eventually violate rules and cannot return for several months.

Another obstacle for the homeless in Lorain County is the limited transportation. Lorain County Transit, who provides the busing service for Lorain County have cut down to two main routes. Even highly motivated clients find it difficult to make it to much needed appointments and job interviews because of the limited availability of public transportation.

Finally, and most the most significant, is the limited funding for housing in Lorain County. Without funding, the lack of affordable housing has led to excessive waiting lists causing people to remain in shelters (leading to a decrease in available beds) or inadequate housing arrangements.

- c) Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

At the Nord Center, the following are available: an Integrated Dual Diagnosis Treatment Team for persons with a serious mental illness and substance abuse. The Nord Center's Women's Mentally Ill/Chemical Abuse (MICA) which provides permanent housing for women and Men's (MICA) which is comprised of transitional housing for males is the treatment hub for dually diagnosed persons. PATH staff also has a strong partnership with the Nord Center. Additionally, there are treatment groups for dually diagnosed clients at the men's MICA house including Dual Recovery Anonymous (DRA).

In FY 13, the Lorain County Alcohol and Drug Abuse Services will be certified to provide mental health services as well and will do so for persons with Medicaid or insurances.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

The PATH team has participated in training on *Motivational Interviewing* and uses it as a valuable tool for intervention however; the Team does not monitor their work with fidelity. Other trainings that PATH has participated in include:

1. *Working with Dual Disordered Clients*
2. *Integrating Primary Care and Behavioral Health Care for Persons with Severe Mental Illness*
3. *How to Ethically Set Client Confidentiality and Boundaries*
4. *Re-entry for Incarceration*
5. *Street Drugs and Related Community Problems*
6. *Cultural Competency and Diversity*

These trainings were provided either by in-house staff or through local training programs. Staff participate in the ODMH quarterly PATH trainings, as well.

The Gathering Hope House recovery center offers evidence based practices including; Wellness Recovery Action Plan (*WRAP*) and Wellness Management and Recovery (*WMR*) which are available to PATH clients in need of extra support while in recovery from their mental illness.

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

1. Research and become familiar with HMIS process.	July 1, 2012
2. Participate in the planning process of Lorain County’s HMIS’ start up committee (<i>spearheaded by the Lorain County Task Force</i>) once formed. Currently this is in the beginning stages of planning. A liaison representing the Homeless Task Force is now being oriented to the HMIS system and is sharing information with members of the Homeless Task Force. Agencies expressing interest, including the PATH Team will be partake in this process.	To be determined
3. The Lorain County PATH Team will work together with the Ohio Department of Mental Health in implementing the HMIS program and will participate in any training necessary to become HMIS equipped.	To be determined

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

<p>4. Develop and establish a working partnership with other PATH programs and/or organizations currently using the program (<i>ex. planning, shadowing and obtaining technical support</i>).</p>	<p>August, 2012</p>
<p>5. Provide necessary staffing and training for individuals involved in the implementation and ongoing maintenance of the program (<i>including data entry and reporting</i>).</p>	<p>To be determined</p>
<p>6. Gathering Hope House will seek additional funding from diverse sources to ensures the viability of the project.</p>	<p>To be determined</p>

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Agency	Services
<p>Lorain Metropolitan Housing Authority (LMHA)</p>	<p>Low income housing; including an assisted living program and Section 8</p>
<p>Nord Center</p>	<p>Provides residential services, housing support for persons with a severe and persistent mental illness, and administers the Housing Assistance Program (HAP). HAP is temporary funding provided by the Lorain County Board of Mental to subsidize housing for those able to live independently. The PATH team also works with the Nord Center and NSP to access Shelter Plus Care (S+C).</p>
<p>700 House</p>	<p>Self pay, sober living, sleeping rooms for adults</p>
<p>Private Landlords</p>	<p>Many private housing providers take advantage of certain government subsidies such as Section 8 and other and other tenant based rental assistance programs.</p> <p>In addition, landlords are more likely to rent, knowing that the PATH staff member (<i>later, a case manager</i>) will do some follow along and support ensuring any problems that arrive will be taken care of quickly.</p>

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

1. The PATH staff includes an experienced Coordinator, providing services for our consumers for over 15 years; a male African American Outreach Specialist who also is fluent in Spanish; and a female Caucasian Outreach Specialist who holds a working knowledge of 25 years assisting the homeless population.

The PATH team is also trained in areas of diversity to ensure fair and culturally competent services for clients. The PATH team strives to be sensitive to the cultural differences between themselves and other cultures. This means hiring staff with skills that are matched to our client's needs. The PATH team includes a bilingual staff member that will work as a liaison and strong advocate to help fill the gap between the PATH program and the Latino community by building trust and rapport with potential clients and the community at large.

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.

2. Gathering Hope House plans to offer quarterly workshops on cultural competency to both consumers and staff. Topics will include, but are not limited to: ***Awareness and Acceptance of Differences***: Becoming aware of the existences of cultural differences, accepting their reality and value, and actively and creatively using them in helping our members; ***Self Awareness***: Appreciating the impact of one's own ethnicity and racial attitudes on members and actively work to limit the impact of such factors on members; ***Dynamics of Difference***: Becoming aware of potential cross-cultural miscommunication, misinterpretation and misjudgment by anticipating their occurrence and having the skills to set them right; ***Knowledge of our Members Culture and Adaptation of Skills***: Adapting and adjusting helping practices to accommodate cultural differences to better meet the needs of culturally diverse members. The Executive Director of the agency also teaches a class at the Community College on Cultural Competency and Diversity. She will provide these trainings.

8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

1. During the 2012 year, the Lorain County PATH team has served people 99 people between ages ranging from 18 to 64.
2. Caucasians made up 62% of the population served, followed by 26% African American, 5% Latino, 5% Two or More Races, and 2% American Indian.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

3. Male clients consisted of 61%; while female clients composed of 38% of those served.
4. The majority of the clients enrolled have been Caucasian males with ages ranging between 35-49 years of age. Approximately, 33% were between the ages of 18-34 years and 26% were between 50-64 years old.
5. We also found that 43% of our total number enrolled in the PATH program had a co-occurring disorder.

Being in a predominately Hispanic community, there was a significantly low percentage of 5% receiving our services. The PATH Team will increase their efforts toward reaching out to the Hispanic community.

The organization's plan to provide coordinated and comprehensive services to eligible PATH clients, include:

1. The projected number of adult clients to be contacted using PATH funds during FY 2013 is two hundred twenty five (225) homeless clients.
 2. The projected number of adult clients to be enrolled using PATH funds is one hundred twenty five (125).
 3. The percentage of adult clients served with PATH funds projected to be "literally" homeless is 90%.
- 9) **Consumer Involvement** – Describe how individuals 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.

PATH is currently collaborating with Catholic Charities and Christian Temple 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, 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

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 January 2012, Page 3).

In Lorain County, the estimated number of individuals that are homeless are: 1,070. Of these, the estimate for those that are homeless with a serious mental illness estimate is: 250

- b) Estimate the number of above clients to be served in FY2012 (SFY2013).

The number of that are homeless with a serious mental illness estimated to be served in SFY2013 is 125.

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:**

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. In addition, we have guidelines/steps for our outreach workers to follow, when prioritizing the types of services they will be providing including more follow-up. 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 the PATH program.

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

None

4. **Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:**

PATH has established close partnerships with the local hospitals as well as numerous churches; namely Christian Temple where we hold the '*Voices for the Homeless*' meetings, which allows the consumers to voice their concerns or suggestions to better serve our clientele.

The Lorain County PATH team has also established a '*Homeless Awareness Day*'. The team will work in collaboration with the local community organizations who will provide information about the services that they provide and help increase awareness for the mentally ill homeless in our county.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:

Bi-annually the PATH team conducts a mass distribution of flyers throughout all of Lorain County. Distribution of brochures and speaking engagements are also other tools that the team uses to educate the community about our services. We are also listed on the Homeless Taskforce website.

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

Our efforts in collaboration with St. Joseph's homeless shelter along with other Taskforce members to assist clients when the shelter's doors were closed due to a zoning violation, continues to be our greatest accomplishment. Our collaboration with the staff and volunteers of the St. Joseph's shelter and the Homeless Task Force members resulted in the re-opening of the shelters doors for one more season. Dozens of homeless individuals were safe and warm that would have otherwise had nowhere to go. We continue to actively 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, 2011 – April 7, 2012?

The Lorain County PATH program has not served any Veterans between July 1, 2011 and April 7, 2012.

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Attachment A				
Board Name: Lorain County Board of Mental Health			Period Request Covering	
			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 60,629			
Fringe Benefits	\$ 11,265			
Travel	\$ 3,076			
Travel (B)	\$ 1,930			
Equipment (A)	\$ 1,200			
Equipment (B)	\$ -			
Supplies (A)	\$ 600			
Supplies (B)	\$ 600			
Contractual	\$ -			
Construction				
Other (A)	\$ 300			
Other (B)	\$ 3,600			
Housing (A)	\$ 300			
Total Federal Direct	\$ 77,370			
Total Federal	\$ 6,130			
Indirect (B)				
TOTAL FEDERAL	\$ 83,500			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

**Lorain County Board of Mental Health
PATH FY 13
Budget Narrative
April 29, 2012**

Attachment B

TOTAL ALLOCATION ALLOWED: \$ 111,333
Requested Federal PATH Funds: \$ 83,500
Requested Local Matching Funds: \$ 27,833

FEDERAL PATH FUNDS: \$ 83,500

Personnel: \$ 60,629
Fringes: \$ 11,265

Total FTE's: 2.1375

0.75 FTE Program Coordinator
\$21,840 Salary cost for the position.
\$14.00 X 1560 hours = \$21,840

0.75 FTE Outreach Specialist
\$18,720 Salary cost for the position.
\$12.00 X 1560 hours = \$18,720

0.375 FTE Outreach Specialist
\$9,360 Salary cost for the position.
\$12.00 X 780 hours = \$9,360

0.1875 FTE Office Manager
\$5,460 Salary cost for the position.
\$14.00 X 390 hours = \$5,460

.075 FTE Administration
\$5,249.40 Salary cost for the position.
\$33.65 X 156 hours = \$5,249

\$ 60,629 TOTAL Salaries for all positions.

Fringe Benefits (Includes Soc. Sec., Med, OBES, BWC)

Program Coordinator
\$2,197 Fringe Benefits Expense

Outreach Specialist
\$5,559 Fringe Benefits Expense

Outreach Specialist
\$1,188 Fringe Benefits Expense

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

Office Manager
\$ 654 Fringe Benefits Expense

Administration
\$1,667 Fringe Benefits Expense

\$ 11,265 TOTAL FRINGES for all positions.

