

I. State Information

State Information

Plan Year

Federal Fiscal Year 2015

State Identification Numbers

DUNS Number 8047454200000

EIN/TIN 86-6004791

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

Agency Name Arizona Department of Health Services

Organizational Unit

Mailing Address 1740 W Adams Street

City Phoenix

Zip Code 85007

II. Authorized Representative for the PATH Grant

First Name Cindy

Last Name Smith

Agency Name Arizona Department of Health Services

Mailing Address 150 N. 18th Avenue, Suite 530

City Phoenix

Zip Code 85007

Telephone 602-542-2996

Fax

Email Address cindy.smith@azdhs.gov

III. State Expenditure Period

From 7/1/2015

To 6/30/2016

IV. Date Submitted

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

Submission Date 5/28/2015 3:47:11 PM

Revision Date

V. Contact Person Responsible for Application Submission

Title DBHS Grant/PATH Coordinator

Organizational Unit Name

First Name Danelle

Last Name Valenzuela

Telephone 602-364-4644

Fax 602-364-4737

Email Address Danelle.valenzuela@azdhs.gov

Footnotes:



DOUGLAS A. DUCEY
GOVERNOR

STATE OF ARIZONA
OFFICE OF THE GOVERNOR

EXECUTIVE OFFICE

May 28, 2015

Grants Management Specialist
Division of Grants Management
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

Dear Grants Management Specialist:

I am designating Cara M. Christ, MD, Director of the Arizona Department of Health Services, as the signature authority for the Substance Abuse Block Grant (SABG), Projects for Assistance in Transition from Homelessness Grant (PATH), and Mental Health Block Grant (MHBG). This authority includes the signing of any standard federal forms such as Assurances, Certifications and Disclosure of Lobbying Activities and shall have such authority during my term as Governor of Arizona.

If you have any questions, please contact Dr. Christ at (602) 542-1140.

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.

Name	Cindy L. Smith, CGFM
Title	Assistant Chief Financial Officer
Organization	ADHS

Signature: _____ Date: _____

Footnotes:

See attachment for signature.

I. State Information

Assurances - Non-Construction Programs

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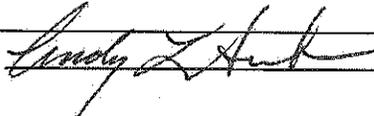
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17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name	Cindy L. Smith, CGFM
Title	Assistant Chief Financial Officer
Organization	ADHS

Signature:  Date: 5-15-15

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 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

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

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the 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)

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	Cindy L. Smith, CGFM
Title	Assistant Chief Financial Officer
Organization	ADHS

Signature: _____ Date: _____

Footnotes:

See attachment for signature.

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 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

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

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

Arizona

Arizona

FY 2015 PATH RFA Catalog No.: 93.150 RFA No.: SM-15-F2 Approved: 03/27/2015 Expires: 05/28/2015

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Pa@agel46668

3. Certifications Regarding Lobbying

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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)

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.

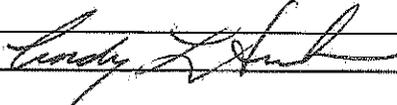
Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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: Cindy L. Smith, CGFM
Title: Assistant Chief Financial Officer
Organization: ADHS

Signature:  Date: 5-15-15

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2015

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 the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c)

The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d)

In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e)

The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f)

Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g)

The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h)

The State agrees that:

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a)

The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c)

The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526

The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3)

The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description:

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4)

The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b)

In developing and carrying out the description required in Section

527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2)

The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a)

The State will, by January 31, 2016, 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 2015 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	Cory Nelson, MPA
Title	Interim Director
Organization	Arizona Department of Health Services

Signature: _____ Date: _____

Footnotes:

See attachment for signature.

I. State Information

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FISCAL YEAR 2015

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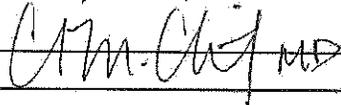
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The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R part 54 and 54a respectively.

Name: Cara M. Christ, MD
Title: ADHS Director
Organization: Arizona Department of Health Services

Signature:  Date: 5/27/2015

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 print a Standard Form - LLL If required for submission, click the link below.

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

Name	Cindy L. Smith, CGFM
Title	Assistant Chief Financial Officer
Organization	ADHS

Signature: _____ Date: _____

Footnotes:

See attachment for signature.

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed?

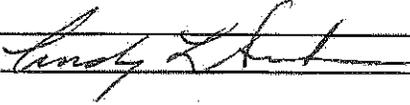
Yes

No

To print a Standard Form - LLL If required for submission, click the link below.

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

Name	Cindy L. Smith, CGFM
Title	Assistant Chief Financial Officer
Organization	ADHS

Signature: 

Date: 5-15-15

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	
Yuma County	Yuma County	

Footnotes:

Arizona is currently in an RFP process for PATH. Arizona will be expanding to Mohave, Yuma and Yavapai Counties.

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

Footnotes:

**Arizona Department of Health Services
Division of Behavioral Health Services
CFDA 93.150 RFA No. SM-15-F2**

Section A: Executive Summary

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) provides Project for Assistance to Transition from Homelessness (PATH) funds to contractors who serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills individuals in order to reduce homelessness. PATH funding is critical in creating linkages with the behavioral health crisis system, providing assistance with enrollment into the behavioral health system, obtaining medical records, picture ID and social security cards. PATH funding also allows for affordable housing options and conducting outreach and in-reach to adults age 18 and over who are chronically homeless and have an SMI diagnosis.

Organizations	Organization Type	PATH Funds to Organizations		Service Area	Estimated Number of Persons to be Contacted	Number of Persons to be Enrolled
Community Bridges Inc.	Community Mental Health Center	\$612,882 (Federal)	\$214,223 (State)	Maricopa County	3000	2000
Southwest Behavioral Health	Community Mental Health Center	\$101,989 (Federal)	\$33,997 (State)	Maricopa County	0	0
Community Partnership of Southern Arizona	Community Mental Health Center	\$73,102 (Federal)	\$24,367 (State)	Pima County	0	0
La Frontera	Community Mental Health Center	\$125,982 (Federal)	\$44,672 (State)	Pima County	400	300
Good Neighbor Alliance	Shelter or Other Temporary Housing Resource	\$44,051 (Federal)	\$15,382 (State)	Cochise County	450	31

**Arizona Department of Health Services
Division of Behavioral Health Services
CFDA 93.150 RFA No. SM-15-F2**

Northern Arizona Regional Behavioral Health Authority	Social Service Agency	\$22,720 (Federal)	\$7,574 (State)	Coconino County	0	0
Catholic Charities	Social Service Agency	\$173,827 (Federal)	\$60,357 (State)	Yavapai County	830	60
Catholic Charities	Social Service Agency	\$67,449	\$23,578	Mohave County	800	60
Catholic Charities	Social Service Agency	\$73,039	\$25,518	Coconino County	900	55
ADHS/DBHS	State Agency	\$53,960 (Federal)	\$0 (State)	Statewide	0	0
Total		\$1,349,000 (Federal)	\$449,667 (State)			

Projects for Assistance in Transition from Homelessness (PATH)
SFY 2016 Provider Intended Use Plan Instructions
Catholic Charities
9/01/2015 through 6/30/2016

Local-Area Provider Intended Use Plans

- **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. 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 fiscal year 2014, all Catholic Charities programs impacted 107,282 lives while celebrating 81 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 \$314,034.63 in Federal Funds, and \$109,453 in State funding for the period of September 1, 2015 through June 30, 2016 to administer the PATH Program 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 program and any other local planning, coordinating or assessment activities.

Catholic Charities and the PATH Program regularly participate in the local Continuum of Care as well as the Balance of State Continuum of Care. The PATH Administrator is the past chair of the local continuum and team members are participating in the planning of the Project Connect event, the Veteran's Standdown event, and the planning for the Bi-Annual Point in Time Count.

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

Some of the agencies the Homeless Outreach Program has collaborated with include: Halo House, City of Flagstaff, Flagstaff Shelter Services, Salvation Army, St. Vincent de Paul, 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 Veterans Resource Center and the Prescott VA.

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:

Projects for Assistance in Transition from Homelessness (PATH)
SFY 2016 Provider Intended Use Plan Instructions
Catholic Charities
9/01/2015 through 6/30/2016

- The Guidance Center and Southwest Behavioral Health Services – After engagement and encouragement, clients are transitioned into case management services at The Guidance Center or Southwest Behavioral Health Services.
 - Flagstaff Shelter Services – Members of the Homeless Outreach Program spend two hours at the shelter each Friday morning to meet with clients who have a serious mental illness and/or chronic substance use disorder, and enroll them into the program for additional services and case management.
 - 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 facilitation distribution to PATH clients.
 - Paw Placement/Purina/2nd Chance Animal Shelter – Clients with a serious mental illness often rely on their pets in times of crisis. The Homeless Outreach Team can access dog and cat food for distribution.
 - 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.
-
- **Service Provision-** Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
 - Describe any gaps that exist in the current service systems.
 - Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.
 - Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

The Catholic Charities Homeless Outreach Program provides outreach services and interventions designed to assist individuals who meet the federal definitions of homelessness or 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

Projects for Assistance in Transition from Homelessness (PATH)
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experiencing homelessness. In the course of outreach activities, the teams will: Distribute life-sustaining supplies; Provide regularly-updated handouts detailing available social services; 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 provides a weekly on call status for each Homeless Outreach staff member. In Flagstaff, 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. The same system applies in Cottonwood and will be developed for Mohave County upon contract award. 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 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.

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 LGBTQ (Lesbian, Gay, Bi-sexual, Transgendered and Questioning) 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.

Specific benefits of Homeless Outreach include the following:

- 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
- 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 T/RBHA case management system (Northern Arizona 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

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- 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 made, 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 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 and Northern Arizona Regional Behavioral Health Authority for both referrals and improved service delivery. Program staffs also participate 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 or Southwest Behavioral Health Services in Flagstaff and/or Williams, Mohave Mental Health in Mohave County, Encompass in Page and Fredonia, and the Spectrum Healthcare in Sedona and Cottonwood and the West Yavapai Guidance Clinic in Prescott and Prescott Valley for services.

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- **Data-** Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.
 - Describe if and how technology (e.g. EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors.
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- **Staff Information-** Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov>

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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. More than 2,800 contacts were made during FY15 to distribute life-sustaining supplies, and outreach was conducted for over 1,000 unduplicated individuals experiencing homelessness.

We anticipate serving a minimum of 2500 unique individuals throughout the three counties and enrolling a minimum of 175 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.

- **Consumer Involvement-** Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. 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".

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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. PATH-eligible individuals are encouraged to volunteer with PATH as well.

- **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.

PATH funds awarded through the Arizona Department of Health Services will be utilized for personnel, employee related expenses, occupancy, housing assistance, training and conference fees, copying and indirect costs. Catholic Charities seeks grant funding to supplement the remaining program costs for travel, occupancy, client assistance and other operating costs. During FY2015, grants were awarded by the City of Flagstaff (\$30,000), Epiphany Episcopal Church Vestry (\$12,500), Sedona Community Foundation (\$3,000), and Arizona Community Foundation (\$20,612). Applications are pending for United Way of Northern Arizona and Sunwest Bank. Private monetary donations are made in addition to gift of life-sustaining items (flashlights, tents, batteries, water, etc.) Additional in-kind funds are contributed by the Diocese of Phoenix, Catholic Charities employees through the internal Spirit of Compassion campaign, United Way designations, tax credit donations and fundraising activities.

Personnel – Expenses for personnel include the PATH Administrator/Sr. Programs Director, a PATH Program Supervisor, Team Lead, and the Data Systems Operator. These positions will provide activities across all three proposed services areas (Coconino, Yavapai and Mohave Counties). Two Outreach Specialists will be assigned to each county for a total of six.

Employee Related Expenses – The following assumptions were made when calculating employee related expenses:

- Health Insurance - \$758.88
- Dental Insurance - \$17.27
- Basic Life Insurance - \$5.00
- SUTA – 6.2%
- Workman Compensation – 1.2%
- STD Insurance – 0.5%
- Retirement – 7.5%
- 401K Match – 0%
- FICA SS – 6.2%
- FICA Med – 1.5%

Professional and Outside Services – Contract funds will not be utilized for this category.

Travel – Contract funds will not be utilized for this category.

Occupancy – A small portion of the Flagstaff (Coconino County) office occupancy will be supported by the contract.

Housing – Contract funds in Coconino County will be utilized for housing assistance, not to exceed 20%. Housing Assistance for Yavapai and Mohave Counties are paid for by in-kind funds awarded by the Diocese of Phoenix Community Development Appeal.

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PATH Enrollee – Contract funds will not be utilized for this category.

Other Operating – Only funds for Coconino County will support training and conference fees and copying. Vehicle leases for Yavapai and Mohave Counties have been added to the respective budgets at a rate of \$436/month for Yavapai County and \$477/month for Mohave County. Catholic Charities owns a four wheel drive vehicle for conducting outreach in Coconino County. Vehicle maintenance and insurance expenses have been included in the Coconino County budget at \$433/month.

Capital – Contract funds will not be utilized for this category.

Administrative Overhead – Overhead costs have been recalculated to reflect the 20% rate cap. These indirect costs include the Catholic Charities Human Resources, Information Technology, Finance and Accounting Departments.

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Local-Area Provider Intended Use Plans

- **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. 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 fiscal year 2014, all Catholic Charities programs impacted 107,282 lives while celebrating 81 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 \$314,034.63 in Federal Funds, and \$109,453 in State funding for the period of September 1, 2015 through June 30, 2016 to administer the PATH Program 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 program and any other local planning, coordinating or assessment activities.

Catholic Charities and the PATH Program regularly participate in the local Continuum of Care as well as the Balance of State Continuum of Care. The PATH Administrator is the past chair of the local continuum and team members are participating in the planning of the Project Connect event, the Veteran's Standdown event, and the planning for the Bi-Annual Point in Time Count.

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

Some of the agencies the Homeless Outreach Program has collaborated with include: Halo House, City of Flagstaff, Flagstaff Shelter Services, Salvation Army, St. Vincent de Paul, 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 Veterans Resource Center and the Prescott VA.

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:

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- The Guidance Center and Southwest Behavioral Health Services – After engagement and encouragement, clients are transitioned into case management services at The Guidance Center or Southwest Behavioral Health Services.
 - Flagstaff Shelter Services – Members of the Homeless Outreach Program spend two hours at the shelter each Friday morning to meet with clients who have a serious mental illness and/or chronic substance use disorder, and enroll them into the program for additional services and case management.
 - 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.
 - Paw Placement/Purina/2nd Chance Animal Shelter – Clients with a serious mental illness often rely on their pets in times of crisis. The Homeless Outreach Team can access dog and cat food for distribution.
 - 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.
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- **Service Provision-** Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
 - Describe any gaps that exist in the current service systems.
 - Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.
 - Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

The Catholic Charities Homeless Outreach Program provides outreach services and interventions designed to assist individuals who meet the federal definitions of homelessness or 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;

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Provide regularly-updated handouts detailing available social services; 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 provides a weekly on call status for each Homeless Outreach staff member. In Flagstaff, 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. The same system applies in Cottonwood and will be developed for Mohave County upon contract award. 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 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.

