

I. State Information

State Information

Plan Year

Federal Fiscal Year 2019

State Identification Numbers

DUNS Number 805346798

EIN/TIN 86-6004791

I. State Agency to be the Recipient for the PATH Grant

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management

Mailing Address 701 East Jefferson MD6500

City Phoenix

Zip Code 85034

II. Authorized Representative for the PATH Grant

First Name John O.

Last Name Moorman

Agency Name Arizona Health Care Cost Containment System

Mailing Address 701 East Jefferson

City Phoenix

Zip Code 85034

Telephone 602-417-4779

Fax

Email Address john.moorman@azahcccs.gov

III. State Expenditure Period

From 7/1/2019

To 6/30/2020

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date 7/15/2019 7:06:03 PM

Revision Date

V. Contact Person Responsible for Application Submission

Title Arizona SPC

Organizational Unit Name Arizona Health Care Cost Containment System

First Name Danelle

Last Name Valenzuela

Telephone 602-364-4644

Fax

Email Address danelle.valenzuela@azahcccs.gov

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:



STATE OF ARIZONA
OFFICE OF THE GOVERNOR

DOUGLAS A. DUCEY
GOVERNOR

EXECUTIVE OFFICE

April 8, 2019

Grants Management Specialist
Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Grants Management Specialist:

Due to the recent retirement announcement of Director, Thomas J. Betlach, I am designating Shelli Silver, Deputy Director of Health Plan Operations, at the Arizona Health Care Cost Containment System (AHCCCS) to serve as the role of the Single State Authority (SSA) for Arizona. I am also designating signature authority for the Substance Abuse Block Grant (SABG), Mental Health Block Grant (MHBG), Project for Assistance in Transition from Homelessness (PATH) and discretionary grants during my term as Governor of Arizona, the signature authority includes the signing of any standard federal forms such as Assurances, and Certification and Disclosure of Lobbying Activities.

If you have any questions, please contact Michelle Skurka at Michelle.Skurka@azahcccs.gov or (602) 364-2111.

Sincerely,

Douglas A. Ducey
Governor
State of Arizona

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction 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 Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.

§470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

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, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

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.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health 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 grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ?? 75.351-75.352, Subrecipient monitoring and management.

Name

John O. Moorman

Printed: 7/9/2019 8:03 PM - Arizona

Printed: 7/15/2019 7:06 PM - Arizona - FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

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Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:

Debbie Gann for John O'Moore

Date:

7/10/19

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Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR 775.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93, 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. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering

into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C ? 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

John O. Moorman

Title

Finance Administrator

Organization

Arizona Health Care Cost Containment System

Signature:

Debbie Gann for John O. Moorman

Date:

7/10/19

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2019

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Arizona 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 eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals 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 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.

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 use disorder, 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 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 2018 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 (SAMHSA) 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.

Name Shelli Silver
Title Deputy Director
Organization Arizona Health Care Cost Containment System

Signature:



Date:

7/10/19

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes No

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

> [Standard Form LLL \(click here\)](#)

Name: John O. Moorman

Title: Finance Administrator

Organization: Arizona Health Care Cost Containment System

Signature: Debbie Gann for John O. Moorman Date Signed: 7/10/19
mm/dd/yyyy

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Cochise County	Cochise County	
Coconino County	Coconino County	
Maricopa County	Maricopa County	
Mohave County	Mohave County	
Pima County	Pima County	
Yavapai County	Yavapai County	

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

Pages 26 – 28
were intentionally
omitted

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: 07/01/2019

Expenditure Period End Date: 06/30/2020

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Catholic Charities	Social service agency	Cocanino County	\$287,568	\$100,362	1,650	180	2	11
Community Bidges Inc.	Community mental health center	Maricopa County	\$662,308	\$232,055	3,000	1,100	13	18
Good Neighbor Alliance	Shelter or other temporary housing resource	Cochise County	\$58,188	\$17,812	140	31	3	5
La Frontera	Community mental health center	Pima County	\$287,431	\$99,596	650	500	4	12
Grand Total			\$1,295,495	\$449,825	5,440	1,811	22	46

* IUP with sub IUPs

Footnotes:

Catholic Charities
 2101 North Fourth Street
 Flagstaff, AZ 86001
Contact: Darel Reynolds

Provider Type: Social service agency
PDX ID:
State Provider ID:
Contact Phone #: 928-308-5128

- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.
Budgets and budget Narratives are required for every Intended Use Plan
 - Answer the Yes/No question below for the narrative questions for each Intended Use Plan. If you check "No" please provide any updates to the following narrative questions for the associated IUP
 - **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.
 - **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
 - **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
 - **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.
 - **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
 - **SSI/SSDI Outreach, Access, Recovery (SOAR)** – Describe the provider's plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.
 - **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
 - **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
 - **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
 - **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- I certify that the responses to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

Planning Period From 7/1/2019 to 6/30/2020

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebB&GAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebB&GAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$146,057	\$ 51,318	\$197,375	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$197,375	100.00 %	0.74	\$ 146,057	\$ 51,318	\$ 197,375	This dollar amount includes all 3 counties

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	25.16 %	\$ 49,660	\$ 17,448	\$ 67,108	See budget outline for more detailed information

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 3,403	\$ 1,195	\$ 4,598	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 3,403	\$ 1,195	\$ 4,598	See attached budget detail for each county See budget outline for more detailed information

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0	\$ 0	\$ 0	No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 0	\$ 0	\$ 0	No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0	\$ 0	\$ 0	No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Housing	\$ 0	\$ 0	\$ 0	No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
i. Other	\$ 38,540	\$ 12,866	\$ 51,406	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other (Describe in Comments)	\$ 1,882	\$ 661	\$ 2,543	PATH Enrollee (see attached budget for more detail) Due to rounding down this line was decreased by \$1, actual amount on budget narrative is \$2544
Office: Rent Expenses	\$ 22,487	\$ 7,226	\$ 29,713	See attached budget for detailed information.
Office: Other (Describe in Comments)	\$ 14,171	\$ 4,979	\$ 19,150	Other Operating (see attached budget for additional information)

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
j. Total Direct Charges (Sum of a-i)	\$ 237,660	\$ 82,827	\$ 320,487	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 49,908	\$ 17,535	\$ 67,443	See attached budgets for more detailed information Indirect Cost Rate of 25.5%

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
l. Grand Total (Sum of j and k)	\$ 287,568	\$ 100,362	\$ 387,930	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	1,650	Estimated Number of Persons to be Enrolled:	180
Estimated Number of Persons to be Contacted who are Literally Homeless:	1,500		
Number staff trained in SOAR in grant year ending in 2018:	2	Number of PATH-funded consumers assisted through SOAR:	11

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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.

Catholic Charities Community Services, Inc. (CCCS) is a faith based non-profit organization serving people of all faiths, backgrounds and abilities through its mission of 'Helping our community's most vulnerable with solutions that permanently improve lives'. During the previous fiscal year, all Catholic Charities programs impacted more than 100,000 lives while celebrating 85 years of service.

The organization embraces a personalized, integrated service delivery model designed to move individuals and families out of crisis and at-risk situations and into stable living conditions where they can thrive. Over 30 programs are offered throughout central and northern Arizona that are focused on six mission-driven causes: (1) reducing poverty; (2) helping the abused; (3) assisting sex-trafficked women; (4) assisting refugees; (5) promoting healthy youth; and (6) reducing homelessness.

Catholic Charities Community Services, Inc. will receive \$287,568 in federal funding and \$100,362 from state funding from the Arizona Health Care Cost Containment System, for a total of \$387,930 to administer the PATH Program in the 2020 fiscal year in the counties of Coconino, Yavapai, & Mohave.

Collaboration with HUD Continuum of Care Program

Describe the organization's participation in the HUD Continuum of Care (CoC) program recipients(s) and other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC in the areas where PATH operates.

Catholic Charities Community Services, Inc. and the PATH Program regularly participate in person at the Continuum's of Care in each county that are scheduled on a quarterly basis. PATH representatives also participate in the scheduled Balance of State Continuum of Care meetings. PATH staff has served on various committees within their county's Continuum of Care.

PATH team members in each county participate by serving on committees; provide training and heading the planning of the Project Connect events, the Veteran's Stand-down events, and the annual Point in Time Count in each county. In addition, continuums in each county are working in collaboration with multiple agencies, including Catholic Charities, for a unified coordinated entry system.

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Collaboration with Local Community Organization

Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH-eligible clients and describe coordination of activities and policies with that organization. Provide specific information about how coordination with other outreach teams is achieved.

Some of the agencies that the Catholic Charities Community Services' PATH program has collaborated with include: Halo House, City of Flagstaff, Flagstaff Shelter Services, Salvation Army, St. Vincent de Paul, The Veteran's Resource Center, The Guidance Center, Catholic Charities internally through the Family Shelter, Housing Program, and Supportive Services for Veteran Families (SSVF), The Circle of Page, The Flagstaff Family Food Center, The Williams Family/Community Outreach Coordinator, Hope Cottage, Yavapai County Probation Office, Prescott Area Shelter Services, Southwest Behavioral Health, Northern Arizona Council of Governments (NACOG), Verde Valley Guidance Clinic, St. Mary's Food Bank, Coconino County Continuum of Care, Coconino County Community Services (in both Page and Flagstaff), Northern Arizona Veteran's Resource Center and the Prescott VA. In addition, we are working with Spectrum Healthcare, Verde Valley Medical Center, Yavapai and Coconino County Jails, Mental Health Court, Mohave Mental Health, the Interagency Council, Western Arizona Council of Governments (WACOG) and The United Way in all areas.

These agency partnerships help to move consumers toward self-sufficiency and improve their access to resources by (1) sharing knowledge on resource availability that is conveyed to consumers, (2) providing tangible resources to distribute to consumers, and (3) offering more direct access to services through smoother transitions. Some examples include:

- The Guidance Center, Spectrum Healthcare, West Yavapai Guidance Clinic, Southwest Behavioral Health Services (SWBHS) & Mohave Mental Health. After engagement and encouragement, clients are transitioned into case management services at The Guidance Center, Mohave Mental Health, Spectrum Health Care, West Yavapai Guidance Clinic or Southwest Behavioral Health Services.
- Flagstaff Medical Center – Referrals are made by discharge planners to the Homeless Outreach Team to provide individuals with the resources they need to avoid stressors which could lead them back to inpatient care.
- Family Food Center – Food is picked up from the Family Food Center twice each month for distribution to individuals who cannot make it to the center for food boxes or travel back to campsites with full food boxes.
- Delivery of food boxes from the Flagstaff Family Food Center to the Page Soup Kitchen to facilitate distribution to PATH clients.

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- Veterans Administration – Regular contact is made with the Veterans Administration Healthcare Worker, the Housing Voucher Case Manager and the Job Services Coordinator to assist clients who are veterans with additional resources.
- Goodwill Industries of Northern Arizona – Job skills training and workforce development activities are provided to Homeless Outreach clients through Goodwill Industries of Northern Arizona.

Coordination with other Outreach Teams occurs with our Catholic Charities Veteran Services Program in Coconino and Yavapai Counties. This coordination leads to ensuring potential clients are connected with the proper program and resources, and ensures a wider coverage area during outreach. Catholic Charities Community Services PATH team is the only PATH outreach service in Mohave County.

Service Provision

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

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 CCCS PATH Program seeks out the most vulnerable and isolated populations with knowledgeable skills and kindness that can improve lives. The CCCS PATH Program provides hope to all by compassionately creating innovative solutions that shape life choices. This Catholic Charities Homeless Outreach Program provides outreach services and interventions designed to assist individuals who are experiencing homelessness or who are in imminent risk of homelessness in Coconino, Yavapai and Mohave Counties. Teams of two will search streets, vacant buildings, shelters, river bottoms, forests, desert campsites, parks, hot meal centers, food pantries, jails, hospitals (including places where veterans' services are provided), neighborhoods and anywhere else homeless individuals may camp or frequent in order to locate individuals experiencing homelessness. In the course of outreach activities, the teams will: Distribute life-sustaining supplies; Provide regularly-updated handouts detailing available social services; these teams of dedicated individuals will educate people on local camping rules and regulations; and transport clients directly to detoxification centers, medical treatment, and psychiatric care. Outreach is regularly conducted in inclement weather and available on-call after hours.

Through scheduling, Catholic Charities Community Services Inc., provides a weekly on call status for each Homeless Outreach staff member. In all counties, one staff member responds to on-call emergencies every first and third week of each month, while the other staff responds every second and fourth week of each month. During winter outreach, however, it depends on the amount of location/inclement weather driving training each staff member has. The PATH Team Lead trains the outreach staff until they are adequately trained to complete an entire night

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leading the outreach effort with volunteers, interns, or inner-agency/outer-agency workers. During severe snow storms, PATH utilizes an all-hands-on-deck approach, having one team outreach western Flagstaff/outlying areas and the other team outreaching eastern Flagstaff/outlying areas. In the extreme heat areas of Mohave County summers, PATH staff members coordinate with local providers for water drives and safe daytime provisions for this population to prevent heat related deaths.

All individuals experiencing homelessness are served, and those with serious mental illness and/or a co-occurring substance abuse disorder are enrolled in PATH. Outreach efforts include people of all faiths, backgrounds and abilities including victims of domestic violence, elderly individuals, families, abandoned or runaway youth, veterans and LGBT (Lesbian, Gay, Bi-sexual and Transgendered) populations. Enrolled clients receive ongoing case management, and have access to move-in assistance, bus passes, clothing vouchers, motel assistance, eviction prevention funds, etc. They are also connected to services including, but not limited to, counseling, financial education, and identification acquisition.

Describe any gaps that exist in the current service systems.

Gaps in service delivery are identified through client satisfaction surveys conducted annually and through quarterly file and program reviews as part of our internal quality improvement program known as Performance Quality Improvement (P.Q.I.). These gaps are addressed in monthly staffing in an opportunity to improve.

Community gaps identified are the amount of time it takes in some areas to obtain the SMI Diagnosis, lack of affordable housing opportunities, and the lack of jobs in the area. A previous gap, no access to a SOAR trained individuals has been addressed and now PATH clients have access to SOAR services both in the program (2 staff are trained) and at behavioral health clinics serving the three service areas. In addition, the implementation of the Coordinated Entry system is helping to identify the housing gaps in each rural community.

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

PATH funds are often combined with funds obtained through local foundations, fund raisers and donations to ensure we are able to meet client needs. The private foundations and local funders are encouraged by seeing how their funds can contribute to the PATH Program meeting client needs. Occasionally PATH collaborates with other agencies such as behavioral health, Goodwill, Salvation Army, St. Vincent De Paul and others to assist clients in meeting their needs. We actively seek additional funding through local foundation and the United Way in order to boost our ability to serve clients with needs not covered by PATH funding.

Specific benefits of Homeless Outreach include the following:

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- Access to life-sustaining, emergency resources such as tents, sleeping bags, water, coats, gloves, etc.
- Education on locally available social services and treatment options, as well as, acceptable and safe camping practices
- Field assessments and evaluations
- Ongoing case management
- Assistance in locating cooling or heating stations during extreme weather alerts
- Transportation in the form of client transport to behavioral health appointments and bus passes (both daily and monthly available based on client needs)
- Linkage to the behavioral health crisis system
- Case management designed to connect and enroll participants in mental health and/or substance abuse treatment
- Completion of the VI SPDAT and entry into HMIS data system to facilitate a coordinated care approach to service provision.
- Transition into the RBHA case management system (Regional Behavioral Health Authority)
- Assistance in getting prescriptions filled
- Completing appropriate applications and necessary follow-up to ensure eligible persons are in receipt of SSI/SSDI through the SOAR program, housing resources (Section 8, Project Based Housing, UD 202/811s, HEARTH, and Low Income Housing Tax Credits), income resources (VA benefits, General Assistance, Temporary Assistance for Needy Families, Food Stamps and employment services)
- Discharge planning for individuals exiting a medical or treatment center who need resources to avoid stressors which may lead back to inpatient care (such as lack of shelter)
- Coordination with emergency services when a client requires medical attention
- Moving assistance from campsite to shelter or permanent housing when secured to avoid loss of belongings and assist in transition
- Hotel vouchers for medically fragile individuals (individuals who may not, based on physical or mental health conditions be appropriate for traditional shelter stays), particularly during inclement weather
- Housing dollars for permanent placements

Referrals for the Homeless Outreach Program are received from a variety of sources to include: Flagstaff Medical Center's inpatient psychiatric unit, The Guidance Center, Southwest Behavioral Health Services, Flagstaff Shelter Services, The Sunshine Rescue Mission and Hope Cottage, Project Aware, The Mission, Yavapai County Detention Center, the Coalition for Compassion and Justice, local police, and many others. When a referral is received, a member of the PATH team travels to the location to meet with the individual when possible. During this meeting, PATH staff explains the program in terms the person can understand, and conducts a prescreening assessment to determine the individual's needs, including a VI SPDAT. This

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process builds interagency relationships (and service opportunities for PATH consumers) because it demonstrates to other social service agents that the Homeless Outreach Program seeks out consumers and is willing to coordinate care, reducing the burden on the referring agency. In addition, working relationships have been developed with the Social Security Administration, Arizona Department of Economic Security programs, the Veterans Administration, Health Choice Integrated Care and Northern Arizona Regional Behavioral Health Authority Institute for both referrals and improved service delivery. Program staff also participates in the local Project Connect and Veteran Stand Down events.