Travel (A): \$ 3,076

\$3,076 Mileage expenses for day to day activities serving client’s needs

Travel (B): \$1,930

\$993 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)

\$937 Expenses associated with training such as registration fees, parking fees, hotel expenses and per-diem (Includes COOHIO Conference Registration for 2 employees and MACC Conference Registration for 2 employees

Equipment (A): \$1,200

\$1,200 Cell phone expenses

Supplies (A): \$600

\$ 227 Bus tickets calculated as 75% of (14 books of 10 x \$21.65 ea = \$303.10)

\$ 98 Emergency hygiene kits (personal care items for clients including soap, shampoo, deodorant, skin cream, shaving cream, razor, feminine products, and other related items.)

\$ 200 Emergency food and hotel vouchers (as an outreach tool of last resort)

\$ 75 Expenses associated with procuring client identification documents such as Social Security Cards, Drivers Licenses, Birth Certificates, etc.

Supplies (B): \$600

\$500 Typical consumable office supplies

\$ 100 Printing costs for brochures, flyers, handouts, business cards and postage

Other (A): \$300

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

\$ 300 Provision of laundry services and shower facilities to homeless person at Gathering Hope House (use of washer, dryer, detergent).

Other (B): \$3,600

\$ 1,710 Expenses associated with Annual Audit

\$ 1,890 Utilities expenses

Housing (A) \$ 300

\$ 300 One-time rental payments, security deposits.

Total Federal Direct Costs: \$ 5,475

Total Federal Indirect Costs: \$ 6,130

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name: Lorain County Board of Mental Health			Period Request Covering	
			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 20,210			
Fringe Benefits	\$ 3,755			
Travel	\$ 1,025			
Travel (B)	\$ 643			
Equipment (A)	\$ 400			
Equipment (B)	\$ -			
Supplies (A)	\$ 200			
Supplies (B)	\$ 200			
Contractual	\$ -			
Construction				
Other (A)	\$ 100			
Other (B)	\$ 1,200			
Housing (A)	\$ 100			
Total Local Direct	\$ 25,790			
Total Local	\$ 2,043			
Indirect (B)				
TOTAL LOCAL	\$ 27,833			
GRAND TOTAL				
GRAND TOTAL	\$ 111,233			
(Federal and Local)				
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:

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

Attachment D

LOCAL MATCH FUNDS: \$ 27,833

Personnel: \$ 20,210

Fringes: \$ 3,755

Total FTE's: .525

0.25 FTE Program Coordinator
\$7,280.00 Salary cost for the position.
\$14.00 X 520 hours = \$7,280

0.25 FTE Outreach Specialist
\$6,240 Salary cost for the position.
\$12.00 X 520 hours = \$6,240

.125 FTE Outreach Specialist
\$3,120 Salary cost for the position.
\$12.00 X 260 hours = \$3,120

0.0625 Office Manager
\$1,820 Salary cost for the position.
\$14.00 X 130 hours = \$1,820

.025 FTE Administration
\$1,749.80 Salary cost for the position.
\$33.65 X 52 hours = \$1,750

\$ 20,210 TOTAL Salaries for all positions.

Fringe Benefits (Includes Soc. Sec., Med, OBES, BWC)

Program Coordinator
\$ 732 Fringe Benefits Expense

Outreach Specialist
\$1,853 Fringe Benefits Expense

Outreach Specialist
\$396 Fringe Benefits Expense

Office Manager
\$218 Fringe Benefits Expense

Administration
\$556 Fringe Benefits Expense

3,755 TOTAL FRINGES for all positions.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

Travel (A): \$1,025

\$1,025 Mileage expenses for day to day activities serving client's needs

Travel (B): \$ 643

\$331 Mileage expenses for training related and other travel (Quarterly PATH Trainings in Columbus, Ohio; COOHIO (Coalition on Homelessness and Housing in Ohio) Conference and MACC (Multi-ethnic Advocates for Cultural Competence):

\$312 Expenses associated with training such as registration fees, parking fees, hotel expenses and per-diem (Includes COOHIO Conference Registration for 2 employees and MACC Conference Registration for 2 employees.

Equipment (A): \$400

\$400 Cell phone expenses

Supplies (A) \$ 200

\$ 76 Bus tickets calculated as 25% of (14 books of 10 x \$21.65 each=\$303.10)

\$ 32 Emergency hygiene kits (personal care items for clients including soap, shampoo, deodorant, skin cream, shaving cream, razor, feminine products, and other related items.)

\$ 67 Emergency food and hotel vouchers (as an outreach tool of last resort)

\$ 25 Expenses associated with procuring client identification documents such as Social Security Cards, Drivers Licenses, Birth Certificates, etc.

Supplies (B): \$ 200

\$167 Typical consumable office supplies

\$ 33 Printing costs for brochures, flyers, handouts, business cards and postage

Other (A): \$ 100

\$100 Provision of laundry services to homeless person at Gathering Hope House (use of washer, dryer, detergent).

Other (B): \$1,200

\$570 Expenses associated with Annual Audit

\$630 Utilities expenses

Housing (A) \$ 100

\$100 One-time rental payments, security deposits.

Total Local Direct Costs: \$ 1,825

Total Local Indirect Costs: \$ 2,043

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LORAIN

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.

All Gathering Hope House staff is 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 Executive Director or his/her designee before submitting the form to Accountable Accounting to implement the request. The Executive Director will approve all requests on submission and will be responsible to collect receipts and or invoices for these items. The "PATH Purchase Request Forms" will be collected and kept in a three-ring binder for audit review by appropriate parties (Ohio Department of Mental Health, the Gathering Hope House CPA, and Gathering Hope House Board of Directors).

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

Lucas County/Neighborhood Properties, Inc.

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

Neighborhood Properties, Incorporated (NPI) will be receiving the PATH funds. 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 will receive \$165,000 in federal funding and \$55,000 in local match funding.

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

NPI is a service provider in the local Continuum of Care system. For over 15 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 MHR SB’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.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

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, medical, 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)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

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					
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		
Toledo Seagate Food Bank							X					

4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally homeless.

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 services. 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?’

- b) Describe any gaps that exist in the current service system.

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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

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. More access to entitlement benefits such as Medicaid for single adults not yet certified as disabled is needed so they may access affordable medications. There is 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.

8. Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

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.

9. Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

NPI has established a relationship with the Case Western Reserve University Center for Evidence-Based Practices for training and service model review and evaluation. In addition, NPI staff continues 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. 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.

- 5) **Data** – Describe the provider's status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

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,

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

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.

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

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.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

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 experience working with the homeless population and three staff members have over 10 years experience working with persons with a mental illness. The makeup of the PATH staff directly involved with the target population includes one African American male, one African American 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. NPI provides cultural competence and diversity training at least annually to NPI staff including the PATH staff.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

According to PATH FY11 data, males outnumber females by 59% to 41%. 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 year olds. None said they were veterans. The projected number of seriously mentally ill

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

homeless persons who will be contacted is 870. We project 250 (29%) of those contacted will be enrolled in services. At least 90% of those contacted are expected to be literally homeless.

- 9) **Consumer Involvement** – Describe how individuals 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.

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 two consumers who were formerly homeless that participate 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

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 January 2012, Page 3).

We estimate 2,300 individuals in our board area are homeless and mentally ill.

- b) Estimate the number of above clients to be served in FY2012 (SFY2013).

We estimate 870 homeless persons with mental illness will be contacted and 250 of those will be enrolled in the 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:

We use the data to compare actual performance during the year to performance benchmarks we projected at the beginning of the year. If it appears goals will not be achieved due to a slower pace than anticipated, adjustments are made to practices.

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

We have no questions or plans to use the data differently at this time.

1) Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

No new collaborations or partnerships have been created. NPI continues to work with the agencies listed in the chart in intended use plan.

2) Please briefly describe the formal methods your PATH Project uses to market itself to the community at large and to other homeless providers:

NPI distributes brochures throughout the community and makes presentations to various groups. NPI actively participates in our local Continuum of Care, the Toledo Area Alliance to End Homelessness, and conducts marketing during meetings with collaborating agencies.

3) Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

857 clients were served and 240 were enrolled in the past 12 months.

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

a) How many homeless Veterans did your PATH project serve from July 1, 2011 – April 7, 2012?

One (1)

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County (please answer both a and b):

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We estimate 2,300 individuals in our board area are homeless and mentally ill.

- b) Estimate the number of above clients to be served in FY2012 (SFY2013).

We estimate 870 homeless persons with mental illness will be contacted and 250 of those will be enrolled in the 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:

We use the data to compare actual performance during the year to performance benchmarks we projected at the beginning of the year. If it appears goals will not be achieved due to a slower pace than anticipated, adjustments are made to practices.

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

We have no questions or plans to use the data differently at this time.

4) Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

No new collaborations or partnerships have been created. NPI continues to work with the agencies listed in the chart in intended use plan.

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

NPI distributes brochures throughout the community and makes presentations to various groups. NPI actively participates in our local Continuum of Care, the Toledo Area Alliance to End Homelessness, and conducts marketing during meetings with collaborating agencies.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

- 6) Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:**

857 clients were served and 240 were enrolled in the past 12 months.

- 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, 2011 – April 7, 2012?

One (1)

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Attachment A				
Board Name:			Period Request Covering	
Mental Health & Recovery Services Board of Lucas County			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 82,875.00			
Fringe Benefits	\$ 29,103.00			
Travel	\$ 10,000.00			
Travel (B)	\$ 1,500.00			
Equipment (A)	\$ 1,500.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 7,022.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 33,000.00			
Total Federal Direct	\$ 163,500.00			
Total Federal Indirect (B)	\$ 1,500.00			
TOTAL FEDERAL	\$ 165,000.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

Lucas County/Neighborhood Properties, Inc.