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Specific benefits of Homeless Outreach include the following:

- 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
- 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 T/RBHA case management system (Northern Arizona 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
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Employee Related Expenses – The following assumptions were made when calculating employee related expenses:

- Health Insurance - \$758.88
- Dental Insurance - \$17.27
- Basic Life Insurance - \$5.00
- SUTA – 6.2%
- Workman Compensation – 1.2%
- STD Insurance – 0.5%
- Retirement – 7.5%
- 401K Match – 0%
- FICA SS – 6.2%
- FICA Med – 1.5%

Professional and Outside Services – Contract funds will not be utilized for this category.

Travel – Contract funds will not be utilized for this category.

Occupancy – A small portion of the Flagstaff (Coconino County) office occupancy will be supported by the contract.

Housing – Contract funds in Coconino County will be utilized for housing assistance, not to exceed 20%. Housing Assistance for Yavapai and Mohave Counties are paid for by in-kind funds awarded by the Diocese of Phoenix Community Development Appeal.

PATH Enrollee – Contract funds will not be utilized for this category.

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Other Operating – Only funds for Coconino County will support training and conference fees and copying. Vehicle leases for Yavapai and Mohave Counties have been added to the respective budgets at a rate of \$436/month for Yavapai County and \$477/month for Mohave County. Catholic Charities owns a four wheel drive vehicle for conducting outreach in Coconino County. Vehicle maintenance and insurance expenses have been included in the Coconino County budget at \$433/month.

Capital – Contract funds will not be utilized for this category.

Administrative Overhead – Overhead costs have been recalculated to reflect the 20% rate cap. These indirect costs include the Catholic Charities Human Resources, Information Technology, Finance and Accounting Departments.

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Local-Area Provider Intended Use Plans

- **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. 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 fiscal year 2014, all Catholic Charities programs impacted 107,282 lives while celebrating 81 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 \$314,034.63 in Federal Funds, and \$109,453 in State funding for the period of September 1, 2015 through June 30, 2016 to administer the PATH Program 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 program and any other local planning, coordinating or assessment activities.

Catholic Charities and the PATH Program regularly participate in the local Continuum of Care as well as the Balance of State Continuum of Care. The PATH Administrator is the past chair of the local continuum and team members are participating in the planning of the Project Connect event, the Veteran's Standdown event, and the planning for the Bi-Annual Point in Time Count.

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

Some of the agencies the Homeless Outreach Program has collaborated with include: Halo House, City of Flagstaff, Flagstaff Shelter Services, Salvation Army, St. Vincent de Paul, 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 Veterans Resource Center and the Prescott VA.

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:

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- The Guidance Center and Southwest Behavioral Health Services – After engagement and encouragement, clients are transitioned into case management services at The Guidance Center or Southwest Behavioral Health Services.
 - Flagstaff Shelter Services – Members of the Homeless Outreach Program spend two hours at the shelter each Friday morning to meet with clients who have a serious mental illness and/or chronic substance use disorder, and enroll them into the program for additional services and case management.
 - 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.
 - Paw Placement/Purina/2nd Chance Animal Shelter – Clients with a serious mental illness often rely on their pets in times of crisis. The Homeless Outreach Team can access dog and cat food for distribution.
 - 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.
- **Service Provision-** Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:
- Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
 - Describe any gaps that exist in the current service systems.
 - Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.
 - Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

The Catholic Charities Homeless Outreach Program provides outreach services and interventions designed to assist individuals who meet the federal definitions of homelessness or 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;

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Provide regularly-updated handouts detailing available social services; 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 provides a weekly on call status for each Homeless Outreach staff member. In Flagstaff, 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. The same system applies in Cottonwood and will be developed for Mohave County upon contract award. 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 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.

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 LGBTQ (Lesbian, Gay, Bi-sexual, Transgendered and Questioning) 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.

Specific benefits of Homeless Outreach include the following:

- 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
- 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 T/RBHA case management system (Northern Arizona 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

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- 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 made, 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 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 and Northern Arizona Regional Behavioral Health Authority for both referrals and improved service delivery. Program staffs also participate 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 or Southwest Behavioral Health Services in Flagstaff and/or Williams, Mohave Mental Health in Mohave County, Encompass in Page and Fredonia, and the Spectrum Healthcare in Sedona and Cottonwood and the West Yavapai Guidance Clinic in Prescott and Prescott Valley for services.

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; and Verde Valley Guidance Clinic. 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 Outreach staff inquires 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.

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- **Data-** Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.
 - Describe if and how technology (e.g. EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors.
 - If clinical services are provided, please describe the provider's status on EHR adoption.
 - If the provider use an EHR, is it certified through the Office of National Coordinator's EHR certification program? If not, does the provider plan to adopt or upgrade to a certified EHR?
 - Does the provider use a separate HMIS system or is the HMIS data integrated into their EHR? Does the provider have any plan to integrate HMIS with their EHR?

Catholic Charities has been utilizing the HMIS system since inception in 2006. Our efforts now include a designated Data Specialist to ensure compliance with the new Data Standards adopted by SAMSHA. We will continue to work closely with CIR, the HMIS Administrator to ensure staff is trained on the most current standards and the Administrator will pull monthly data quality reports to ensure full compliance. No other data systems will be utilized at this time; all case management activities will now be recorded and tracked within HMIS.

- **SSI/SSDI Outreach, Access, Recovery (SOAR)-** Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2015 (2015-2016).

Currently 2 PATH staff members are trained in SOAR from the grant year 2014. These staff members have only completed 2 applications at this time; however Catholic Charities did have a dedicated staff member through the CABHI program who completed 6 SOAR applications in the previous year. It is our expectation that all new PATH staff members, 5 new, hired in the new grant year will complete SOAR training and, at minimum, will assist in completion of SOAR applications as needed.

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

Catholic Charities also operates a Housing Program with over 100 scattered site housing units throughout Northern Arizona which are utilized to house homeless or formerly homeless individuals and families who have a qualifying disability. 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.

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- **Staff Information-** Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov>

Current staff members include multiple races, genders, and past experiences of personal homelessness. They are of varying ages as well. Catholic Charities is an equal opportunity employer and will strive to hire individuals from diverse backgrounds to ensure cultural competence within the teams. 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, 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 LGBTQ (Lesbian, Gay, Bi-sexual, Transgendered and Questioning) 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. More than 2,800 contacts were made during FY15 to distribute life-sustaining supplies, and outreach was conducted for over 1,000 unduplicated individuals experiencing homelessness.

We anticipate serving a minimum of 2500 unique individuals throughout the three counties and enrolling a minimum of 175 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.

- **Consumer Involvement-** Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. 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".

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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. PATH-eligible individuals are encouraged to volunteer with PATH as well.

- **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.

PATH funds awarded through the Arizona Department of Health Services will be utilized for personnel, employee related expenses, occupancy, housing assistance, training and conference fees, copying and indirect costs. Catholic Charities seeks grant funding to supplement the remaining program costs for travel, occupancy, client assistance and other operating costs. During FY2015, grants were awarded by the City of Flagstaff (\$30,000), Epiphany Episcopal Church Vestry (\$12,500), Sedona Community Foundation (\$3,000), and Arizona Community Foundation (\$20,612). Applications are pending for United Way of Northern Arizona and Sunwest Bank. Private monetary donations are made in addition to gift of life-sustaining items (flashlights, tents, batteries, water, etc.) Additional in-kind funds are contributed by the Diocese of Phoenix, Catholic Charities employees through the Internal Spirit of Compassion campaign, United Way designations, tax credit donations and fundraising activities.

Personnel – Expenses for personnel include the PATH Administrator/Sr. Programs Director, a PATH Program Supervisor, Team Lead, and the Data Systems Operator. These positions will provide activities across all three proposed services areas (Coconino, Yavapai and Mohave Counties). Two Outreach Specialists will be assigned to each county for a total of six.

Employee Related Expenses – The following assumptions were made when calculating employee related expenses:

- Health Insurance - \$758.88
- Dental Insurance - \$17.27
- Basic Life Insurance - \$5.00
- SUTA – 6.2%
- Workman Compensation – 1.2%
- STD Insurance – 0.5%
- Retirement – 7.5%
- 401K Match – 0%
- FICA SS – 6.2%
- FICA Med – 1.5%

Professional and Outside Services – Contract funds will not be utilized for this category.

Travel – Contract funds will not be utilized for this category.

Occupancy – A small portion of the Flagstaff (Coconino County) office occupancy will be supported by the contract.

Housing – Contract funds in Coconino County will be utilized for housing assistance, not to exceed 20%. Housing Assistance for Yavapai and Mohave Counties are paid for by in-kind funds awarded by the Diocese of Phoenix Community Development Appeal.

PATH Enrollee – Contract funds will not be utilized for this category.

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Other Operating – Only funds for Coconino County will support training and conference fees and copying. Vehicle leases for Yavapai and Mohave Counties have been added to the respective budgets at a rate of \$436/month for Yavapai County and \$477/month for Mohave County. Catholic Charities owns a four wheel drive vehicle for conducting outreach in Coconino County. Vehicle maintenance and insurance expenses have been included in the Coconino County budget at \$433/month.

Capital – Contract funds will not be utilized for this category.

Administrative Overhead – Overhead costs have been recalculated to reflect the 20% rate cap. These indirect costs include the Catholic Charities Human Resources, Information Technology, Finance and Accounting Departments.

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Local Provider Description

CBI incorporated in Mesa as a private non-profit, 501(c)(3) organization in 1982 as the East Valley Addiction Council and was renamed to Community Bridges, Inc. as the agency grew to serve communities outside of Mesa. CBI has a 32-year history of providing comprehensive, medically-integrated behavioral health programs that include prevention, education, and treatment services using cutting edge, nationally recognized treatment models. CBI operates 29 programs throughout Arizona all of which are licensed by the Arizona Department of Health Services-Division of Behavioral Health. All of CBI's prevention and clinical programs received accreditation from 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, including the Peer Support Recovery Program (PSRP), a SAMHSA grant-funded program, that started in 2007 that focuses on the use of peer support to engage chronic homeless individuals with substance use and behavioral health needs. This program has continued to evolve and has resulted in the placement of CBI peer support staff at several key locations that serve the homeless, including: Central Arizona Shelter Services, Lodestar Day Resource Center, Human Services Campus and Steele Commons. The Peer Support Recovery Program has had success in engaging homeless individuals and establishing relationships with Peer Support Specialists. The program launched into several other local, state, and federal grant opportunities to serve homeless individuals across Maricopa County, including: veterans, individuals with co-occurring disorders, and homeless individuals who access crisis services.

Locations:

Central City Addiction Recovery Center, 2770 E. Van Buren Street Phoenix, Arizona 85008
East Valley Addiction Recovery Center, 560 S. Bellview, Mesa, Arizona 85204
West Valley-Access Point & Transition Point, 824 N. 99th Avenue, Avondale, AZ 85323
East Valley-Access Point & Transition Point, 358 E Javelina Avenue Suite 101, Mesa, AZ 85210
Center for Excellence 8825 N. 23rd Avenue Ste. 100, Phoenix, AZ 85021
Arizona Bridge to Recovery (ABR), 554 S. Bellview Mesa, AZ 85204

CBI also co-locates staff at these facilities:

Lodestar Day Resource Center, 1125 W. Jackson Street, Phoenix, AZ 85007
Steele Commons 1735 NW. Grand Avenue, Phoenix, AZ 85007
Central Arizona Shelter Services (CASS) 230 S. 12th Avenue, Phoenix, AZ 85007
Healthcare for the Homeless 220 S. 12th Ave, Phoenix, AZ 85007
Circle the City 333 W. Indian School Rd Phoenix, AZ 85013
Arizona Housing Inc, 209 W. Jackson, 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

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Funds allocated for the PATH grant will be focused in the Maricopa County region. CBI will receive grant funds the following grants funds: State \$214,223.18, Federal \$612,881.55 for a total of \$827,104.73, for the period of September 1, 2015 through June 30, 2016. Funding will be used for the implementation of the PATH Outreach Team. The team is comprised of twelve members including 1 PATH Program Manager, 6 PATH homeless outreach navigators, 2 PATH Case Managers, 2 EMT's, and 1 BHP's. The PATH Outreach team is responsible for conducting assertive community outreach in assigned regions within Maricopa County. The target population is homeless individuals or at risk of homelessness, and have a serious mental illness or co-occurring disorder.

Collaboration with HUD Continuum of Care Program

Community Bridges Inc., (CBI) is a regular participant in the Continuum of Care (CoC). CBI has two key staff members who are active participants in the CoC. Designated staff members are responsible for representing Community Bridges in matters as they relate to housing, and homeless initiatives in Maricopa County. The PATH Administrator will actively participate in the CoC. Community Bridges is large contributor of outreach teams during the Point in Time annual homeless count. In 2015, CBI representation included 15 outreach teams (comprised of 2 staff) in Maricopa County.

Collaboration with Local Community Organizations

CBI believes strongly in developing key partnerships with organizations in effort to provide a continuum of services that address mental health, substance abuse and physical health. Community Bridges is co-located at Healthcare for the Homeless where psychiatric care, substance abuse, physical health and counseling services are provided to homeless individuals in need. CBI formally submitted a proposal to Maricopa County.

CBI is co-located both at the Central Arizona Shelter Services and Human Service Campus in an effort to outreach and engage individuals experiencing a substance abuse or mental health crisis. CBI is staffed with Emergency Medical Technicians who consult with Triage RN's on appropriate level of care transfers. The primary purpose of the EMT's is to triage, engage, and bring an integrated approach to the PATH team.

CBI is a general mental health/substance abuse provider in Maricopa County. CBI operates East Valley Crisis Psychiatric Emergency Center (CPEC), and West Valley Access/Transition Point facilities which are designated for crisis psychiatric services and stabilization. These facilities are staffed with Nurse Practitioners, RN's, Behavioral Health Counselors, and EMT's and Peer Support staff. These facilities provide 24/7 access to psychiatric bridge scripting, psychiatric evaluations, care and serve as an access point to the crisis system.

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

CBI collaborates closely with police, fire, and homeless providers, the Maricopa Association of Governments (MAG) Continuum of Care, Arizona Street Outreach Collaboration and Coalition to

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End Homelessness to coordinate outreach services and assist in locating the chronically homeless. CBI is an active participant in the Valley of the Sun United Way Project Connect program.

CBI will also work 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.

CBI also coordinates with the Maricopa County jails to provide Navigator services for re-entry support for those with behavioral health and/or substance use issues.