One team of two PATH outreach staff is assigned to each geographic service area. Two staff members are formerly homeless which adds a level of understanding and empathy to service provision that is invaluable. The PATH team strives to maintain regular contact with the individual/family experiencing homelessness. If required, after the initial contact has generated trust and no later than the third contact, the PATH team will arrange for an assessment to determine if the consumer has mental illness and/or a substance use disorder. The PATH eligible individuals with co-occurring disorders will receive outreach and will be referred to The Guidance Center in Flagstaff and/or Williams, Mohave Mental Health in Mohave County, Encompass in Page and Fredonia, Spectrum Healthcare in Sedona and Cottonwood, West Yavapai Guidance Clinic in Prescott and Southwest Behavioral & Health Services in Flagstaff, Mohave County, and Prescott Valley for treatment services.

Provide a brief description on how PATH eligibility is determined, when enrollment occurs and how eligibility is documented for PATH enrolled clients.

PATH consumers who complete an intake and are enrolled in the PATH program, receive case management services through any one of several behavioral health providers: The Guidance Center, Southwest Behavioral & Health Services, Encompass, West Yavapai Guidance Clinic and Spectrum Healthcare. Consumers receive a comprehensive assessment with emphasis on the unique needs and cultural preferences of the individual, and a consumer-driven service plan is developed to target individual needs. Navigation services include, but are not limited to, assistance with obtaining identification documents, applying for entitlements such as food stamps, general assistance, Medicare/Medicaid, SSI/SSDI, coordination of health care, or obtaining a Primary Care Physician once healthcare benefits are in place, placement in a shelter, and mental health treatment. A rapport is built with the consumer to assist them in meeting self-identified goals of their service. Catholic Charities believes that sustained mental health treatment is unlikely to occur outside of stable living arrangements, so as much as possible, enrolled participants are encouraged to choose housing goals that lead to permanent housing.

In order to determine a Serious Mental Illness (SMI) within 90 days, enrolled PATH clients complete Release of Information forms during the intake process for their current behavioral health provider or where they wish to go to receive SMI determination and treatment. The form requires the chosen behavioral health agency to provide notification to Catholic Charities of an SMI diagnosis via mail, email, or fax. These documents are maintained in client files. Homeless

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Outreach staff inquire about a client's diagnosis during every contact with the client and also by communicating with the client's assigned Case Manager. Alternatively, a Title XIX verification request can be submitted through the Regional Behavioral Health Authority. Such requests are fulfilled within one week.

Staff receives a multitude of training both in house and externally in order to sufficiently meet the needs of clients. This includes: Crisis Intervention, Mental Health First Aid, AZ Coalition to End Homelessness Conference trainings, Peer Support, HMIS, Strategies of Change, and numerous on-line case management and safety trainings.

Data

Describe the provider's status on HMIS transition to collect PATH data in HMIS. Describe your plans for continued training and how you will support new staff.

Catholic Charities has been utilizing the HMIS system since inception in 2006. Our efforts now include meeting the upgraded data standards, on-going training for staff to ensure all new data standards are understood and up to date, and regular report reviews to ensure compliance with the new Data Standards adopted by Substance Abuse and Mental Health Services Administration (SAMSHA) We work closely with Crisis Response Network, the HMIS Administrator, to ensure staff training are up to date and the Administrative Assistance will pull weekly and monthly data quality reports to ensure full compliance. CCCS PATH does not use any other data system as part of their case management processes, all case management activities are recorded and tracked within HMIS. We are continue to seek refresher and update trainings from CRN and ensure that all new staff are participating in HMIS training within 30 days of hire.

SSI/SSDI Outreach, Access, Recovery (SOAR)- Describe the provider's plan to ensure that PATH staff have completed the SOAR On-line Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track outcomes of those applications in the SOAR On-line Application Tracking (OAT) system.

There are currently two PATH staff trained in the SOAR model with one user actively seeing and working with clients through the process. The Balance of State Continuum of Care is working through the on-line training throughout the course of the contract year with the goal of having everyone trained by the end of the term. This year so far there have been 11 clients who were determined to be possible SOAR candidates and appropriate for further evaluation to determine if they might be SOAR eligible. To date the SOAR specialist has determined that 5 of the 11 are viable SOAR candidates. Of those evaluated 2 have had files submitted to Social Security for consideration and one has been determined eligible and has started receiving SSDI/SSI benefits.

Since losing our dedicated SOAR specialist CCCS determined that it would be more cost

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effective to train all staff on the process and utilize them to do the initial legwork of gathering the medical data etc., with a handoff to the staff person available to assist or to the dedicated SOAR specialists in each county. These dedicated specialists are typically employed at the behavioral health agencies. It is the intention of the PATH program at Catholic Charities to continue to utilize and promote the SOAR model to assist individuals to gain income and independence through this process. In addition, we are actively seeking volunteers and other community partners to engage in the SOAR model for additional resources for individuals. We track SOAR efforts through both the HMIS and the OAT system at this time.

Housing

Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Catholic Charities Community Services, Inc. also operates a Housing Program with over 125 scattered site housing units throughout Northern Arizona which are utilized to house homeless or formerly homeless individuals and families who have a qualifying disability. During the FY 2019 the CCCS Housing Program assisted over 625 individuals in obtaining housing, with over 50 of them have being PATH enrolled. Examples of disabilities include serious mental illness, substance use disorder, post-traumatic stress disorder, HIV/AIDS or a physical disability. Residents pay 30% of their income (if any) in rent and receive case management supportive services either through Catholic Charities or a collaborative partner. The Housing Program and the PATH Program work together to move participants from a crisis situation to a stable environment where they can thrive. In addition to these housing options, PATH staff work with the local Public Housing Authority and local landlords to increase opportunities for housing for individuals enrolled in the program. With the implementation of the Coordinated Entry System, individuals are being prioritized for housing based on the VI SPDAT and referred through HMIS and Case Conferencing weekly in all areas. PATH staff is participating in Coordinated Entry and Case Conferencing in the counties it serves.

Staff Information-

Describe how staff how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients.

Catholic Charities Community Services, Inc. serves all, regardless of age, race, gender, sexual orientation, ethnicity or faith. In addition our current staff members include multiple races, genders, and past experiences of personal homelessness. Catholic Charities Community Services, Inc. is an equal opportunity employer and will strive to hire individuals from diverse backgrounds to ensure cultural competence within the teams. This diversity in our team members only strengthens our ability to serve diverse clients in all of our programs.

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The extent to which staff receive differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities.

Catholic Charities requires yearly cultural competency and diversity trainings, as well as seeks out outside trainings necessary to meet the requirements of the program. In this instance we will review the current standards regarding a strategy for addressing health disparities and ensure that trainings are provided on an ongoing basis to address these standards.

Client Information

Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

All individuals experiencing homelessness are served, and those with serious mental illness and/or a co-occurring substance abuse disorder are enrolled in PATH. Outreach efforts include people of all faiths, backgrounds and abilities including victims of domestic violence, elderly individuals, families, abandoned or runaway youth, veterans and LGBT (Lesbian, Gay, Bi-sexual and Transgendered) populations. Enrolled clients have access to move-in assistance, bus passes, clothing vouchers, motel assistance, eviction prevention funds, etc. They are also connected to services including, but not limited to, counseling, financial education, and identification acquisition.

PATH clients are likely to have low socio-economic status and few have an income. Disconnected from valuable social service resources, they often are not aware of existing support services, nor do they have the ability to access such services.

We anticipate serving a minimum of 1650 unique individuals throughout the three counties and enrolling a minimum of 180 individuals into the program. Typically 100% of clients served are literally homeless, however, we will strive to ensure a minimum of 80% served are literally homeless, leaving room for those who may need prevention services instead. The tables below represent a proposed demographic distribution of those proposed to serve under the new Intended Use Plan.

Projected Contacts/Enrollment FY 2019/2020

Number of Persons Projected to be Contacted	Number of Persons to be Enrolled	Number of Persons to be "Literally Homeless"	Number of Persons to be Veterans
1650	180	1500	65
NOTE: Include methodologies / tracking tools to be used to ensure goals are reached or exceeded.			

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The Path Teams will track all outreach contacts and enter into HMIS on a weekly basis. This entry will include homelessness status, veteran status and county located. PATH outreach teams work closely with our agencies Supportive Services for Veteran Families Program (SSVF) as well as our Transition in Place (TIP) Veterans program for cross referrals when appropriate. Data assistant will pull HMIS reports at a minimum on a monthly basis and report data info to the program supervisor. The program supervisor will review monthly HMIS data and determine if more frequent data checks are necessary to ensure outreach and enrollment reporting numbers and are on track for the year. In addition, monthly staffing meetings will occur with program personnel and then with the Grant Administrator to review program progress and address any challenges in a timely manner.

Consumer Involvement

Describe how individuals, who experience homelessness and have serious mental illnesses, and their family members, will be meaningfully involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I "Guidelines for Consumer and Family Participation".

Consumers are fully involved and informed in their treatment planning process from beginning to end, and PATH welcomes and encourages family involvement when possible. Catholic Charities utilizes customer satisfaction surveys and solicitations of consumer input, which provide input on the planning, implementation, and evaluation process annually for the PATH program. Case management occurs with full participation of the client and is directed by their perceived needs in conjunction with suggestions from a team member. PATH-eligible individuals are encouraged to volunteer with PATH, and current staff members have experience with personal homelessness and offer input in planning and development of program guidelines and trainings.

Pages 43 & 44
were intentionally
omitted

Community Bridges Inc.
 1855 West Baseline Road, Suite 101
 Mesa, AZ 85202
 Contact: Vicki Helland

Provider Type: Community mental health center
 PDX ID:
 State Provider ID:
 Contact Phone #: 480-831-7566

Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Budgets and budget Narratives are required for every Intended Use Plan

Answer the Yes/No question below for the narrative questions for each Intended Use Plan. If you check "No" please provide any updates to the following narrative questions for the associated IUP.

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.

Collaboration with HUD Continuum of Care (CoC) Program – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

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

- 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;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

Data – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

SSI/SSDI Outreach, Access, Recovery (SOAR) – Describe the provider's plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.

Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Staff Information – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

I certify that the responses to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

Planning Period From 7/1/2019 to 6/30/2020

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebB&GAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebB&GAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$446,057	\$156,286	\$602,343	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$602,343	100.00 %	0.74	\$ 446,057	\$ 156,286	\$ 602,343	See attached budget for more detailed information

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	16.34 %	\$ 98,443	\$ 34,492	\$ 132,935	See attached budget for more detailed information

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 9,390	\$ 3,290	\$ 12,680	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 9,390	\$ 3,290	\$ 12,680	See attached budget for more detailed information

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0	\$ 0	\$ 0	No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 2,247	\$ 787	\$ 3,034	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments

Client: Outreach Supplies/Hygiene kits/Misc.	\$ 2,247	\$ 787	\$ 3,034	PATH Enrollee Expenses - See attached budget for more detailed information
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f. Contractual	\$ 0	\$ 0	\$ 0	
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No Data Available

g. Housing	\$ 0	\$ 0	\$ 0	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0	\$ 0	\$ 0	See attached budget for more detailed information

h. Construction (non-allowable)

i. Other	\$ 80,698	\$ 28,275	\$ 108,973	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Misc (Copying, Courier, Postage, etc.)	\$ 1,777	\$ 623	\$ 2,400	Copying and Office Supplies, see budget outline for more detailed information.
Office: Rent Expenses	\$ 15,329	\$ 5,371	\$ 20,700	See budget detail for further breakout of expenses.
Office: Other (Describe in Comments)	\$ 62,348	\$ 21,845	\$ 84,193	See attached budget for more detailed information
Staffing: Training/Education/Conference	\$ 1,244	\$ 436	\$ 1,680	See budget outline and narrative for more information

j. Total Direct Charges (Sum of a-i)	\$ 636,835	\$ 223,130	\$ 859,965	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 25,473	\$ 8,925	\$ 34,398	See attached budget for more detailed information 4% administrative overhead
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l. Grand Total (Sum of j and k)	\$ 662,308	\$ 232,055	\$ 894,363	
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Source(s) of Match Dollars for State Funds:

Required non-federal contributions are available from the State General Fund NTXIX SMI Services Appropriation. The State contribution will be available at the beginning of the grant period.

Estimated Number of Persons to be Contacted:	3,000	Estimated Number of Persons to be Enrolled:	1,100
Estimated Number of Persons to be Contacted who are Literally Homeless:	2,760		
Number staff trained in SOAR in grant year ending in 2018:	13	Number of PATH-funded consumers assisted through SOAR:	18

Pages 47 & 48
were intentionally
omitted

Projects for Assistance in Transition from Homelessness (PATH)
2019/2020 Provider Intended Use Plan
Community Bridges, Inc.
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Local Provider Description

Community Bridges, Inc. (CBI), a private non-profit, 501(c) (3) since 1982, has a 36-year history of providing cutting edge and nationally recognized treatment models in Arizona. CBI's mission is to maintain the dignity of human life and be an agent of positive change in our communities. Services include

- comprehensive, medically integrated behavioral health care
- medical detoxification
- community psychiatric emergency care
- transitional support
- co-occurring enhanced outpatient treatment
- homeless outreach and navigation services
- transitional and permanent supportive housing for women and families
- rapid rehousing and permanent supportive housing for chronically homeless individuals
- community education and outreach

CBI is the primary provider of crisis care and medical detoxification, and behavioral health treatment services for persons who are homeless in Maricopa County Arizona. CBI's programs are licensed through the Arizona Department of Health Services Bureau of Medical Facilities Licensing and are accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF).

Since 2004, CBI has accumulated a wealth of experience providing outreach, peer support, housing placement and/or housing retention support to the homeless population in the Valley as represented by this sample of our programs:

Project H3 Vets: CBI has provided peer navigator services for Project H3 VETS since its inception in 2011. Originally, a team of thirteen Navigators worked with community agencies such as the Veteran's Administration to provide navigation services for 225 veterans through Project H3 Vets. The program achieved a 92% housing retention rate. Project H3 Vets is a special initiative developed by the Arizona Coalition to End Homelessness (AZCEH) to apply the skills and lessons learned from AZCEH's Project H3: *Home, Health, Hope* to ending chronic homelessness among veterans. Project H3 Vets received national recognition as Phoenix became the first city in the nation to reach functional zero for ending chronic homelessness among veterans. Currently, CBI has six H3 Vets Navigators funded by Valley of the Sun United Way, five assigned to Phoenix and one assigned in Mesa. Project H3 Navigators maintain an average case load of twenty participants per Navigator. Some of the Veterans are at different stages with their housing stability and thus require less frequent contacts.

Project H3 VETS uses the HUD-VASH Veterans Affairs Supportive Housing program to provide permanent housing and supportive services, which includes case management, social support, and mental health services to chronically homeless Veterans. CBI will use its existing connections to the service providers serving veterans such as the Arizona Coalition to End Homelessness, Cantwell

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Anderson, U.S. Vets, and MANA House, in addition to other community providers such as Arizona Housing Inc.

Vet Connect: The City of Phoenix funds the Vet Connect grant that funds two Navigators to work with 30-40 Veterans from the By Name List. The Vet Connect Navigators work to locate those Veterans who have touched the system but cannot currently be located. The Navigators coordinate with the CRRC to identify specific services each veteran is eligible for, as well works to request eligibility review, and acquire identification and DD214s. As soon as the Veteran enters permanent housing, Vet Connect discharges them from the Vet Connect caseload and hands them off to the permanent housing provider.