Federal PATH Funds -Total \$165,000

- \$ 82,875 Personnel: 3.15 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): $\$14.00 * 40 * 52 = \$29,120 * 75\%$ federal funds
 - Paula (salaried): $\$36,000 * .50 = \$18,000 * 75\%$ federal funds
 - Felicia (hourly): $\$15.00 * 10 * 52 = \$7,800 * 75\%$ federal funds
 - James (salaried): $\$92,000 * .15 = \$13,800 * 75\%$ federal funds
 - Teri (salaried): $\$34,000 * .25 = \$8,500 * 75\%$ federal funds
- \$ 29,103 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: $\$3,048+11,475 = \$14,523 * 75\%$ federally funded. Paula: $\$1,884+2,564 = \$4,448 * 75\%$ federally funded. Felicia: $\$817+35 = \$852 * 75\%$ federally funded. James: $\$1,444+3,145=\$4,589*75\%$ federally funded. Teri: $\$890+\$2,564=\$3,454*75\%$ federally funded.
- \$ 10,000 Travel (A): Lease payments for dedicated vehicle. Reimbursed mileage rate, insurance, repairs, and gas make up the balance – 75% federally funded.
- \$ 1,500 Equipment (A): Cell phones dedicated to the program 75% federally funded.
- \$ 1,500 Travel (B): Costs related to attendance at seminars/trainings such as ODMH, conferences on homelessness, cultural competence training, OBB training, etc.– 75% federally funded.
- \$ 7,022 Supplies (A): Basic needs for clients – emergency food, clothes, hygiene supplies and medications to be used for outreach engagement or emergencies – 75% federal funds.
- \$ 33,000 Other (C): Housing Assistance - Security deposits of \$530 for 45 tenants plus one-time emergency payments for 45 tenants – 75% federal funds.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name:			Period Request Covering	
Mental Health & Recovery Services Board of Lucas County			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 27,625.00			
Fringe Benefits	\$ 9,701.00			
Travel	\$ 3,333.00			
Travel (B)	\$ 500.00			
Equipment (A)	\$ 500.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 2,341.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 11,000.00			
Total Local Direct	\$ 54,500.00			
Total Local Indirect (B)	\$ 500.00			
TOTAL LOCAL	\$ 55,000.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 220,000.00			
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:	

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – LUCAS

Lucas County/Neighborhood Properties, Inc.

Local Match PATH funding - Total \$55,000 (Source of funding: Local Government Funds)

- \$ 27,625 Personnel: 3.15 FTEs for outreach and coordination services; supervising, organizing and documentation related to the delivery of PATH services.
- John (hourly): $\$16.00 * 40 * 52 = \$33,280 * 25\%$ local funds
 - Vacant (hourly): $\$14.00 * 40 * 52 = \$29,120 * 25\%$ local funds
 - Paula (salaried): $\$36,000 * .50 = \$18,000 * 25\%$ local funds
 - Felicia (hourly): $\$15.00 * 10 * 52 = \$7,800 * 25\%$ local funds
 - James (salaried): $\$92,000 * .15 = \$13,800 * 25\%$ local funds
 - Teri (salaried): $\$34,000 * .25 = \$8,500 * 25\%$ local funds
- \$ 9,701 Taxes (FICA+Worker' Comp+Empl. Serv Contrib.) = .1046848 + fringe benefits (Health, Life/Disability Insurance & 401K) related to the above staffing. John: $\$3,484+7,452 = \$10,936 * 25\%$ locally funded. Vacant: $\$3,048+11,475 = \$14,523 * 25\%$ locally funded. Paula: $\$1,884+2,564 = \$4,448 * 25\%$ locally funded. Felicia: $\$817+35 = \$852 * 25\%$ locally funded. James: $\$1,444+3,145=\$4,589*25\%$ locally funded. Teri: $\$890+\$2,564=\$3,454*25\%$ locally funded.
- \$ 3,333 Travel (A): Lease payments for dedicated vehicle. Reimbursed mileage rate, insurance, repairs, and gas make up the balance – 25% local funds.
- \$ 500 Travel (B): Costs related to attendance at seminars/trainings such as ODMH, conferences on homelessness, cultural competence training, OBB training, etc.– 25% locally funded.
- \$ 500 Equipment (A): Cell phones dedicated to the program 25% local funds.
- \$ 2,341 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.
- \$ 11,000 Other (C): Housing Assistance - Security deposits of \$530 for 45 tenants plus one-time emergency payments for 45 tenants – 25% local funds.

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 process the request.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Mahoning County Mental Health Board/Help Hotline Crisis Center

SECTION C: Local-Area Provider Intended Use Plan

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

Help Hotline Crisis Center (HHCC), a multi-service mental health organization, provides a variety of services to persons living in Mahoning, Ashtabula, Lake, 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. Help Hotline's CEO also functions as the CEO (in-kind) for MVDRS.

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 navigator 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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Help Hotline's PATH Program in collaboration with Catholic Charities Regional Agency provides assistance to homeless persons in **Mahoning and Trumbull Counties**. The amount of funds the organization will receive is \$145,795.

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Help Hotline has been working with the Mahoning County Continuum of Care since its inception in 1995. The agency's Chief Executive Officer serves on the Continuum's Executive Committee which meets bi-monthly. The Chief Executive Officer has also served on the Planning and Evaluation Committees.

The agency's Director of Shelter and Support Services is an active member and serves on the HMIS Committee. Other agency personnel including the Housing Coordinator attend the bi-monthly meetings.

Additionally staff served on the Mahoning County Homeless Coalition, the forerunner to the continuum. The Coalition began in 1988 and merged into the Continuum of Care.

Catholic Charities Regional Agency is also a member of the Mahoning County Continuum of Care and a member of the Trumbull County Continuum of Care.

Catholic Charities Regional Agency Executive Director has served as chairperson of the Mahoning County Continuum of Care and serves on the Executive Committee in addition to having served on the Planning and Evaluation Committees. 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. This project provides shelter to homeless persons/families during the winter months of December through March. The project provides a seamless, single point of entry for homeless persons needing shelter by having the homeless and other concerned individuals contact Help Hotline in order to receive shelter. The project is a collaboration of community organizations including the shelter. This project has just completed its 22nd year of providing this service. Help Hotline's CEO is also the chair of the Mahoning County Food and Shelter Board.

Catholic Charities Regional Agency staff serve on Trumbull County's local homeless coalition/committee.

The outreach workers take part in each county's Point in Time counts.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Help Hotline and Catholic Charities refers homeless individuals and families to the programs listed below, based on their needs. At times referrals may also be to Community Legal Services

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

to assist the individuals through the legal aspect of getting back into housing and/or other situations warranting legal assistance.

Both agencies will refer individuals to other community agencies and will actively assist those persons who access the services by accompanying the individual to the agency and/or assisting them complete an application.

For primary health care: St. Elizabeth's Hospital, St. Joseph's Hospital, Trumbull Memorial Hospital, Forum Health Care and community health clinics, Youngstown Federal Community Health Center;

Mental health: Turning Point Counseling, Valley Counseling, Coleman Behavioral Health, Compass Family Services;

Substance abuse: Meridian Community Care, Neil Kennedy, Community Solutions;

Housing: Youngstown Metropolitan Housing, Trumbull Metropolitan Housing, International Towers, Calvary Towers, Catholic Charities Rapid Re-Housing Program, Help Hotline's Housing Coordinator, Compass Family Services;

Employment: One Stop for Employment in Mahoning County and Trumbull County, Compass Family VRP Employment Program;

Benefits application: Help Hotline's or Catholic Charities' Benefits Bank programs for the application process utilizing the Benefits Bank and SOAR Program;

Case management services: Catholic Charities Regional Agency.

4) **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally.

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 out to the homeless. 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 known areas where homeless persons inhabit regularly in order to attempt to contact the homeless. Staff carry with them give-a-way items including food and water for the homeless. Umbrellas, socks, hygiene products, coats, hats and gloves are available.

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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

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. These services requires multiple contacts lasting several months particularly for mental health and/or drug and alcohol needs. The focus is to work on outcomes throughout this process.

- b) Describe any gaps that exist in the current service system.

Gaps include safe, affordable housing for persons who are severally mentally disabled or have previous drug and alcohol issues. This would include those persons recently released from prisons, regardless of their conviction who are unable to get subsidized housing for crimes they've committed.

There is an extensive waiting list for subsidized housing, including Section 8.

Individuals with previous large unpaid utility bills, unpaid past rent, bad references from previous landlords, no landlord references for the past three to five years are difficult to serve and get into housing.

The lack of income either from employment or benefits such as SSDI/SSI serves as a barrier and even though Catholic Charities has a SOAR Program.

The lack of transportation whether it is for out of county or for in-county is an issue for homeless individuals.

The need for assistance for the non-psychotropic medications is great due to individuals needing the medications for diabetes, heart and other medical needs.

- c) Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

Turning Point Counseling Center and Meridian Community Services in Mahoning County provides assistance to individuals who have co-occurring disorders. Turning Point has placed a mental health professional down at the Rescue Mission of Mahoning Valley, one day a week. This individual has greatly assisted homeless individuals in seeing them much sooner than previously when the staff person was not there.

In Trumbull County Coleman Behavioral and Community Solutions provides assistance for individuals with co-occurring disorders. At the Rescue Mission of the Mahoning Valley, the Social Worker Supervisor has an extensive background in substance use disorder and is able to assist getting individuals who have co-occurring disorders services through Meridian Community Care, Neil Kennedy and/or Community Solutions.

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

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.

- 5) **Data** – Describe the provider's status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

Help Hotline's Director of Shelter and Support Services and PATH Team Leader have taken the HMIS training. Both continue to take additional training when scheduled by Mahoning County's HMIS Coordinator. They utilize the HMIS system to enter homeless individuals and/or gather data. The Team Leader enters the data in the HMIS for PATH Mahoning and Trumbull Counties. All new outreach workers are trained on how to utilize the HMIS Intake Form. Trainings also take place either during the weekly staff meetings or the monthly outreach meetings held at Help Hotline's Community Center.

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

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

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. Catholic Charities' HPRP Program has been an option for some of the homeless persons.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Currently all of the outreach workers are Caucasian. **3** of the staff are consumers and **1** is a disabled veteran who was referred to the program by a local mental health employment agency and **1** is in recovery who was also referred by the local mental health employment agency.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

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.

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 outreach workers recently attended a cultural competence training from Multiethnic Advocates for Cultural Competence. Additional trainings will be attended when made known.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.
The projected number of adult homeless to be contact is 450. The number to be enrolled is 350.

More than 90% of the individuals encountered are literally homeless, either living in a homeless shelter, on the streets or in camps. Many of these individuals are chronically homeless.

The majority of past homeless persons seen by outreach workers have been Caucasian, followed by African-Americans. Occasionally the staff come across an individual of Hispanic origin.

- 9) **Consumer Involvement** – Describe how individuals 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.

The agency's mission reflects its values to recovery and seeks consumer involvement in planning and outcomes. PATH outreach staff ask homeless individuals for their input. Help Hotline provides a survey to consumers regarding program planning, implementation and evaluation. Family members, if known, are solicited for their assistance. Help Hotline's PATH Program outreach workers are mental health consumers who in some cases have been homeless. Staff provide assistance in developing and completing the Intended Use Plan.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MAHONING

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 January 2012, Page 3).

Approximately there are **145** 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 FY2012 (SFY2013).

Help Hotline's PATH Program estimates that it will serve at least **90%** or **131** of the 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 reviews all homeless files for status of the outcomes and to make revisions as necessary. These revisions may be to increase contacts with the homeless, focus on uncompleted outcomes or and/or re-visit consumers goals and objectives.