Service Provision

The PATH Outreach Navigators will work in conjunction with EMT's to conduct intensive outreach and engagement in teams of two. The schedule will be a staggered shift schedule to maximize availability during peak times for engaging homeless individuals – early morning and late evening. Community Bridges Navigators utilize a geographic approach when conducting outreach. Team approaches to outreach and engagement include a variety of methods. 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. Community Bridges will partner with police if a more targeted approach is needed. Community Bridges also operates a 24/7 dedicated 800 number which is operated by a peer support staff who can dispatch on-call to respond to the needs of the community regarding homeless individuals. The toll free number maximizes access to PATH assistance in Maricopa County.

CBI PATH Outreach teams employ the use of water during summer months and blankets during the winter. Other assistance during outreach efforts may include the use of bus passes or transportation assistance as a means to connect homeless individuals to resources or attend designated appointments or services. PATH Outreach teams will maintain dignity, respect, and careful communication upholding CBI mission to “maintain the dignity of human life.” The PATH team will ensure interaction is individualized, and adjusted based on the responses and willingness of the individual. Team will use evidence based interventions such as Motivational Interviewing and the Transtheoretical Model to assess stages of change.

PATH funding in the amount of \$15,600 will be used for utility deposits, hygiene kits, bus passes, phone cards for appointments and other emergency items.

Upon establishing a relationship, the Navigator will conduct an initial assessment using the Vulnerability Index and Service Prioritization Decision Tool (VI-SPDAT). This is consistent with a Maricopa County initiative to have a single point of entry for adults, which is managed by the Human Service Campus (HSC) and UMOM for families. Based on the results of the VI-SPDAT assessment, an appropriate housing intervention is established.

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Navigators assigned to the PATH program will complement and bring cohesion to components of the homeless delivery system that are a part of the Human Services Campus and Lodestar Day Resource Center. PATH Outreach Navigators will support individuals who are part of the target population to access treatment services provided by CBI as well as community services such as shelter, housing, health care, employment, mainstream benefits (i.e. food stamps, disability benefits as appropriate), recreational and socialization opportunities. In addition, PATH Outreach Navigators will assist participants with meeting basic needs, such as food, clothing, water, blankets, shelter, access to systems of care, and community based resources.

In addition to the full SPDAT, the PATH team will utilize a screening tool for the purpose of ensuring appropriate enrollment for the PATH program. The use of daily and weekly staffing with a multidisciplinary team that is supported by Behavioral Health Professional, serves as an additional prevention strategy. A behavioral health medical practitioner will also participate in the staffing to provide medical oversight and psychiatric evaluation and medication services with an emphasis on screening for SMI eligibility.

PATH team members also are supported in delivering services by the entire CBI systems of care network, which include outpatient services (behavioral health and physical health services) and facility based crisis services that are available 24/7/365. For participants who have been identified to require psychiatric medications but have not received them due to their circumstances, the PATH Outreach Navigator will coordinate internally and transport the patient the PATH team psychiatric practitioner, or a CBI Access Point, where they will see a Psychiatrist or Psychiatric Nurse Practitioner and receive a full assessment and bridge script to meet their immediate needs. Based on the assessment and psychiatric evaluation, CBI will refer the individual for an SMI eligibility determination, preferably within 90 days of contacting the individual. For those individuals who do not have an SMI eligibility determination within 90 days, the navigators will continue with active outreach and engagement efforts for up to six months.

Dedicated PATH Case Managers assist with the follow-up activities SMI determinations, eligibility verification, coordination with the other providers and adult clinical teams. If a participant has been identified to need a behavioral health service, the navigator will coordinate internally with their CBI counterparts to enroll them in an existing behavioral health program. Active engagement in behavioral health services once identified is the best method to limit potential crisis episodes. PATH Case Managers will also assist with completion of AHCCCS applications in Health-E Arizona, and Social Security benefits (SOAR). PATH Case Managers will also conduct in-reach at designated co-located sites.

The same process will be followed for medical conditions in an effort to limit the possibility of a medical emergency. If the Navigator finds the member has existing medical issues that have not been addressed and/or have not been assessed in a while, then they will coordinate with his or her PCP and/or coordinate internally with a CBI Physician or Family Nurse Practitioner to provide assessment and medical treatment as medically necessary.

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In addition to using the CBI systems of care network, 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. In the event that a crisis does occur, program participants, or their families, can contact CBI's Access to Care Line 24/7 for emergencies that occur after hours. 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. Each mobile outreach team is staffed with a Peer Support Specialist and an EMT, and is 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 by providing any additional support that may be needed. The mobile outreach team has the ability to perform a baseline medical assessment and to transport the participant if he/she needs to enter one of CBI's facilities for assessment, triage, and follow up care. Both members are skilled in the petitioning process when issues such as danger to self or others prevalent. The assistance of a mobile outreach team in conjunction with navigation not only helps with the immediate crisis however, its impact is far reaching in reducing the overall impact on the crisis system overall (e.g., hospitals, fire, police and urgent psychiatric care). The robust services provided in Maricopa County reduce gaps in services.

As credentialed Behavioral Health Technicians, PATH Outreach Navigators receive substantial training in the signs of psychiatric crises, intoxication and withdrawal and first aid. CBI has written policies for responding to and reviewing events where a participant poses a danger to self or others, or where the participant may be the target of abuse.

As described above, CBI has established protocols for supporting participants who present in crisis, a danger to self or others or who are experiencing a medical emergency. Navigators can contact CBI's mobile outreach team staffed with a Peer Support and EMT and connected to clinical support, or contact Police and Fire if necessary. CBI is the largest provider of facility based crisis services in the state of Arizona and those services are available 24/7/365 and are generally where someone in crisis or who is DTO/DTS would be brought by police or fire, or the general public, for services.

CBI has established 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 and the Utilization Management Divisions. The results are reviewed by the managers and clinical oversight.

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

Data

CBI and HMIS held a transition meeting in September to discuss the transfer of data. CBI, HMIS and the State will work together with the former grantee to clarify further data transfer elements. CBI is working with former grantee to ensure a seamless transition of PATH clients.

CBI has worked effectively for the past 3 years with Community Information and Referral (CIR) on other HMIS projects. Training on the PATH Program in HMIS will be divided into two groups a)

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experienced and b) new users. HMIS Training with the first groups of users will commence on September 28, 2015. The final training will be held the week during the second week of October, 2015.

CBI will conduct reviews based on the ART reporting tools in HMIS. This will allow management to assess documentation efforts. The information gleaned from report reviews will be staffed during the weekly team meetings, and serve as opportunities for growth and development. CBI's Quality Management department will provide a Quality Audit Administrator who will be responsible for reporting and documentation reviews.

CBI will utilize EHR, Next Gen beginning October 1, 2015. Individuals enrolled in PATH and in need of a higher level of care in a clinical setting i.e., medical detoxification, crisis stabilization, psychiatric stabilization, etc. Next Gen will be used for coordination of care activities across CBI systems of care. CBI is currently working with Bowman Systems on the integration of Next Gen EHR and HMIS. Next Gen is certified through the Office of National Coordinator's EHR certification program.

SSI/SSDI Outreach, Access, Recovery (SOAR)-

Fifty percent of the CBI PATH Navigators have been trained in the use of SOAR. Additional team members will complete the training by October 31, 2015. Eleven staff members will be trained in SOAR (2015-2016).

Access to Housing

As a long standing leader in substance abuse/mental health services CBI has developed and maintained relationships with housing providers who offer varied housing interventions. CBI housing partners include US Vets, Cloudbreak Communities (veteran specific), 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, EVMC, HSC) to serve as interim housing until permanent housing is obtained. If the PATH enrollee is eligible for housing programs through sub-population qualifiers, DV Victims, LGBTQ Youth, Veterans, HIV, CBI Navigators will assist the enrollee with the housing application process and the acquisition of necessary documentation for housing. CBI plays a vital role in current Maricopa County housing initiatives regarding rapid-rehousing and permanent supportive housing. CBI will leverage existing housing partnerships to meet the individual needs of individuals engaged with PATH Outreach Navigators.

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

CBI intends to use PATH funds in the amount of \$104,126 for the move-in costs or housing loss prevention for up 142 recipients, based on the average expense of \$733.00 per person.

Staff Information

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CBI uses multiple strategies to ensure cultural competency of services including: a racially/ethnically diverse staff, bilingual staff and access to language assistance services, and partnerships with agencies that provide culturally specific treatment options to refer individuals as appropriate. CBI offers live annual trainings on Cultural Competency, as well as Relias online learning. As part of the Peer Certification programs, CBI has specific training modules on working with veterans, LGBTQ and Native American populations.

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.

Demographic representation of CBI staff include 62% Female, 36.4% Male, 51.5% White, 23.3% Hispanic, 9% Black, 10.8% Two or More Races.

% of Employees	Gender			
	Female	Male	U	Total
American Indian or Alaska Native (not Hispanic or Latino)	2.9%	1.4%	0.0%	4.4%
Asian (not Hispanic or Latino)	0.4%	0.4%	0.0%	0.8%
Black or African American (not Hispanic or Latino)	4.4%	4.5%	0.1%	9.0%
Hispanic or Latino	14.2%	9.0%	0.1%	23.3%
Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	0.1%	0.3%	0.0%	0.4%
Two or More Races (not Hispanic or Latino)	6.3%	4.4%	0.1%	10.8%
White (not Hispanic or Latino)	34.3%	16.5%	0.6%	51.5%
Grand Total	62.6%	36.4%	1.0%	100.0%

Client Information

This will be the first year CBI has been awarded the PATH grant. CBI will serve homeless individuals, mental health, and co-occurring disorders within the Maricopa County region. Based on a 3 year average, CBI anticipates an estimated 2,000 homeless individuals to be enrolled in the PATH program and 3,000 to be outreached through the PATH program. CBI also referenced internal homeless admissions data that mirrors the population to be served by the PATH Outreach team. CBI's internal data reflected 1,322 SMI homeless individuals served in calendar year 2014-2015, 7,581 with substance abuse, as well as 2,808 mental health admissions.

Consumer Involvement

CBI will utilize customer satisfactions surveys to inform on the development and implementation of PATH services through a feedback portal. CBI will evaluate surveys to improve or modify the delivery of PATH services. CBI values the input of PATH family members (with informed consent)

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as a means to create positive outcomes and build up recipients protective factors. As mentioned earlier, CBI's mission "to maintain the dignity of human life." CBI embraces the patient-centered philosophy in which the patient is fully involved in their treatment planning process. CBI values the inclusion of family members, natural supports in treatment.

Budget Narrative

See Attachment A for budget narrative.

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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. The Community Partnership of Southern Arizona (CPSA), a private non-profit, is the Regional Behavioral Health Authority (RBHA) for Pima County designated by the state of Arizona to coordinate and manage publicly-funded behavioral health services for children, adults and their families since 1995. CPSA will receive PATH funds from the state and contract with La Frontera Center (La Frontera). La Frontera RAPP Project Connect team will provide PATH services in the Tucson metropolitan area, as well as smaller suburban and rural communities in Pima County. La Frontera is a private, nonprofit community provider of adult and children's behavioral health services, prevention, employment, crisis intervention, housing and community and cultural education since 1968. La Frontera is committed to providing services that respect the consumer's cultural background, including his or her race and ethnicity, family composition, religious beliefs, age, and sexual orientation. American Sign Language and oral interpreter services are available upon request and at no charge to the client. Vital documents are available in Spanish; additional documents will be translated upon request. Documents can also be translated into Braille as needed. 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 believes that support in the form of "family" (as defined by the consumer) is extremely beneficial to the recovery from and prevention of mental illness and substance abuse. The consumer's natural support system will be encouraged to participate in services if the individual so chooses. All services and written information at La Frontera are confidential as mandated by federal and state laws, rules and regulations. The PATH/RAPP team program was surveyed by CARF (Commission on Accreditation of Rehabilitation Facilities) on October 6th, 2011 and was given a 3 year accreditation. Consumers served will meet PATH eligibility standards with the majority (95%) of consumers experiencing "literal" homelessness. CPSA will receive and pass through to La Frontera \$398,155 in Federal funds and \$136,635 in state funds for a total of \$534,790.
- **Collaboration with HUD Continuum of Care Program-** Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities. RAPP Project Connect is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care. RAPP Team staff members sit on the Emergency Solutions Committee, the HMIS Committee, and the Street Count Committee and attend monthly general council meetings. RAPP Team staff members volunteer their time to provide case management assistance to homeless individuals during Operation Deep

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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. RAPP Team staff members assist with the annual Point-In Time Count of unsheltered homeless individuals and continue to work with 51 Homes, the Pima County 100K Homes campaign to end veterans and chronic homelessness. RAPP Team staff members participate in Veterans Stand Down events, Project Homeless Connect events, other community events and provides 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.

- **Collaboration with Local Community Organizations-** Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organization. There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. All residents and day program participants of the Safe Haven are screened and selected by the RAPP Team. Staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. PATH consumers are assisted to apply for benefits from DES including Medicaid and food stamps and are assisted with this process. Two staff persons have received SOAR training to help with applying for social services benefits. Consumers who are ineligible for Medicaid benefits are assisted to apply for Healthcare for the Homeless services at El Rio Health Center (which is co-located with the RAPP program), and El Rio staff frequently refer homeless individuals to the RAPP program. RAPP Team staff coordinate services with staff from the Salvation Army, Primavera, and Gospel Rescue Mission for shelter services and a variety of other organizations such as Compass Behavioral Health, Southern Arizona Mental Health Center, Casa Maria soup kitchen, the Community Food Bank, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, and Pima County Sullivan Jackson Employment Center. The RAPP Team leases an apartment from Old Pueblo Community Services. This apartment provides a sober living environment for up to 4 male PATH clients. Staff from both programs work collaboratively with the individuals who are placed there.

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

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street outreach activities the team uses a “meet me where I am” low demand, strengths-based approach with the goal of forming alliances with the most vulnerable adults who are literally and chronically homeless. Once alliances are formed, the PATH team works with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of the Tucson Police Department, downtown business people, libraries, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. RAPP Team staff conducts outreach 5 days per week, in and around the city of Tucson. Staff introduces themselves to anyone who appears to be homeless in an attempt to engage the individual. Staff members provide outreach contacts with supplies 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 performs street outreach once a week, and in-reach in the RAPP drop in center, 3-4 mornings per week. 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 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 this service in Pima County. Since moving to the current location almost three years ago, there has been a significant rise in the number of individuals that come to the drop-in center seeking services. The majority of these individuals report hearing about RAPP “on the street” and are often assisted 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. PATH consumers enrolled with Community Partnership of Southern Arizona (CPSA) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with CPSA meet with the RAPP Psychiatrist, Dr. Patty Kane, at the drop-in center for initial psychiatric evaluation and diagnosis, and meet with her monthly, thereafter, while enrolled with the program. If indicated, medication and lab tests are ordered by Dr. Kane. These clients meet with the RAPP R.N. weekly for medication monitoring to assess effectiveness of medication and any adverse effects, and meet weekly with case manager for assistance, guidance, and support. Staff

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strives to build a therapeutic assistance with the consumers to assist them to meet the self-identified goals of their service plan. 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 (case managers assist with the paperwork and accompany consumers to appointments. Two of the staff are SOAR trained); 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; placement in a shelter or the Sonora House Safe Haven; assistance with locating and obtaining permanent housing; accessing individual and group counseling 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. CPSA enrolled consumers are referred to programs at the consumer-run clubhouse, Our Place Clubhouse. RAPP team staff continue to work with CPSA Housing and La Frontera's Housing departments to provide permanent housing opportunities for PATH consumers through the HUD Shelter Plus Care and Supportive Housing Program grants. These housing opportunities are based on a "harm reduction/housing first" model and are available for individuals who are not ready for complete abstinence from alcohol and/or other substances. RAPP consumers who become enrolled as members of CPSA receive intensive case management for 6-9 months and are then transitioned into mainstream mental health services and followed under RAPP's Critical Time Intervention program. RAPP's Critical Time Intervention program has been in effect since 1999 and was designed to keep consumers from "falling through the cracks" during the transition period from intensive case management to community-based services. The principal goal of CTI is to prevent recurrent homelessness and other adverse outcomes during the period following transition from homelessness into the community. It does this in two main ways: by providing emotional and practical support during the critical time of transition; and, by strengthening the individual's long-term ties to community and natural supports.