Supportive Services for Veterans Families (SSVF): CBI's SSVF program, awarded in October 2017, provides homeless navigation from seven Navigators, an Employment Specialist, and a SOAR/Benefits Specialist. The program is under contract to provide RRH to at least 115 homeless veterans. CBI served 273 Veteran households in FY 2018/2019.

VA Grant Per Diem Program: In December 2018, CBI began operating 40 GPD bridge beds for homeless Veterans within the Maricopa Regional CoC. The bridge beds serves Veterans who have enrolled in the SSVF program, have a VASH voucher, or have enough income to lease their own housing while they complete the housing lease up process.

City of Mesa Homeless Navigator: Since FY 2011/2012, the City of Mesa has funded a fulltime Peer Navigator to identify and engage the most medically vulnerable homeless individuals living on the streets in Mesa. The program began as part of Mesa's implementation of Project H3. In November 2015, the City executed a contract with CBI for 10 units of tenant-based rental assistance to house non-veteran homeless individuals. Currently, six of the thirteen individuals housed through this program are in the 60's and living on social security or other benefits. In FY 2017/2018, Mesa also funded a Downtown Navigator to work with the Downtown Business Association and address homeless issues along the light rail in Mesa, and an Outreach Navigator stationed at the Mesa Downtown Public Library. In FY 2018/2019, Mesa started a pilot program assigning the Downtown Navigator two days per week to the Mesa Community Court. The City will fund a fulltime Navigator for Community Court in FY 2019/2020. The Downtown Navigator moved into that fulltime position beginning in May 2019.

Supportive Housing Program- In collaboration with Mercy Maricopa Integrated Care (MMIC), CBI provides supportive services to individuals designated with a serious mental illness and in need of additional support. Navigators coordinate with SMI clinics, Case Managers, and provide independent living skills, and transportation. The purpose of the program is to increase housing stability and decrease reliance upon crisis systems of care.

Locations:

Central City Addiction Recovery Center, 2770 E. Van Buren Street Phoenix, Arizona 85008 (16 bed inpatient facility and outpatient treatment center) In FY 18/19, CBI added a 34 beds of bridge

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housing for homeless adults who have a permanent housing solution. Bridge housing provides a place for homeless adults to get off the streets while they complete the housing lease up process.

East Valley Addiction Recovery Center, 560 S. Bellview, Mesa, Arizona 85204 (16 bed inpatient facility and outpatient treatment center)

West Valley-Access Point & Transition Point, 824 N. 99th Avenue, Avondale, AZ 85323 (16 bed residential facility and outpatient treatment center)

East Valley Community Psychiatric Emergency Center, 358 E Javelina Ave, Ste 101, Mesa, AZ 85210 (16 bed residential facility and outpatient treatment center)

Arizona Bridge to Recovery (ABR), 554 S. Bellview Mesa, AZ 85204 (14 bed residential facility and outpatient treatment center)

Cactus Patient Centered Medical Home, 1520 East Pima Street, Phoenix, AZ 85034

ASPIRE Outpatient 1012 South Stapley Drive, Bldg 5, Ste 117 Mesa, AZ 85204

Heritage Outpatient (SMI Clinic), 460 N Mesa Drive, Mesa, AZ 85201

CBI also co-locates staff at these facilities:

Lodestar Day Resource Center (LDRC) 1125 West Jackson St., Phoenix, AZ 85007

Arizona Housing Inc, 209 W. Jackson St., Phoenix, AZ 85003

North 17 Apartment Complex 9601 N. 17th Ave, Phoenix, AZ 85021

Collins Court Apartment Complex 10421 N. 33rd Ave, Phoenix, AZ 85051

Victory Place Apartment Complex, 850 E. Jones, Phoenix, AZ 85040

St. Vincent de Paul Low Demand Shelter, 1075 W. Jackson St., Phoenix, AZ 85007

Downtown Phoenix Association (4 hours/week)

Downtown Mesa Association, 100 N. Center St., Mesa, AZ 85201 (co-locates Downtown Navigator)

Mesa Public Library, 64 East 1st St., Mesa, AZ 85201

Mesa Community Court, 250 East 1st Ave, Mesa, AZ 85210

CBI's PATH grant will be allocated in Maricopa County for the period of July 1, 2019 through June 30, 2020 and will receive \$232,055 in State funds and \$662,308 in Federal funds, a total grant of \$894,363. PATH grant funds will support the continued operation of the PATH Outreach Team. The team is comprised of twenty members (18.35 FTE) including .75 FTE PATH Program Manager, 1 PATH Supervisor, 8 PATH homeless outreach navigators, 2 H2 Housing Navigators, 3 PATH Lead Navigators, 2 Emergency Medical Technicians (EMT), 1 Behavioral Health Clinician, .25 FTE Clinical Lead, and .35 FTE Data Coordinator. The PATH Outreach team will conduct assertive community outreach in assigned regions within Maricopa County. The target population is individuals who are homeless or at-risk of homelessness and have a serious mental illness or co-occurring disorder.

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Collaboration with HUD Continuum of Care Program

CBI's Homeless Navigation services and PATH outreach teams work with the Maricopa County Continuum of Care (CoC) coordinated assessment process. Navigators use the assessment tools approved by the CoC (VI-SPDAT & full SPDAT) to determine client needs and attend the weekly case conferencing meetings. The PATH outreach teams are an approved coordinated entry access point for homeless adult singles and families. In addition, CBI's crisis facilities use navigators from its Comprehensive Community Health Program (CCHP) to conduct a VI-SPDAT assessment for coordinated entry.

For its programs serving homeless Veterans, CBI collaborates with the VA's Community Resource and Referral Center (CRRC), the approved access point for Veterans, on outreach referrals through its Vet Connect and SSVF programs. CBI's Vet Connect Navigator coordinates with the CRRC to identify specific services each Veteran is eligible for, working to request eligibility review, and acquiring identification and DD214s. CBI receives the system-wide By Name List (BNL) from CoC Coordinated Entry, creates a subset of this list that includes only veterans, and facilitates the weekly veteran BNL case conferencing meetings. CBI also has weekly meetings with the HUD VASH case managers to staff cases when a Veteran has a VASH voucher or is enrolled in substance use treatment services.

CBI's Director of Housing and Community Integration serves on the CoC subcommittee and the Coordinated Entry subcommittee. The PATH Program Manager serves in a leadership position with the Arizona Street Outreach Collaborative, is the co-chair of the CoC Data Subcommittee, and participates in the Coordinated Entry Provider Collaborative. He is also a Motivational Interviewing trainer, a SPDAT trainer, and the local lead for Maricopa County for the SOAR program. In his role with SOAR, he works with case managers throughout the system to increase access to the SOAR program, as well as participates in national webinars to stay current with the latest information about SOAR.

CBI has been a large contributor of outreach teams during the Maricopa County annual point-in-time homeless count and has continue to provide numerous outreach teams for this effort in 2019. The PATH project works with the Tempe Coalition, a group of Tempe homeless providers working to address homelessness in Tempe. Finally, CBI facilitates the East Valley Access to Housing Project, a collaborative of East Valley cities and homeless services providers working to facilitate entry into housing and services through an integrated process that is easily accessed in the East Valley by the East Valley homeless population.

Collaboration with Local Community Organizations

CBI's PATH outreach team works with an extensive network of organizations to provide a continuum of services that address mental health, substance abuse, physical health, housing, support services, and employment, etc. CBI's collaboration includes the following:

- The Phoenix Rise program, a collaboration between CBI's clinical services department and the

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Human Services Campus, offers outpatient behavioral health treatment and supportive services for those working towards treatment specific goals or needing continued therapeutic support and interventions from behavioral health, mental health, and/or drug and alcohol addictions. Phoenix Rise serves individuals experiencing homelessness on the Human Service Campus and surrounding area. The program follows a harm reduction approach, seeking to meet individuals where they are in their stage of recovery, and help individuals get through crisis with fewer barriers that occur from behaviors while in crisis. Also, Phoenix Rise expects to decrease the number of individuals banned from the campus through training on crisis de-escalation and improve housing outcomes through case management services and connection into housing resources. Phoenix Rise conducts outreach throughout the day and receives radio calls 24/7 for behavioral health and medical emergencies. Currently, CBI's clinical department has 8 case managers, 5 EMT's, 2 Navigators, 2 SOAR Specialists, a Nurse Practitioner, and other clinicians to provide services 24/7.

- CBI is a general mental health/substance use treatment provider in Maricopa County. CBI operates the East Valley Community Psychiatric Emergency Center (CPEC), and the West Valley Access/Transition Point facilities, which are designated for crisis triage services and stabilization. These facilities are staffed with Nurse Practitioners, RN's, Behavioral Health Counselors, EMT's, and Peer Support staff. The facilities provide 24/7 access to psychiatric bridge scripting, psychiatric evaluations, behavioral health and substance abuse triage, and serve as an access point to the crisis system. These programs provide referrals to the PATH program via a dedicated email distribution.

CBI also operates Central City and East Valley Level-1 sub-acute medical detoxification programs. These programs provide 24/7 access to address substance use issues.

- CBI works closely with numerous cities to provide outreach in specific communities. CBI staff conducts outreach in Tempe parks and other community locations with the Tempe police. In Phoenix, CBI works with the police and the Neighborhood Services Department to provide outreach to numerous community locations including homeless campsites found in the community. In FY 2017/2018, CBI began a new contract with the City of Phoenix to provide four outreach teams consisting of seven certified Peer Support Specialists (Navigators) and one Emergency Medical Technician to conduct intensive street outreach and engagement within the City of Phoenix. The City expanded the program in FY 2018/2019 to nine teams.

In Mesa, CBI has one fulltime Navigator to provide street outreach and link vulnerable, high acuity homeless individuals to housing and other services. The City also funds one fulltime Navigator to co-locate with the Downtown Business Association and provide navigation services in the downtown and along the light rail and at the Main Library. The PATH team does targeted outreach at night with the Downtown Mesa Navigator and the Mesa Police. PATH works with Mesa Police to engage the Police Department and Mesa Fire Department's top 10 and top 5 lists of homeless individuals whose behavioral health issues result in frequent calls to the first responders. In Peoria, the PATH team works with the Peoria Police Department on outreach for special events at the Peoria sports complex and receives frequent referrals for jail diversion. In

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FY 2018/2019, the PATH program began working with the Youngtown Mayor and Police Department to provide outreach to a wash area (around Grand Ave and 113th Ave) every Tuesday. The PATH team returns during the rest of the week to engage, enroll, and provide services to homeless adults in the area.

In addition, CBI provides mobile outreach teams in the East and West Valley and a Crisis Response Team in Phoenix. Much of their work is responding to request for assistance from police, fire, and hospitals in these communities. When time allows, these units conduct street outreach in community areas where homeless individuals are often found. The mobile outreach teams connect individuals to the PATH team when appropriate.

- In FY 2016/2017, CBI added a question to the PATH screening tool asking participants whether they had been involved in the criminal justice system (defined as having any jail time in their history). This will help us improve identification of the justice-involved population.

Currently, CBI coordinates with the Maricopa County jails to provide PATH Navigator services for re-entry support for those with behavioral health and/or substance use issues. Correctional Health Services stationed in the jail identifies individuals with substance abuse/mental health issues who are ready for discharge and contacts CBI for transport so the individuals are not discharged to homelessness. CBI transports the individuals from the jail to the West Valley Access and Transition Point for triage, assessment, and transition to follow up care. Those individuals who have a serious mental illness are linked back to services through their current provider. If individuals are not receiving sufficient care through their current providers, the PATH team refers participants to CBI's SMI permanent supportive housing supplemental services team. If needed, the PATH team can advocate with the clinic for the participant to be referred to any (not just CBI's) Assertive Community Outreach (ACT) team.

CBI also collaborates with local police departments to conduct outreach for jail diversion. Police and the PATH team conduct joint outreach to encampments or other public places where homeless street activity is prominent. The PATH team attempts to engage the homeless individuals and attempts to gain the individuals' agreement to transport to West Valley Access & Triage, a homeless shelter, or a recovery home in hopes of diverting the situation from arrest. If the outreach is not successful in gaining the individual's consent for transport, the police return at a later date without the PATH team and make the arrest. CBI has worked with police in Phoenix, Mesa, Tempe, Peoria, Avondale, and Glendale. In FY 18-19, the collaboration with police departments expanded to Youngstown.

The PATH Manager conducts Crisis Intervention Team (CIT) training for law enforcement collaboratives in the east, west and central areas of Maricopa County. The CIT training is 1-2 hours to cover topics such as the disease model behind substance use, homelessness, and intervention methods. Typically, CBI provides 2-3 trainings per quarter with 15-30 participants per training.

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- CBI is an active participant in the Valley of the Sun United Way Project Connect program. PATH Navigators meet with homeless individuals to identify eligible candidates for PATH services.
- The Mental Health Guild meets with the CBI PATH team members to provide hygiene kits and clothing supplies for homeless individuals.
- CBI also works with its existing network of housing providers serving veterans such as Cantwell Anderson, U.S. Vets, and MANA House, as well as other affordable housing providers such as Arizona Housing, Inc. and private market landlords that have a working relationship with Community Bridges. For those participants determined as SMI, CBI works with ABC Housing for housing and eviction prevention and connects the participant to Mercy Maricopa Integrated Care (MMIC) for supportive services.

There are limited housing resources and continued care available to the SMI population outside of programmatic funds. CBI operates several programs that provide long term support for homeless individuals, both SMI and general mental health, such as rapid re-housing and permanent supportive housing programs in Phoenix and Mesa for Veterans and non-Veterans. The PATH program refers to these programs as well as other community housing providers.

CBI's Assertive Community Outreach Team (ACT) and the Forensic Assertive Community Outreach Team (FACT) deliver a full range of services including life skills, housing, employment, health care, treatment, medications, help managing finances, and benefits for seriously mentally ill participants. ACT's goal is to give patients adequate community care to support living independently in the community. CBI ACT team has mutual expectations between the team and its patients that are met collaboratively. These expectations include face to face engagements at least four times per week, creating and developing support systems, maintaining home visits, all in an effort to help identify and work towards patient goals. CBI facilitates three FACT and one ACT teams.

CBI's Comprehensive Community Health Program (CCHP) provides intensive services to the highest risk patients in the general mental health/substance abuse (GMH/SA) population. This program is a unique approach to providing services to a population that has traditionally been underserved and tends to receive their ongoing care through crisis services. The program takes an integrated care approach, which consist of highly trained and skilled peer navigators, behavioral health professionals, and medical staff to meet the intense needs of the highest risk GMH/SA patients in the community.

Since February 2019, CBI PATH has dedicated two fulltime Navigators to provide outreach, screening, and supportive services to the H2 Initiative sponsored by the Governor's Goal Council. The goal of the Initiative is to reduce homelessness in the Phoenix downtown area by 80% over the next two years. Currently, the H2 Project is serving 68 members, six of whom have been housed, and 22 who have been briefed and are searching for housing.

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Service Provision

The PATH Outreach Navigators will work in conjunction with EMT's to conduct intensive street outreach and engagement. CBI divided the county into four quadrants and assigned teams to cover each geographically defined area. The PATH teams work in teams of two when conducting street outreach. One Navigator is assigned when conducting in-reach within a facility. At times, an EMT may be assigned without a Navigator when working with police to conduct street outreach. Outreach teams will work a staggered shift schedule to maximize availability during peak times for engaging homeless individuals – early morning and late evening.

PATH teams use a variety of methods for outreach and engagement. Teams identify the densely populated areas of homelessness such as river bottoms, parks, streets, bridges, and industrial zones and determine if outreach will be on foot or mobile. CBI will partner with police if a more targeted approach is needed. PATH Outreach teams employ the use of water during summer months and blankets during the winter. Teams may provide other assistance during outreach such as bus passes or transportation assistance as a means to connect homeless individuals to resources or attend designated appointments or services. The PATH program budget includes \$4,223 for bus passes, heat relief supplies, and assistance in obtaining identification(s).

CBI's Navigators will use skills such as motivational interviewing and assertive outreach with a housing first, harm reduction approach to serve the target population. The Housing First model seeks to place individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. A defining principle of the Housing First approach is that support services including behavioral health and management of chronic health conditions as well as other social services can be more effective when people are in stable housing first. Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. The approach recognizes that individuals proceed through the stages of recovery at their own pace and that interventions should be tailored to the specific recovery stage of each person. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way.

Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The MI approach involves engaging in collaborative, egalitarian interactions with individuals as peers rather than an expert giving advice and information to a participant. MI affirms an individual's right to and capacity for self-direction.