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

We've learned that we need to do a better job at focusing on outcomes. In addition this has assisted us to review how we are working with the homeless individuals.

4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:

Help Hotline's PATH Program developed brochures and flyers that have been 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.

Presentations have been made to community agencies and mental health agencies.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MAHONING

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

PATH Program staff also participated in the fourth annual homeless walk on December 1st to bring awareness to individuals who face the cold weather but also to bring attention to those homeless persons who have died during the year. This is done at the beginning of Help Hotline's Cold Weather Emergency Shelter Program.

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

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, 2011 – April 7, 2012?
Help Hotline's PATH Program served **7** individuals who are veterans.

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MAHONING

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Attachment A				
Board Name: Mahoning County Mental Health Board			Period Request Covering	
Help Hotline Crisis Center, Inc.			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 107,185.00			
Fringe Benefits	\$ 22,811.00			
Travel	\$ 9,000.00			
Travel (B)	\$ 2,385.00			
Equipment (A)	\$ 1,469.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 745.00			
Supplies (B)	\$ 100.00			
Contractual	\$ 100.00			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ 2,000.00			
Total Federal Direct	\$ 143,310.00			
Total Federal Indirect (B)	\$ 2,485.00			
TOTAL FEDERAL	\$ 145,795.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MAHONING

PATH BUDGET NARRATIVE FY2013
 Mahoning County
 Help Hotline Crisis Center, Inc.

Federal Narrative
 Page 1

			TOTAL
Personnel:			
	CCRA 1.0 F.T.E. PATH Outreach Worker Administration-7%/Supervision-5%	\$30,150 10,314	
	HHCC 3.0 F.T.E.'s – 5 PATH Outreach Workers 0.25 F.T.E. Outreach Supervisor/Admin	56,685 <u>10,036</u>	\$ 107,185
Fringe Benefits:			
	CCRA(TC): Payroll taxes	\$ 2909	
	Benefits: Health Insurance(single) & pension		11948
	HHCC .0765 FICA/Medicare tax	4,336	
	ODJ&FS(unemployment tax(.01), BWC(.006583) and pension(5%)	784 <u>2,834</u>	\$ 22,811
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>6,500</u>	\$ 9,000
Travel B:			
	CCRA: Training, Conferences, Workshops – Local,	\$ 1195	
	HHCC COHHIO Conference registration (2 @ \$225.00), Lodging(1 room/2 nights @\$175 each) meals(\$130.), mileage to/from Youngstown-Columbus (\$115 each)	\$ <u>1,190</u>	\$ 2385
Equipment A:			
	CCRA Cell phone – Outreach Coordinator \$50. x 12 months	\$ 144	
	HHCC 5 cell phones – Outreach workers: \$22.08 x 12 mos.	\$ <u>1,325</u>	\$ 1,469
Supplies A: Request forms must be completed and approved by Supervisors and CEO or Associate Director. Receipts will be attached.			
	CCRA: Medical Care/Medications	\$500	
	Misc. Personal Items (hygiene products, dental supplies, clothing, shoes, blankets, laundry supplies)	<u>245</u>	
			\$ 745
Other C:	Housing: CCRA – One time rental payments to prevent Eviction or security deposits HHCC, Inc.		\$2,000

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Federal Narrative

MC PATH BUDGET NARRATIVE FY2013

Page 2

Supplies B: CCRA- paper, printer, folders, folder clips, legal pads

Pens

\$ 75

Copy machine maintenance/supplies (American Business)

25

\$ 100

Contractual: Printing – vouchers, fliers, brochures

\$ 100

\$50 vouchers

\$25 Appt. Cards (In-House)

\$25 Agency stationery and envelopes

TOTAL FEDERAL DIRECT(A+C):

\$143,310

TOTAL FEDERAL NON-direct(B):

2,485

TOTAL **FEDERAL:**

\$145,795

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MAHONING

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name: Mahoning County Mental Health Board			Period Request Covering	
Help Hotline Crisis Center, Inc.			From:	To:
			July 1, 2012	June 30, 2013
	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)	\$ 6,000.00			
Other (C - Housing)	\$ 25,400.00			
Total Local Direct	\$ 41,184.00			
Total Local Indirect (B)	\$ 8,410.00			
TOTAL LOCAL	\$ 49,594.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 195,389.00			
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:

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Montgomery County/MVHO

SECTION C: Local-Area Provider Intended Use Plan

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

Miami Valley Housing Opportunities, Inc. (MVHO) is a private nonprofit agency, incorporated in 1991 to serve Montgomery County, Ohio. MVHO strives to end homelessness through permanent housing solutions. MVHO partners with other approved entities to provide mental health services to people residing in its residential housing. MVHO receives PATH funds from the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) for Montgomery County to operate the PATH Program to provide outreach and immediate access to temporary housing for homeless persons with mental illness. The region served is Montgomery County, Ohio. MVHO anticipates receiving \$176,268 from PATH funds.

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

MVHO operates approximately \$2,900,000 per year in HUD Shelter Plus Care Rent Subsidies for 377 formerly homeless persons with disabilities, through cooperation with the Montgomery County Continuum of Care. The Executive Director of MVHO serves on the Homeless Solutions Policy Board (Continuum of Care) Agency Director’s Committee. The MVHO/PATH Director serves as a member of the Homeless Solutions Policy Board’s (HSPB) 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 MVHO/PATH Director also serves on the local Emergency Housing Coalition (EHC) membership. 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. The MVHO/PATH Director chairs the EHC’s Outreach committee and meets regularly with HSPB Staff and emergency shelters Staff 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 (CoC) report to HUD.

Additionally, MVHO/PATH cooperates with the agencies 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 and housing.

The CoC identified specialized system entry points, or Front Doors, for specific subpopulations. All four providers, including MVHO/PATH, use a common intake assessment tool to document the characteristics and housing barriers of clients entering the CoC system. The Front Door Assessment

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

process enables the community to intentionally make housing referrals that are appropriately matched with levels of service intensity and program type. MVHO/PATH serves as the gateway point of access for referrals to Montgomery County's Safe Haven/HomeStar projects, due to PATH's advocacy that resulted in homeless persons living in places not meant for habitation being the highest priority for housing placements. The MVHO/PATH Program has a signed commitment for coordination of outreach services with the Samaritan Homeless Clinic valued at \$30,000 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's 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, to collaborate on referrals and to educate about the needs and concerns of homeless persons with disabilities and are part of the ODRC Returning Home Ohio 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, both as team members and as educators. PATH staff also coordinates services and referrals with the local adult parole authority.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of 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 behavioral 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, Community Psychiatric Support Team (CPST) 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 For the Homeless wrap-around program (Places, Inc.), Veterans Affairs Medical Center, and nine community behavioral 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 temporary 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 behavioral health agencies and Crisis Care, the community's gateway to community behavioral health treatment services and/or community alcohol and drug addiction treatment centers.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Minor renovation, expansion and housing repair are provided by Community Action Partnership, Re-building Together Dayton and Habitat for Humanity. Planning of housing is provided by MVHO and Greater Dayton Premier Management, formerly Dayton Metropolitan Housing, in cooperation with case managers from the six (6) partner homeless service agencies and nine (9) community behavioral 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 Greater Dayton Premier Management in cooperation with case managers/CPST from the six (6) partner homeless service agencies and nine (9) community health service agencies. Security deposits and one-time rental payments to prevent eviction are provided by MVHO and the Opening Doors For the Homeless Program. A network of twelve (12) service agencies was created in 2008, and continues, to provide furniture and household items to homeless people receiving permanent housing.

- 4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally.

MVHO/PATH is the only official participant in the Continuum of Care that provides active street outreach services to adults in Montgomery County. PATH engages actively and intensively with a population that is not served by any other program at this time. In-depth services, an understanding of and familiarity with the target population, knowledge of the places they spend time, where we meet with clients and provide services, the numerous contacts we have with clients and a working alliance with community resource centers make this program unique from others in the County. With the ultimate goal of guiding participants from homelessness to permanent housing and independence by helping them seek services that will make positive impacts in their lives, Staff focus on treatment and housing needs intensively, as long as needed or as requested by the client.

In order to identify those that are eligible, Staff members go where homeless individuals sleep or gather, establish trusting relationships with them and then help them to start planning for their futures. Staff members talk with homeless clients under bridges, known homeless “camp” sites, in bus stations, public libraries, faith-based programs and free-meal sites. Priority is placed on responding to, engaging and enrolling homeless individuals that are known to be chronically homeless, have a high incidence of co-occurring conditions, most likely have a high incidence rate of relapse and have severe barriers to housing stability.

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 process improved delivery of housing and shelter services to families and individuals who are homeless or at great risk of homelessness. This process, the Front Door Process, institutes a consistent and uniform assessment process and

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

procedure to determine the most appropriate service response to each individual or family's immediate and long-term housing needs. The ultimate goal of this 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.

PATH Staff work with each client to help ensure that the client receives all benefits and mainstream support services for which the client qualifies, including locating housing resources for them. Staff assists each participant in completing appropriate applications, making appointments, obtaining necessary legal documents and obtaining appropriate provisions for in-patient treatment programs. Staff makes referrals to local health care and treatment providers, human services, job training, educational services, relevant housing services and other social service agencies. Frequency and location of the services provided depends on the participants' living situations; whereas each client is treated individually to establish the most appropriate and comfortable place for meetings with Staff.

- b) Describe any gaps that exist in the current service system.

The availability of general mental health treatment is acutely inadequate for 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 behavioral health and substance abuse issues. Our Housing Assistance Program (HAP), for clients of community behavioral 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.

- c) Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

The ADAMHS Board for Montgomery County funds several programs specifically for individuals with co-occurring severe mental illness/substance abuse disorders, called Integrated Dual Disorder Treatment (IDDT) services. NOVA Behavioral Health operates a residential unit focusing on IDDT. Day-Mont Behavioral Health Care, Inc. provides a specialized Community Psychiatric Support unit and outpatient treatment program for IDDT clients. Consumer Advocacy Model (CAM) provides out-patient alcohol and drug addiction treatment and CPST 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 (26) Housing First units in Montgomery County dedicated to housing for the dual-disorder population. Veterans with both a serious mental illness and

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

substance use disorder receive treatment at the VA Medical Center's Dual Diagnosis Rehabilitation Program. MVHO also has sixty-one (61) SRO housing units at the VA Medical Center to house individuals, many of whom have co-existing disorders. Finally, four (4) behavioral 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.