- Describe any gaps that exist in the current service systems. Gaps in the current system include the lack of emergency, transitional and permanent affordable, 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. 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. CPSA and La Frontera continue to work with other service providers to provide housing based on the "housing first" model for

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chronically homeless, medically vulnerable adults. There is currently no shelter in Tucson that specifically provides services for the aging homeless population. RAPP collaborates with Adult Protective Services to ensure the safety of vulnerable homeless individuals experiencing homelessness. These individuals are often discharged from hospitals and the criminal justice system without sufficient follow-up for services and unable to meet basic needs without assistance. Recent changes in document requirements to apply for DES benefits (Medicaid and food stamps) has resulted in many individuals having to wait weeks or even months to obtain out-of-state documents to qualify for these entitlements. This has put a tremendous burden on the RAPP team in terms of the time it takes to assist homeless individuals to apply for and obtain these documents, and the cost associated with obtaining the documents. Since most of the individuals we are attempting to assist are experiencing untreated symptoms of mental illness, many cannot remember the details required to obtain a birth certificate, marriage license, divorce decree, etc., which can delay the process significantly.

- 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, as well as an Acu-detox clinic 3 days per week, 1:1 counseling, group counseling, health and safety education, and referrals to AA, NA, SMART, and relapse prevention services. Services are recovery focused and based on a harm-reduction model. Individuals are also referred to Pasadera Health Network which provides detox, transitional and permanent sober housing and case management if requested.
- Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS. La Frontera provides and pays for staff training and supports evidence-based practices including, but not limited to Motivational Interviewing, Critical Time Intervention, DBT, Seeking Safety, and Housing First. The CoC provides, pays for, and supports HMIS training and HMIS activities. A PATH member attends the HMIS user's workgroup meetings monthly. CPSA has a monthly calendar of trainings available free of charge that are available to RAPP.
- **Data-** Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff. The RAPP Team has been entering data into the HMIS system since October 1, 2009, and will continue to use the Pima Tucson Collaboration to End Homelessness (TPCH), the local Continuum of Care (CoC) HMIS system. The HMIS

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lead provides live training once a month and on-line training modules are also available, as well as a helpline. One-on-one support is available if necessary.

- Describe if and how technology (e.g. EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors. RAPP Team staff will work with the vendor to maximize the usefulness of the HMIS system, including serving as a test site for the "Referrals" program in HMIS which will eventually allow staff to make and track referrals to local service providers. The RAPP Team plans to hire an additional staff person this year that will be responsible for HMIS among other duties. HMIS is currently updating to the 2014 HMIS data standards just released. The new data standards include major updates for the PATH program.
- If clinical services are provided, please describe the provider's status on EHR adoption. La Frontera currently utilizes an electronic health record for case management services but this system is currently only used for CPSA enrolled PATH clients.
- If the provider use an EHR, is it certified through the Office of National Coordinator's EHR certification program? Yes. If not, does the provider plan to adopt or upgrade to a certified EHR? N/A
- Does the provider use a separate HMIS system or is the HMIS data integrated into their EHR? RAPP utilizes the CoC HMIS system (Bowman) and La Frontera's EHR. Does the provider have any plan to integrate HMIS with their EHR? There are currently no plans to integrate these two systems.
- **SSI/SSDI Outreach, Access, Recovery (SOAR)-** Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2013 (2012-2013), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2014 (2014-2015). Two of the six PATH staff members have been trained on SOAR. Recently SOAR has gone to online course training. Two more RAPP staff will take the online training and all staff will participate in the SOAR refresher classes offered by the CPSA trainer that is the SOAR lead in Pima County. Pima County is trying to establish a SOAR steering committee and has requested support from DBHS with this effort. If a committee is established, RAPP will serve on it. PATH staff assists clients with applications for SSI/SSDI and are highly skilled at assisting to obtain medical and mental health records for SSA. RAPP completes the Third Party Function report in an organized and detailed manner that supports the claim for benefits. PATH Team members also assist with the appeal process if a client is denied benefits and assist with obtaining an attorney when required.
- **Access to Housing-** Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency). The RAPP Team will utilize a number of strategies for making suitable

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housing available to PATH clients, including, but not limited to referring clients to Sonora House Safe Haven or RAPP's leased Kleindale Apartment for transitional housing, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter Plus Care, Supported Housing Projects and other subsidized housing programs. RAPP Team staff assists the client however necessary, including accompanying the client to appointments and assisting with the paperwork. PATH clients with little or no income are assisted to pursue employment and/or obtain entitlements. In addition to the above-mentioned housing programs, RAPP staff has established relationships with independent landlords who offer affordable rental rates, minimum deposits, and do not require extensive financial or criminal background checks.

Staff Information- Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is the use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov> RAPP Team staff members range in age from 34-65 years of age. RAPP's part-time Psychiatrist, Dr. Patty Kane is a past recipient of the Compass Behavioral Health Robert Moore award which recognizes an individual that exemplifies exceptional values, beliefs, dedication and high ethical standards in the field of behavioral health in Tucson. Dr. Kane utilizes a strengths/recovery oriented approach to working with individuals experiencing homelessness and serious mental illness. Dr. Kane, Minerva Perez and Lydia Reynolds have been with the program for over 14 years. The Clinical Supervisor and R.N., Sharon Francis has been with the PATH program for 12 years. One team member is male, two are Hispanic/Latino and four are Caucasian. Two staff members are Spanish speaking, and the Psychiatrist is fluent in Spanish and French. One staff member was homeless for 6 years, one is in recovery from substance abuse, one staff member is a consumer of services for persons with a serious mental illness, and another staff member is in treatment for PTSD. One staff member serves on La Frontera's LGBTQ committee. The artwork displayed in the offices was chosen to reflect the predominant cultures of the southwest. La Frontera Center, Inc. is a nationally recognized leader in the field of cultural competence for behavioral health organizations, having published "Building Bridges: Tools for Developing an Organization's Cultural Competence". This assessment tool is completed annually by a random sampling of staff, and the results are used to inform development of the agency's Cultural Competence Plan. In addition to a Cultural Competence Committee that meets monthly, La Frontera currently has three client-focused initiatives targeting the LGBTQ, Native American, and Veteran/Military Family populations. La Frontera Center also has a Limited English Proficiency (LEP) Plan and is knowledgeable of CLAS standards. All RAPP team staff members receive at least 24 hours of yearly training on topics pertinent

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to their job, including cultural competence. When interacting with consumers whose needs exceed the cultural competence of RAPP staff, input is sought from professionals and community resources that can provide additional direction.

- **Client Information-** Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled and the percentage of adult clients served using PATH funds to be literally homeless. The following demographic information was taken from the 2013 PATH Annual Report and indicates that PATH clients in FY-2012/2013 were: 59% Caucasian, 20% Hispanic, 14% Black or African American, 5% American Indian or Alaska Native, and 1% Asian and/or Native Hawaiian or Other Pacific Islander, and 1% two or more races. The ages of PATH clients was: 36% were 35-49 years old, 31% were 50-64 years old, 32% were 18-34 years old, and 1% were 65-74 years old. We did have 1 client who was 75 years of age or older. Through the use of FY 2015 PATH funds, the team plans to provide outreach services to 500 individuals and enroll 350 as PATH clients. It is estimated that 95% of PATH clients will be “literally homeless”.
- **Consumer Involvement-** Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. 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”. . 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. La Frontera has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for the past four years. Three former PATH clients have been trained and hired as Recovery Support Specialists, two of whom work at La Frontera Center, and the RAPP team employs one consumer of services for person with a serious mental illness.
- **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.

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1. Local Provider Description

Community Partnership of Southern Arizona (CPSA) a private non-profit, is the Regional Behavioral Health Authority (RBHA) for Pima County designated by the state of Arizona to coordinate and manage publicly-funded behavioral health services for children, adults and their families since 1995. Good Neighbor Alliance (GNA) is a community-based 501(c)(3) non-profit organization. GNA operates *Samaritan Station* emergency homeless shelter for men, women and families with children in Sierra Vista, AZ, the economic and population center of Cochise County. Cochise County, in southeast Arizona along the Mexican border is 6,169.45 square miles. It is serviced by only 2 homeless shelters and 2 domestic violence shelters. The goal of GNA is to offer shelter and access to services to help stabilize guests, and provide security and their most basic needs throughout their transition out of homelessness. For our unsheltered neighbors, GNA provides a shower program three days per week. 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. 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. In November 2010, GNA was awarded Homeless Prevention and Rapid Re-housing (HPRP) funds from the Arizona Department of Housing (ADOH). GNA was one of the only two shelters in Arizona awarded these funds. The HPRP program was funded through the American Recovery and Reinvestment Act which ended August 2012. GNA successfully met all requirements of this program. The HPRP program model has since been duplicated by the Emergency Solutions Grant (ESG) now administered by Arizona Department of Economic Security (AZDES). GNA was awarded ESG funding by DES in September 2012 which twilights in June 2014. GNA is identifying future funding opportunities to replace the HPRP/ESG governmental funding. GNA also has been awarded funds on two occasions from the Arizona Department of Veteran's Services to assist veterans' transition out of homelessness with move-in assistance from the Veteran Assisted Supportive Housing (VASH) Program. **GNA was initially awarded the PATH grant from CPSA in December 2010. CPSA will receive PATH funds from the Arizona Department of Health Services/Division of Behavioral Health Services and pass through to GNA \$37,496 in federal PATH funds, and \$12,528 in matching state funds, for a total of \$50,024.**

2. Collaboration with HUD Continuum of Care Program

Good Neighbor Alliance is an active member of the Arizona Balance of State Continuum of Care (BOS-COC) for over 10 years. Locally, the Executive Director has served as co-chair of the Cochise County COC three times. In a collaborative

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effort, the Executive Director of GNA and the Executive Director of the Housing Authority of Cochise County have resurrected the Cochise County CoC after a hiatus. Additionally, there are new requirements that are occurring within the Balance of State level as well as the Sierra Vista and Cochise County communities. There is an increased effort to create a statewide strategy for the Balance of State Continuum of Care which includes coordinated central intake/assessment, requirements to increase the collection of data and input into the Homeless Management Information System (HMIS) and creating a mechanism for services accessed within the HMIS/COC to collaborate on the coordination of care for shared clients.

Locally, the City of Sierra Vista has been designated an entitlement community by HUD as a recipient of Community Development Block Grant Funding. This designation changes the relationship of the City of Sierra Vista with the Arizona Department of Housing and changes the scope of work for Sierra Vista. As an active member of the Cochise County Continuum of Care, GNA will be 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 HOPWA grant administered by the Housing Authority of Cochise County (HACC). This includes data collection and input into the HMIS System. The Executive Director of GNA is an active commissioner for HACC. The Cochise County Manager is also requesting that the HACC staff and commissioners start a Housing Consortium. The City of Sierra Vista, the Director of HACC, the Executive Director of Good Neighbor Alliance and the Cenpatico Housing Program Manager are working collectively to bring these efforts to one meeting with appropriate breakout sessions.

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 biannual unsheltered street count from 2005 through 2013 for Cochise County. A summer 2014 Count is being discussed to get as accurate a census as possible and also for data collection to increase the effectiveness of outreach opportunities, identify gaps and to assist in proposed statewide procedures. The Executive Director of GNA, Kathy Calabrese is considered to be a leader in homeless issues throughout Cochise County. The Cochise County Continuum of Care has conducted yearly gaps analysis with the assistance of Arizona Department of Housing and CPSA. The GNA-PATH Team will be instrumental in planning and managing the count for the great expanse of Cochise County.

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3. Collaboration with Local Community Organizations

GNA PATH coordinates with organizations that provide key services to PATH clients. These organizations include Cenpatico, the RBHA in Cochise County, Bisbee Coalition for the Homeless, Cochise County Children's Center, Forgach House and House of Hope Domestic Violence Shelters, the Housing Authority of Cochise County, 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, Southeastern Arizona Behavioral Health Services and Housing Department (SEABHS), Arizona Counseling and Treatment Services (ACTS), Chiricahua Community Health Center, St. Vincent De Paul, Verhelst House for Men, Community Bridges, and Cochise County Drug Court. St Vincent De Paul assists clients with funding to obtain duplicate IDs that have been lost or stolen. GNA has collaborated with Goodwill Industries with employment job search training being held on site during GNA-PATH Shower Day Program. GNA hosts two Alcoholic Anonymous meetings and one Narcotics 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. The Executive Director attends the quarterly VA Homeless Summits in Tucson, and the monthly Ministerial Alliance which serves as a forum for pastors to form collaborative efforts involving community issues. 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. GNA-PATH participants are encouraged and invited to attend. The Executive Director is sought out by community members wanting to get involved in helping the homeless or just wanting information about all things relating to local homelessness.

There has been increase in the collaborative efforts of Arizona Counseling and Treatment Services and GNA in our referral and intake process. This agreement includes a direct referral to the Outreach Specialist bypassing the 800 number appointment/referral systems. The appointment with the client occurs on GNA property during the GNA-PATH Shower program. The client is interviewed, an assessment is done and the application for Arizona Department of Economic Security benefits such as Medicaid and SNAP, etc. GNA is making the GNA-PATH Case Managing room available for these meetings.

The level of collaboration is significant and is not backed up by written policy as there are so few agencies doing the work, therefore not much in the line of choices. However formal collaborations through Memorandums of Understanding etc will be discussed collectively at the balance of state and local continuums of care.