Assertive Outreach involves meeting individuals in non-traditional settings, which essentially means going to where they are rather than waiting for them to come to a specific location for services. A second element of assertive outreach is engagement defined as the process of building a trusting relationship with individuals to facilitate their access to needed services. The purpose of assertive outreach is to reach people where they are both geographically and emotionally (i.e.

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meeting their need for connection, reassurance and support). A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with people who are chronically homeless.

Taken together, these four evidence-based practices have proven effective in reaching hard to serve adults who are homeless and have substance abuse, mental health, and chronic health conditions. Adults who are chronically homeless often have a mistrust of service providers and are reluctant to make contact.

Upon establishing a relationship, the Navigator will conduct an initial assessment using the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT). This is the approved assessment tool for the Maricopa County Continuum of Care coordinated entry system. Based on the results of the VI-SPDAT assessment, an appropriate housing intervention is determined. In addition to the VI-SPDAT, the PATH team uses the PATH intake screening tool to ensure appropriate enrollment for the PATH program.

Once the participant expresses interest in accessing services and signs a release of information (enrolled), the Navigator works with the participant to create a comprehensive case plan, which is updated at least every 90 days or more frequently as goals are achieved and new goals are added. PATH Outreach Navigators assist individuals who are part of the target population to meet basic needs, access treatment services provided by CBI or other community providers, as well as other community services such as shelter, housing, health care, employment, mainstream benefits (i.e. food stamps, disability benefits as appropriate), representative payee services, recreational and socialization opportunities. A key part of the process is referring participants to the Crisis Response Network (CRN) for an SMI-determination evaluation.

Daily and weekly staffing with a multidisciplinary team that includes a Behavioral Health Professional provides an additional level of participant support. A behavioral health medical practitioner will participate in the staffing to provide medical oversight and psychiatric evaluation and medication services with an emphasis on screening for SMI eligibility.

Leveraging PATH Funds

CBI's PATH budget is allocated almost entirely for PATH team staff salary and employee-related expenses and the necessary operating costs such as vehicles, phones, HMIS licenses, and office rent. Less than 1% of the budget is allocated for client needs such as bus passes, heat relief supplies, and costs to obtain identification. CBI leverages all other services used to support PATH participants from other CBI programs and community sources including behavioral health and medical services, rapid rehousing and permanent supportive housing.

Gaps in Current Service System

CBI's PATH program has experienced three specific gaps in the current service delivery system.

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First, the process of obtaining an SMI determination for participants who have a co-occurring mental health and substance use disorder is extremely difficult. The initial evaluation to identify and confirm the presence of a serious mental illness cannot be completed if the participant is under the influence of drugs or alcohol. Programmatic standards are set so the evaluation is completed within 30 days or less of initial project entry. For participants with potential co-occurring diagnoses, the evaluator will often extend the period for an additional 90 days. In FY 2018/2019, CBI referred 155 participants for an SMI eligibility determination. Forty-seven (30%) have been approved and 100 (65%) were denied. Eight determinations are still pending, as of June 2019.

CBI changed their process last year by expanding the scope of the PATH Behavioral Health Clinician to complete the full bio-psycho-social intake assessment rather than referring the participant internally to another CBI practitioner. The purpose was to expedite the participant's entry into general mental health services, which would then accelerate CBI's assessment of whether to refer the participant for an SMI-determination evaluation. By addressing the general mental health issues up front and generating better referrals to the Crisis Response Network, CBI hoped to mitigate some of the difficulty in evaluating participants with co-occurring diagnoses for a possible SMI diagnosis. In the current year, the PATH Behavioral Health Clinician completed 83 bio-psycho-social assessments that led to the participant being referred to CCHP (13) or MMIC supportive housing (70). Even though the SMI determinations decreased from 173 members to 155, the number of members entered into long term services increased by 77% from 47 to 83 members.

In the current FY 2018/2019, 1,269 members have been enrolled into the PATH project, and 797 (63%) have been referred and connected to Community Mental Health services. This category of referrals and services includes behavioral health, reengagement with SMI clinics and other activities provided in a non-institutional setting to facilitate a participant's recovery. Keeping participants engaged in community mental health services is vital to the process of getting a participant evaluated and assessed for PATH-funded health and housing services.

Again, this year, the majority of denials were based on the existence of substance use issues or lack of general mental health treatment. In reviewing the denials this year, the existence of substance use issues was still the prevalent reason for denial. However, in some denials the evaluator wanted participants to have more time in general mental health services before the evaluation could be completed. Also, there were some cases denied because while there was an impairment identified, the diagnosis did not qualify as a diagnosis classified as a serious mental illness. CBI PATH will maintain their process begun this year, with the intent of getting participants connected to community health services as quickly as possible and referring for an SMI determination when warranted.

Second, CBI has worked intensively with the Coordinated Entry system to expand the number of approved coordinated entry access sites to more locations. Until 2017, PATH participants could only access CoC housing resources through coordinated entry located at the Human Services Campus in downtown Phoenix. This presented a significant barrier for some participants based on Maricopa County's expansive geographic size alone. In addition, some participants were unwilling to go the campus possibly due to previous experiences or the impact of their mental health issues.

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To overcome this barrier, CBI collaborated with the coordinated entry system for adult singles, which approved the PATH teams as access points for the singles system in 2017. In addition, CBI's crisis facilities are approved to conduct a VI-SPDAT assessment using navigators from its Comprehensive Community Health Program (CCHP). The Family Housing Hub approved PATH to serve as an access point for homeless families in November 2018.

However, the wait for housing for members who are not chronically homeless still remains as a significant barrier. Unless participants have a high acuity and have lived a considerable length of time on the streets, they will be low on a very long waiting list for rapid re-housing and/permanent supportive housing. The process for obtaining the identification and documents participants need is very time consuming; however, without an Arizona ID, participants cannot get into an assigned clinic or obtain a housing voucher. Arizona's law for obtaining an ID is complex.

Finally, data tracking with HMIS uncovered mapping issues and difficulties with capturing data. CBI's PATH Manager made significant progress working with the Crisis Response Network (CRN) to resolve these issues and improve PATH reports. CBI PATH spearheaded the process of entering latitude and longitude coordinate data for the place of participant contact. The MAG GIS system is being used for the mapping project. MAG and CRN are working on the next step, which is to build mapping between MAG GIS and HMIS so that real time location information is available for homeless outreach.

Current Services for Participants with Co-occurring Diagnoses

CBI's system of care is licensed as co-occurring enhanced. PATH team members receive support from the entire CBI system of care, which includes outpatient services (behavioral health and medical services) and facility-based crisis services that are available 24/7/365. Also, CBI's ACT and FACT teams, supportive housing program in collaboration with MMIC for participants with SMI, medical detox services, medication-assisted treatment, and counseling services all are available for participants served by the PATH teams.

For participants who need psychiatric medications, the PATH Outreach Navigators coordinate internally and transport patients to the PATH team psychiatric practitioner, or a CBI Access Point, where they will see a Psychiatrist or Psychiatric Nurse Practitioner. Participants will receive a full assessment and bridge script to meet their immediate needs. Based on the assessment and psychiatric evaluation, CBI will refer the participant for an SMI eligibility determination, preferably within 90 days of contacting the individual. For those participants who do not have an SMI eligibility determination within 90 days, the PATH Navigators will continue with active outreach and engagement efforts for up to six months.

CBI supports consumer choice in its work with participants. As such, some PATH participants choose to receive their behavioral health services through other providers such as Terros, Southwest Behavioral Health, or Lifewell. CBI PATH continues to support these participants as they address other non-clinical issues related to ending their homelessness.

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PATH team Lead Navigators assist with the follow-up activities for SMI determinations, eligibility verification, coordination with the other providers, and adult clinical teams. If a participant needs behavioral health services, the PATH Navigator and/or Lead Navigator will coordinate internally with their CBI counterparts to enroll the participant in an existing behavioral health program or refer to another provider the participant chooses. Active engagement in behavioral health services is the best way to limit potential crisis episodes. PATH Lead Navigators assist with completion of AHCCCS applications in Health-E Arizona, and Social Security benefits (SOAR). PATH Lead Navigators also conduct in-reach at designated co-located sites.

The PATH team follows the same process for medical conditions to limit the possibility of a medical emergency. If the PATH Outreach Navigator finds that the participant has existing medical issues that have not been addressed, or been assessed in some time, he/she will coordinate with the participant's Primary Care Physician (PCP) and/or coordinate internally with a CBI Physician or Family Nurse Practitioner to provide assessment and medical treatment as needed. In addition, participants receive medical and behavioral health services through Health Care for the Homeless.

CBI's Navigators are trained in techniques to build rapport, engage, and redirect participants to prevent a crisis and to recognize when participants may be a danger to self or others. When a crisis does occur, program participants, or their families, can reach the on-call PATH navigator through the PATH on-call number or CBI's Access to Care line, both available 24/7 for after hour emergencies. PATH Outreach Navigators can contact CBI's mobile outreach teams (one in East Valley, one in West Valley, and one in Phoenix) 24/7, 365 days per year for response to crisis situations or when the participant may be a danger to self or others. Mobile outreach teams, staffed with a Peer Support Specialist and an EMT, are connected to a Triage RN for clinical support. Both a Medical Physician and a Psychiatrist are on-call 24/7 to assist the Triage RN when needed. The mobile outreach team can conduct a baseline medical assessment and transport the participant if he/she needs to enter one of CBI's facilities for assessment, triage, and follow up care. Working with the Clinical Lead, the PATH Outreach Team is skilled in the petitioning process when issues such as danger to self or others are present. The mobile outreach team working with PATH navigation helps manage the immediate crisis by getting the participant to the most appropriate level of care and reduces the impact on the crisis system overall (e.g., hospitals, fire, police and urgent psychiatric care).

CBI maintains written policies for significant events reporting and incident review. A supervisor is on-call 24/7 and is notified immediately. The supervisor must notify the Chief Operating Officer immediately. Any incident where the police are called or the participant is a danger to self or others is reviewed by the Quality Management Division. The results are reviewed by the managers and clinical oversight.

PATH Eligibility Determination

The navigation outreach process progresses through stages as the participant's readiness for change progresses. Navigators make multiple contacts with homeless participants to build a rapport and level of trust, as well as determine the homeless person's readiness for change. A contact may range

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from a brief conversation between the navigator and the person about the homeless person's well-being or needs, to a referral to service. Navigators document their contact notes including basic observations from the contact and contact location, which helps to inform future contacts with the homeless individual. Most importantly, Navigators document the individual's functional impairments to begin documenting the history needed to support potential SMI designation in future.

A major barrier for individuals with mental illness who are homeless is that they have no documented history that can be used to support an SMI designation. The PATH Clinical Lead provides clinical oversight and support to the Navigators including training on recognizing the signs and symptoms of mental illness. The Navigators enter their observations on participant behavior in their case notes.

Engagement occurs when the participant expresses interest in pursuing housing and services. The Navigator will complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) to enter the participant into the Maricopa County Continuum of Care coordinated entry system. The participant will sign the Homeless Management Information System (HMIS) data sharing consent form and the Navigator will check the state roster to determine if an SMI determination already exists. Based on the results of the VI-SPDAT assessment, an appropriate housing intervention is determined. In addition to the VI-SPDAT, the PATH team uses the PATH intake screening tool to ensure appropriate enrollment for the PATH program.

When a participant is ready to formally pursue housing and services, the Navigator will enroll him/her into the project, create a participant file, and begin case management. PATH Navigators document their case notes and the PATH status determination date in HMIS.

Data

PATH Team staff enter all PATH participant information into the Homeless Management Information System (HMIS). All PATH Navigators receive an HMIS license, which requires them to complete initial training before receiving a license. PATH team staff complete refresher training at least annually to remain a licensed user and complete frequent web-based trainings throughout the year. The PATH staff meet with an HMIS staff representative quarterly to discuss any data quality or user issues.

For PATH participants needing a higher level of clinical care (i.e., medical detoxification, crisis stabilization, psychiatric stabilization, etc.), CBI creates an electronic health record (EHR) in its NextGen system, which is used for coordination of care across CBI's system of care. NextGen is certified through the Office of National Coordinator's EHR certification program.

The PATH Manager conducts weekly data reviews based on the HMIS reporting tool and the PATH data quality report. This allows management to assess the accuracy of documentation. The information gleaned from report reviews is shared with staff during the weekly team meetings and serve as opportunities for growth and development.

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SSI/SSDI Outreach, Access, Recovery (SOAR)

CBI PATH has thirteen staff that assists with SOAR applications including three Lead Navigators, eight Navigators, and 2 supervisory positions. The PATH Program Manager assigns one Lead Navigator to act as the point person and specialize in developing SOAR applications. This designated Lead Navigator is responsible for tracking outcomes in the SOAR On-line Application Tracking (OAT) system. All other staff assists by prescreening and referring participants for SOAR and assisting with gathering the documentation needed to submit an application to the Disability Determination Specialist (DDS). Since July 1, 2018, 18 SOAR applications have been submitted to DDS. Six are approved, 2 denied, 7 are pending, and 3 abandoned the application process.

Access to Housing

As a long-standing leader in substance use/mental health services, CBI has developed and maintained relationships with housing providers who offer varied housing interventions. CBI housing partners include U.S. Vets, Cloudbreak Communities (veteran specific), Arizona Housing Inc. (AHI) Properties, and ABC Housing. CBI has effectively worked with Transitional Housing programs (MANA House, UMOM, and Center for Hope) as well as emergency shelter (CASS, Watkins, East Valley Men's Center, and Human Services Campus) to serve as interim housing until permanent housing can be obtained. If PATH participants are eligible for housing programs through sub-population qualifiers (i.e. DV Victims, Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Youth, Veterans, HIV-positive individuals etc.), CBI Navigators will assist participants with the housing application process and the acquisition of necessary documentation for housing specific to these sub-populations. CBI partners with several agencies that serve specific subpopulations such as Native American Connections, one-n-ten, Jewish Family Services, Ebony House, and Chicanos Por La Causa.

Since 2104, CBI has been awarded six contracts for rapid-re-housing and permanent supportive housing that may be appropriate for some PATH participants. In FY 19/20, CBI will manage rental assistance for 25 units of rapid rehousing and 166 units of HUD-funded rental assistance for permanent supportive housing specifically designated for chronically homeless individuals. The PATH team and the coordinated entry system are the key sources of referrals for this housing.

CBI manages programs that work with other housing providers such as the H3 Vets program that works with the Veterans Administration to house Veterans using HUD VASH vouchers, referrals to the provider clinics that have housing dedicated for participants with SMI, referrals to CBI's Comprehensive Community Health Program, or assisting participants on getting added to the section 8 waiting list with local communities and assisting with the application process if selected.

In addition, CBI has formed various linkages with recovery homes that aid individuals with co-occurring diagnoses who wish to address the substance abuse issues. CBI maintains an internal web-based directory of recovery homes and other resources for Maricopa County.

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CBI will leverage existing housing partnerships and its own housing contracts to meet the specific needs of individuals engaged with PATH Outreach Navigators. CBI PATH team members will continue to assist those PATH eligible individuals who are in need of move-in assistance or at imminent risk of losing housing.

Staff Information

CBI uses multiple strategies to ensure cultural competency of services including: a racially/ethnically diverse staff, bilingual staff, access to language assistance services, and partnerships with agencies that provide culturally specific treatment options to refer individuals as appropriate. CBI staff recruitment and retention policies require equal consideration of all candidates. Bilingual staff who qualify, receive an additional \$1 per hour after they pass a professionally administered language test when these skills are desired for certain job categories (i.e. intake specialists, nurses, counselors, and transition managers). Information is requested about whether the candidate has language skills in addition to English. Also, staff has access to language assistance services including in-person interpreters/translators, telephonic interpretation, video relay services, and any other language assistance service retained by CBI.

Recognizing the need to address issues and concerns of LGBTQ participants and employees, CBI created an LGBTQA committee in October 2012. The Committee has increased education on transgender issues, developed a thorough LGBTQ resource list, and created visible and tangible support for CBI as a “safespace”. Safespace signage and decals are evident throughout every CBI facility, reminding both employees and participants that CBI advocates and supports members of the LGBTQ community. Educational modules addressing discrimination, harassment and historical content of the LGBTQ community also have been incorporated into the Peer Support Certification program. CBI values collaborative efforts and partners with local community organizations such as one-n-ten, and the LGBTQ Consortium on community events and outreach efforts.

CBI offers live annual trainings on Cultural Competency, as well as Relias online learning. As part of the Peer Certification program, CBI includes specific training modules on working with veterans, LGBTQ and Native American populations.