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

Staff receives free training and participates with the local Crisis Intervention Team (CIT), which has assisted the PATH team to develop effective communication with local law enforcement personnel. 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. Second, Staff receives training in motivational interviewing techniques and utilize this strategy in daily activities with consumers. Identifying the Stages of Change model, as it pertains to each individual, has been helpful in approach techniques and ability to assist homeless clients. Also, Staff receive trauma-informed care training, 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. All Staff receives training in cultural competency and sensitivity. Additional consultation may be provided by the behavioral health therapist at the Samaritan Homeless Clinic, who participates in street outreach and engagement alongside PATH Staff, and D. Susan Dyer, Psy. D., the contract consultant for MVHO. MVHO/PATH Staff makes referrals to behavioral health treatment facilities that provide supported employment programs. PATH/MVHO is able to make direct referrals to Goodwill Easter Seals for their Rapid Re-employment program, other employment resources there, and the Bureau of Vocational Rehabilitation.

Throughout outreach, engagement, enrollment and case work, client data is entered and maintained in the HMIS. All households who enter any of the community's gateway shelters or that are homeless in places not meant for habitation 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 housing program to meet their need (ex. programmatic shelter, transitional housing or permanent supportive housing). HMIS is the primary component of data tracking, reporting and program improvement processes, as it has been for the PATH program since introduction to Montgomery County in 2007.

- 5) **Data** – Describe the provider's status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

MVHO/PATH has two licenses to use HMIS currently, and the PATH Program Staff utilizes these existing licenses. Our HMIS provider is ServicePoint, a product of Bowman Systems, Inc. Staff attends optional and mandatory HMIS training opportunities, usually offered at no cost to PATH Staff. Computers and access to HMIS are not readily available in the field (during the actual outreach activities), so a goal is to implement usage of HMIS among the entire staff eventually. We anticipate additional training at no cost to the program. Equipment and wireless access to HMIS will be an

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

expense that we will prepare for and plan to cover with budgeted line-items in the PATH Budget. During this budget year, expenses for additional licenses to access HMIS will be investigated.

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

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. PATH Staff's advocacy and documentation of the need resulted in homeless persons living in places not meant for habitation being the highest priority for housing placements. 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 Behavioral Health Services in order to be eligible for permanent supportive housing subsidies and Eastway Behavioral Health Care's HAP rental subsidies. MVHO PATH Staff helps individuals apply for MVHO Shelter+Care, MVHO Project-based Section 8, HUD 811 rent subsidies, local Housing Authority Section 8, and other project-based rental assistance. 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/households in the county.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

MVHO places great emphasis on selecting staff that represent the diversity of the population served. Fifty-six (56) percent of MVHO personnel are minority members, fifty-two (52) 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 CoC.

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 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,

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

disabilities and family composition. Maintaining contacts across the community's churches, meal sites, emergency rooms, and shelters, other places has 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 and any new employees can receive the training throughout the year by video or through an arrangement 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. In May, 2012, MVHO is offering a Homeless Sensitivity training to all MVHO personnel.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

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 (30) percent of those served were 18-34 years of age; forty-eight (48) percent were between 35 and 49; twenty (20) percent were between 50 and 64 years of age; and less than two (2) percent were between 65 and 74 years of age. Forty-six (46) 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-three (43) percent of the PATH population was white, while eleven (11) percent was other or withheld. The PATH homeless population was an equal amount of men and women.

The MVHO/PATH Program projects 235 clients will be served through enrollment in the program between July 1, 2012 and June 30, 2013. The PATH Program projects the percentage of clients that will be literally homeless will be 95-100%. PATH Staff projects 510 homeless adults will be served through outreach between July 1, 2012 and June 30, 2013.

- 9) **Consumer Involvement** – Describe how individuals 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.

The ADAMHS Board for Montgomery County and MVHO both include consumers of behavioral 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 eleven-member Board of Directors.

MVHO conducts multiple Community Advisory Meetings each year in residential settings 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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

of the benefits of participating in the meetings 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 (40) 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 (3) funded PATH positions, during the first half of the FY2012, two (2) staff persons were consumer representatives. Currently, one PATH Staff person is a consumer. 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, especially at weekly PATH Staff meetings. MVHO/PATH Staff receives crisis prevention and intervention training and are paid commensurate with other MVHO Staff. 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 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 past meetings.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

1. Homeless Individuals with Serious Mental Illness in your County

(Please answer both a and b):

2. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (ODMH DRAFT Guidance Document revised January 12, Page 3).

The Montgomery County Homeless Management Information System (HMIS) documented 3,072 adults who were served in the homeless shelters or in outreach during 2011. National statistics show that approximately 23% of this homeless and at risk population is seriously mentally ill. Therefore, we estimate an average of 707 homeless persons who have a severe mental illness.

3. Estimate the number of above clients to be served in FY2012 (SFY2013).

The MVHO/PATH program projects that 235 clients will be enrolled between July 1, 2012 and June 30, 2013.

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, as well as other timely issues. The PATH Director analyzes 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. Strategies to direct 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 have resulted in increased productivity in the respective areas. Changes in Staff occurred and we anticipate further increases 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.

4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

PATH Staff have further enhanced our informal partnerships with several community centers where homeless people are welcomed and served. Both City Heart, located downtown at Christ Episcopal Church, and Life Enrichment Center, located in the Eastern part of the city, have strengthened their reliance on PATH team members when their visitors express or exhibit the need for outreach. Also, PATH has worked with Places, Inc. to transition PATH clients from outreach-based case management services to Places, Inc.'s Supportive Living Program services. Their case managers have been very successful at assisting PATH Staff to transition clients, especially those living in places not meant for habitation, to their spectrum of resources.

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

MVHO/PATH created a new, multi-color program brochure, last year. Staff continues to distribute it to those present at various meetings and trainings attended throughout the year. The MVHO/PATH Staff is acknowledged as experts in the area of homeless outreach and are asked to present at various activities throughout the year. They presented at:

- a. MVHO launched a new, interactive website that includes PATH information. It includes an option to download a copy of the Street Card (a resource for those who are homeless).
- b. MVHO was awarded the 2011 Business of the Year in the not-for-profit category by the Dayton Business Journal
- c. PATH Director provided education and instruction about PATH to new case management Staff at the emergency shelters.
- d. PATH Director provided education and instruction about PATH resources to all emergency shelter guest attendants and pertinent Staff.
- e. PATH Staff provided informative stories and education at the annual Crisis Intervention Team training for new members.
- f. PATH updated the community's Street Card and re-distributed to many service providers, safety personnel, public buildings, and elsewhere. PATH is listed on the Street Card as homeless outreach provider of basic needs. PATH Staff give these out regularly, whenever needed.
- g. PATH Staff participated in a health and information fair for the community at the House of Bread, a centrally-located provider of free meals seven days per week.
- h. PATH Director met with the Veteran's Affairs Medical Center's new Director of Health Care for Homeless Veterans to discuss the partnership and new ideas for improvement of services.

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

The MVHO/PATH team continues to benefit from the assistance of a psychologist providing consultation to Outreach Services. 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 clients where they are. For instance, she and the PATH team were able to assist six (6) PATH clients that were living in places not meant for habitation to obtain housing in November and December 2011 in MVHO's

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

newest permanent supportive housing, River Commons II. These six (6) people received housing subsidies provided by Greater Dayton Premier Management, the public housing authority.

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, 2011 - April 7, 2012?

Of the 146 PATH clients served during the period, eleven (11) were discharged veterans. 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. 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. PATH is a participating agency in the two annual Montgomery County Veteran's Stand Downs. 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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health

ATTACHMENT A

Board Name: ADAMHS Montgomery County		Period Request Covering		
		From: July 1, 2012	To: June 30, 2013	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL ALLOCATION				
Personnel	\$ 108,305.00			
Fringe Benefits	\$ 29,850.00			
Travel	\$ 7,850.00			
Travel (B)	\$ 2,500.00			
Equipment (A)	\$ 2,913.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 7,850.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A) Screening	\$ 7,500.00			
Other (B)	\$ -			
Other (C - Housing)	\$ 9,500.00			
Total Federal Direct	\$ 173,768.00			
Total Federal Indirect (B)	\$ 2,500.00			
TOTAL FEDERAL	\$ 176,268.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Montgomery County/Miami Valley Housing Opportunities Attachment B					P. 1 of 2
Federal Allocation Narrative					
Personnel:	Annual Salaries	3FTE's 100% Path Funded			\$108,305
Path Program Director	46,827	1		46,827	
Outreach Worker	26,440	1		26,440	
Outreach Worker	29,538	1		29,538	
CEO & CFO	5,500		4%	5,500	
Fringe Benefits:					\$29,850
Payroll taxes, health insurance, retirement and bonus					
Travel (A):					\$7,850
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					
Cris Care					
Totals					7,850
Travel (B):					\$2,500
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					\$ 2,500
Equipment (A):					\$2,913
4 Cell Phones for the Path Outreach Workers:					

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Montgomery County/Miami Valley Housing Opportunities Attachment B Page 2 of 2	
Federal Allocation Narrative	
Supplies (A)	\$7,850
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 (Contractual) Screening	\$7,500
Other (C-Housing)	\$9,500
One time rental payments to prevent eviction, security deposits and housing application fees	
Client Transportation	
Total Federal Direct:	\$173,768
Total Federal Non-Direct (B)	\$2,500
Total Federal:	\$176,268
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 Pat contact/client file.	

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name: ADAMHS Montgomery County			Period Request Covering	
			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 22,196.00			
Fringe Benefits	\$ 5,405.00			
Travel	\$ -			
Travel (B)	\$ 875.00			
Equipment (A)	\$ -			
Equipment (B)	\$ 975.00			
Supplies (A)	\$ -			
Supplies (B)	\$ 990.00			
Contractual	\$ 30,000.00			
Construction				
Other (A)	\$ -			
Other (B)	\$ 4,775.00			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 57,601.00			
Total Local Indirect (B)	\$ 7,615.00			
TOTAL LOCAL	\$ 65,216.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 241,484.00			
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:	
DMH-FF-003 (Rev. 6/04)				

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – MONTGOMERY

Montgomery County/Miami Valley Housing Opportunities Attachment D Page 1 of 1				
Local Match Allocation Narrative				
Personnel:				\$22,196
		<u>FTEs</u>	Annual Rate	Path 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:				\$241,484
Source of Local Match Funds: Local Human Services Levy Funds and MVHO Rental Revenues				

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – STARK

Stark County/ICAN, Inc.

SECTION C: Local-Area Provider Intended Use Plan

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

ICAN, Inc, dba ICAN Housing Solutions, is a contract agency with the Mental Health and Recovery Services of Stark County. Its service area is all of Stark County, OH. The majority of our consumers come to us from the City of Canton. 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 rent subsidy programs to pay rents to private landlords to provide clients with additional choices. In February 2012, ICAN opened a four-bedroom house exclusively for homeless veterans transitioning to permanent housing.

The FFY 2013 allocation is \$96,250 with a match of \$32,083.

- 2) **Collaboration with HUD Continuum of Care Program** – Describe the organization’s participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Answer: The PATH Supervisor and the Housing Development Coordinator attend the monthly Homeless Services Collaborative meetings. The HSC presents trainings and is a place for networking among front-line providers.

The Stark County Homeless Council coordinates the Stark County Continuum of Care process. ICAN’s Housing Development Coordinator serves on its Governance Board. She is a member of the Planning and Capacity Building Committee.

ICAN has four Continuum of Care grants to provide housing subsidies to homeless persons with mental illness or to reduce operating costs of buildings as a way to charge lower rents. ICAN is also a sub-recipient for a project based Shelter Plus Care program for SMHA.

ICAN’s PATH Supervisor as well as our Housing Development Coordinator served on the subcommittee to coordinate this year’s Point-in-Time count. The PATH Supervisor is also Secretary for the Project Homeless Connect planning committee.

- 3) **Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

As part of the Homeless Services Collaborative, ICAN has entered into Agreements 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:

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

AGENCY	ADDRESS
Alliance Area Domestic Violence Shelter	PO Box 3622, Alliance 44601
Alliance Children & Family	624 Scranton, Alliance 44601
American Red Cross	525 Market Avenue North, Canton 44702
American Rescue Workers	1311 Market Ave N, Canton 44714
Americorps YEP VISTA	625 Cleveland Ave. NW, Canton 44702
Canton Calvary Mission	1345 Gibbs Ave., NE, Canton 44705
Canton City Health Department	420 Market Avenue North, Canton 44702
Canton City Schools	305 McKinley Ave NW, Canton 44702
Canton Friendship Center	2200 Cleveland Ave, NW, Canton 44709
Catholic Charities	3112 Cleveland Ave, NW, Canton 44709
Child and Adolescent Behavioral Health	919 Second St, NE Canton 44704
Coleman Behavior Health	400 W Tuscarawas St., Suite 200, Canton 44702
Community Services Stark County (CSSC) - Homeless Support Services	1700 Gateway Blvd SE, Canton 44707
CSSC - FLC Emergency Shelter	876 Amherst Rd NE, Massillon 44646
CSSC - Pyramid Employment	625 Cleveland Ave., NW, Canton 44702
CSSC - S.H.E.L.T.E.R. Program	625 Cleveland Ave., N.W., Canton 44702
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, Canton 44708
Dept of Youth Services	161 High St,Suite100, Akron 44308
DEW IT NOW Shelter	110 15th St., N.E., Canton 44714
Domestic. Violence Project - Canton	PO Box 9432, Canton 44711
Downtowner, Village Gardens, REM	300 W Tuscarawas St, #700, Canton 44702
Fair Housing Contact Services	441 Wolf Ledges Pkwy, Akron 44311
First Christian Church	6900 Market Ave N, North. Canton 44721
First Church of the Resurrection	901 E Tuscarawas, Canton 44709
Foundations: A Place for Recovery and Education	1707 Cleveland Ave. N, Canton, OH 44703
Info Line	703 South Main Street, Suite 211, Akron 44311
JR Coleman Outreach	1731 Grace Avenue NE, Canton 44705
Multi-Development Services Stark County	424 Fulton Rd NW, Canton 44703
New Beginnings Recovery House	1021 Fifth St. NW, Canton 44703
P.A.L. Mission	1634 Market Ave S, Canton 44707
Quest Recovery Services	1341 Market Ave, North Canton 44714
R & R Transitional Living Inc.	35 Erie Street N, Suite 205, Massillon 44646
Refuge of Hope Men's Shelter	300 Walnut Ave NE, Canton 44702
Safe Harbor	1231 Andrews St NW, Hartsville 44632
Salvation Army Canton	420 Market Avenue North, Canton 44702
Salvation Army - Massillon	143 First Street SE, Massillon 44646
SARTA	1600 Gateway Blvd. SE Canton 44707
Senior Employment Center	408 Ninth St., SW, Canton 44707

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

Sisters of Charity Health System	400 Market Ave N, Suite 300, Canton 44702
Social Security Administration	301 McKinley Ave, SW Suite 100 Canton 44702
Stark County Job & Family Services	221 Third St SE, Canton 44702
Stark Co Out of Poverty	126 Central Plaza N, Canton 44702
Mental Health Recovery Services Board	800 Market Ave N, Canton 44702
Stark County Regional Planning	201 Third St NE, Canton 44702
Stark Metropolitan Housing Authority	400 East Tuscarawas, Canton 44702
Stark Regional Community Correction Center	4433 Lesh Street, Louisville 44641
Stark County Veteran’s Commission	110 Central Plaza S, Suite 424, Canton 44702
Tri-County Independent Living Center.	680 E Market St, Suite 205 Akron 44304
Trillium Family Solution	101 Cleveland Ave. NW, Canton 44702
Turn Around Community Outreach	321 Cherry Ave., NE, Canton 44702
United Way I&R 2-1-1	332 Second St, NW, Canton 44702
Homeless Hotline	800 Market Ave N, Canton 44702
Veteran Administration	703 Market Ave. S, Canton 44702
Veterans Service Commission	110 Central Plaza S, Suite 424, Canton 44702
Western Stark Free Clinic	820 Amherst Rd, NE, Massillon 44646
YMCA Massillon	721 Lincoln Way East, Massillon 44646
YWCA Canton	231 Sixth St, NE, Canton 44702

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. 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.

- 4) **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally homeless.

PATH Workers regularly visit places where homeless people can be found. 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. On occasion we get 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.

PATH workers’ first task upon engagement is to 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 refers do in fact receive a diagnosis of mental illness. If needed or asked, staff

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

will assist the individual in making the appointment at a behavioral health center and even transport and accompany them to the appointment.

ICAN partners with all of the County's emergency 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.

PATH employees refer people to the Canton Community Clinic, the Free Clinic, Total Living Center and other community-based medical and dental care clinics for affordable or free care if they are uninsured.

PATH workers have access to funds that are used to aid in helping individuals get new ID cards and birth certificates needed to obtain mainstream resources and finally, they maintain daily contact with consumers in temporary housing.

b) Describe any gaps that exist in the current service system.

Housing options for those who are on "Do Not Return" lists for shelters continue to be woefully inadequate. Existing emergency shelters are not equipped to deal with the severe behavioral issues that often accompany addiction and mental health disorders. Individuals being released from prison and persons with 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 begin using because they stay in a crack house for shelter during inclement weather.

Other complicating factors create housing barriers. There continues to be 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 or as a result of felony convictions, and will never qualify for public housing again. The Section 8 waiting list is closed until it works through its five year backlog. ICAN has a waiting list for every program with approximately 200 households. It receives inquires about availability daily.

c) Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.

Our PATH Outreach worker recently received her certification as a Chemical Dependency Counselor Assistant (CDCA). This new set of skills and knowledge assists her in both assessing and assisting consumers whom we suspect have both a serious mental illness and a substance use disorder.

ICAN refers to the five behavioral health and addiction disorder treatment agencies that are under contract with the Mental Health Recovery Services Board of Stark County. These agencies provide mental health and addiction treatment and prevention services such as Integrated Dual Diagnosis Treatment (IDDT), individual counseling and medical/somatic services, Community Psychiatric Treatment (CPST), and treatment groups. The Crisis Intervention Center has

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

detoxification units and crisis beds. ICAN also refers to Foundations, a Canton based consumer run agency, and works with the local chapter of the National Alliance on Mental Illness (NAMI), that offers educational and support groups for mental health consumers and their families.

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

In the last year all PATH workers have attended conferences, webinars and trainings on a variety of topics. Some were sponsored by the Mental Health and Recovery Services Board of Stark County, some were COHHIO trainings, and still others were offered by the Center for Evidence Based Practice (CEBP) out of Case Western University. This combination of conference and webinars as well as reading, study and discussion has covered topics such as Trauma Informed Care, Stages of Change and Motivational Interviewing, Cultural Diversity, Transition to Independence Process (TIP) and the Ohio Benefit Bank. Our Peer PATH Assistant attended the recent COHHIO conference and the PATH Supervisor is registered for Managing Benefits training with the CEBP.

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompanying timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff.

Every new employee at ICAN is trained to use the HMIS reporting forms and how to upload them to Heartland East Reporting Services, the agency that operates our local HMIS system. ICAN has been reporting HMIS data consistently for years so it does not face any issues with data migration. Workers will participate in any new trainings that are offered.

- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

ICAN owns and operates a Safe Haven for 20 persons. PATH clients are referred to this program when openings are available. ICAN also refers PATH clients to community emergency resources including:

- Crisis Center funds 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 Do Not Return clients
- Community Services of Stark County and Catholic Charities provide funds for first month rents or security deposits.
- The new Recovery and Empowerment Achieved with Community and Housing (REACH) program at Community Services of Stark County and Crisis Intervention and Recovery Center (funded by SAMSHA Treatment for Homeless Grant)
- Churches offer rent assistance as does the Salvation Army
- Work closely with local landlords of boarding houses and who offer affordable housing. Recently a realty company taking a property out of receivership contacted us to ask about ways to expedite placing consumers who have income into the building.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Last year the PATH program served a population that was 52% African American. Both our PATH Specialist and our PATH Assistant, a former consumer, are African American. The PATH Supervisor is Caucasian. All PATH personnel have years of experience relating to people in poverty as well as personal histories of having grown up in low income households. They are able to draw upon these experiences as they attempt to make an authentic connection to the people they serve. This year, the annual training event sponsored by the Mental Health and Recovery Services Board was focused on Cultural Diversity. Staff members attended the conference and will continue to participate in training as offered.

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

The demographics of the client population;

18-34	35-49	50-64	65-74	Male	Female	Other	White	AA	Hisp.	Other	Veteran
47	44	34	1	76	49	1	55	66	4	1	10

ICAN estimates that at least 90% of clients the PATH Specialist has contact with are street homeless.

- 9) **Consumer Involvement** – Describe how individuals 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.

ICAN conducted a client survey in January 2011 to obtain feedback about our services. PATH clients were included in this survey. Their evaluation of PATH related services is summarized as follows:

100% said they were greeted respectfully and politely

84% who attend our drop-in center would return

93% said they received helpful information about ICAN's services

80% said they received useful referrals to other providers

96% who received housing from ICAN said it meets their needs

ICAN discusses individual housing needs with each PATH client. Their needs vary. Household size, income, county area they prefer, and access to transportation are common variables that determine their needs. Clients consistently report they have difficulty finding affordable housing. This is consistent with staff experience and community data.