4. Service Provision

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The GNA PATH team has Good Neighbor Alliance as a resource in identifying and working with those who are “literally homeless.” GNA’s *Samaritan Station* shelter has been serving individuals and to families experiencing homelessness with both temporary and chronic episodes since 2003. For much of the local community, GNA is known as the “go to” organization for anything having to do with homelessness and advocacy for those experiencing homelessness. It has been a continual goal for the staff to be “in the know” about resources for services to assist those who are poverty stricken, homeless, and family members trying to help their loved ones. The Executive Director has made many valuable contacts making it easier to break barriers and cut through the red tape for those that need assistance navigating through frustrating levels of systems. The reputation of GNA is a valuable asset to the PATH team in terms of time invested in establishing such contacts. Activities to maximize the use of PATH funds to serve adults who are literally homeless include outreach on the street and in desert camps and in -reach at GNA Shelter and the Bisbee Coalition for the Homeless shelter. Evening meals at both shelters offer the opportunity to form alliances and engage individuals experiencing homeless.

a) Street Outreach and Case Management

The majority of 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. 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. Members of the PATH team assist clients with making appointments and physically getting clients to needed appointments. The PATH team helps clients navigate through systems to help overcome barriers that they encounter. 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 Cochise County which includes Benson, Bisbee, Douglas, 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 house both males and females experiencing homelessness. Programs such as GNA’s Day Shower Program, Wellness Connection consumer-run clubhouse, and Cochise County Children’s Center are also used for identifying adults experiencing homelessness or at risk of becoming homeless.

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The Team has adopted a “meet me where I am” strategy. The team provides food, 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.

Potential consumers and those PATH enrolled are not treated as a number or part of the cattle call approach often experienced by people seeking services. This approach often alienates many of those experiencing homelessness. 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.

b) Gaps in the current service system

The largest and most devastating gap was the loss of Medicaid insurance for single vulnerable adults experiencing homelessness. This includes those experiencing mental health illnesses, substance use disorder and those in poor physical health. However, in the past six months single adults have been awarded Medicaid. GNA-PATH is making an effort to get the word out about these changes during every outreach opportunity. GNA-PATH continues to refer enrollees to the Chiricahua Community Health Center. The Center provides sliding scale services for prevention services, mental and physical health, and dental needs. These services are delivered in a mobile health clinic in some parts of Cochise County. In February 2014 Chiricahua Community Health Center opened a clinic in Sierra Vista. Loss of Medicaid eligibility has also created issues for those we help to assist to apply for SSI/SSDI. Applications are being denied because there is no current health history because applicants are not receiving Medicaid. Reinstatement of Medicaid and time should help this become less of a challenge. The transient nature of some individuals provides additional challenges for SSI/SSDI applications. Another gap is the low number of physicians serving the Sierra Vista area, forcing patients to travel to Tucson, and creating the burden for GNA to pay for travel expenses and coordinate travel with Medicaid

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transportation or provide the transportation ourselves. Round trip to Tucson from Sierra Vista is approximately 150 miles.

- c) 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 SMART Recovery. GNA-PATH provides referrals for adults to Community Bridges and also women with substance use disorder to WTP, (COMPASS HUD Transitional Housing), when 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 the Forgach House, the DV shelter in Sierra Vista and the House of Hope in Douglas.

CPSA provides paid training on evidence based practices, motivational interviewing and cultural competence. GNA-PATH is challenged by the distance and cost to travel 150 miles round trip to attend training at CPSA. The SAMHSA-PATH website does provide for additional training opportunities. GNA-PATH has been part of the HMIS system since the beginning of our initial PATH contract in December 2010. Arizona Department of Housing provides and pays for training and HMIS licenses for AZ Balance of State COC service providers.

5. Data

Good Neighbor Alliance has been inputting PATH data into HMIS since contracting with CPSA in December 2010. Also, as part of the Arizona Balance of State Continuum of Care, GNA inputs shelter and HPRP/ESG data into the HMIS system. GNA received has consistently scored "A" for data quality on its "report card" throughout the last 2 years. The "report card" was implemented by Arizona Department of Housing (ADOH) to increase the value of the data being captured and ultimately input into this system. The goal is to provide more accurate reports to HUD. GNA has been a part of the HMIS system since 2006. GNA complies with data collection, and all other contractual obligations for working with the HMIS system as well as attending training opportunities. ADOH pays for HMIS training, licenses, and all costs related to HMIS for all organizations inputting data into the Arizona Balance of State HMIS Continuum of Care system. There is current discussion within the Balance of State Continuum to develop written agreements and releases to coordinate care between homeless shelters and other services within the state and BOS-COC.

Clinical Services are not provided but referrals for such services are.

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SSI/SSDI Outreach, Access, Recovery (SOAR)-GNA-PATH staff attended training in July 2012. The Executive Director and former PATH Team Lead/Case Manager successfully completed the training. However, there is a need for additional or on-going training due to employee turnover. This training is utilized to assist PATH clients in completing SSI/SSDI applications, and disability and function reports. The PATH Team-Lead assists PATH clients navigate through the SSI/SSDI process. In the past year SSA has decided to discontinue their outreach satellite office in the Sierra Vista area. 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. GNA is not currently able to fund a SOAR staff person. However, the SOAR training has proven to be a valuable asset to the PATH team. We are able to provide assistance 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. GNA recently became aware that SOAR training is now available online. The PATH team anticipates having two PATH staff that completes the online training.

6. Access to Housing

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, Shelter Plus Care (SPC), and Supportive Housing Programs (SHP). SPC and SHP referrals are made to SEABHS and to COMPASS for access to HUD housing programs. 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 60 VASH vouchers and is applying for 15 additional vouchers from HUD. 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 Red Cross of Southeast Arizona Supportive System for Veteran Families program for housing assistance and eviction prevention. Referrals are made to the GNA Emergency Solutions Grant (ESG) Homeless Prevention and Rapid Re-housing Program (HPRP) to provide temporary housing stability for individuals while they are on the waitlist for other programs. This helps to minimize time on the streets or in a shelter. Local landlords and property managers have sought out GNA to rent to participants in the ESG program.

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Staff Information- The demographics of the GNA-PATH Team consist of two African American males and two Caucasian females. 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. In a rural area it is difficult to identify local training and we frequently must seek training opportunities outside of Cochise County. The demographics of GNA staff (including the GNA PATH) are 45% male, 54% female, which include 63% White. The GNA staff includes two African-American males, one Hispanic male, one Pacific Islander male, and one Asian female. GNA PATH-team expects these numbers to be the same for the next fiscal year.

Client Information- From July 2013 to present, GNA PATH client demographic is as follows: 83% male, 17% female, 100% White, and no one declaring two or more races. The GNA PATH team has enrolled 3-5 clients every quarter. We project to outreach to approximately 50 individuals a quarter which includes about 10 to 13 new contacts a quarter.

Client Involvement – Clients who are homeless and have serious mental illnesses have volunteered at the GNA PATH Shower Program. The program runs from 8 AM to 12 noon, Mondays, Wednesdays and Fridays. The clients gain empowerment and self-worth. Clients are encouraged to make decisions and utilize problem-solving skills by taking the initiative to complete tasks and fulfill program goals. Also, clients build time-management skills by incorporating their volunteer work into their PATH case plan.

Budget Narrative- The submitted budget in the amount of \$50,024 for both Federal and State combined. These funds will be used to fund the employees required to staff the PATH Team and a portion of the ERE which totals 44,200. 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.

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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.

La Frontera is a private, nonprofit community provider of adult and children's behavioral health services, prevention, employment, crisis intervention, housing and community and cultural education since 1968. La Frontera is committed to providing services that respect the consumer's cultural background, including his or her race and ethnicity, family composition, religious beliefs, age, and sexual orientation. American Sign Language and oral interpreter services are available upon request and at no charge to the client. Vital documents are available in Spanish; additional documents will be translated upon request. Documents can also be translated into Braille as needed. 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 believes that support in the form of "family" (as defined by the consumer) is extremely beneficial to the recovery from and prevention of mental illness and substance abuse. The consumer's natural support system will be encouraged to participate in services if the individual so chooses. All services and written information at La Frontera are confidential as mandated by federal and state laws, rules and regulations. The PATH/RAPP team program was surveyed by CARF (Commission on Accreditation of Rehabilitation Facilities) in 2014 and was given a 3 year accreditation. Consumers served will meet PATH eligibility standards with the majority (75%) of consumers experiencing "literal" homelessness. La Frontera will receive \$125,982 in federal funds, \$44,672 in State funds for a total of \$170,654 for the 10 month period 09/01/2015-06/30/2016. The RAPP Team will provide PATH services Monday-Friday between the hours of 8:00 A.M. and 5:00 P.M. in the city of Tucson and surrounding areas of Pima County.

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

RAPP Project Connect is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care (C of C). RAPP Team staff members sit on the Continuum of Services Committee, Emergency Solutions Committee, the HMIS (Homeless Management Information System) Committee, the Street Count Committee, the 25 Cities workgroup, and attend monthly general council meetings. RAPP Team staff members volunteer

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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 and other projects of the C of C. RAPP Team staff members participate in Veterans Stand Down events and Project Homeless Connect events, 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.

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

There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. All residents and day program participants of the Safe Haven are screened and selected by the RAPP Team. Staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. 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 (which is co-located with the RAPP program), and El Rio staff frequently refer homeless individuals to the RAPP program. RAPP Team staff coordinate services with staff from the Salvation Army, Primavera, and Gospel Rescue Mission for shelter services and a variety of other organizations such as Pasadera Behavioral Health, Cope, Codac, Southern Arizona Mental Health Center, Casa Maria soup kitchen, the Community Food Bank, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, and Pima County Sullivan Jackson Employment Center. The RAPP Team leases an apartment from Old Pueblo Community Services. This apartment provides a sober living environment for up to 4 male PATH clients and staff from both programs work collaboratively with the clients who reside there.

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

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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. During street outreach activities the team will use a "meet me where I am" low demand, strengths-based approach with the goal of forming alliances with the most vulnerable adults who are literally and chronically homeless. 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 5 days per week, in and around the city of Tucson. 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 in the RAPP drop in center, 3-4 mornings per week. 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 this service 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 report hearing about RAPP "on the street" and are often assisted 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. PATH consumers enrolled with the RBHA (Regional Behavioral Health Authority) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with the RBHA will meet with the RAPP Psychiatrist, Dr. Patty Kane, for initial psychiatric evaluation and diagnosis, and will meet with her monthly, thereafter, while enrolled with the program. If indicated, medication and lab tests may be ordered by the Psychiatrist. These clients will meet with the RAPP R.N. weekly for medication monitoring to assess effectiveness of medication and any

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adverse effects, and will meet weekly with case manager for assistance, guidance, and support. Staff will strive to build a therapeutic assistance with the consumers to assist them to meet the self-identified goals of their service plan. 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- (Two team members are currently SOAR (SSI/SSDI Outreach, Access, and Recovery) certified and 2 are currently enrolled in SOAR training) case managers assist with the paperwork and accompany consumers to appointments; 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 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. RBHA enrolled consumers are referred to programs at the consumer-run clubhouses, Hope, Inc., and Our Place Clubhouse. RAPP team staff will continue to work with RBHA Housing and La Frontera's Housing departments to provide permanent housing opportunities for PATH consumers through the HUD (Housing and Urban Development) Shelter Plus grants. These housing opportunities are based on a "harm reduction/housing first" model and are available for individuals who may not be ready for complete abstinence from alcohol and/or other substances. RAPP consumers who become enrolled as members of the RBHA receive intensive case management for 6-9 months and are then transitioned into mainstream mental health services and followed under RAPP's Critical Time Intervention program. RAPP's Critical Time Intervention program has been in effect since 1999 and was designed to keep consumers from "falling through the cracks" during the transition period from intensive case management to community-based services. The principal goal of CTI is to prevent recurrent homelessness and other adverse outcomes during the period following transition from homelessness into the community. It does this in two main ways: by providing emotional and practical support during the critical time of transition; and, by strengthening the individual's long-term ties to community and natural supports.

- o 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. There is only one (faith-based) program in Tucson that will accept any level sex offender and this program is only available for

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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. La Frontera will continue to work with other service providers on the 51 Homes and 25 Cities programs to provide housing based on the "housing first" model to chronically homeless, medically vulnerable adults. There is currently no shelter in Tucson that specifically provides services for the aging homeless population, and RAPP staff collaborate with staff from Adult Protective Services, when necessary, to ensure the safety of vulnerable homeless individuals experiencing homelessness. These individuals are often discharged from hospitals and the criminal justice system without sufficient follow-up for services and are often unable to meet basic needs without assistance. Recent changes in document requirements to apply for DES benefits (Medicaid and food stamps) has resulted in many individuals having to wait weeks or even months to qualify for these entitlements. This has put a tremendous burden on the RAPP team in terms of the time it takes to assist homeless individuals to apply for and obtain these documents, and the cost associated with obtaining the documents. Since most of the individuals we are attempting to assist are experiencing untreated symptoms of mental illness, many cannot remember the details required to obtain a birth certificate, marriage license, divorce decree, etc., which can delay the process significantly.

- o 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.

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

La Frontera provides and pays for staff training and supports evidence-based practices including, but not limited to Trauma Informed Care, Motivational Interviewing, Critical Time Intervention, DBT (Dialectical Behavioral Therapy), Seeking Safety, and Housing First. The C of C provides, pays for, and supports HMIS training and HMIS activities. A PATH member attends the HMIS user's workgroup meetings monthly. All PATH Team staff will complete Mental Health First Aid training, provided by a certified LFC staff person, during this FY, and all staff will complete LFC mandatory yearly trainings, including training on Cultural Competency.

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- **Data-** Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

The RAPP Team has been entering data into the HMIS system since October 1, 2009, and will continue to use the Pima Tucson Collaboration to End Homelessness, the local Continuum of Care HMIS system. The HMIS grantee provides live training once a month and on-line training modules are also available, as well as a helpline. The RAPP Team has one staff person whose primary responsibility is entering data into HMIS, running HMIS reports, troubleshooting issues related to HMIS data quality, attending HMIS meetings, and training staff. This staff person also serves as the HMIS Administrator for La Frontera.

- Describe if and how technology (e.g. EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors. RAPP Team staff will work with the vendor to maximize the usefulness of the HMIS system, including serving as a test site for the "Referrals" program in HMIS which will eventually allow staff to make and track referrals to local service providers. The RAPP Team recently received HMIS licenses for all team staff and team members are currently being trained on the system. All team members will be able to utilize the HMIS system by then end of FY 2016.
 - If clinical services are provided, please describe the provider's status on EHR adoption. La Frontera currently utilizes an electronic health record for case management services but this system is currently only used for RBHA enrolled PATH clients.
 - If the provider use an EHR, is it certified through the Office of National Coordinator's EHR certification program? Yes. If not, does the provider plan to adopt or upgrade to a certified EHR?
 - Does the provider use a separate HMIS system or is the HMIS data integrated into their EHR? We utilize HMIS and La Frontera's EHR. Does the provider have any plan to integrate HMIS with their EHR? There are currently no plans to integrate these two systems.
- **SSI/SSDI Outreach, Access, Recovery (SOAR)-** Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2013 (2012-2013), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2014 (2014-2015).

Two of the six PATH staff members are SOAR certified and Two additional staff are currently enrolled in SOAR training, with the goal of having all team members certified in SOAR by the end of FY 2016. The PATH team Supervisor has been attending local SOAR meetings and the SSA has identified a local SSA SOAR representative, unfortunately processes are still not in place to fully implement SOAR at this time, and the first SOAR application completed by the team resulted in numerous emails and telephone calls with the SSA SOAR Representative to clarify responsibilities.

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The PATH team currently has one SOAR application pending. PATH staff regularly assist clients with applications for SSI/SSDI and are highly skilled at assisting to obtain medical and mental health records for SSA, and assist the client by completing the Third Party Function report in an organized and detailed manner that supports the claim for benefits. PATH Team members also assist with the appeal process if a client is denied benefits and assist with obtaining an attorney, if appropriate.

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

The 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 or RAPP's Kleindale Apartment for transitional housing, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter Plus Care 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 and assisting with the paperwork. PATH clients with little or no income will be assisted to pursue employment or obtain entitlements if they are unable to work. 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 C of C 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 TPCH.

Staff Information- Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities.

A strategy for addressing health disparities is use of the recently revised national culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov> RAPP Team staff members range in age from 22-65 years of age. RAPP's part-time Psychiatrist, Dr. Patty Kane is a past recipient of the Compass Behavioral Health Robert Moore award which recognizes an individual that exemplifies exceptional values, beliefs, dedication and high ethical standards in the field of behavioral health in Tucson. Dr. Kane utilizes a strengths/recovery oriented approach to working with individuals experiencing homelessness and serious mental illness. Dr. Kane and Lydia Reynolds have been with the program for over 14 years. The Clinical Supervisor and R.N., Sharon Francis has been with the PATH program for 13 years. Two team members are male, three are Hispanic/Latino and four are Caucasian. Three staff members are Spanish speaking, one is a Spanish interpreter, and the Psychiatrist is fluent in Spanish and French. One staff member was homeless in

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the past, one staff member is a consumer of services for persons with a serious mental illness and a graduate of the RSS (Recovery Support Specialist) Academy, and another staff member has been treated for PTSD (Post-Traumatic Stress Disorder). The artwork displayed in the offices was chosen to reflect the predominant cultures of the southwest. La Frontera Center, Inc. is a nationally recognized leader in the field of cultural competence for behavioral health organizations, having published "Building Bridges: Tools for Developing an Organization's Cultural Competence. This assessment tool is completed annually by a random sampling of staff, and the results are used to inform development of the agency's Cultural Competence Plan. In addition to a Cultural Competence Committee that meets monthly, La Frontera currently has three client-focused initiatives targeting the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning), Native American, and Veteran/Military Family populations. La Frontera Center also has an LEP (Limited English Proficiency) Plan and is knowledgeable of CLAS standards. All RAPP team staff members receive at least 24 hours of yearly training on topics pertinent to their job, including cultural competence. When interacting with consumers whose needs exceed the cultural competence of RAPP staff, input is sought from professionals and community resources that can provide additional direction.

- **Client Information-** Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled and the percentage of adult clients served using PATH funds to be literally homeless. The following demographic information was taken from the 2014 PATH Annual Report and indicates that PATH clients in FY-2014 were: 70% Male, 29% Female, 1 reported being Transgendered Male to Female, 19% Hispanic, 81% Non-Hispanic, 75% White, 17% Black or African American, 5% American Indian or Alaska Native, and 1% Asian and/or Native Hawaiian or Other Pacific Islander, and 2% two or more races. The ages of PATH clients were: 7% were 18-23 years old, 12% were 24-30 years old, 48% were 31-50 years old, 29% were 51-61 years old, and 4% were 62 years old or older. Through the use of FY 2016 PATH funds, the team plans to provide outreach services to 400 individuals and enroll 300 as PATH clients. It is estimated that 75-90% of PATH clients will be "literally homeless".
- **Consumer Involvement-** Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. 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 has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for the past four years. Three former PATH clients have been trained and hired as Recovery Support Specialists, two of whom work at La Frontera Center, and the RAPP team employs one consumer of services for person with a serious mental illness. All

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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.

- **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.

- **PATH Budget and Justification-09/01/2015-06/30/2016**

- **A. Personnel:**

Position	Name	Level of Effort	Cost
PATH Administrator	Sharon Francis	100%	\$44,078
Team Leader	Lydia Reynolds	100%	\$28,333
Case Manager	Chris Jordan	100%	\$27,569
Outreach Specialist	Patrick Robles	100%	\$20,000
Case Aide	Gina McGrath	100%	\$22,416
Case Aide	Valerie Grothe	100%	\$9,257
Data Specialist	Jasmin Hernandez	100%	\$19,001
		TOTAL	\$170,654

- Sharon Francis, R.N. (1 FTE), PATH Administrator, will oversee program implementation, staff trainings, ensure the quality and coordination of service provision, and provide supervision to RAPP Team members. Additionally, Ms. Francis screens, assesses PATH clients, and provides onsite medical triage in the field.
- Lydia Reynolds, BHT (1 FTE), Team Leader, assumes leadership role for the program in the absence of the PATH Administrator, provides direct services for PATH clients including case management, treatment plans, referrals, crisis intervention, pre-screening, advocacy, and enrollment into the PATH program.
- Chris Jordan, BS (1 FTE), Case Manager, assists clients in developing personal care plans. Case managers will receive training with regard to medical conditions. They will assist clients in developing self-management goals, managing chronic conditions, and promoting wellness by supporting tobacco cessation,

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nutrition, and exercise. Staff will receive training in cultural competence, mental health, medical terminology, and motivational interviewing.

- Patrick Robles, Outreach Specialist (1 FTE) conducts street outreach to homeless individuals in Tucson, South Tucson and the surrounding area. Mr. Robles provides crucial and lifesaving information about the RAPP program services and drop in center. He also engages homeless individuals, builds their trust, and assists in PATH enrollment.

- Gina McGrath, Case Aide (1 FTE) is a peer support navigator who determines program eligibility for PATH clients and completes enrollment documents. Miss McGrath works with PATH clients to assess and accomplish their goals. She maintains client records, provides advocacy, and makes community resource referrals.

- Valerie Grothe, Case Aide (1 FTE) determines program eligibility for PATH clients and completes enrollment documents. Miss Grothe works with PATH clients to assess and accomplish their goals. She maintains client records, provides advocacy, and makes community resource referrals.

- Jasmin Hernandez, BHT (1 FTE), Data Specialist, conducts all data entry for the PATH grant in HMIS including intake screening. She also assists with office management when needed to ensure the PATH funded program runs smoothly.

Southwest Behavioral Health Services

Project for Assistance in Transition from Homelessness (PATH)

SYF 2015 Intended Use Plan

Local Provider Description

Southwest Behavioral Health Services is a private non-profit community behavioral health agency that has served as a leading provider of behavioral healthcare in the state of Arizona for over 40 years. **(Southwest Behavioral Health will be referred to as SBH from this point.)** SBH has assumed a leadership role in the development and delivery of services in the area of housing, residential care, prevention services to children and families, incarcerated persons, dually diagnosed adults, (SMI/SA), and homeless services. SBH is CARF accredited, and has been since 1998. Our services are evidence-based and include the Strategic Prevention Framework model for community based assessment, the Client Directed Outcome Initiative (CDOI) model for children and adult treatment, and the Recovery/Resiliency model for persons with serious mental illness and/or substance abuse. SBH provides subsidized independent housing, both transitional and permanent, to a variety of populations throughout Maricopa County. Psychosocial Rehabilitation services are delivered in a wide range of environments designed to support persons in their recovery process. SBH provides Residential Programs, and manage over 150 residential beds throughout Maricopa County. Programs range from supported independent living to intensely supervised (24-hour support). SBH's Crisis Recovery Support Services are provided and designed for individuals experiencing acute emotional or behavioral crisis. Crisis Recovery Units are centrally located, and provide intense short-term support in a non-institutional setting. SBH's Homeless Outreach Program serves the metropolitan area of Maricopa County, which covers a 9,300 square mile area.

SBH is requesting \$724,502 in Federal funding and \$253,634 in State funding. These funds will be used to continue operations for the PATH Homeless Outreach Team, which will employ 13.9 individuals to conduct aggressive outreach, establish contact and maintain assistive relationships with eligible people who are literally homeless and have a serious mental illness, and/or dually diagnosed. All PATH funds will be used to provide direct services. These services will be provided in locations where the largest numbers of homeless individuals are located. Outreach workers will seek out and maintain contact with homeless persons all over Maricopa County in areas such as the streets, river-bottom, shelters, desert campsites, parks, and hospitals. They will provide assistance with food boxes, sack lunches, water, transportation, hygiene items, clothing assistance, or referrals, emergency shelter placement assistance, transitional and permanent housing coordination and moving assistance, as well as living skills coaching and training to those requiring assistance with daily living. PATH will receive the following In-kind donations from community supporters; \$4,800 cash from private support to provide emergency assistance to homeless or imminently homeless families, \$10,000 in hygiene kits and clothing from the Mental Health Guild and the Celebration of Life Church to be distributed to the homeless mentally ill by PATH, \$7,000 in pastries donated by Starbucks Coffee, \$3,000 in water donated by a local group of seniors citizen supporters in the Corte Bella Community of Sun City, Arizona.

Collaboration with HUD Continuum of Care Program

Southwest Behavioral Health Services, Inc. has been a participant in the HUD Continuum of Care, offering services to the homeless population, since the beginning of the local homelessness planning effort in the Phoenix metropolitan area and Maricopa County. SBH's PATH staff has participated over the years at the meetings of the Continuum of Care Regional Committee on Homelessness sponsored by the Maricopa County Association of Governments. This committee for the past several years has been the coordinating agency for the local response to HUD's annual SuperNOFA, which is the federal government's offering of funds available for services and housing for citizens who are homeless throughout the USA. The task of this committee is to oversee the development of an effective plan to address homelessness in the region. In addition, the committee has taken responsibility for the annual funding application submitted to HUD. The HUD funds have provided millions of dollars to agencies serving the most vulnerable homeless individuals. There are several subcommittees of this committee. There is a Planning committee, a Service Gap analysis committee and a HMIS Advisory Group committee. The task of these subcommittees is to research and develop effective policies and practices to provide a comprehensive array of services to homeless individuals in Maricopa County. Prevention, emergency shelter, transitional housing and permanent housing with supportive services are included in the continuum. SHB staff and PATH staff specifically have participated on these committees over the years and will continue as needed and necessary. SBH has three housing programs specifically funded through the current local continuum's efforts and has since the inception of the local continuum has been in effect. Two of these programs house persons who have a serious mental illness and are homeless and the other houses individuals and families who are infected or affected by HIV/HIDS. SBH PATH outreach workers have for several years and will continue to help plan, coordinate and conduct the actual count in the annual street count of the homeless population that occurs to qualify for the U.S. Department of Housing and Urban Development (HUD) Stuart B. McKinney Continuum of Care (CoC) Awards. Last year Arizona was awarded over \$19 million for homeless projects. Results from the count are useful for "(1) service planning;(2) demonstrating a need for resources in the CoC application; (3) raising public awareness about the issues of homelessness; (4) accurately measuring and identifying the needs of population that are hardest to serve (chronically homeless); and (5) measuring performance in eliminating homelessness , particularly chronic homeless". As a result of last year's count the Mayor announced that the City of Phoenix mission would be to end chronic homelessness for veterans in the City in 2014.

Collaborations with Local Community Organizations

SBH and specifically PATH staff are involved in the ongoing development of the Day Resource Center, which is in the process of establishing itself as a central Welcome Center where homeless individuals can have many of their needs met in one location. PATH staff will continue to be involved in this integrate model of care. Southwest Behavioral Health Services Homeless Outreach Team and Outpatient Therapist is a primary resource in the past Magellan Crisis System and now the Mercy Maricopa Integrated Care System, the new Regional Behavioral Health Authority in Maricopa County, who utilizes PATH services on a regular basis. PATH will continue working with Mercy Maricopa Integrated Care Crisis System, providing coordination of care, as well as informative sessions about PATH services to the

staff of Mercy Maricopa Integrated Care Crisis System. Southwest Behavioral Health will continue to include medication cost as a line expense in the PATH annual budget, which will be used to assist clients who either don't have medication coverage, or are unable to cover prescription co-pays. Southwest Behavioral Health Services Outreach Team will provide assistance with getting prescriptions filled by first utilizing available prescription assistance resources and, when other resources are unavailable, financial assistance may be provided. PATH has established an arrangement with Saliba's Pharmacy for prescription filling and delivery. Coordination with Mercy Maricopa Integrated Care to assist with evaluation and assessment of clients in taking place for assessment of new clients SMI determination. The outreach workers will conduct thorough mental health screening and assessments, and schedule mental health evaluations for service eligibility. PATH will assist clients with the appeals process, and will advocate for services on behalf of the client. PATH will assist clients in transitioning into Mainstream services, and will work with case manager and client, providing information, support, and assistance with service acquisition. Referrals will be made for wrap-around services, permanent and affordable housing, transportation, and entitlements. The outreach workers will make referrals to substance abuse treatment programs, including detox, in-patient, out-patient, residential, and support groups. Southwest Behavioral Health is focused on Recovery and Resiliency throughout its organization, and the outreach team will utilize methods such as the Recovery/Resiliency Model, and Motivational Interviewing techniques to encourage and motivate clients for service engagement and treatment. PATH will work with DES, Social Security, Primary Care Physicians, and the Office of the Ecumenical Chaplaincy to assist clients with obtaining ID's, Birth Certificates, social security cards, and medical records. Technical assistance will also be provided to locate emergency, transitional, and affordable permanent housing placement. PATH will participate in joint outreach efforts along with other Valley Outreach Teams, including, but not limited to Healthcare for the Homeless, Community Bridges, Home-based, Tumbleweed, and the Campus Reach Team. PATH is also heavily involved in community education, providing trainings and informative sessions such Techniques of Engagement, Motivational Interviewing, De-escalation techniques, and Safety during Outreach to other outreach teams, Human Service Campus staff, City of Phoenix, Public Libraries, and many other community providers. Field assessments will be done by Outreach Specialist, and if necessary, evaluation will be obtained through a direct referral to evaluator assigned by Mercy Maricopa Integrated Care through provider Network. We will negotiate with Mercy Maricopa Integrated Care to assign an evaluator to the Day Resource Center Welcome Center to assist with evaluations. Referral will also be made to other Provider Networks in the system for General Mental Health services while SMI criteria is being evaluated or reviewed, with PATH advocating for an SMI evaluation through the Provider after the client has been in service with them for some period of time to document symptoms, sobriety, and severity of symptoms. PATH staffs are trained in intervention guidelines, and when appropriate, staff will work with Crisis Services Providers such as the County Crisis Mobil Team, Terros, and Empact to facilitate the immediate acquisition of crisis services, including involuntary interventions when necessary to secure the safety of the client or others. PATH will include a line in the budget to purchase bus tickets to provide transportation assistance to clients. The PATH team will assist clients in meeting basic needs in a variety of ways, with a large portion of the items donated by other community organizations. The team will provide sack lunches donated by the Community Kitchen, water and blankets donated by the Mental Health Guild and the Celebration of Life Church, and access to emergency shelter beds through CASS and the Men's and Women's Overflow

Shelter. PATH has a line in the budget to cover these expenses when donations are at a minimum or non-existent. Often PATH clients will have prescriptions but no income source. PATH has a line item in the budget to address this concern, and will assist when possible, with co-pay, and in some cases, the full purchase cost. PATH seeks out sources such as St. Vincent De Paul for assistance, but when other sources are not available, SBH has included a line in the budget to address these expenses. Upon obtaining housing placement our clients are usually faced with the dilemma of how to move or retrieve their belongings from storage. PATH has 13 vehicles available, including 2 pickup trucks which can and will be used to assist clients with moving. PATH will be providing technical assistance as well as financial assistance such as security deposit, move-in cost, application fees, and 1st month's rent assistance to PATH enrolled clients. Whenever possible, the team will seek out alternative sources for funds such as the HUD Continuum of Care federal and state housing dollars to house PATH enrolled adults. The Light Program a New housing partnership between SBH and the City of Phoenix will make available 45 housing voucher over the next 3 years for the most chronically homeless individuals. SBH will include a line item in the budget, not to exceed 20% of grant funds, to assist with these housing expenses. SBH is dedicated to making the transition into case management system as smooth, problem free, and successful as possible. PATH staff accompany clients t their initial appointments whenever possible, providing information to the case manager regarding the particulars of the individual, where they hang out, interest, behavioral tendencies, etc. Staff can and often are members of the clients' treatment team, and are very useful in keeping clients engaged in treatment. Transition periods vary, but understanding between the RHBA and the PATH Team allows for contact up until 1 year after client has been transitioned if necessary. PATH staff will participate in Summer and Winter Respite Programs sponsored by local municipalities such as the City of Phoenix, including Police and Fire, United Way, MAG, and Arizona Department of Health Services for the distribution of water, blankets, clothing and other weather related items aimed specifically at serving homeless residents. Staff will provide information about location of sites, shelter referrals, and referrals for other service as needed. The PATH team works with local News Media for the purpose of coordinating ride alones to bring attention to the needs and concerns of homeless individual especially during the extreme heat of the summer.