Participant Information

From July 1, 2018 through June 28, 2019, CBI's PATH program contacted 3,660 participants and enrolled 1,414 participants during the project year. The enrolled participants included 870 males, 531 females, and 9 MTF, 2 FTM transgender individuals, and 2 gender non-conforming individuals. Racially and ethnically, 959 identified as white, 293 Hispanic/Latino, 342 black or African-American, 124 American Indian or Alaska Native, 17 Native Hawaiian or Other Pacific Islander, 10 Asian, and 7 unknown. In terms of age, 79 were 18-23, 212 were 24-30, 316 were 31-40, 350 were 41-50, 356 were 51-61, and 98 were 62 or older. Three were unknown.

Based on HMIS data, 1,410 of the PATH participants enrolled identified a mental health condition, 683 identified drug or alcohol abuse or both, 429 had a physical disability, 443 had a chronic health

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condition, 253 had a developmental disability, and 26 had HIV/AIDS and related diseases.

CBI estimates the following outcomes for FY 2019/2020:

PATH Outcomes	FY 2017/2018 Actuals	FY 2018/2019 thru June 28, 2019	FY 2019/2020 Projections
# Contacts (Outreached)	2,930	3,660	3,000
# of Contacts – Literally homeless	2,833	3,317	2,760
# Engaged	1,477	1,927	1,550
# Enrolled	1,093	1,269	1,100
# of Veterans	162	164	150

In the FY 2018/2019 renewal application, CBI estimated that PATH teams would make 3,000 outreach contacts and enroll 1,100 participants. As shown in the FY 2018/2019 actuals, CBI exceeded its goals for the number contacted and enrolled. The FY 19/20 projections are estimated at the same level as initially projected for FY 2018/2019. CBI is focused on balancing the number of contacts with increasing the quality of interactions with the participants in FY 19/20. To ensure goals are reached, the PATH Manager maintains a dashboard report based on the HMIS PATH 2019 report data that includes the PATH contacts and enrollments made each week. The weekly goal is a minimum of 78 contacts and 27 enrollments per week. In addition, the PATH Manager maintains a dashboard for each Navigator that includes the number of new contacts, enrollments, number of clients connected to mainstream benefits, and the number of clients who are document ready each week. The PATH Manager meets with the PATH team every Wednesday to review progress on the dashboards and staff cases. If the team does not meet the goal in a given week, the PATH Manager meets with the Associate Director of Housing and Community Integration to create strategies to improve performance.

Consumer Involvement

CBI's extensive use of certified Peer Support Specialists, (Navigators) underscores the agency's commitment to involve mental health consumers in its organization. CBI's Navigators are individuals who have personal histories in recovery from substance use and mental health disorders. Many also have homelessness and criminal justice involvement in their life experience. All of CBI's Navigators complete a peer support certification program that includes 106 hours of training to develop skills such as motivational interviewing, assessment and triage, ASIST suicide prevention, cultural competency, boundaries and ethics, blood borne pathogens, mental illness, substance abuse, and patient care planning. Their education is enhanced through monthly clinical oversight and weekly team meetings. Navigators also complete community-based trainings on topics related to homelessness and recovery such as Housing First, Case Management, HMIS initial certification and annual refresher courses, VI-SPDAT, and SOAR.

In addition, PATH participants are informed fully about the benefits and risks of services at the time they decide to engage with the PATH Outreach team and are free to accept or reject services at any

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time. In the event participants enter behavioral health services, they are informed fully of their rights as consumers.

CBI embraces the patient-centered philosophy in which the patient is fully involved in their treatment planning process. CBI values the input of PATH family members (with informed consent) as a means to create positive outcomes and build up recipients' protective factors. The PATH Navigators seek out natural supports for each participant to engage them in the treatment process.

Finally, CBI's West Valley Access/Transition Point is now a Patient-Centered Health Home, which provides primary care, psychiatric and substance abuse services. A Patient-Centered Health Home is a care delivery model where a patient's treatment is coordinated through their primary care physician to ensure individuals receive the necessary care when and where they need it. This is a team-based approach that provides greater accessibility and focuses on quality care and safety. CBI will monitor health-related issues according to Healthcare Effectiveness Data and Information Set (HEDIS). These measures will guide performance on dimensions of care and services. The tracking will allow CBI to tailor treatment and interventions to specialized populations and subpopulations including connecting their patients to culturally-specific treatment providers (such as Native American Connections). The PATH team's engagement efforts include keeping participants connected to their primary care services to address their health conditions.

Budget Narrative

See the attached line item budget and budget narrative.

Pages 66 -69
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Good Neighbor Alliance
 420 North 7th Street
 Sierra Vista, AZ 85635
 Contact: Brad Roland

Provider Type: Shelter or other temporary housing resource
 PDX ID:
 State Provider ID:
 Contact Phone #: (520) 439-0776

Budget Narrative – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Budgets and budget Narratives are required for every Intended Use Plan

Answer the Yes/No question below for the narrative questions for each Intended Use Plan. If you check "No" please provide any updates to the following narrative questions for the associated IUP.

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.

Collaboration with HUD Continuum of Care (CoC) Program – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

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

- 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;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

Data – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

SSI/SSDI Outreach, Access, Recovery (SOAR) – Describe the provider's plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.

Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Staff Information – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

I certify that the responses to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

Planning Period From 7/1/2019 to 6/30/2020

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebRGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebRGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	\$ 47,212	\$ 15,338	\$ 62,550				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 64,277	100.00 %	0.73	\$ 47,212	\$ 15,338	\$ 62,550	See attached budget for more detailed information
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	6.23 %	\$ 3,897	\$ 903	\$ 4,800	See attached budget for more detailed information		
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 2,696	\$ 504	\$ 3,200				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Gas	\$ 2,696	\$ 504	\$ 3,200	See attached budget for more detailed information			
d. Equipment	\$ 0	\$ 0	\$ 0				
No Data Available							
e. Supplies	\$ 0	\$ 0	\$ 0				
No Data Available							

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Housing \$ 0 \$ 0 \$ 0

No Data Available

h. Construction (non-allowable)

i. Other \$ 4,383 \$ 1,067 \$ 5,450

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	\$ 4,383	\$ 1,067	\$ 5,450	Other Operating - See attached budget for more detailed information

j. Total Direct Charges (Sum of a-l) \$ 58,188 \$ 17,812 \$ 76,000

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0 [See attached budget for more detailed information](#)

l. Grand Total (Sum of j and k) \$ 58,188 \$ 17,812 \$ 76,000

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	140	Estimated Number of Persons to be Enrolled:	31
Estimated Number of Persons to be Contacted who are Literally Homeless:	140		
Number staff trained in SOAR in grant year ending in 2018:	3	Number of PATH-funded consumers assisted through SOAR:	5

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Projects for Assistance in Transition from Homelessness (PATH)
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Good Neighbor Alliance (GNA)
Cochise County

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.*

Good Neighbor Alliance (GNA) is a community-based 501(c) (3) non-profit organization; we operate a *Samaritan Station* emergency homeless shelter for men, women and families with children and veterans in Sierra Vista, Arizona. Cochise County, in southeast Arizona along the Mexican border, is 6,169.45 square miles. It is serviced by only two homeless shelters and two domestic violence shelters. The goal of GNA is to offer shelter and access to services to help stabilize guests, and provide for their most basic needs throughout their transition out of homelessness. For our unsheltered neighbors, GNA provides a shower program three days per week.

During the 2018/2019 contract, the GNA/PATH shower program provided 959 contacts, an average of 79.9 shower services monthly. The PATH team has taken ownership of the shower program to provide extensive in-reach opportunities. It has been a valuable tool in creating trust and a bridge for our chronically homeless neighbors' familiarity and insight to the GNA Shelter. In addition to PATH Shower paperwork, staff has the capability to complete VI-SPDAT's on participants, which enables them to be entered into HMIS for housing consideration via the by-name-list. GNA provides all toiletry items, towels, etc.; shower participants are also offered coffee, snacks, fellowship and assistance in identifying resources. Unsheltered neighbors are also invited to the evening meal served at GNA.

GNA has been awarded PATH funds from the Arizona Health Care Cost Containment Services (AHCCCS) in the amount of \$58,188 in federal PATH funds and \$17,812 in matching state funds, for a total of \$76,000 for the 2019/2020 contract year.

Collaboration with HUD Continuum of Care Program- *Describe the organization's participation in the HUD Continuum of Care (CoC) recipients(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC in the areas where PATH operates.*

Good Neighbor Alliance has been an active member of the Arizona Balance of State Continuum of Care (AZBOSCOC) for over 15 years. Locally, the Executive Director of GNA has served as co-chair of the Cochise County Continuum of Care (CCCOC) three times. Good Neighbor Alliance is designated as the Cochise County Lead Agency for the AZBOSCOC and is under contract with Arizona Department of Housing (ADOH). CCCOC continues to grow with participation of a local foundation director as well as the Sierra Vista Police Department. Currently, meetings are being attended by: Arizona Complete Health (ACH), Regional Behavioral Health Authority (RBHA) in Cochise County; Cochise County Sheriff's Department; Community Partners Integrated Health (CPIH); Community Bridges Inc.; Bisbee Coalition for the Homeless; Women's Transition Project; Cochise County Reentry Coalition, Wellness Connection, Housing Authority of Cochise County (Public Housing Authority), The Veterans

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Good Neighbor Alliance (GNA)
Cochise County

Affairs Social Worker for the Homeless, the Supportive Services for Veterans Family run by the Red Cross of Southern Arizona, Chiricahua Health Center, St. Vincent De Paul.

The CCCOC is working proactively in meeting the ADOH scope of work to increase the effectiveness of our community in working together to meet performance measures, establish case conferencing procedures, etc. with the goal to end homelessness. The CCCOC will be working on strategic planning to meet performance measures which will help to increase the lives of those transitioning out of homelessness.

A written procedure was implemented in August 2017 for a county-wide Coordinated Entry system, including its requirements, using the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) to establish a "By Name List" for Case Conferencing in prioritizing that those most vulnerable to be housed. By the end of 2019, the CCCOC will be reviewing local procedures to ensure they are in keeping with those set by AZBOSCOC Coordinated Entry Working Group. The GNA-PATH Team has been instrumental in this effort and have worked closely with PATH enrollees to get them into services and housed. Discussions have continued, to improve the homeless population transitioning out of the Cochise County jail. This impacts those eligible for the GNA-PATH program. AZBOSCOC and CCCOC are participating in Coordinated Entry using the VI-SPDAT system. This statewide strategy helps to increase the collection of data and input into HMIS as well as creating a mechanism for services accessed within the AZBOSCOC to collaborate on the coordination of care for shared clients.

Locally, the City of Sierra Vista has been designated an entitlement community by U.S. Department of Housing and Urban Development (HUD) as a recipient of Community Development Block Grant Funding (CDBG). This designation changes the relationship of the City of Sierra Vista with ADOH and changes the scope of work for Sierra Vista. As an active member of the CCCOC, GNA is instrumental in representing those experiencing homelessness and mental illness, numbers of unsheltered, housing inventory and services for these populations. There also has been a shift in the requirements for the Housing Opportunities for People with Aids (HOPWA) grant administered by the Housing Authority of Cochise County (HACC). This includes data collection and input into HMIS.

These efforts will improve homeless clients' access to services, enhance inter-agency networks and ultimately improve the lives of clients. GNA has been responsible for organizing the HUD mandated bi-annual unsheltered street count from 2005 through 2019 for Cochise County. GNA has been involved with the Data Quality committee to establish data collection requirements and policies and procedure also to increase the effectiveness of outreach opportunities, identify gaps, and to assist in proposed statewide procedures. The CCCOC will be conducting yearly gaps analysis to support programs, identify resources and seek funding opportunities. The GNA-PATH Team will be instrumental in planning and managing the count for the great expanse of Cochise County.

Collaboration with Local Community Organizations- Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e.,

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outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients and describe coordination of activities and policies with those organization. Provide specific information about how coordination with other outreach teams is achieved.

GNA PATH coordinates with organizations that provide key services to PATH clients. These organizations include Arizona Complete Health, Bisbee Coalition for the Homeless, the Southeastern Arizona Behavioral Health Services and Housing Department (SEABHS), and Community Partners Integrated Health Care (CPIH). St Vincent De Paul assists clients with funding to obtain duplicate IDs that have been lost or stolen. GNA has collaborated with Goodwill Industries on employment and job search training that helps clients enter the workforce. GNA hosts one Alcoholic Anonymous meeting weekly. GNA-PATH has established working relationships with landlords, property managers and businesses excited to help further access to housing and employment opportunities. GNA has hosted many church and youth groups for tours and community service projects. The GNA pantry is primarily stocked through community and church sponsored food drives. Local area churches, businesses, and community-at-large volunteers offer their services to provide evening hot cooked meals daily; all GNA-PATH participants are encouraged and invited to attend. GNA is often sought out by community members wanting to get involved in helping the homeless or just wanting information about all things relating to local homelessness.

The following organizations and services are used for referrals depending upon shelter guests and/or GNA-PATH participants needs: HACC, the AZ Department of Veterans Services (AZDVS) Benefits Counselors, the Sierra Vista VA Community Outpatient Based Clinic and Homeless Case Manager, Tucson VA Homeless program, Women's Transition Project (WTP), Chiricahua Community Health Center, Community Intervention Associates, St. Vincent De Paul, Community Bridges Inc., Cochise County Drug Court and Cochise County Care Court for veterans and those with mental illness. Additionally, GNA receives referrals from most of these organizations as well. The PATH Team also assists local agencies servicing justice involved individuals. Prison re-entry programs have sought out PATH resources in attempts to identify suitable housing for these individuals. The PATH Team also assisted in identifying housing and program resources for convicted sex offenders.

GNA-PATH is the only active outreach team in Cochise County. GNA-PATH has been sought out by church groups, the VA Social Worker, the Director of Bisbee Coalition for the Homeless, and representatives from the City of Sierra Vista to go on outreach with the team.

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

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.

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The GNA-PATH team services align with the street outreach and case management goals as a priority. As an emergency homeless shelter GNA is in a unique position to provide housing, basic necessities and case management. GNA holds beds for PATH clients as we know that it is a huge step for them to agree to come indoors and accept services. GNA PATH staff provides case management services for PATH enrolled clients, including referrals to the RBHA for behavioral health and substance use treatment. Specifically, the PATH Team assists clients in obtaining intake appointments, provides transportation to/from any subsequent appointments. Additionally, the PATH Team also assists with researching the availability or existence of past medical or behavioral health records. These records provide documentation used in the SMI determination process. The PATH team assists with applying for IDs needed for access to AHCCCS (Medicaid), Food Stamps, SSA/SSI/SSDI, Veteran's benefits, physical health treatment, and applying for permanent supportive housing. Other services include: personal care assistance, pre and post job coaching, referrals to job training (workforce development), health promotion/education, substance use prevention and supports with living skills development.

Ultimately, the PATH team helps clients re-engage into the systems which they feel have shunned them. Strategies for outreach: The GNA PATH team members conduct outreach throughout rural Cochise County which includes Benson, Bisbee, Double Adobe, Douglas, Bowie, Pearce, Tombstone, Sunsites, Elfrida, Sierra Vista, and Willcox. The team also works with the guests of Good Neighbor Alliance *Samaritan Station* Shelter and Bisbee Coalition for the Homeless which shelter both males and females experiencing homelessness. Programs such as GNA's Shower Program, Wellness Connection consumer-run clubhouse, St. Vincent De Paul and Salvation Army are also used for identifying adults experiencing homelessness or at risk of becoming homeless.

The Team has adopted a "meet me where I am" strategy. The team provides food that has been donated, hygiene and health items, referrals and advocacy and continues contact with PATH eligible individuals during the outreach process of engagement to establish a therapeutic alliance. Case management can be done "on the spot" in camps, at the GNA Shower Program, or at the GNA PATH office. The team is ready with a cell phone and a list of resources during all encounters.

On some occasions, GNA has been instrumental in getting chronically homeless individuals to agree to accept mental healthcare. Discussions are currently proceeding with a behavioral health provider concerning the difficulty for individuals experiencing homelessness who are mentally ill to be put into a group setting and be required to participate. Persons experiencing homelessness often feel betrayed by those employed by service providers. The GNA approach is; if a promise is made to the consumer, the promise must be kept. GNA PATH is about connecting, gaining trust and treating people with respect at all times. The GNA-PATH team has developed a monthly outreach calendar so as to foster follow up opportunities with clients and potential clients throughout the county.