PATH clients who are recently released from prison report they have the most difficulty in finding housing. Even if they have income most landlords refuse to rent to them, or affordable housing providers require a waiting period for eligibility. For example, if an agency requires a waiting period of five years since conviction of a felony the clock starts running from the time of release, not since the time the crime was committed. This is a need that is being discussed at Stark County's Homeless Services Collaborative and the Stark County Homeless Council (CoC body). So far no resources have been committed to serve this subset of homeless persons.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – STARK

ADDITIONAL QUESTIONS FOR ALL PATH PROJECTS:

Section I

**1. Homeless Individuals with Serious Mental Illness in your County
(please answer both a and b):**

4. Estimate the number of individuals in your board area who are experiencing homelessness and have a serious mental illness (ODMH DRAFT Guidance Document revised January 2012, Page 3).

Estimated number of homeless in Stark County: 3302
Estimated number who have a serious mental illness: 759

- b. Estimate the number of above clients to be served in FY2012 (SFY2013).
161

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:

Approximately 80% of our enrolled clients suffer from Co-Occurring Substance Abuse Disorders. In response to this growing segment, our PATH Specialist completed a course and has become certified as a Chemical Dependency Counselor Assistant. Our PATH Assistant has become certified as an Ohio Benefits Bank Counselor and, to assist our growing population of veterans, took additional training at the OBB to help them apply for veteran-specific benefits.

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

This data needs to inform planning for housing and service development. ICAN submits its outcome data to the MHR SB quarterly for its planning processes. HMIS data, which includes PATH program data, is reported to the Stark County Homeless Council (CoC lead) and the Homeless Service Collaborative for their use in planning.

4. Please describe any new collaborations or partnerships you have created within the last 12 months to increase your outreach to people experiencing homelessness:

PATH staff has revisited and refined its referral process with several local agencies including the Crisis Intervention Center, and Community Services of Stark County, and the local jail and hospitals. We were contacted by a local realty company that had obtained a building that had gone into receivership. They wanted to talk about ways to offer units to those clients who have income. Two of our consumers now have permanent housing due to this new collaboration.

In 2011 ICAN formed a Homeless Veterans Task Force and invited members of the community who serve veterans or who have an interest in extending services to them. This has educated providers about other services they can use and started conversations about partnerships. The local transit authority obtained a capital grant to create transportation services for homeless veterans with support

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

from the Task Force. ICAN developed the Task Force to help the agency plan appropriate housing for low-income disabled veterans. Stark County has the highest per capita number of veterans in Ohio.

5. Please briefly describe the formal methods your PATH Project market's itself to the community at large and to other homeless providers:

PATH workers accept from 3-6 speaking engagements a year at schools and churches. We are looking at how to broaden our reach to community service clubs in the area.

We have placed flyers and brochures at agencies and hot food sites that advertise our ability to assist with the Ohio Benefit Bank. And we have begun an initiative to re-introduce ourselves and the PATH program to mental health providers in the area.

6. Please briefly describe your PATH Project's greatest accomplishment in the past 12 months:

PATH staff has been very active in locating new housing sources: new private shelters, boarding houses and contacting landlords who offer housing for low-income people. In addition, the effort to re-introduce ourselves to area mental health agencies has opened doors and understanding of what PATH is, who it serves and what it can offer.

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, 2011 – April 7, 2012?

10

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

Yes or No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – STARK

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
Attachment A				
Board Name: Stark County Community MHR SB			Period Request Covering	
			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 44,035.00			
Fringe Benefits	\$ 28,805.00			
Travel	\$ 4,895.00			
Travel (B)	\$ 3,150.00			
Equipment (A)	\$ 800.00			
Equipment (B)	\$ 2,075.00			
Supplies (A)	\$ 3,050.00			
Supplies (B)	\$ 1,025.00			
Contractual	\$ -			
Construction				
Other (A)	\$ 2,405.00			
Other (B)	\$ 2,275.00			
Other (C - Housing)	\$ 3,735.00			
Total Federal Direct	\$ 87,725.00			
Total Federal				
Indirect (B)	\$ 8,525.00			
TOTAL FEDERAL	\$ 96,250.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – STARK

Projects for Assistance in Transition from Homelessness (PATH)				
Ohio Department of Mental Health				
Federal PATH Budget Narrative for SFY 2013				
Board: Stark County Community MHRSB				
Personnel:	\$44,035.00	1.60 FTE for direct program staff, 100% of PATH Specialist: salary (\$26499), on-call beeper (\$6396), OT(\$854); .6 FTE Path Assistant.		
		Position	Annualized Salary	PATH Funded FTE
				PATH Funded Salary
		PATH Outreach Specialist	\$33,745	1.00
		PATH Outreach Assistant	\$17,150	0.60
		Totals	\$50,895	1.6
				\$44,035
Fringe Benefits:	\$28,805.00	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.		
		Position	Annualized Benefits	PATH Funded FTE
				PATH Funded Benefits
		PATH Outreach Specialist	\$23,535	69.74%
		PATH Outreach Assistant	\$8,784	51.22%
		Totals	\$32,319	1.60
				28,805
Travel A:	\$4,895.00	Direct expenses of van exclusively used for Path Program: Maintenance (\$1850) fuel costs (\$2195), insurance (\$850).		
Travel B:	\$3,150.00	(2) Individuals to attend annual COHHIO conference, including registration fees hotel, meals, mileage (\$650); add'l staff training on updated industry protocols (\$400), National Homeless Conference expenses: airfare, registration, hotel, meals (\$1800). Miscellaneous personal car mileage for meetings, on-call weekends (\$300).		
Equipment A:	\$800.00	Annual cost for leased cell phone for PATH Specialist.		
Equipment B:	\$2,075.00	Shared cost of leased office equipment (\$620), phones (\$580), computer network & software support (\$875).		
Supplies A:	\$3,050.00	Direct client care needs: hygiene items, emergency food & grocery vouchers (\$400), bus passes (\$1050), move-in packets, blankets & clothing (\$300) birth certificate copies (\$150) emergency meds (non-psychotropic) \$150 coffee service & bottled water (\$1000)		
Supplies B:	\$1,025.00	PATH personnel's consumable office supplies, such as postage (\$500), paper, ink etc. (\$525) These costs are both directly, and indirectly allocated. Direct would be for special mailings, items ordered specifically for PATH program; indirect costs are prorated among all programs using established distribution codes based on FTE, consistently applied.		
Other A:	\$2,405.00	PATH Program's shared costs of drop-in center: daily newspaper for clients (\$245), client restroom supplies (\$585), utilities, maintenance & insurance (\$1575).		
Other B:	\$2,275.00	Indirect costs associated with office and other expenses of PATH Associates, specifically, building maintenance (\$625), utilities (\$300), pro-rata share of audit fees (\$650), and contract services e.g., payroll & benefit TPAs (\$700)		
Other C: (Housing)	\$3,735.00	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 :	\$96,250.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – STARK

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name: Stark County Community MHR SB			Period Request Covering	
			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 20,726.00			
Fringe Benefits	\$ 11,357.00			
Travel	\$ -			
Travel (B)	\$ -			
Equipment (A)	\$ -			
Equipment (B)	\$ -			
Supplies (A)	\$ -			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ -			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 32,083.00			
Total Local Indirect (B)	\$ -			
TOTAL LOCAL	\$ 32,083.00			
GRAND TOTAL				
GRAND TOTAL				
(Federal and Local)	\$ 128,333.00			
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:	

DMH-FF-003 (Rev. 6/04)

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

Summit County/Community Support Services, Inc.

SECTION C: Local-Area Provider Intended Use Plan

- 1) **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, the amount of PATH funds the organization will receive.

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. The anticipated allocation is \$129,845 with a local match of \$175,169. 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) **Collaboration with HUD Continuum of Care Program** – Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating 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,

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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.

- 3) Collaboration with Local Community Organizations** – Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

One of the strengths of Community Support Services is our ability to collaborate with other service providers. Community Support Services is currently developing a 60 unit Permanent Supportive Housing Project for Homeless individuals. This project is the direct result of the collaboration of the Summit County ADAM Board, Akron Metropolitan Housing Authority, Summit County CoC, Testa builders, and Community Support Services. We anticipate breaking ground in the fall of 2012 for this project. Community Support Services has partnered with the Veterans Administration to open a Community Referral Resource Center (CRRC) in Akron. The CRRC is a homeless outreach center for Veterans and is one of 15 in the nation. Community Support Services anticipates moving our outreach center to the same building to create a one door approach to resolving homelessness. This facility will break ground in May of 2012 and should open in November of 2012.

In 2011 Community Support Services received an additional grant/contract from BVR to provide vocational services to individuals with disabilities. In 2008 Community Support Services collaborated with the Margaret Clark Morgan Foundation and the BeST Center to open a primary care clinic. In 2011 Community Support Services received a grant of \$1,911,454 from SAMHSA to provide primary and behavioral healthcare integration. This grant has provided the opportunity to greatly expand healthcare services and provides the opportunity to truly integrate healthcare and behavioral healthcare.

- 4) Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- a) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally.

Team members will provide on-site services weekly at downtown meal sites, Public libraries, and Metro Transit station. This will provide homeless individuals and community members with a consistent and reliable means of engaging in PATH Services.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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 approximately 50% of these homeless veterans. Currently Community Support Services is working with the VA to develop the CRRC and anticipate the opening of this facility in the Fall of 2012.

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.

- b) Describe any gaps that exist in the current service system.

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. Indigent individuals suffering from chemical dependency are underserved in Summit County. There are times when these individuals are not able to receive services 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. Convicted felons have great difficulty accessing housing and employment. The slow economy has proven particularly difficult for this group of individuals.

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 three to four years which have not been replaced. This issue is compounded for individuals who have arrest records or evictions.

- c) Provide a brief description of the services available to clients who have both a serious mental illness and a 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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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 team. 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. Community Support Services networks and refers 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.

- d) Describe how the local provider agency, pays for or otherwise supports evidenced-based practices, trainings for local PATH-Funded staff, and trainings and activities to support migration of PATH data into HMIS.

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.

Community Support Services partners with the BeST Center to provide Cognitive Behavioral Therapy- Psychosis (CBT-p). This type of therapy is regularly used in England, but is not used in the United States. Community Support Services is one of two organizations in the nation piloting this type of treatment. This provides PATH workers with access to new modalities of treatment and hands on training from some of the leading research institutes in the nation.

- 5) **Data** – Describe the provider’s status on HMIS migration and a plan; with accompany timeline, to migrate data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new staff. Summit County Homeless Outreach Center meets with Info Line on a regular basis. The structure to begin implementation has been developed and we are targeting implementation for July 1st of 2012. The lack of financial resources to implement HMIS remains a serious concern.
- 6) **Access to Housing** – Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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. The Deputy Director of AMHA frequently participates in homeless outreach hikes. Community Support Services employs a liaison between CSS and AMHA who resolves any issues that may arise with an individual’s application and provides general advocacy. 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 House Respite (for those with perceived or diagnosed mental illness) is recommended if a 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.

- 7) **Staff Information** – Describe the demographics for staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

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 and two staff have maintained sobriety for more than 10 years.

Age #	Gender #	Race/Ethnicity #	Veteran Status
(18-34) <u> 2 </u>	Male <u> 5 </u>	Am. Indian <u> 0 </u>	Veteran <u> 0 </u>
(35-49) <u> 3 </u>	Female <u> 3 </u>	Asian <u> 0 </u>	Non-Veteran <u> 8 </u>
(50-64) <u> 3 </u>	Unknown <u> </u>	Black or African Am. <u> 1 </u>	Unknown <u> </u>
(65-74) <u> </u>		Hispanic or Latino <u> 0 </u>	
(>75) <u> </u>		White <u> 7 </u>	
		Other <u> 0 </u>	

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 receives specialized training in the culture of homelessness, participate in training

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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. 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.

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

- 8) **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH Funds to be literally homeless.

Community Support Services currently serves approximately 2,400 clients. Of this 59.6% are white, 35.6% are African-American, .6% are Asian, .5% are Hispanic, and 3.5% are other. Seventy five percent live in the city of Akron and 24% live in Summit County. Forty six percent are female and 54% are male. Seventy eight percent have incomes below \$1000 a month and 90% receive SSI or SSDI. Listed below are the demographics of PATH program participants for the most recent quarter.

Age #	Gender #	Race/Ethnicity #	Veteran Status
(<13) <u>0</u>	Male <u>85</u>	Am. Indian <u>2</u>	Veteran 16
(13-17) <u>0</u>	Female 30	Asian <u>1</u>	Non-Veteran <u>99</u>
(18-34) <u>34</u>	Unknown <u> </u>	Black or African Am. <u>38</u>	Unknown 0
(35-49) <u>44</u>		Hispanic or Latino <u>0</u>	
(50-64) <u>37</u>		White <u>72</u>	
(65-74) <u> </u>		Other <u> </u>	
(>75) <u>0</u>		Unknown <u> 2 </u>	
Unknown 0			

Based on the most recent numbers Community Support Services anticipates contacting 400 homeless individuals. Of these we anticipate enrolling 52% of those individuals we contact or 208 individuals who are homeless. We anticipate 50% of the individuals enrolled in services to be literally homeless (104), meaning they are living outdoors or at an emergency shelter. These numbers represent an increase from previous years. This is a direct result of the guidance provided from ODMH and the increase in community collaboration.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

- 9) **Consumer Involvement** – Describe how individuals 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.

The PATH CSS Homeless Outreach Program has had a full-time Peer Support Outreach Worker on staff for more than 10 years. CSS is currently participating in a training grant sponsored by the Ohio 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. Currently Community Support Services employs 12 FTE's of Peer Support workers.

Our first Peer Support worker, Alphonso Turner (for whom our Homeless Outreach Center is named and dedicated to) 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. The PATH program currently employs a peer support worker who is an active consumer of mental health services and is in recovery for substance abuse. He is a certified substance abuse counselor and is very knowledgeable about community resources.

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.

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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.

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

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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.

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?

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

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 No

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
Ohio Department of Mental Health**

Attachment A

Board Name: County of Summit Alcohol, Drug Addiction, & Mental Health Services Board		Period Request Covering		
		From: July 1, 2012	To: June 30, 2013	
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
FEDERAL PATH FUNDS				
Personnel	\$ 94,635.00			
Fringe Benefits	\$ 18,659.00			
Travel	\$ 3,600.00			
Travel (B)				
Equipment (A)	\$ 5,963.00			
Equipment (B)				
Supplies (A)	\$ 4,583.00			
Supplies (B)				
Contractual	\$ -			
Construction				
Other (A)	\$ 2,405.00			
Other (B)				
Other (C - Housing)	\$ -			
Total Federal Direct	\$ 129,845.00			
Total Federal Indirect (B)	\$ -			
TOTAL FEDERAL	\$ 129,845.00			

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

COMMUNITY SUPPORT SERVICES, INC.					05/09/12
150 Cross St.					
Akron, OH 44311					
Application to the Ohio Department of Mental Health for Continuation Funding of a PATH Block Grant for the Homeless Outreach Project					
Funding Period: SFY 2013 (July 1, 2012 - June 30, 2013)					
			Total		
		Grant	PATH	LOCAL	TOTAL
I.	BUDGET LINE ITEMS	FTEs	GRANT	LEVY	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	18,133.00	6,045	24,178
	8. Outreach Worker	0.75	17,550.00	5,534	23,084
	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	94,635	31,230	125,865
	B. Fringe Benefits				
	1. Social Security (7.65%)		7,329	2,492	9,821
	2. Workers Compensation		789	268	1,057
	3. Unemployment		302	103	405
	4. Retirement		4,790	1,629	6,419
	5. Life Insurance		301	102	403
	6. Disability		301	102	403
	7. Health Insurance		4,847	1,894	6,741
	Sub-Totals		18,659	6,590	25,249
	TOTAL PERSONNEL COSTS		113,294	37,820	151,114
	TRAVEL (A)		3,600	0	3,600
	TRAVEL (B)		0	1,188	1,188
	PAGERS, CELL PHONES, LAPTOPS (Equipment A)		5,963	0	5,963
	TELEPHONES/OTHER EQUIPMENT (Equipment B)		0	1,968	1,968
	EMERGENCY Food/Transportation/ Clothing/Blankets (Supplies A)		4,583	0	4,583

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

OFFICE SUPPLIES (Supplies B)		0	1,512	1,512
CONTRACTUAL	0.00	0	0	0
CONSTRUCTION		0	0	0
RENT/MAINTENANCE/INSURANCE		2,405	794	3,199
Homeless Office Area Only (Other A)				
UTILITIES		0		0
Audits for outside Auditors (Other B)		0		0
EMERGENCY HOUSING			0	0
(Other C)				
Total Direct		129,845	38,614	168,459
Total Non-Direct		0	4,668	4,668
TOTAL BUDGET		129,845	43,282	173,127
		75.00%	25.00%	100%

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)				
Ohio Department of Mental Health				
ATTACHMENT C				
Board Name:			Period Request Covering	
County of Summit Alcohol, Drug Addiction, & Mental Health Services			From:	To:
			July 1, 2012	June 30, 2013
	Maximum Allocation	Expenditures this Period	Total to Date	Remaining Balance
LOCAL MATCH				
Personnel	\$ 31,230.00			
Fringe Benefits	\$ 6,590.00			
Travel	\$ 1,188.00			
Travel (B)	\$ -			
Equipment (A)	\$ 1,968.00			
Equipment (B)	\$ -			
Supplies (A)	\$ 1,512.00			
Supplies (B)	\$ -			
Contractual	\$ -			
Construction				
Other (A)	\$ 794.00			
Other (B)	\$ -			
Other (C - Housing)	\$ -			
Total Local Direct	\$ 43,282.00			
Total Local Indirect (B)	\$ -			
TOTAL LOCAL	\$ 43,282.00			
GRAND TOTAL				
GRAND TOTAL (Federal and Local)	\$ 173,127.00			
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:
DMH-FF-003 (Rev. 6/04)				

SECTION C: LOCAL AREA PROVIDER INTENDED USE PLANS – SUMMIT

COMMUNITY SUPPORT SERVICES, INC.					
150 Cross St.					
Akron, OH 44311					
Funding Period: SFY 2013 (July 1, 2012 - June 30, 2013)					
TRAVEL (A)					
	Outreach Mileage	Mileage Rate	Total Mileage	Grant	Other
Position					
Outreach Worker	1,500	\$0.500	\$750.00	\$750	\$0
Outreach Worker	1,500	\$0.500	\$750.00	\$750	\$0
Outreach Worker	1,500	\$0.500	\$750.00	\$750	\$0
Outreach Peer Support	1,500	\$0.500	\$750.00	\$750	\$0
Supervisor	1,200	\$0.500	\$600.00	\$600	\$0
Total	7,200	\$0.500	\$3,600	\$3,600	\$0
Travel is for Outreach Services					
TRAVEL (B)					
			Conference/ Meetings	Grant	Other
Position					
Outreach Worker			\$275	\$0	\$275
Outreach Worker			\$275	\$0	\$275
Outreach Worker			\$275	\$0	\$275
Outreach Peer Support			\$0	\$0	\$0
Supervisor			\$363	\$0	\$363
Total			\$1,188	\$0	\$1,188
Equipment (A) Pagers, Cell Phones, Laptops					
	Cell Phone	PDA's *	Total	Grant	Other
Position					
Supervisor	\$99	\$1,094	\$1,193	\$1,193	\$0
Outreach Worker	\$99	\$1,093	\$1,192	\$1,192	\$0
Outreach Worker	\$99	\$1,093	\$1,192	\$1,192	\$0
Outreach Worker	\$99	\$1,094	\$1,193	\$1,193	\$0
Outreach Peer Support	\$99	\$1,094	\$1,193	\$1,193	\$0
Total	\$495	\$5,468	\$5,963	\$5,963	\$0
* PDA's are used to capture service information.					

Additional Required Attachments

Assurance (Form 424B)

Certifications (Form 424D)

Agreements (Appendix D)

Checklist (Form 5161-1)

**Disclosure of Lobbying Activities Form
and Ohio's PATH Assurance**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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 subagreements.
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 Costal 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.

LIST of CERTIFICATIONS

1. 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). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. 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 Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. 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.

The authorized official signing for the applicant organization 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 sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human 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 DHHS mission to protect and advance the physical and mental health of the American people.

Appendix D: Agreements

FISCAL YEAR 2012 PROJECTS 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:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- 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:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- 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;
- Case management services, including
 - 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;
 - 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 and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and

- Providing representative payee services in accordance with Section 1631(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.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - 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 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

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- 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 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 preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - 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 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 provided 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

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- 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. This description

- 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

- Provides information relating to the program 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 P.L. 102-321.

Section 528(a). The State will, by January 31, 2013, prepare and submit a report providing such information as is necessary for

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2012 and of the recipients of such amounts; and
- 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.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration’s (SAMSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Governor	5-21-2012 Date
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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: 614.995.5870

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Mr. First Name: Christopher Middle Name: L.

Last Name: Nacastro Suffix: MA, LPCC-S

Title: Assistant 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: Christopher.Nicastro@mh.ohio.gov

Telephone Number: 614.466.9969 Fax Number: 614.995.5870

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: <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-right: 5px;">b</div> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-right: 5px;">b</div> a. bid/offer/application b. initial award c. post-award	3. Report Type: <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-right: 5px;">a</div> a. initial filing 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 2012 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>5-18-2012</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)