Services Provision

The SBH PATH team will continue to coordinate services with other provider agencies, such as the Regional Behavioral Health Providers, substance abuse treatment agencies, shelters, and medical care providers to deliver quality comprehensive service to our clients. SHB will strengthen it collaboration and presence at the Day Resource Center by placing a PATH team new staff person as an in reach specialist in the new Welcome Center of the Day Resource. This individual will receive and intake all new homeless individuals entering the DRC for mental health or substance abuse services. The team will seek out and focus on the most vulnerable; with a goal of establishing trust and rapport to connect these individuals to the services needed.

The services provided by SBH homeless outreach program are:

- Street Outreach activities and Community Education
- Case Management

- Field assessments and evaluations
- Intake assistance/emergent and non-emergent triages
- Transportation assistance
- Assistance in meeting basic skills
- Transition into the Mercy Maricopa Case Management System
- Interim Case Management
- Referrals to alcohol and drug treatment, primary health services, rehabilitation, and job training
- Medication and assistance in getting prescription filled
- Move-In/Keep-In Assistance
- Housing referrals both transitional and permanent placements
- Wrap-around Supportive Housing Services

Our PATH program was chosen to participate in a new venture with the City of Phoenix called MROP (Misdemeanor Repeat Offender Program) is a coordinated effort between the City of Phoenix HSD, Police, Prosecutor and Public Defender Office, and Southwest Behavioral to identify chronically homeless problem individuals and connect them directly to service and housing when possible with the goal of reducing contact with law enforcement and legal system, connecting them to appropriate services, and reducing their impact on the community. These individuals are well known to law enforcement and judicial system, and have multiple offenses over a long period of time. Eligible individuals can be referred to the Light Program for housing assistance. The Light Program is Southwest Behavioral Health's Housing First Model program designed to provide housing for some of City's chronically homeless individuals. The components include Street Outreach, Rapid Rehousing, and Permanent Supportive Housing utilizing 45 HVC's (15 per year for 3 years) provided by the City of Phoenix Housing Department. Individuals are identified through Street Outreach, or referrals from City of Phoenix's Human Services Department's Misdemeanor Repeat Offender Program (MROP). Individuals must have a disability, either medical, mental health, or substance abuse, and must meet HUD's definition of chronically homeless. Street Outreach services include engagement, case management, crisis intervention, advocacy, basic needs such as food, clothing, and access to medical service, transportation assistance, housing location and technical assistance, supportive services, and peer support with the goal of assisting them in securing and maintaining permanent, stable housing.

- SBH's PATH team will continue using its data to identify gaps in the services and system, and will continue providing the information to the MAG Continuum of Care, State, and other local municipalities. Data from PATH has been used in the past to identify unmet needs, and trends, for example, last year there was an increase in patients being released from the hospital and dropped off in hospital gowns, no contact or information regarding their condition. The PATH team identified this trend and relayed it on to the Human Services Campus Advisory Board, the Arizona Department of Health Services and Healthcare for the Homeless, who then began monitoring and reporting these incidents to local hospital administrators, who then eventually resolved this concern and eliminated the practice. Another gap in system identified by PATH last year was the increased in individuals being released or discharged from crisis centers or urgent

care centers and referred to the Human Services Campus, without any information on the client condition or needs. Using data collected in PATH.net on referral sources and submitted to HMIS, PATH presented this information to the Maricopa County Advisory Board, who in response, came up with a colored referral form which was to be issued to clients upon discharge and presented to any staff on the Human Service Campus, and without revealing sensitive information, the form served as a red flag to staff, indicating that the client was recently seen at a crisis center, and the name and phone number of the referring source. This has resulted in many more clients receiving the specialized assistance needed to connect them to services. Current gaps in services include limited family shelter beds. The number of homeless families appears to be on the rise; with a noticeable increase in cases involving domestic violence, especially when one (1) or more members of the family has a mental health or substance abuse problem, therefore creating an increase in the number of homeless women with children. The lack of available services for this population is best illustrated by the increased number of homeless youth on the streets whose parent(s) are often substance abusers and/or mentally impaired. Increasingly, there is still a need for more services for elderly homeless individuals, particularly in the area of housing and medical care. Elderly individuals often do not meet the medical criteria for Arizona Long Term Care Services (ALTCS) because many are not old enough for Medicare. There also are growing numbers of elderly homeless who have, or have had, a severe substance or alcohol dependency. With the combination of their organic disorders and mental health problems, this population is among those at greatest risk. The PATH Outreach Team expanded its outreach efforts to this population and will continue advocating for community and State resources for assistance in these areas.

Other areas that present a challenge to PATH's efforts are:

- Increase number of homeless individuals and families moving to Maricopa County
- Increase in HIV/AIDS among the homeless and abandoned and /or runaway youth
- Lack of affordable permanent and affordable housing
- Limited S/A treatment programs for low/no income individual
- Minimum service available for undocumented individuals
- Limited number of shelter beds during the summer months
- Limited number of family shelter beds
- Limited SMI Emergency housing and drop-in center
- Counseling, job placement and treatment for those with a criminal history, sexual offenders released from prison
- Service for homeless pregnant females with Serious Mental Illness
- Services for homeless families, specifically those homeless due to domestic violence
- Another critical area of need for homeless individuals with a serious mental illness is for those that have substance abuse issues. This gap in service includes not only residential treatment but also outpatient services that can deal with the combined issues of homelessness, substance abuse and serious mental illness.

SBH has been very successful in identifying and establishing contact with persons who are homeless and have a dual diagnosis by using the PATH outreach team. Maricopa County Health Care for the Homeless and Community Bridges are additional homeless outreach programs specifically designed for substance abusers. The PATH team collaborates with these organizations to serve and outreach the population. There are limited services available that can meet the complex needs of persons who are homeless and have a dual diagnosis. The first need is for safe shelter. Because many shelters will not take people who are intoxicated, people with a dual diagnosis often end up on the streets or in jails. PATH funds will be used to purchase short-term motel/hotel room vouchers for emergencies or until suitable shelters or housing can be found. There are inpatient beds available for treatment of persons with dual diagnosis, although limited in number. There can be a several month waiting period for a bed so the SBH outreach team is aggressive in maintaining contact with these clients and advocating for available treatment slots. In addition to the 32 beds, there are 23 Sort beds available for detox throughout the Mercy Maricopa Integrated Care Crisis system. Torres' Safe Haven operates a day program with a seclusion room for persons who are inebriated or under the influence of drugs and need to be medically monitored while withdrawing from substance. They have a total 25 beds. The PATH staff makes recommendations for referrals to Mercy Maricopa In-targeted Care Provider's specialty clinical teams that serve people with substance abuse problems. The Path Outreach Team is very aggressive in maintaining contact with people who are on waiting lists and continue to advocate for the person's acceptance into a substance abuse program. Mercy Maricopa County Integrated Care, the Maricopa County RBHA continues to work with the community to develop a more comprehensive service delivery system for people with co-occurring disorders. PATH also makes referrals to Community Bridges for detox, and substance abuse treatment services. Community Bridges is located on site, and offers individual counseling sessions daily, detox, relapse prevention assistance, and residential treatment placements.

- The PATH team Director and team leaders will be trained on data migration policies and procedures, and all PATH staff will undergo periodic HMIS training for proficiency enhancement. Southwest Behavioral Health Services will continue to promote the PATH teams' participation and involvement in evidence-based practices and trainings. A line item has been added to our proposed budget to support such trainings/opportunities. Southwest Behavioral Health Services has and will continue to support HMIS training and activities for its staff. A line item has been added to our proposed budget to develop or purchase the necessary software and hardware to facilitate data migration from PATH net to HMIS.

Data

The PATH Team currently uses the PATH net Database System as its' primary source for collecting and storing data, printing reports on demographics, and case management tool to track and monitor clients progress, develop services plans, track appointments, and measure staff productivity. This March, all staff received HMIS training and have started entering data into the system, SBH will begin working with HMIS and Community Information and Referral (the local Administrator) to develop a systems link for direct real-time data transfer of demographic information from the PATH net System into the HMIS system which will be fully operational by June 2015. SBH's PATH program plans to continue using PATH

net data collecting system, while entering required demographic data into HMIS for reporting compliance. New staff will complete HMIS training as part of their new hire requirements, with all staff undergoing an annual HMIS refresher training. Clinical services are not provided by SHB's PATH team at this time, and no EHR system is used by our program which utilizes a separate HMIS for data collection. No plans for integrating an EHR and HMIS system at this time. However SBH's does have the capability and utilizes electronic clinical records documentation.

SSI/SSDI Outreach, Recovery (SOAR)

The PATH Director is an active participant in Arizona's SOAR Project, and is a member of the Arizona SOAR Steering Committee. Our program provides outcome reports to the State and Federal SOAR contacts annually since 2010. We currently have 3 staff member trained on SOAR, 2 of which were trained 2011-2012, during which time 27 consumers were assisted through this process. All PATH Outreach Specialist will complete the web based SOAR training during the 2014-2015 grant year.

Access to Housing

PATH will assist clients with housing by providing technical assistance in the application process, coordination of housing services, motel vouchers, security deposits, application fees, and 1-time only "Move-In, Keep-In" assistance. PATH enrolled clients will remain as a priority in the delivery of services to homeless individuals. The PATH team continues to provide supportive service to the 7 clients of Project H3, a housing first model targeted to the 50 most vulnerable homeless adults in Maricopa County. These individuals were chosen because of their at-risk for death factors of being chronically homeless, with major medical, mental health, and substance abuse problems. PATH staff members function as Navigators with Project H3 along with Community Bridges and many other service providers, and housing agencies. The PATH Navigators acted as advocates on behalf of these individuals to access any and all needed services, and assisted them with maintaining their housing. The local Regional Behavioral Health Authority has contracts with a variety of agencies throughout Maricopa County to provide housing options to people who are homeless. The RBHA through the community based system of care has the following types of housing services available: twenty-four hour supervised residential care, semi-supervised residential, supported living apartments and independent housing. Persons who are seriously mentally ill and homeless receive priority for openings. The current mental health system has 775 residential slots. Mercy Maricopa Integrated Care, the current RBHA assists in funding three different shelters for persons who have behavioral health problems. One shelter is only for persons who have a serious mental illness and are homeless; the other two are transitional programs for persons who are homeless, one of which is for persons who are both seriously mentally ill and HIV only. They also have a Safe Haven Program that provides housing and services for homeless people with a dual diagnosis. Mercy Maricopa Integrated Care has a contract with the Arizona Behavioral Health Corporation which has over 1,800 vouchers of Continuum of Care slots for adults with serious mental illnesses. PATH Team is successful in advocating placing of their PATH enrolled clients in these slots once SMI determination is completed.

Staff Information

The PATH staffing pattern is representative of the racial/ethnic and linguistic diversity of the client population served. The PATH Team is required to attend cultural competency training annually for the purpose of enhancing their skills, ability and sensitivity in improving health care disparities and to provide effective, equitable, and respectful quality care to culturally and linguistically diverse population. The PATH Director also facilitates Cultural Competency training for SBH staff and all new hires on the Culture of Homelessness. Fifty percent of the staff is individuals who have experienced homelessness. Of the 13 PATH staff members, 3 are female, 4 are Hispanics, and Bilingual (English/Spanish), 2 are African/American, 6 Caucasian, and 1 Indian. Their ages range from the mid twenty to early fifties. 6 staff member have 17 plus years of experience working with the homeless Serious Mentally Ill population. Several staff members have received or are currently receiving mental health treatment. The strategies found to be most effective in reaching the “hardest to serve” homeless persons consist of the following actions/attitudes:

- Respect
- Being non-judgmental (unconditional positive regard)
- Active listening
- Being authentic or genuine
- Demonstrating patience and consistency to establish trust/rapport
- Immediate assistance with basic needs (food, water, clothing, safety, shelter, health)
- Advocacy for entitlements (SSI, GA, VA, AHCCCS, etc.)
- Frequent face-to-face contact (preferably where the person is located)
- Thorough explanation of rights, responsibilities, and services available
- Being supportive through the intake/evaluation process
- When necessary taking the evaluation process/service to the person
- Providing interim case management as needed to assist in transition to permanent case management services
- Humor and the ability to laugh and smile
- Being culturally sensitive
- Utilizing Motivational Interviewing Skills
- Identifying where a client is in terms of the Stages of Change

Client Information

PATH clients cover a vast demographic spectrum, 24% women, 76% men, 45% White, 28% Black, 17% Hispanic, and 4% Native American, with the average client being a 35-year old white male. Women families appear to be on the increase. The average client is chronically homeless and not currently receiving treatment, although they may have been in the past. They are treatment resistant, and require an average of 3-6 months before enrolling in case management. We anticipate approximately 2500 unduplicated individuals will be contacted, with 1500 of those or 60% becoming enrolled in PATH. An estimated 90% of those contacted will be “literally” homeless and 10% imminently homeless.

Consumer Involvement

Clients are fully engaged in their treatment planning process from outreach to enrollment, and PATH welcomes and encourages family involvement whenever possible. The PATH Program has and will reinstate the utilization of customer satisfactory surveys and solicitation of client and family input in the planning, implementation, and evaluation process annually for the PATH program. PATH eligible individuals serve on the Board of Directors, and Mental Health Advisory Board, and are an intricate part of our service delivery system.

Budget Narrative

See attached document

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	<p>Individual experiencing homelessness-</p> <ul style="list-style-type: none"> a. An individual who lacks a fixed, regular, and adequate nighttime residence; and b. An individual who has a primary nighttime residence that is: <ul style="list-style-type: none"> o A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); o An institution that provides a temporary residence for individuals intended to be institutionalized; or o A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
Imminent Risk of Becoming Homeless:	<p>Imminent Risk of Becoming Homeless- An individual of family who meet the following criteria:</p> <ul style="list-style-type: none"> • Doubled up living arrangements where the individual's name is not on the lease, • Living in a condemned building without a permanent place to live, • Arrears in rent/utility payments, • Having received an eviction notice without a place to live, • Living in temporary or transitional housing that carries time limits, • Being discharged from a health or criminal justice institution without a place to live.
Serious Mental Illness:	<p>Serious Mental Illness- A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation</p>
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	<p>Co-occurring Serious Mental Illness and Substance Abuse Disorders- Persons who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.</p>

Footnotes:

III. State Level Information

B. Veterans

Narrative Question:

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

Footnotes:

Each PATH funded recipient is required to form working relationship with the Veterans Administration Medical Center, the State Veterans' Services and the U.S. Vets to assist with the coordinator of services for homeless veterans. This includes coordination of mental health care, benefits assistance, medical care, emergency, transitional and permanent housing to homeless vets as well as participation in StandDowns and Project Challenge events in their respective community. PATH recipients collaborate with each of their local agencies and hospitals in their respective area to increase the location and services to Veterans who meet the PATH eligibility criteria.

III. State Level Information

C. Recovery Support

Narrative Question:

Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

Footnotes:

The PATH teams will play a vital role in maintaining contact between the individual and the case manager for follow-up, advocating for housing assistance, continuity of care, as well as providing assistance in meeting basic needs. For those homeless individuals who have a mental health illness, and are not receiving treatment for whatever reason, PATH will provide comprehensive and intensive outreach services for an undetermined length of time, with a goal of enrollment into mainstream services. The services provided by PATH will also result in the reduction in the number of SMI individuals being homeless through our housing location, placement and technical assistance. PATH team staff acting as advocates will result in more individuals receiving much needed services.

An individual needs in each are must be supported with timely and appropriate resources. Swift success in housing and support service provision is critical for stable housing. Consumer outcomes must be based on consumer need and informed by the individual. Consumers' and family voice are the primary focus for tailoring recovery based services. Recovery embodies the ideas of hope, choice, empowerment, self-direction and responsibility all centered on the consumer. These elements of recovery foster success via new meaning and relationships regarding ones' circumstances in the movement away from homelessness with support services.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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.

Footnotes:

PATH teams focus on those individuals hardest to serve and often venture out into places they camp in order to engage them with the purpose of referring them for treatment. It often takes multiple encounters and case management service in order to get individuals the necessary items (such as identification, birth certificates, etc.) in order to apply for services. PATH uses the SAMHSA Outreach Model targeted to Homeless Mentally Ill individuals which allows them to outreach all homeless individuals with the purpose of identifying those who are seriously mentally ill or suffer from co-occurring mental illness and substance use disorders.

PATH teams are out in the field an average of 75% of their time. This daily activity keeps everyone informed about ongoing consumers, prospective consumers, new and existing resources, and any issues, their resolutions. Many of the required tasks are first planned and coordinated during staff meetings together.

These tasks include:

Being the point of contact for food, clothing, water, blankets, shelter and basic living skills;

Linkages with the behavioral health system;

Assistance in getting prescriptions filled;

Assistance with the behavioral health system and/or substance abuse treatment enrollment;

Referral for aftercare support including but not limited to case management, housing and transportation;

Assistance in obtaining medical records, picture identification, social security cards and affordable housing;

Field assessment and evaluations;

Intake assistance/emergent and non-emergent triage;

Transportation assistance (bus tokens and transporting);

Assistance in meeting basic living skills;

Move In assistance;

Housing dollars for permanent placements;

Transition into the RBHA case management system;

and assistance in locating cooling or heating and water stations during extreme heat and winter alerts.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

Footnotes:

Two goals within the State Comprehensive mental health service plan directly relate to services provided by PATH funds.

1. Increase access to behavioral health services for person diagnosed with serious mental illness and
2. Decrease the number of adult consumers who are chronically and/or literally homeless or living in shelters.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing their emergency response plans.

Footnotes:

The Governor of the State of Arizona created the Governor's Arizona Commission on Homelessness and Housing (ACHH) through an Executive Order on January 13, 2010. The commission is the primary decision making authority regarding the content of the Housing Arizona: State plan to Prevent and End Homelessness, including the implementation schedule and strategies. The purpose of the ACHH is to 1.) serve as the statewide homelessness planning and policy development resource for the Governor and the State of Arizona; and 2.) oversee the implementation and progress of the Housing Arizona State Plan to Prevent Homelessness. The ACHH meets bi-monthly and is attended by agency directors or their designee. The Director of the Department of Health Services currently serves on the committee

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

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 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.

Footnotes:

A draft of this grant application will be posted on the ADHS/DBHS website for public comment for one week. In addition, the document is emailed to a list serve containing a wide array of stakeholders by the ADHS/DBHS' Policy Office. These two mechanisms allow for comments by individuals who are eligible for PATH services, family members, employees of behavioral health and housing provider agencies and the general public.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:
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.

Footnotes:

ADHS/DBHS will monitor PATH activities through the implementation of quarterly and annual deliverables. Contractors are required to submit quarterly reports to ADHS/DBHS detailing the number of individuals receiving PATH services by census and demographic through the PDX database. An annual narrative and statistical report is due each January to SAMHSA and ADHS/DBHS. Monthly and annual detailed expenditures reports and a copy of the contractor's audit report (OMB A-133) are also required.

In addition to reporting, contractors are subject to at least (1) on-site program review per geographic service area each year. The review consists of an examination of all aspects of the PATH program operations, including chart review to determine grant and contract compliance, interview with PATH enrolled individuals and PATH staff, and direct observation of program activities, outreach and engagement techniques used in enrollment.

ADHS/DBHS hold quarterly meetings with PATH contractors to identify areas of strength and areas that require improvement to ensure the needs of homeless individuals with serious mental illness are addressed in each region. At minimum, these quarterly and annual meetings increase coordination among the geographic service area and provide opportunities to provide technical assistance, networking and training.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

Describe how PATH funds are allocated 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, or other means).

Footnotes:

ADHS/DBHS allocates PATH funds through a competitive request for proposal process (RFP). Allocations are made in relation to the need for service and are granted to entities that provide services within the geographic service area.

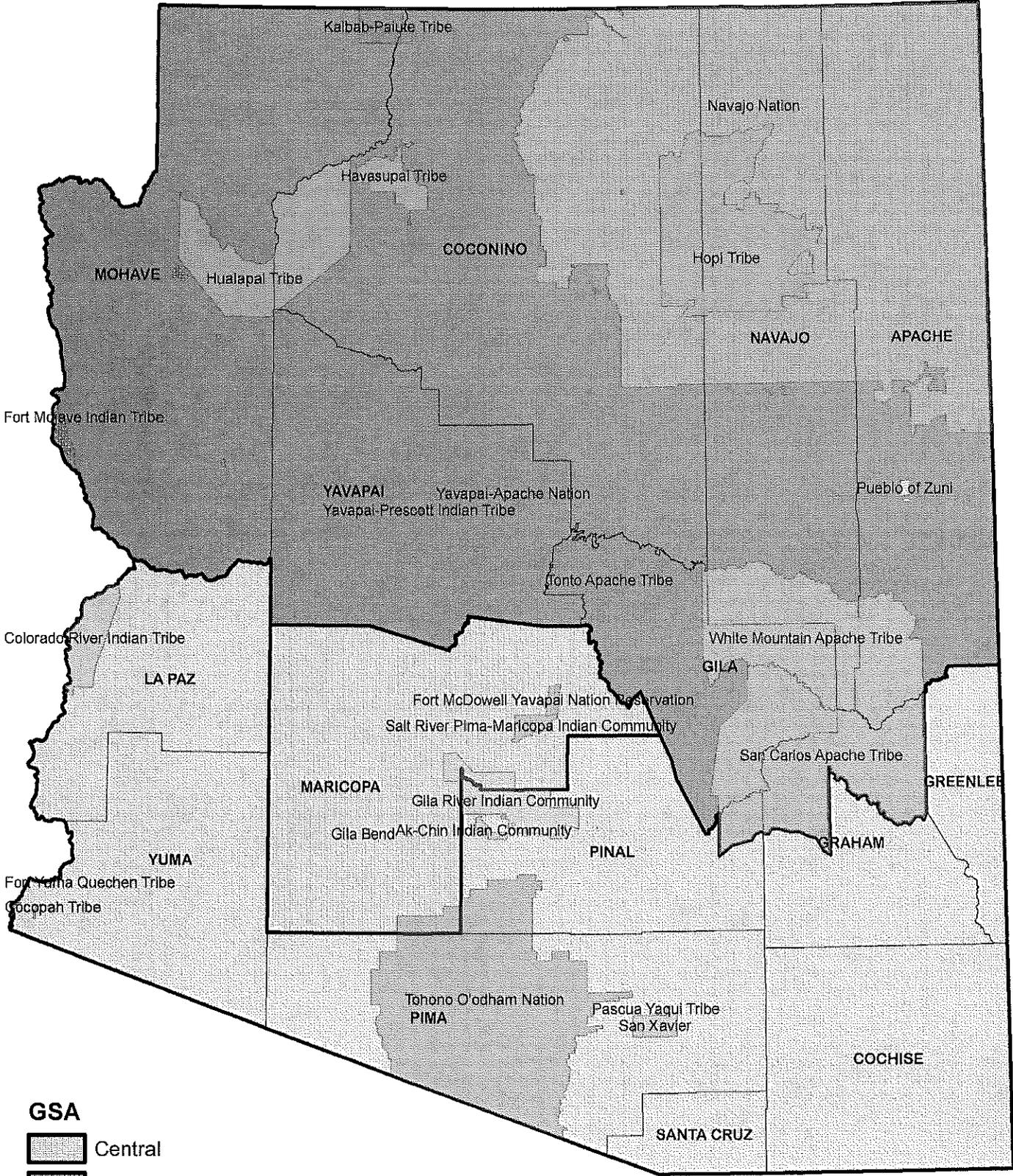
III. State Level Information

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

Narrative Question:

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.

Footnotes:



GSA

- Central
- North
- South

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.

2014 Point in Time Street & Shelter Count

GSA	Adults Homeless Sheltered with SMI	Homeless Unsheltered with SMI	Total
1, 2, 4 * Balance of State	110	No Street Count was conducted this year	110
6 Maricopa County	485	101	586
5 Pima County	405	163	568

GSA	Homeless Sheltered with Substance Use Disorder	Homeless Unsheltered with Substance Use Disorder	Total
1, 2 4 *Balance of State	153	No Street Count was conducted this year	153
6 Maricopa County	335	123	458
5 Pima County	556	108	664

At this time the 2015 Street Count data is not available. Upon receipt of the 2015 information Arizona will update its application.

III. State Level Information

K. 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.

Footnotes:

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

III. State Level Information

L. Other Designated Funding

Narrative Question:

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.

Footnotes:

a.) Community Mental Health Block Grant - Funds provided by the mental health block grant are utilized for services to individuals with serious mental illness and children with serious emotional disturbance, including those who are homeless or an imminent risk of being homeless.

b.) Substance Abuse Block Grant- Provisions are made through the substance abuse block grant for services to be delivered through street outreach/drop in centers serving homeless individuals with substance use disorders at high risk for HIV, in addition to other community settings such as probation offices, domestic violence facilities and homeless shelters.

c.) State General Fund Revenue- State general funds allocated as 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

M. Data

Narrative Question:

Describe the state's and providers' status on HMIS transition plan, with accompanying timeline for collecting all PATH data in HMIS by FY 2016. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

Footnotes:

All contractors will input their data into the HMIS system. ADHS/DBHS will continue to support HMIS trainings and activities for its contractors, which will include alerting them of SAMHSA Homeless and Housing Resource Network webinars, which includes the Learning Community Webinars. Each contractor has a line item budget for continued HMIS support and trainings.

III. State Level Information

N. Training

Narrative Question:

Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

Footnotes:

ADHS/DBHS offers technical assistance and training at quarterly and annual meetings for the PATH contractors. Local PATH providers are required to conduct, attend and report on homeless service provider specific trainings which will allow them to gain additional skills to address the needs of individuals who are homeless. Additional assistance is available upon request.

III. State Level Information

O. SSI/SSDI Outreach, Access and Recovery (SOAR)

Narrative Question:

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.

Footnotes:

There are three main ways Arizona relies on encouraging provider staff to be trained in SOAR. The first is through trainings. There have been numerous trainings occurring throughout the state where provider staff are trained on SOAR. It is during these training the attendees are encouraged to take the SOAR Online Course if they, or any of their agency co-workers, are working with individuals to apply for SSI/SSDI. Since September, 2014, there have been approximately 15 trainings that have occurred around the state with at least a couple hundred provider staff in attendance. Most of those occurred in Maricopa County, where SOAR is flourishing.

The second way is through word-of-mouth from those who were recently trained on SOAR and from those who are involved with SOAR. For instance, with regards to those who are involved with SOAR, there are 37 members from 22 different agencies and 2 grants (PATH & CABHI) on the AZ SOAR State Steering Committee, including SSA; Disability Determination Services (DDS); Arizona Department of Housing (ADOH); Arizona Department of Corrections (ADOC); Maricopa County Sherriff's Office (MCSO); Veteran's Administration (VA); Valley of the Sun United Way (VSUW); and the Arizona Coalition to End Homelessness (AZCEH). Each one of these representatives promotes SOAR in their respective communities.

The last way, which was mentioned before, is through the current grants that are available that promote SOAR (PATH & CABHI). Both CABHI staff and PATH Outreach workers are mandated to become trained in SOAR. Having a SOAR component within grants will continue for any future grants related to assisting homeless individuals.

Many of the individuals trained on SOAR, or hear about SOAR through the grapevine, have proceeded to be trained in SOAR. In March, 2014, there were 10 individuals in Arizona trained in SOAR and 2 individuals enrolled in the SOAR Online Course. As of April, 2015, there are 50 individuals in Arizona trained in SOAR and 87 individuals enrolled in the SOAR Online Course.

Moving forward all PATH Outreach staff will be required to be SOAR trained. At this time there are approximately 19 PATH staff currently trained in SOAR.