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Describe any gaps that exist in the current service systems.

The lack of sufficient funding for housing vouchers for those chronically homeless suffering from serious mental illness has become a gap. Over the term of this current contract, housing for this population has been mostly at capacity creating longer waitlists. The wait time also leads to periods of disengagement by participants. Additionally, the housing (vouchers) for those suffering with SMI and NOT chronically homeless is also at capacity causing people to remain homeless in their current habitat or in shelters for extended periods of time. There are openings for bricks and mortar housing units but participants are forced to relocate to other locations throughout Cochise County.

Also, there is a gap resulting from the local behavioral health providers in Cochise County not using HMIS, Coordinated Entry and the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) which has created barriers to housing for our shared clients. GNA is meeting with ACH (Arizona Complete Health), the local Regional Behavioral Health Authority (RBHA), to work on barriers. ACH has an office in Sierra Vista, making them more accessible.

Canyon Vista Medical Center in Sierra Vista, continues to offer medical Detox services and in-patient emergency psychiatric services. Additionally, clients may receive services for detox and short term substance abuse treatment with a referral to facilities in Tucson and/or Yuma. An identified gap includes paperwork for their transition not always being done prior to them leaving the treatment center. This can cause some clients to disengage at that point.

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

Services available for PATH enrollees who have both mental illness and co-occurring substance use disorder include outreach, case management, peer support, substance abuse counseling and relapse prevention groups, Alcoholics Anonymous, Narcotics Anonymous, and recovery services. GNA-PATH provides referrals for adults to Community Bridges Inc. and also women with substance use disorder to Women's Transitional Project, while men are referred to the Verhelst Recovery House.

GNA-PATH is kept aware of the client's progress to help in their transition upon graduation from these programs. On several occasions, GNA has referred veterans to the Tucson Homeless Veteran program and the local HUD-VASH program for housing and services. Women experiencing domestic violence are referred to DV shelters in Cochise County.

Provide a brief description of how PATH eligibility is determined, when enrollment occurs and how eligibility is documented for PATH-enrolled clients.

When the PATH Team encounters potential clients, an initial assessment is made by the team whether the client exhibits behaviors consistent with an SMI diagnosis. This is determined

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through observation and conversation with the client, in an attempt to learn more about the person's history and whether any behavioral health concerns have existed in the past or present. After the team explains the benefits of PATH, and the potential client appears to fit the SMI criteria, an offer of enrollment is made to the person to join the PATH program. SMI eligibility is ultimately determined by behavioral health documentation, specifically where the client was put through an evaluation and was determined to be SMI, or not. After a release of information is exchanged, the PATH Team obtains a copy of the evaluation and it is placed into the clients file.

Data- Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

GNA has been a part of the HMIS system since 2006, and began inputting PATH data into the system in 2010. GNA currently enters shelter, rapid rehousing, and day shower program data into HIMS. GNA complies with data collection, and all other contractual obligations for working with the HMIS system as well as attending training opportunities. ADOH conducts training for all organizations inputting data into the AZBOSCOC HMIS system. There is a new data sharing agreement and release of information to coordinate care between homeless shelters and other services within the AZBOSCOC. This includes the VI-SPDAT and Coordinated Entry to prioritize housing need based on disability and length in homelessness. The Coordinated Entry gives us the ability to share this info with housing providers and determine place on wait list. Clinical Services are not provided but referrals for such services are.

The GNA HMIS Administrator ensures all data is input in a timely manner and corrects any issues that may arise. The GNA HMIS Administrator's is primarily responsible for running all HMIS reports pertinent to PATH to ensure accurate data collection. Also, the GNA HMIS Administrator will connect new users to Crisis Response Network (CRN), following protocol implemented by ADOH. Regarding training, CRN has offered on-going trainings to GNA staff as often as needed. Annually, all users are required to retest their knowledge of HMIS data entry by completing the modules and quizzes supplied by CRN.

SSI/SSDI Outreach, Access, Recovery (SOAR)- Describe the provider's plan to ensure PATH staff have completed the SOAR On-line Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track outcomes of those applications in the SOAR On-line Application Tracking (OAT) system.

GNA-PATH currently has three SOAR trained staff- the Executive Director, PATH Team Lead, and PATH Outreach Specialist. They assist with SOAR applications for PATH enrolled clients or those we observe to be SMI but have not yet been determined. Since there is no longer a SSA office in Sierra Vista, applicants must now travel about an hour away to sit with a social security representative. This creates a significant barrier as there is no public transportation available. Approximately 98 percent of PATH clients are undereducated which makes completing a SSI/SSDI application online on their own much more frustrating. We are able to provide

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assistance and advocacy through the disability process. Also, we assist with obtaining medical and mental health records and to re-file denied claims. We work closely with Disability Determination claims representative by phone to ensure appointments are made and documentation is received.

The PATH team has a good working relationship with the Social Security office in Cochise County. Applications are done on-line but a hard copy must be delivered to the SSA office staff which is 100-mile roundtrip. We also assisted 2 clients with SSA applications.

While GNA and PATH staffs enjoy a good working relationship with the local SSA office in Douglas, AZ, there still exists a problem with SSA staff knowing about the SOAR program. While this situation is in fact a barrier at times, it should be noted that the local staff is always professional and willing to assist with "regular" applications. The GNA Executive Director and PATH staff will work with and meet with SSA management and ascertain what needs to be done to work collaboratively within SOAR guidelines.

Housing- Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Strategies for permanent housing available to PATH enrolled clients include assisting clients to apply for state and federal subsidized housing programs such as Section 8, and Shelter Plus Care (SPC), and Supportive Housing Programs (SHP), now referred to as "HUD Housing". Referrals are made to SEABHS and to Community Partner Care Coordination for access to HUD housing programs via the VI-SPDAT and Coordinated Entry. Emergency shelter referrals are made to Good Neighbor Alliance shelter, Bisbee Coalition for the Homeless shelter and Catholic Community Services domestic violence shelters. GNA PATH works directly with the local VA Homeless Case Manager for referral to the HUD-VASH voucher program.

To date, Cochise County has been awarded 88 HUD- VASH vouchers, plus an additional 10 from Tucson, totaling 98 in all. The Housing Authority of Cochise County Board does designate the chronically homeless as a priority population for Housing Choice Vouchers Program (Section 8). GNA-PATH provides referrals to the Primavera Foundation of Tucson local provider for the Supportive System for Veteran Families program for housing assistance and eviction prevention. GNA also has a small Rapid Rehousing contract with ADOH which GNA-PATH refers clients to when applicable. GNA and members of the Cochise County Continuum of Care are collaborating on strategizing on identifying housing funding and other opportunities.

GNA PATH continues to work with other housing programs in Cochise County. Occasionally, PATH clients can be housed through Rapid Re-housing or other Permanent Supportive housing programs. GNA-PATH staff advocates for all PATH clients during CCCOC case conferencing meetings, for housing opportunities identified via the By-Name-List.

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Staff Information

Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; Describe the extent to which staff receives periodic training in cultural competence and health disparities

GNA has an equal opportunity policy for program entry and participation and has adopted the Social Workers Code of Ethics. These policies prohibit discrimination based on age, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and cultural differences of clients. Staff meetings include discussion about the need to be inclusionary rather exclusionary of those who need our help.

Additionally, GNA has adapted the National Social Workers Standards for Cultural Competence. The staff receives in house training annually on cultural competence and issues of health disparities. In a rural area it is difficult to identify local training and we frequently must seek training opportunities outside of Cochise County.

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

From the 2018/19 fiscal year, GNA PATH client demographic is as follows: 72% male, 28% female, 91% White, and 7% African American, 1% American Indian, and .5% Asian. GNA has many clients “on their radar” that are being outreached to on a regular basis but have not yet chosen to engage with PATH.

FY 2019/2020 PATH Number Projections

Number of Persons Projected to be Contacted	Number of Persons to be Enrolled	Number of Persons to “Literally Homeless	Number of Persons to be Veterans
140	31	140	6

In 2018/2019 we outreached/engaged approximately 42 individuals per quarter. In 2019/2020, we are anticipating a reduction in numbers, due to the 2019 PIT count numbers, for Cochise County, decreasing 21% from the 2018 count. Given the reduction, we feel a realistic and fair estimation for 2019/2020 includes a 12% decrease in the 2018/2019 numbers. As such, we feel comfortable anticipating outreaching 140 and enrolling 31. Historically, all individuals contacted in street outreach are literally homeless. During the 2018/2019 contract, our PATH team encountered seven veterans in outreach endeavors. Given the reduction in homeless individuals, we anticipate outreach/engaging 6 self-identifying veterans during 2019/2020.

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Methodologies/Tracking Tools: The PATH Outreach Team covers all locations within Cochise County, conducting street outreach activities. Through networking and relationship building, the GNA Path Team gathers the most current data available from the varying municipalities and governmental agencies within Cochise County, regarding homeless in their respective areas. This is accomplished through CCCOC meetings, meetings with law enforcement/public safety, local church groups and other area groups. The PATH Team conducts proactive outreach efforts by searching known areas within the county, historically utilized by the homeless population. Conversely, the PATH team is oftentimes reactive, i.e. responding to reports of homeless individuals within Cochise County, from citizens and other groups. As a result of the relationships forged with agencies/municipalities listed above, the PATH team is routinely made aware of potential PATH clients and homeless situations. Each and every encounter is recorded and input into HMIS and the PATH Data Exchange (PDX). These tools assist the Team Lead in ensuring that team goals are reached or exceeded. Additionally, the team meets telephonically with the State PATH Administrator on a monthly basis, discussing efforts and progress to meet goals.

It should be noted that when veterans are outreach/engaged, and after their military service has been verified, these individuals are connected with VA HUD-VASH through the local VA office and Primavera Foundation of Tucson. Most often, they are housed almost immediately and are not brought into the PATH program. In the event that the PATH Team encounters a self-identifying veteran, whose service cannot be verified or is ineligible for benefits, the team will work to enroll the individual if they appear to fit PATH SMI criteria.

Consumer Involvement- Describe how individuals who experience homelessness and have serious mental illnesses, and their family members, will be meaningfully involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I "Guidelines for Consumer and Family Participation".

Clients who are homeless and have serious mental illnesses have volunteered at the GNA PATH Shower Program and GNA shelter Day program. The shower program currently runs from 8:00 a.m. to 11:00 a.m., Monday, Wednesday and Friday's. As previously mentioned, the GNA PATH team members conduct outreach activities throughout rural Cochise County which includes Benson, Bisbee, Double Adobe, Douglas, Bowie, Pearce, Tombstone, Sunsites, Elfrida, Sierra Vista, and Willcox.

A recent PATH client has been employed at GNA, part-time, since early 2018. Clients are encouraged to make decisions and utilize problem-solving skills taking the initiative to complete tasks and fulfill program goals. It also helps clients gain empowerment and self-worth.

When staff meets with clients, support systems are discussed and how the client wants them involved. These could include family members, case managers, peer support etc. GNA will engage the family to the degree the PATH participant allows them to be involved in their

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recovery. GNA has reached out to family members who live out of town while trying to get families reengaged with the PATH participant. Additionally, client input was sought when GNA/PATH staff was developing an information form on how to contact PATH and local shelters distributed during 2019 PIT count.

During the count, input was welcomed about PATH procedures for the shower program, laundry program and overall outreach efforts. Cochise County is very rural, with the needs of the homeless varying from one community to another. As such, input was collected from clients in rural settings as well as the only somewhat urban setting, Sierra Vista.

Budget Narrative- Provide a budget narrative that includes the local-area provider's use of PATH funds. See **Appendix C** for a sample detailed budget.

The submitted budget is in the amount of \$76,000 for both Federal and State combined. The portion of these funds will be used to fund the employees required to staff the PATH Team and the ERE totals \$67,350. The balance of the monies will keep the PATH vehicle insured, maintained and fueled; some PATH enrollee expenses and some operating to keep the Team in touch while on the road.

Good Neighbor Alliance provides \$12,707 in-kind support.

Pages 83 & 84
were intentionally
omitted

La Frontera
 1101 East Broadway, Suite 130
 Tucson, AZ 85719
Contact: Sharon Francis

Provider Type: Community mental health center
PDX ID:
State Provider ID:
Contact Phone #: 520-882-8422

Budget Narrative – Provide a budget narrative that includes the local-area provider’s use of PATH funds.
Budgets and budget Narratives are required for every Intended Use Plan

Answer the Yes/No question below for the narrative questions for each Intended Use Plan. If you check “No” please provide any updates to the following narrative questions for the associated IUP

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.

Collaboration with HUD Continuum of Care (CoC) Program – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

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

- 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;
- Any gaps that exist in the current service systems;
- A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

Data – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

SSI/SSDI Outreach, Access, Recovery (SOAR) – Describe the provider’s plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.

Housing – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Staff Information – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

Client Information – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

Consumer Involvement – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

I certify that the responses to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

Planning Period From 7/1/2019 to 6/30/2020

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 170,032	\$ 58,917	\$ 228,949	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 22,948	100.00 %	7.41	\$ 170,032	\$ 58,917	\$ 228,949	See attached budget for more detailed information

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	17.82 %	\$ 40,808	\$ 14,140	\$ 54,948	See attached budget for more detailed information

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 372	\$ 128	\$ 500	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Gas	\$ 223	\$ 77	\$ 300	See attached budget for more detailed information
Mileage Reimbursement	\$ 149	\$ 51	\$ 200	See attached budget for more detailed information

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 15,595	\$ 5,404	\$ 20,999	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Other Supplies (Describe in Comments)	\$ 15,595	\$ 5,404	\$ 20,999	PATH Enrollee Expenses - See attached budget for more detailed information

f. Contractual	\$ 1,485	\$ 515	\$ 2,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 1,485	\$ 515	\$ 2,000	See budget outline for further detail.

g. Housing	\$ 0	\$ 0	\$ 0	
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No Data Available				
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h. Construction (non-allowable)

i. Other	\$ 31,905	\$ 11,055	\$ 42,960	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Rent Expenses	\$ 17,453	\$ 6,047	\$ 23,500	See attached budget for more detailed information
Office: Other (Describe in Comments)	\$ 14,452	\$ 5,008	\$ 19,460	Other Operating- See attached budget for more detailed information
Office: Other (Describe in Comments)	\$ 0	\$ 0	\$ 0	Other Operating Expenses - See attached budget for more detailed information

j. Total Direct Charges (Sum of a-i)	\$ 260,197	\$ 90,159	\$ 350,356	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 27,234	\$ 9,437	\$ 36,671	See attached budget for more detailed information
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l. Grand Total (Sum of j and k)	\$ 287,431	\$ 99,596	\$ 387,027	
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Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	650	Estimated Number of Persons to be Enrolled:	500
Estimated Number of Persons to be Contacted who are Literally Homeless:	375		
Number staff trained in SOAR in grant year ending in 2018:	4	Number of PATH-funded consumers assisted through SOAR:	12

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La Frontera RAPP Team
Pima County

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.*

Founded in 1968, La Frontera Center (LFC) is a non-profit community mental health center, one of the original community mental health centers established in Pima County during the initial stages of the community mental health movement. Each year, more than 600 experienced LFC professionals serve approximately 18,000 participants, more than half of whom represent ethnic minority populations. The continuum of services includes mental health and substance use treatment clinics, affordable housing programs, residential complexes, services for individuals experiencing homelessness, a methadone maintenance program, DUI Education, Domestic Violence Education and Veteran services. LFC is dedicated to its mission of “Providing innovative solutions to complex problems; staff work with community partners to build a safe, strong, and healthy Arizona”. Staff continually strives to provide services in a respectful, timely, and courteous manner with awareness of the richness of individual and cultural diversity. All services are grounded in best practices and accredited by the Commission on Accreditation of Rehabilitation Facilities. As part of its ongoing effort to provide culturally competent services, La Frontera has developed three assessment tools to assist in evaluating and improving service provision. These are: “Building Bridges: Tools for Developing an Organization’s Cultural Competence”; “Growing Healthy Families: Tools for Developing an Organization’s Family Strengths-Based Services”; and “Teach Women to Fish: Tools for Developing an Organization’s Services to Women”. La Frontera will receive \$287,431 in federal funds, \$99,596 in state funds for a total of \$387,027 and will provide services in the City of Tucson and other areas of Pima County where individuals who may be PATH eligible are located.

Collaboration with HUD Continuum of Care Program- Describe the organization’s participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC in the areas where PATH operates.

RAPP Project Connect is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care (CoC). RAPP Team staff members sit on the Emergency Solutions Committee, the HMIS (Homeless Management Information System) Committee, the Street Count Committee, the Coordinated Entry Committee, and the Outreach Committee. RAPP Team staff members volunteer their time to provide case management assistance to homeless individuals during Operation Deep Freeze and work with the continuum to provide services for the Summer Sun Program and the RAPP drop-in center is a Summer Sun Site for this program. RAPP Team staff members assist with the annual Point-In Time Count of homeless individuals, including serving as a Team Leader for this project and assisting with development of Policies and Procedures for Coordinated Entry-the RAPP Drop-In Center is a Coordinated Entry site and the team also does mobile VI-SPDAT assessments for clients we

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encounter during homeless outreach/in-reach activities. RAPP Team staff members participate in community events such as Project Homeless Connect and other community events and provide education to Tucson community organizations on issues of homelessness, mental illness, and co-occurring disorders with the goals of increasing community awareness and involvement and decreasing stigma associated with homelessness and mental illness. RAPP Team staff collaborates with other local outreach workers and regularly participate in coordinated outreach events scheduled by the Coordinated Outreach Committee of the CoC.

Collaboration with Local Community Organizations- Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organization. Provide specific information about how coordination with other outreach teams is achieved.

There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. Residents and day program participants of the Safe Haven are screened by the RAPP Team staff and staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. Sonora House staff work with PATH clients on living skills and provide some case management services as well as housing. PATH consumers are assisted to apply for benefits from DES (Department of Economic Security) including Medicaid and food stamps and are assisted with this process. Consumers who are ineligible for Medicaid benefits are assisted to apply for Healthcare for the Homeless services at El Rio Health Center and El Rio staff frequently refer homeless individuals to the RAPP program. RAPP Team staff coordinate services with staff from the Salvation Army Hospitality House, Sister Jose Women's Shelter, Casa Paloma Women's Shelter, Primavera Shelter, and Gospel Rescue Mission for shelter services and a variety of other organizations such as Community Bridges, Cope, Codac, Hope, Inc., Arizona Complete Health, Casa Maria soup kitchen, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, and Pima County Sullivan Jackson Employment Center. The RAPP Team Summer Sun Program includes collaboration with the Community Food Bank which supplies 50 sack lunches per day for PATH clients during the Summer Sun Program. The RAPP Team coordinates with other outreach teams during bi-monthly Outreach Team meetings. Outreach staff from a variety of organizations including RAPP, Primavera, Community Bridges, Old Pueblo Community Services, and the VA meet to discuss specific outreach sites and areas as well as specific homeless individuals with whom they are working. These Outreach Teams also coordinate the process of locating individuals who are being considered for housing based on scores on the VI-SPDAT. Outreach workers from a variety of organizations refer individuals to the RAPP Drop-In Center for respite from the heat and cold. RAPP Team staff members interact with outreach workers from other organizations during meetings of the CoC and other events such as Project Homeless Connect and/or the Veterans Stand-Down events, and partner for outreach calls to remote camps and other desert areas. RAPP Team staff members attend bi-weekly Coordinated Outreach meetings to identify areas where individuals are camping and participate in coordinated outreach activities to these locations in conjunction with community

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partners from a variety of organizations. The RAPP Team also plans to work closely with the new Center of Opportunity which recently opened in Tucson and provides shelter and other services in a “One Stop” location. We are meeting with the CEO regularly to define services the PATH Team may be able to provide at the Center of Opportunity in the near future, including outreach services, PATH enrollment and entry into the Coordinated Entry System.

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

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 PATH/RAPP team will focus the majority of the staff’s time, energy, and resources on street outreach, “in-reach” in the RAPP drop-in center and case management activities as priority services. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of the Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. RAPP Team staff will conduct outreach five days per week, in and around the City of Tucson, and other areas within Pima County (as staffing permits) where individuals experiencing homelessness are identified. Focusing the majority of the Team’s outreach time and energy on the City of Tucson will maximize the number of individuals the team is able to outreach and engage. Staff will introduce themselves to anyone who appears to be homeless in an attempt to engage the individual. Staff members will provide outreach contacts with supplies to meet basic needs such as water, snacks, socks, bus passes, etc. in an attempt to form an alliance with the individual experiencing homelessness.

The RAPP Clinical Supervisor, who is also a Registered Nurse is available to accompany staff on street outreach and is available for in-reach at the RAPP drop in center. The RN is available to assess individuals for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Persons experiencing homelessness often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aide, sunscreen, or a bottle of water to these individuals in the drop-in center or during outreach is another engagement strategy for building trust and rapport that is utilized by the team. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness, and encourage and assist the individual to apply for Medicaid and obtain a primary care physician. RAPP is the only outreach team currently providing RN services “in the field” in the Tucson area.

Since moving to the current location we have experienced an influx of individuals experiencing homelessness that come to the drop-in center seeking services. The majority of these individuals

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report hearing about RAPP “on the street” and are often encouraged by other PATH clients to come to the drop-in center. The RAPP team will provide case management services to all PATH consumers based on the recovery model, which focuses on the strengths of the individual, are “person centered” and culturally competent. Case management services include, but are not limited to, assistance with obtaining identification documents; applying for mainstream benefits such as food stamps, Medicaid, SSI/SSDI utilizing the SOAR model, assistance with obtaining education and/or employment; coordination of health care, such as referral to El Rio Healthcare for the Homeless program, or obtaining a Primary Care Physician once healthcare benefits are in place; assistance with locating and obtaining shelter including Sonora House Safe Haven; assistance with locating and obtaining permanent housing; accessing individual and group counseling and mental health and substance abuse treatment; and linking the individual with other local social service agencies and mainstream benefits to meet the individual’s specific needs. Emphasis is placed on opportunities for socialization and establishment of community and natural support systems.

Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

La Frontera maximizes the use of PATH funds by leveraging other available funds for PATH enrolled clients whenever possible. Examples of this include:

- U.S. Department of Housing and Urban Development (HUD) funds to provide Safe Haven housing and day program services for PATH enrolled clients.
- Donations of food and bottled water from Fry’s Food & Grocery Stores, Walgreen’s, and the CoC Summer Sun Program.
- Our partnership with Primavera and other organizations such as Trinity Church provides funding for PATH clients to obtain Arizona State I.D. and other services; motel vouchers allow us to utilize the funds that would be spent on these items for other PATH services and/or supplies.
- Our partnership with the Community Food Bank enables us to obtain food for PATH enrolled clients free of charge, including 50 sack lunches daily from June 3, 2019-July 31, 2019; this allows us to provide food for PATH enrolled clients without expending PATH funds.
- La Frontera will continue to seek out other sources of funding for the PATH program such as other grants targeting this population, and/or other donations on an on-going basis.

Describe any gaps that exist in the current service systems.

Gaps in the current system include the lack of emergency, transitional and permanent affordable, supportive housing based on a harm-reduction model for the dually diagnosed consumers who are not maintaining abstinence, and lack of housing for convicted felons and convicted sex offenders.

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There is only one (faith-based) program in Tucson that will accept any level sex offender and this program is only available for individuals who have an income and are capable of paying for room and board, therefore many of these individuals continue to live on the streets.

Within the past year, medical respite beds have been identified at the Salvation Army Hospitality House and the new Center of Opportunity operated by the Gospel Rescue Mission. These individuals are often discharged from hospitals, rehabilitation facilities, and the criminal justice system without sufficient follow-up for services and are often unable to meet basic needs without assistance. RAPP staff will collaborate with staff from Adult Protective Services, when necessary, to ensure the safety of vulnerable homeless individuals, and will file paperwork for involuntary evaluation of these individuals when deemed necessary.

Another gap in services is adequate drop-in space for individuals who are homeless and need a safe place to be, out of the elements during the day when shelters are closed. RAPP is the only drop-in site available five days per week, eight hours per day for both males and females experiencing homelessness. There is also a lack of non-traditional shelter for individuals who are actively using substances, have un-treated symptoms of mental illness, individuals who are homeless with pets, and individuals who are unable and/or unwilling to adhere to rules of traditional shelters. There is currently a workgroup in Tucson working to identify a site/location for an urban camping project that might be an option for these individuals but this is in the planning stages at this point and is meeting with opposition from neighborhood associations.

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

Services available for consumers who have both a serious mental illness and a co-occurring substance use disorder include outreach and case management services, 1:1 counseling, group counseling, health and safety education, and referrals to AA (Alcoholics Anonymous), NA (Narcotics Anonymous), SMART (Self-Management and Recovery Training), and relapse prevention services. Services are recovery focused and based on a harm-reduction model.

Provide a brief description of how PATH eligibility is determined, when enrollment occurs and how eligibility is documented for PATH-enrolled clients.

PATH eligibility is determined by meeting with each individual and assessing for symptoms of a serious mental illness. If potential client presents with symptoms and functioning consistent with a serious mental illness and meets the PATH definition of homelessness they are found to be PATH eligible. If the individual verbalizes an interest in PATH enrollment they are enrolled in PATH and an individual record is opened in the HMIS system. PATH enrollment and eligibility is documented in the HMIS system. Staff strives to initiate an initial case plan upon PATH enrollment or next contact with member. It is our goal to review and revise case plans any time the client's situation changes or at least every six (6) months.

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Data-Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation:

The entire RAPP Team is trained in and uses the HMIS system on a daily basis. All documentation for the program is done in the HMIS system and all new staff are trained within the first month of employment to access and use the HMIS system for PATH documentation. A RAPP Team staff member attends monthly HMIS User Group Meetings. The PATH Supervisor is responsible for running data quality checks and PATH reports. A monthly, PATH Data Quality report is ran to ensure errors are caught.

SSI/SSDI Outreach, Access, Recovery (SOAR)- Describe the provider's plan to ensure that PATH staff have completed the SOAR On-line Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and track outcomes of those applications in the SOAR On-line Application Tracking (OAT) system. For the grant year that just ended, include the following data:

The PATH Team currently has five staff member who are trained in SOAR and four are currently providing assistance with SSI/SSDI applications using the SOAR model. There were 15 consumers assisted with SSI/SSDI applications but only 12 of those were actual SOAR applications. In terms of outcomes we had one SOAR application that was approved within 3 months, and 2 within 6 months. One Non-SOAR application was approved and 4 SOAR applications are pending. 4 SOAR applications and 1 Non-SOAR application was denied and the clients became disengaged from the process and 1 client was incarcerated prior to a decision being made There are currently 4 staff members on the PATH Team who assist with SOAR applications in addition to other duties including Outreach and Case Management. We do not have any team members dedicated to SOAR.

We do not use an alternative system for assisting clients but some of our clients have SSI/SSDI applications that were filed prior to PATH enrollment. In that case, we assist them in the traditional manner, assisting with filling out paperwork, serving as the Third Party, and assisting with transportation to appointments.

Housing- Indicate what strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

The RAPP Team will utilize a number of strategies for making suitable housing available to PATH clients, including, but not limited to referring clients to Sonora House Safe Haven and/or other shelters such as Primavera, Gospel Rescue Mission, or the Salvation Army Hospitality House, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter Plus Care, La Frontera Housing including Rally Point Apartments for Veterans, Miracle Point, and Storacle Point Apartments, and any other subsidized housing programs that the client would be eligible for. RAPP Team staff will assist the client however necessary, including accompanying the client to appointments, assisting with

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the paperwork, assisting client to obtain I.D. documents, and actually assisting with move in and obtaining furniture and housewares. PATH clients with little or no income will be assisted to pursue employment or obtain entitlements if they are unable to work to enable them to attain/sustain housing. In addition to the above-mentioned housing programs, RAPP staff members have established relationships with independent landlords who offer affordable rental rates, minimum deposits, and do not require extensive financial or criminal background checks. RAPP Team staff will work with the CoC to continue to develop and implement a coordinated entry process for Pima County and will screen all PATH clients using the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Tool) the assessment tool approved by Tucson Pima Collaboration to End Homelessness

Staff Information

Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients:

The RAPP Team staff will receive training on Cultural Competency during new employee orientation, and at least yearly, thereafter. Leadership will encourage and nurture a team philosophy based on unconditional respect and compassion for the population we serve. Staff will be hired with these characteristics in mind and on-going efforts will be made to promote an atmosphere of inclusion and cultural sensitivity.

Describe the extent to which staff receives periodic training in cultural competence and health disparities:

Staff will receive training on cultural competence and health disparities during new employee orientation and annually thereafter.

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.

As of 06/25/2019, the demographics of the 563 individuals who received some PATH service during the time frame 07/01/2018-06/25/2019 are as follows:

Female-175, Male 383, Trans-Female-4, Gender Non-Conforming-1

Age-18-23-17, 24-30-75, 31-40-130, 41-50-153, 51-61-151, 62 and over-36 and 1 refused;

Race-American Indian or Alaska Native-81, Asian-7, Black or African-American-96, Native Hawaiian or Other Pacific Islander-9, White-390, Client doesn't know-2, Client refused-2;

Ethnicity-Non-Hispanic-368, Hispanic-194, Client refused-1;

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Veteran Status-Veteran-41, Non-Veteran-510, Refused-1, Data Not collected-11
 307 Individuals reported a Co-Occurring Substance Disorder and 241 denied 15 unknown.

The goal for FY 2019/2020 RAPP Team is to outreach 650 individuals with enrollment of 500 individuals in to the PATH Program. It is estimated 75% of PATH clients will be “literally homeless” and less than 10% will be Veterans. This is based on projections from the 2019 Point in Time Count.

The RAPP/PATH Clinical Supervisor and/or designee will utilize monthly reports generated by the HMIS to track outreach and enrollment numbers on a monthly basis to ensure that the targets below are being met and or exceeded.

• **FY 2019/2020 PATH Number Projections**

Number of Persons Projected to be Contacted	Number of Persons to be Enrolled	Number of Persons to “Literally Homeless”	Number of Persons to be Veterans
650	500	375	35

Consumer Involvement

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

La Frontera is strongly committed to involving consumers and family members (as defined by the consumer) in all aspects of service provision including planning and evaluation of programs, and all consumers and family members are fully informed of all rights, including benefits and risks of services. La Frontera has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for over a decade, and makes no distinction between employees who identify as having mental health issues and those who do not. La Frontera has consumers working in management positions and family members of consumers on several boards. All RAPP/PATH consumers are active participants in their treatment, and are strongly encouraged to involve family (as defined by the consumer) in their treatment. Informal feedback is elicited from participants and family members on a continuous basis, and formal feedback is elicited in the form of annual satisfaction surveys. RAPP Team consumers consistently rate RAPP as the highest in consumer satisfaction within La Frontera’s outpatient programs. Two current team members identify as having a mental health issue and serve in a peer support capacity.

Pages 96-100
were intentionally
omitted

III. State Level Information

A. Operational Definitions

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

III. State Level Information

B. Veterans

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

AHCCCS recognizes the importance of ensuring the Contractors through outreach target Veterans and are committed to ending homelessness. According to the U.S. Department of Housing and Urban Development, the number of homeless Veterans in the State of Arizona decreased for the third consecutive year in 2018.

The contract between AHCCCS and each PATH Contractor outline language geared toward veterans experiencing homelessness. Each Contractor shall:

1. Develop performance improvement activities to ensure their work coordinates services with various faith based organizations, homeless veterans groups, food and clothing banks and other non-profit service providers who operate housing and meal programs for homeless individuals.
2. Expand outreach efforts.
3. Work closely with the Veterans Administration Medical Center, the State Department of Veterans' Services, and the U.S. Vets to assist with coordination of services for the homeless veterans.
4. Coordinate mental health care, benefits assistance, medical care, emergency, transitional, and permanent housing to veterans experiencing homelessness.
5. Participate in the annual StandDowns and other Project Homeless Connect projects in their respective community.
6. Annually provide copies of memorandum of understanding (MOU)(s)/Letter(s) of Intent showing collaboration between the following organizations: Veterans Administration Medical Center, the State Department of Veterans' Services, and the U.S. Vets, assisting in coordination of services for homeless veterans.

III. State Level Information

C. Alignment with PATH Goals

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to 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.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

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Footnotes:

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.

PATH outreach teams utilize street outreach, engagement and case management as a priority in serving vulnerable adults who are literally and chronically homeless. Focus is on those individuals who are hardest to serve. Outreach teams regularly venture out into places they camp in order to engage them with the purpose of referring them for treatment. It often takes multiple contacts and intensive case management to get individual(s) to apply for services.

Of note, once the homeless individual is enrolled into PATH, the outreach team will conduct an initial assessment utilizing the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT).

AHCCCS recognizes the importance of using best/promising practices or Evidence Based Practices. Some of the practices the PATH Contractors are trained on and have evidence to support the population of focus are:

SSI/SSDI Outreach, Access and Recovery (SOAR) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Motivation Interviewing (MI) is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. MI has evidence that it is effective with individuals who are homeless, addiction, integrated health (physical and mental health), etc.

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups. The model has been widely used on four continents

Harm Reduction is a set of strategies and ideas aimed to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

Trauma Informed Care (TIC) according to SAMHSA is, "A program, organization, or system that is trauma-informed: (1) *Realizes* the widespread impact of trauma and understands potential paths for recovery; (2) *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) *Seeks* to actively resist *re-traumatization*."

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing. SAMHSA also promotes trauma-informed care for people experiencing homelessness that has been exposed to physical and sexual abuse.

Housing First (HF) is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.

In addition to street outreach, engagement and case management, the PATH Contractors perform additional tasks such as:

1. Point of contact for food, clothing, water, blankets, shelter and basic living skills;
2. Linkages with the behavioral health system;
3. Assistance with prescriptions refills;
4. Assistance enrollment in the behavioral health system;
5. Referral for aftercare support including but not limited to case management, housing and transportation;
6. Assistance in obtaining medical records, picture identification, social security cards and affordable housing;
7. Assessments and evaluations;
8. Transportation (bus tokens and transporting);
9. Move in assistance;
10. Housing dollars for permanent placements;
11. Locating cooling or heating and water stations during extreme heat and winter alerts.

III. State Level Information

D. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

E. 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.

On October 1, 2018 AHCCCS implemented new Managed Care Contracts that fully integrated products that offer both behavioral and physical healthcare services for the majority of the AHCCCS population. This integrated model will better meet the needs of AHCCCS members by establishing a single accountable plan that is responsible for partnering with providers to address the whole healthcare need of AHCCCS members.

Recent studies have documented that a small percentage of the Medicaid population makes up a significant portion of the overall cost of the Medicaid population. In the majority of instances the most complex Medicaid members have both physical and behavioral healthcare needs. Modernizing the AHCCCS delivery system to better serve members is one of the overarching multi-year strategies that AHCCCS has pursued. October 1, 2018 marked an important milestone in this ongoing integration journey.

The AHCCCS Strategic Plan for 2018-2023 begins with the AHCCCS vision, mission and core values. This is followed by an overview of the programs and populations served and a review of accomplishments during the past fiscal year, and a description of the strategic goals which drive AHCCCS operations.

The Plan identifies four strategic goals for AHCCCS. These are:

1. AHCCCS must pursue and implement long term strategies that bend the cost curve while improving member health outcomes.
2. AHCCCS must pursue continuous quality improvement.
3. AHCCCS must reduce fragmentation driving towards an integrated sustainable healthcare system.
4. AHCCCS must maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

For more information about the AHCCCS Strategic Plan and successes, please visit https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf

AHCCCS offers a comprehensive array of behavioral health services to assist, support and encourage each PATH enrolled individual to achieve and maintain the highest possible level of health and self-sufficiency.

III. State Level Information

E. Process for Providing Public Notice

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

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 proposed use of PATH fund (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.

Arizona Health Care Cost Containment System (AHCCCS) posts the final PATH grant application on the AHCCCS website for public comment. The comments received throughout the year are compiled, reviewed, and determined if the application section should be edited or used to strengthen the PATH program in general. Also, the contact information for the Arizona State PATH Contact (SPC) is included on all posted PATH Applications as well as general communications, for any interested parties to provide feedback. Future applications will be posted for public comment a minimum of five days prior to submission.

III. State Level Information

F. Programmatic and Financial Oversight

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., County agencies or regional behavioral health authorities), describe how these organizations monitor the use of PATH funds.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

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.

AHCCCS monitors both the programmatic and financial oversight from a multi-divisional approach. The Division of Business and Finance (includes budget, finance, procurement, etc.) and the Division of Health Care Management (includes Office of Grants, Housing Administrator, Operational and Clinical Units, etc.) meet a minimum of weekly for collaboration to ensure all requirements of the grant is adhered to.

The State PATH Contact (SPC), housed in the Office of Grants, provides monitoring and oversight evidenced by the following activities:

1. Revision of the site visit tool to completed within three (3) months of submission of the grant application;
2. Reviewing Contractor Expenditure Reports monthly;
3. Reviewing all deliverables submitted through SharePoint outlined in contract;
4. Facilitating meetings a minimum of every six weeks with each Contractor. The meetings will include a minimum of success/barriers, technical assistance needed, progress toward the number outreached vs enrolled, etc.
5. Conducting bi-annual visits with each Contractor;
6. Reviewing data monthly entered into the PATH Data Exchange (PDX);
7. Participation in Contract Amendments as applicable;
8. Ensuring each Contractor is adherent with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
9. Developing sustainability plans for each Contractor.
10. Providing technical assistance when applicable.

III. State Level Information

G. Selection of PATH Local-Area Providers

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

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

In 2015, Arizona solicited a Request for Proposal (RFP) seeking to Contract with one (1) or more qualified non-profit providers, as required under the Projects for Assistance in Transition from homelessness (PATH) Grant, for the purpose of providing outreach services to people who are suffering from a serious mental illness (SMI) and/or are suffering from a SMI and a substance use disorder (co-occurring disorder) who are homeless or at imminent risk of becoming homeless in various geographic locations across the State. Qualified non-profit organizations shall provide outreach services to people who are homeless for the PATH Grant. The geographical regions have been divided into seven (7) locations throughout Arizona (1) Maricopa County; (2) Pima County; (3) Cochise County; (4) Coconino County; (5) Mohave County; (6) Yavapai County; and (7) Yuma County.

The competitive RFP was awarded to four Contractors for a three year contract with two optional annual renewals. There were no bids received to serve Yuma County. Also, we are entering year five and a new RFP will be released in early 2020.

This year we allocated funds based on historical funding and will make minor adjustments if needed at the end of the year.

III. State Level Information

H. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

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

Regional Behavioral Health Authorities (RBHAs) continue to play a critical role providing integrated physical and behavioral health services for members determined to have SMI. As of July 1, 2019, total RBHA SMI enrollment was:

North Geographic Service Area Enrollment – 5,791

Central Geographic Service Area Enrollment – 22,448

South Geographic Service Area Enrollment - 13,409

<https://www.azahcccs.gov/PlansProviders/Downloads/Enrollst.pdf>

Another data source AHCCCS utilizes is the Point-in-Time (PIT) Homeless Count. This is an annual street and shelter count to determine the number of people experiencing homelessness in Arizona during a given point in time. This count is part of a national effort to identify the extent of homelessness throughout the country. The count includes a brief survey to identify the needs of those experiencing homelessness in the community. Each Continuum of Care (CoC) is responsible for coordinating the PIT count. The 2019 PIT Count took place on Tuesday, January 22, 2019.

2019 Point in Time Street & Shelter Count

Geographic Area	Adults Homeless Sheltered with a Serious Mental Illness Diagnosis (Emergency Shelter (ES), Transitional Housing (TH) and Safe Haven (SH))	Homeless Unsheltered with a Serious Mental Illness Diagnosis	Total
*Balance of State	ES: 69 TH: 31 SH: 0 Total: 100	194	294
Maricopa County	ES: 328 TH: 183 SH: 195 Total: 530	436	966
Pima County	ES: 164 TH: 55 SH: 13 Total: 232	157	389

Note: Balance of State (BOS) encompasses 13 counties

Geographic Area	Adults Homeless Sheltered with a Substance Use Disorder Diagnosis (Emergency Shelter (ES), Transitional Housing (TH) and Safe Haven (SH))	Homeless Unsheltered with a Substance Use Disorder Diagnosis	Total
*Balance of State	ES: 75 TH: 36 SH: 0 Total: 111	265	376
Maricopa County	ES: 265 TH: 396 SH: 14 Total: 675	441	1116
Pima County	ES: 153 TH: 48 SH: 8 Total: 209	95	304

Note: Balance of State (BOS) encompasses 13 counties

III. State Level Information

I. Matching Funds

Narrative Question:

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.

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Footnotes:

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.

Required non-federal contributions are available from the State General Fund Non-Title 19 (NTXIX) Serious Mental Illness (SMI) Services Appropriation. The State contribution will be available at the beginning of the grant period.

III. State Level Information

J. Other Designated Funding

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

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 experience homelessness and have serious mental illnesses.

AHCCCS is the recipient of the Mental Health Block Grant, Substance Abuse Block Grant, and State General Fund Revenue. Below we describe how the funds are utilized for serving people who experience homelessness and have a serious mental illness.

Mental Health Block Grant (MHBG) - The MHBG is allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide mental health treatment services to adults with Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED), and individuals who have experienced a first episode psychosis (FEP). The program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services including those who are homeless or at imminent risk of being homeless.

Also, a mental health/behavioral health planning council ensures collaboration among key state agencies and facilitates member input into the state's mental health services and activities. The majority (51% or more) of a state's planning council should be comprised of member and family members.

The council is required to (1) Include representatives from state education, mental health, rehabilitation, criminal justice, housing, and social services agencies; (2) Include adult members who receive mental health services; and (3) Include family members of children with emotional disturbances.

Substance Abuse Block Grant (SABG)- The SABG is allocated from the Substance Abuse and Mental Health Services Administration (SAMHSA) and is used to plan, implement and evaluate activities to prevent and treat Substance Use Disorder. Grant funds are also used to provide early intervention services for HIV and tuberculosis disease in high-risk substance users.

State General Fund Revenue- State general funds allocated as a match for PATH federal funds are specifically targeted for individual persons who are homeless and have a serious mental illness or co-occurring substance use disorder.

III. State Level Information

K. Data

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe the state's and provider' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

Data- Describe the state's and providers' status on HMIS transition plan, with accompanying timelines for collecting all PATH data in HMIS by FY 2017. If the state is fully utilizing HMIS for PATH services, please describe plan for continued training and how the state will support new local-area providers.

AHCCCS has required the PATH Contractors to fully utilize the Homeless Management Information System (HMIS), a federally mandated data collection system designed to help coordinate services, reduce duplication of services, and increase data accuracy collected on the number of homeless individuals, since the RFP in 2015.

The State of Arizona has three different U.S. Department of Housing and Urban Development Continuums of Care (CoC) and each is the HMIS Lead Agency for their respective region. These CoCs complete their own program coordination and planning to end homelessness. PATH Contractors are contractually required to actively collaborate and participate on any committees or sub-committees as they relate to PATH. If any data quality issues arise, the HMIS Lead Agency will notify the SPC and issue(s) will be resolved with collaboration between the PATH Contractor, HMIS Lead Agency and the SPC to remedy.

Arizona Continuums of Care

Maricopa Association of Governments is the HMIS Lead Agency for Maricopa County. Community Bridges, Inc. PATH program staff member(s) take part in various committees and/or sub-committees. More information regarding various committees they participate on can be found in their respective Intended Use Plan (IUP).

Tucson Pima Collaboration to End Homelessness is the HMIS Lead Agency for Pima County. La Frontera PATH program staff member(s) take part in various committees and/or sub-committees. More information regarding various committees they participate on can be found in their respective Intended Use Plan (IUP).

Arizona Department of Housing, Balance of State Continuum of Care is the HMIS Lead Agency for the remaining thirteen counties. Catholic Charities (Mohave, Coconino and Yavapai Counties) and Good Neighbor Alliance (Cochise County) PATH program staff member(s) take part in various committees and/or sub-committees. More information regarding various committees they participate on can be found in their respective Intended Use Plan (IUP).

Lastly, AHCCCS continues to support HMIS trainings and activities for PATH Contractors. The SPC shares webinars, training, and other professional development as applicable with all PATH Contractors to actively participate in. Each PATH Contractor has a line item budget for HMIS support, licenses and trainings.

III. State Level Information

L. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR)

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

FY 2019 PATH FOA Catalog No.: 93.150 FOA No.: SM-18-F2 Approved: 05/07/2018

Footnotes:

SSI/SSDI Outreach, Access and Recovery (SOAR)- Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed and a determination made in a timely manner.

AHCCCS supports the SSI/SSDI Outreach, Access, and Recovery (SOAR) program that is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults and children who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder. Within the AHCCCS Medical Policy Manual (AMPM); Section 310 Covered Services/310-B Title XIX/XXI Behavioral Health Service Benefit the following language is being proposed and will allow Providers to bill for the program.

“Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. Support services shall be provided by individuals who are qualified Behavioral Health Professionals (BHP) or Behavioral Health Technicians /Behavioral Health Para Professionals BHPs. Support services are classified into the following subcategories:

Assisting members in applying for Social Security benefits when using the SSI/SSDI Outreach, Access, and Recovery (SOAR) activities may include: 1) Face-to-face meetings with member, 2) Phone contact with member, and 3) Face-to-face and phone contact with records and data sources (e.g. jail staff, hospitals, treatment providers, schools, Disability Determination Services, Social Security Administration, physicians).”

Also, per contract each PATH Contractors PATH Outreach Staff are required to be trained in SOAR. By completing the training, the outreach worker has a better understanding of the process and can assist with the process. This is monitored by each Contractor submitting *Certification of Completion* of the on-line SOAR training.

PATH Contractor	Number of Staff Trained
Catholic Charities	2
Community Bridges	13
Good Neighbor Alliance	3
La Frontera	5

III. State Level Information

M. PATH Eligibility and Enrollment

Narrative Question:

Answer the Yes/No question below. If you check "No" please provide any updates to describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

I certify that the response to this Narrative Question in the FY18 PATH Application is still accurate. Yes No

If No, please upload documentation with changes for FY19.

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Footnotes:

PATH Eligibility and Enrollment- Describe how PATH eligibility is determined, when enrollment occurs and how eligibility is documented.

The purpose of the PATH Grant is to provide funds for eligible services to individuals who are: (1) suffering from SMI and /or have a co-occurring Substance Use Disorder; and (2) homeless or at imminent risk of becoming homeless.

PATH Contractors conduct an initial assessment of a potential PATH client by exhibiting client behaviors that are consistent with a SMI diagnosis; this can be over multiple contacts. PATH Contractors document the overview of the contact, observed signs and contact location (assists with future contacts) with the homeless individual.

Enrollment begins when the PATH Eligible client verbalizes an interest in PATH, signed the Homeless Management Information System (HMIS) consent form and an individual record is created in the HMIS system. Then the PATH Contractor will demonstrate efforts to assist the PATH enrollee with an intake into the Behavioral Health System and an application (if applicable) with AHCCCS, the Medicaid Agency. The PATH Contractor will also ensure the PATH enrollee apply for main stream services such as SSI/SSDI, Housing, Temporary Assistance for Needy Families, Food Stamps, medical resources, etc. Services are documented within the individuals case plan and the case plan will be updated as needed or every six months.

The PATH Contractor will either complete (or refer out) for the individual to participate in the screening process to determine service eligibility and need for a SMI determination. The PATH Contractor ensures the screening process is completed and a SMI determination is completed within ninety days of enrollment. The individuals who do not complete an SMI determination within ninety days can remain enrolled up to six months with evidence of documentation from the PATH Contractor. Once the evaluation is completed an appropriate referral will be made to behavioral health agency and the case will be closed.

A critical component of the AHCCCS service delivery system is the effective and efficient identification of individuals who have special behavioral health service needs due to significant functional impairments resulting from a behavioral health disorder. One such population is individuals designated as having an SMI. Without receipt of appropriate care, these individuals are at a high risk for further deterioration of their physical and mental condition, increased hospitalizations and potential homelessness and incarceration.

AHCCCS has developed a standardized process and criteria to determine SMI Eligibility Determination to ensure individuals designated as SMI are promptly identified and enrolled for services. Community Information and Referral Network (CRN) is responsible for rendering the final SMI Eligibility Determination statewide, any applicable grievances and appeal requirements, and all administrative responsibilities related thereto.

SMI Eligibility Determination criteria is applied to the information obtained through an SMI Assessment, the assessor's evaluation of whether the individual meets the SMI Eligibility Determination criteria, and all relevant treatment records necessary for the Contractor to make a final determination of SMI eligibility.

PATH Contractors are also obligated to have a Memorandum of Understanding (MOU) with each of the Regional Behavioral Health Authorities (RBHA) in their respective geographic service area. The MOU allows for a working relationship to be built and collaboration efforts for engaging and/or reengaging the PATH individual for the needed behavioral health service(s).

PATH Reported Activities

Charitable Choice for PATH

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2019

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

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Footnotes: