# I. State Information

## State Information

### Plan Year

Federal Fiscal Year 2020

### State Identification Numbers

DUNS Number 929956324

EIN/TIN 63-0506021

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

Agency Name Alabama Department of Mental Health

Organizational Unit Division of Mental Health and Substance Abuse

Mailing Address Post Office Box 301410

City Montgomery

Zip Code 36130

### II. Authorized Representative for the PATH Grant

First Name Jessica

Last Name Hales

Agency Name Alabama Department of Mental Health

Mailing Address 100 North Union Street

City Montgomery

Zip Code 36130

Telephone (334) 242-3229

Fax (334) 242-3025

Email Address jessica.hales@mh.alabama.gov

### III. Expenditure Period

From 10/1/2020

To 9/30/2021

### IV. Date Submitted

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

Submission Date 5/22/2020 7:21:55 PM

Revision Date 5/22/2020 7:22:02 PM

### V. Contact Person Responsible for Application Submission

First Name Jessica

Last Name Hales

Telephone (334) 242-3229

Fax (334) 242-3025

Email Address jessica.hales@mh.alabama.gov

**Footnotes:**

# 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.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.

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

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

**HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT
The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

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Name

Lynn T. Beshear

Title

Commissioner

Organization

Alabama Department of Mental Health

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Signature: Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

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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).
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5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

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Name

Lynn T. Beshear

Title

Commissioner

Organization

Alabama Department of Mental Health

Signature: Date: 5-15-20

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

## Certifications

**1. Certification Regarding Debarment and Suspension**

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

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

**2. Certification Regarding Drug-Free Workplace Requirements**

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

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

**3. Certifications Regarding Lobbying**

Per 45 CFR ?75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

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

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

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

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

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

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

**5. Certification Regarding Environmental Tobacco Smoke**

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

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

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

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

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

---

Name

Lynn T. Beshear

Title

Commissioner

Organization

Alabama Department of Mental Health

---

Signature: Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

## Certifications

### 1. Certification Regarding Debarment and Suspension

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

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

### 2. Certification Regarding Drug-Free Workplace Requirements

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

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

### 3. Certifications Regarding Lobbying

Per 45 CFR ?75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

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

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

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

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

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

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

**5. Certification Regarding Environmental Tobacco Smoke**

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

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

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

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

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

---

Name

Lynn T. Beshear

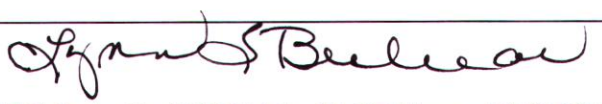
Title

Commissioner

Organization

Alabama Department of Mental Health

---

Signature:  Date: 5-15-20

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

### Funding Agreement

**FISCAL YEAR 2020**
**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT**

I hereby certify that the State/Territory of Alabama 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 (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from 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 use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

**Section 522(f).** Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

**Section 522(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 for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use 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 that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes 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;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains 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 shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide 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 use, 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, 2021, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine 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.

| | |
|---|---|
| Governor/Designee Name | Kay Ivey |
| Title | Governor |
| Organization | State of Alabama |

Signature: Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

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**FISCAL YEAR 2020**

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    - 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;
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- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
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- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide 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 use, 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.

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| | |
|---|---|
| Governor/Designee Name | Kay Ivey |
| Title | Governor |
| Organization | State of Alabama |

Signature: Kay Ivey Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

### Disclosure of Lobbying Activities

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

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

**Standard Form LLL (click here)**

---

Name: Lynn T. Beshear

Title: Commissioner

Organization: Alabama Department of Mental Health

---

Signature: _____ Date Signed: _____

mm/dd/yyyy

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

A signed copy of the Disclosure form is attached under the Attachments section. Note: Uploading the signed document here was not an option provided, Also, although space was provided for a signature and date in this section, the text boxes did not allow for any edits.

# I. State Information

## Disclosure of Lobbying Activities

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

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

**Standard Form LLL (click here)**

---

Name: Lynn T. Beshear

Title: Commissioner

Organization: Alabama Department of Mental Health

---

Signature: Lynn T Beshear Date Signed: 5-15-20

mm/dd/yyyy

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

### State PATH Regions

| Name | Description | Actions |
|---|---|---|
| Birmingham Region | The city of Birmingham is the largest city in Alabama. The city is the county seat of Jefferson County. The city's population was 212,237 according to the 2010 United States Census. The Birmingham-Hoover Metropolitan Statistical Area had a population of about 1,128,047 according to the 2010 Census, which is approximately one quarter of Alabama's population. Birmingham is located in the north-central region of the Alabama. The project/performance site congressional district is AL-06. | |
| Huntsville Region | Huntsville is a city located primarily in Madison County in the central part of the far northern region of the U.S. state of Alabama. The city extends west into neighboring Limestone County. Huntsville's population was 183,739 as of US Census 2012 estimate. The Huntsville Metropolitan Area's population was 417,593 (2010). Huntsville is the fourth-largest city in Alabama. The project/performance site congressional district is AL-05. | |
| Mobile Region | Within the city limits of Mobile, the population was 195,111 as of the 2010 United States Census, making it the third most populous city in the U.S. state of Alabama, the most populous in Mobile County, and the largest municipality on the Gulf Coast between New Orleans, Louisiana, and St. Petersburg, Florida. It is located in the southeastern area of the state. The project/performance site congressional district is AL-01. | |
| Montgomery Region | Montgomery the capital of the state of Alabama, and is the county seat of Montgomery County. It is located on the Alabama River in south-central area of the state. As of the 2010 Census, Montgomery had a population of 205,764. It's the second-largest city in Alabama, and 103rd largest in the United States. The Montgomery Metropolitan Statistical Area's 2010 estimated population of 374,536. It is the fourth-largest in the state and 136th among United States metropolitan areas. AL-02 district. | |
| Tuscaloosa Region | Tuscaloosa is a city in and the county seat of Tuscaloosa County in west-central Alabama. Located on the Black Warrior River, it is the fifth-largest city in Alabama, with an estimated population of 93,357 (US Census 2012 estimate). The project/performance site congressional district is AL-07. | |

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# 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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

## Section II-1. Executive State Summary

| 1. Organizations to Receive Funds | 2. Federal PATH Fund Amount | 3. Service Areas | 4. Amount & Source of Match Funds | 5. Projected Contacts<br>6. Projected % Literally Homeless | 7. Projected Enrolled<br>8. % Adult | 9. PATH Supported Services |
|---|---|---|---|---|---|---|
| **a. Jefferson-Blount-St. Clair Mental Health /Mental Retardation Authority**<br>Public non-profit, community mental health center | $216,915 | Jefferson, Blount, and St. Clair counties | $72,305<br>Program Income and State | **Contact 150**<br>90% literally homeless | **Enroll 75**<br>100% Adult | Outreach, Case Management, screening and diag. tx, shelter based mental health services (includes counseling), alcohol/drug tx access, referral services, peer specialist. |
| **b. AltaPointe Health Systems, Inc.**<br>Public, non-profit community mental health center | $131,766 | Mobile, Baldwin and Washington Counties | $43,922<br>Program Income and State | **Contact 120**<br>70% literally homeless | **Enroll 120**<br>100% Adult | Outreach, Case management, referral services, community mental health services, screening and diag.tx, alcohol/drug services , supportive services in residential setting, habilitation and rehabilitation, housing support services and staff training, peer specialist. |
| **c. Montgomery Area Mental Health Authority, Inc.**<br>Public non-profit, community mental health center | $110,903 | Autauga, Elmore, Lowndes and Montgomery counties | $36,968<br>Program Income and State | **Contact 200**<br>90% literally homeless | **Enroll 50**<br>100% Adult | Outreach, Case Management, screening and diag. tx, shelter based mental health services, alcohol/drug tx access, referral services, basic living skills, housing support, training, peer specialist. |
| **d.. Wellstone Behavioral Health**<br>Public, non-profit community mental health center | $76,106 | Madison County | $25,369<br>Program Income and State | **Contact 300**<br>20% literally homeless | **Enroll 45**<br>100% Adult | Outreach,Case Management, community mental health services, crisis intervention, training, screening and diag. tx, referral services, basic living skills, alcohol/drug tx access, and housing support services, peer specialist. |
| **e. Indian Rivers Mental Health Center**<br>Public, non-profit community mental health center | $70,140 | Bibb, Pickens, and Tuscaloosa counties | $23,380 Program Income and State | **Contact 250**<br>12% literally homeless | **Enroll 80**<br>100% Adult | Outreach, Case Management, screening and diag. tx, shelter based mental health services, alcohol/drug tx access, referral services, basic living skills, housing support, training, peer specialist. |
| **f. Alabama Department of Mental Health**<br>State Government | $7,257 | Statewide | $2,418<br>State | **Contact 1,020**<br>53%literally homeless (total a-e) | **Enroll 370**<br>(total a-e)<br>100% Adult | Staff Training /Technical Assistance in Homelessness, Housing and special projects. |

## II. Executive Summary

### 2. State Budget

Planning Period From **10/1/2020** to **9/30/2021**

* Indicates a required field

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **a. Personnel** | **0.00** | **0.00** | **0.00** | |

No Data Available

| Category | Percentage | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|
| **b. Fringe Benefits** | **0.00 %** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **c. Travel** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **d. Equipment** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **e. Supplies** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **f1. Contractual (IUPs)** | **$ 605,830.00** | **$ 201,944.00** | **$ 807,774.00** | |
| **f2. Contractual (State)** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| Category | Percentage | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|---|

*PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.*

| | | | | | |
|---|---|---|---|---|---|
| **g1. Housing (IUPs)** | **0.00 %** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
| **g2. Housing (State)** | | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **h. Construction (non-allowable)** | | | | |
| **i. Other** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | |
|---|---|---|---|
| **j. Total Direct Charges (Sum of a-i minus g1)** | $ 605,830.00 | $ 201,944.00 | $ 807,774.00 |

| Category | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| **k. Indirect Costs (Administrative Costs)** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
| **l. Grand Total (Sum of j and k)** | $ 605,830.00 | $ 201,944.00 | $ 807,774.00 | |
| **Allocation of Federal PATH Funds** | **$ 613,087** | **$ 204,362** | **$ 817,449** | |

Source(s) of Match Dollars for State Funds:

## 2. PATH BUDGET NARRATIVE for FY21

In Alabama, under a contractual arrangement with the Alabama Department of Mental Health (ADMH), five community mental health providers propose to contact approximately 1,020 and propose to serve approximately 370 homeless individuals with serious mental illness and co-occurring disorders of serious mental illness and substance abuse at a total of $605,830. Another $7,257 for travel for statewide training, provider meetings, and technical assistance is budgeted for a total of $613,087 in federal PATH expenditures for Alabama during FY 2021. It is possible some of these training funds may be used to support direct services.

A total of $465,701 will fund 13.96 FTE positions with five PATH providers throughout the state. These expenditures will retain 8 FTE case managers, .43 FTE psychiatrists/nurse practitioners, provide .30 FTE nurse, .98 FTE supervisor, 1.45 FTE therapist, 2.5 peer specialist and .30 FTE accountant/support staff as follows:

The Jefferson-Blount-St. Clair Mental Health Authority (JBS) will maintain 1.7 FTE case managers, a .1 FTE psychiatrist, a .20 FTE nurse, a .85 FTE therapist, a .85 FTE peer specialist at $155,415. The Montgomery Area Mental Health Authority, Inc. (MAMHA) will maintain 2.0 FTE case managers, a .50 FTE supervisor, a .02 FTE psychiatrist, a .10 FTE nurse and add a .50 FTE peer specialist at $87,304. AltaPointe Health Systems, Inc. will have .25 FTE supervisor, a .30 FTE clerk, a .45 FTE therapist, .09 FTE psychiatrist, 2.1 FTE case managers and a add .50 FTE peer specialist at $112,323. Wellstone Behavioral Health will provide services with .35 FTE case managers, a .2 FTE psychiatrist, a .05 FTE therapist, a .5 peer specialist and .15 FTE supervisor at $59,785; and Indian Rivers will maintain 1.0 FTE case managers, a .02 FTE psychiatrist, a .08 FTE supervisor and add a 1.0 FTE peer specialist at $50,874.

Fringe benefits for these combined provider positions will total $76,129. Combined PATH funded travel and client transportation for all providers is projected at $25,616. Supplies for the combined provider positions will total $10,154.

The “Other” category includes $10,930 for staff training in homelessness and related issues. Included is $17,300 to provide Housing Services to comprise 1) costs associated with establishing a household such as application fees, 2) Security deposits, 3) one-time rental payments to prevent eviction bringing the total to $28,230.

**Footnotes:**

## II. Executive Summary

### 3. Intended Use Plans

Expenditure Period Start Date: **10/01/2020** Expenditure Period End Date: **09/30/2021**

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

| Primary IUP Provider | Provider Type | Geographic Service Area | Allocations | Matching Funds | Estimated # to Contact | Estimated # to Enroll | # Trained in SOAR | # Assisted through SOAR |
|---|---|---|---|---|---|---|---|---|
| AltaPointe Health Systems, Inc. | Community mental health center | Mobile Region | $131,766.00 | $43,922.00 | 120 | 120 | 2 | 9 |
| Indian Rivers Mental Health | Community mental health center | Tuscaloosa Region | $70,140.00 | $23,380.00 | 350 | 42 | 1 | 0 |
| JBS Mental Health Authority | Community mental health center | Birmingham Region | $216,915.00 | $72,305.00 | 150 | 75 | 3 | 2 |
| Montgomery Area Mental Health Authority | Community mental health center | Montgomery Region | $110,903.00 | $36,968.00 | 200 | 50 | 2 | 1 |
| Wellstone Behavioral Health (formally Mental Health Center of Madison County) | Community mental health center | Huntsville Region | $76,106.00 | $25,369.00 | 300 | 150 | 7 | 22 |
| | | Grand Total | $605,830.00 | $201,944.00 | 1,120 | 437 | 15 | 34 |

** IUP with sub-IUPs*

**Footnotes:**

**AltaPointe Health Systems, Inc.**
5750-A Southland Drive
Mobile, AL 36617
**Contact:** Pam Maumenee

**Provider Type:** Community mental health center
**PDX ID:** AL-004
**State Provider ID:** st1001
**Contact Phone #:** 251-450-4301

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Planning Period From **10/1/2020** to **9/30/2021**

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

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **a. Personnel** | **112,323.00** | **19,680.00** | **132,003.00** | |

| Position * | Annual Salary * | % of time spent on PATH * | PATH-Funded FTE | PATH-Funded Salary * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|---|---|
| Administrative Assistant | 22,500.00 | 30.00 % | 0.30 | 6,750.00 | 0.00 | 6,750.00 | |
| Case Manager | 23,250.00 | 100.00 % | 1.00 | 23,250.00 | 0.00 | 23,250.00 | |
| Case Manager | 23,250.00 | 100.00 % | 1.00 | 23,250.00 | 0.00 | 23,250.00 | |
| Case Manager | 24,000.00 | 10.00 % | 0.10 | 2,400.00 | 0.00 | 2,400.00 | |
| PATH Administrator | 48,000.00 | 25.00 % | 0.25 | 12,000.00 | 0.00 | 12,000.00 | |
| Peer Support Specialist | 30,000.00 | 50.00 % | 0.50 | 15,000.00 | 0.00 | 15,000.00 | |
| Psychiatrist | 179,700.00 | 9.00 % | 0.09 | 16,173.00 | 0.00 | 16,173.00 | |
| Registered Nurse | 90,000.00 | 21.00 % | 0.00 | 0.00 | 19,680.00 | 19,680.00 | |
| Other (Describe in Comments) | 30,000.00 | 45.00 % | 0.45 | 13,500.00 | 0.00 | 13,500.00 | Therapist |

| Category | Percentage | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|
| **b. Fringe Benefits** | **7.66 %** | **$ 10,117.00** | **$ 17,672.00** | **$ 27,789.00** | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **c. Travel** | **$ 5,326.00** | **$ 0.00** | **$ 5,326.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Mileage Reimbursement | $ 5,326.00 | $ 0.00 | $ 5,326.00 | |

| **d. Equipment** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
|---|---|---|---|---|

No Data Available

| **e. Supplies** | **$ 0.00** | **$ 761.00** | **$ 761.00** | |
|---|---|---|---|---|

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Office: Supplies | $ 0.00 | $ 761.00 | $ 761.00 | |

| **f. Contractual** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
|---|---|---|---|---|

No Data Available

| **g. Housing** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
|---|---|---|---|---|

No Data Available

**h. Construction (non-allowable)**

| **i. Other** | **$ 4,000.00** | **$ 0.00** | **$ 4,000.00** | |
|---|---|---|---|---|

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Client: One-time housing rental assistance | $ 1,000.00 | $ 0.00 | $ 1,000.00 | |
| Staffing: Training/Education/Conference | $ 3,000.00 | $ 0.00 | $ 3,000.00 | |

| **j. Total Direct Charges (Sum of a-i)** | $ 131,766.00 | $ 38,113.00 | $ 169,879.00 | |
|---|---|---|---|---|

| Category | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| **k. Indirect Costs (Administrative Costs)** | **$ 0.00** | **$ 5,809.00** | **$ 5,809.00** | |
| **l. Grand Total (Sum of j and k)** | $ 131,766.00 | $ 43,922.00 | $ 175,688.00 | |

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 120 Estimated Number of Persons to be Enrolled: 120

Estimated Number of Persons to be Contacted who are Literally Homeless: 84

| | | | |
|---|---|---|---|
| Number staff trained in SOAR in grant year ending in 2019: | 2 | Number of PATH-funded consumers assisted through SOAR: | 9 |

**PATH Budget Narrative FY 2020-2021**
**AltaPointe Health Systems, Inc. (AltaPointe)**

| PERSONNEL Position | Annual Salary | PATH-funded FTE | PATH-funded Salary | TOTAL |
|---|---|---|---|---|
| Program manager | $48,000 | .25 | $12,000 | |
| Clerk | $22,500 | .30 | $6,750 | |
| Psychiatrist | $179,700 | .09 | $16,173 | |
| CRNP | $90,000 | .00 | $0.00 | |
| Therapist | $30,000 | .45 | $13,500 | |
| Case Manager | $23,250 | 1.00 | $23,250 | |
| Case Manager | $23,250 | 1.00 | $23,250 | |
| Case Manager | $24,000 | .10 | $2,400 | |
| Peer Specialist | $30,000 | .50 | $15,000 | |
| Salaries Total | | | | $112,323 |
| Fringe Benefits | | | | $10,117 |
| Travel | | | | $5,326 |
| Supplies | | | | |
| Housing Support (one-time rental) | | | | $1,000 |
| Admin. Expense | | | | |
| Staff Training | | 3.69 | | $3,000. |

**Total PATH-Funded Expenses:** **$131,766.00**
**Total PATH Match Expenses:** **$ 43,922.00**
**Total PATH Expenses:** **$175,688.00**

**PATH INTENDED USE PLAN – FY2021-2022**

**AltaPointe Health Systems, Inc. (AltaPointe)**

**1. Local Provider Description:**

AltaPointe Health Systems, Inc. (AltaPointe) is a public, non-profit corporation organized under Section 501(c) 3 of the Internal Revenue Code established in 1957. AltaPointe is Alabama's largest regional, comprehensive, community behavioral healthcare provider, with over 1,500 clinical and non-clinical staff serving Mobile, Baldwin, Washington, Randolph, Clay, Coosa, and Talladega counties by promoting the wellness and recovery of people living with mental illness, substance abuse, and intellectual disability. The seven counties have an estimated combined population of 779,458 according to the US Census (2019 estimate), with Mobile County having 413,210 persons and 20.8% living in poverty.

AltaPointe's behavioral healthcare services include screenings, assessments and consultations; and a comprehensive continuum of outpatient, day treatment, residential, inpatient, and case management services for children, adolescents, and adults with mental illness, substance use disorders, and intellectual disabilities. In FY2019, 34,762 individuals were served by AltaPointe. Of the total served, 30,592 individuals received outpatient services; 2,286 received inpatient services; 992 received residential services; and 892 received nursing home, assisting living, or other hospital services. Of the total served, 23,526 were adult consumers and 10,773 were adults with an SMI; 11,236 consumers were children and 8,594 were children with an SED. AltaPointe provides more than 50 programs and services, including assistance for our area's mentally ill homeless population, in part through PATH funds.

**Amount of PATH Funds**:

Federal PATH funds to be received are $131,766. The Center receives the federal PATH funds directly from the Alabama Department of Mental Health via contract. No federal PATH funds are distributed to other local organizations.

Based on the 2019 and 2020 Point-in-Time (PIT) counts, the FY2019 PATH Annual Report, and the negative impact of the COVID-19 crisis and our PATH team vacancies, we project that we will contact approximately 120 PATH-eligible individuals and 60 of those will become enrolled annually. Therefore, a combined total of 120 individuals are expected to be enrolled during FY20 and FY21.

**2. Collaboration with HUD Continuum of Care (CoC) Program:**

Our area's Continuum of Care (CoC AL-501), the Homeless Coalition of the Alabama Gulf Coast, serves Mobile and Baldwin Counties in Alabama. Housing First, Inc (HFI). functions as the lead agency and coordinates the planning and resource development process for the CoC. The CoC currently has members from local governments, businesses, civic groups, community agencies, banks, healthcare entities, and homeless service providers, institutions of higher learning, housing authorities, mental health providers, and educational entities. There are currently 9 active projects under CoC funding, including 4 Permanent Supportive Housing (PSH) projects; 1 Rapid Re-housing (RRH) project; 1 joint

Rapid Re-housing/Transitional Housing project (RRH/TH); 1 Supportive Services Only (SSO) project; 1 HMIS projects; and 1 CoC Planning grant. These CoC projects are designed to provide the necessary resources to help individuals and families escape homelessness and receive essential supportive services to remain housed.

One PATH staff member representing AltaPointe has served on the CoC Board of Directors, and participated in subcommittees which help steer the services provided for the area's homeless. The PATH team supervisor is an active member of the CoC, and four PATH staff members participated in this year's annual Point-in-Time (PIT) count. The data collected from the local count is used to provide a picture of homelessness in Mobile and Baldwin counties in order to evaluate gaps in housing and services and to foster community plans for ending homelessness. The data is also used to drive new and continued funding sources for affordable housing and homeless services in our community. Additionally, PATH staff members and other AltaPointe representatives participate in events such as Project Homeless Connect (PHC), a one-day, one-stop event that brings together government agencies, academia, medical and mental health care facilities, faith-based organizations, transportation, law enforcement/court, United Way, businesses, workforce development and other nonprofit agencies to provide on-site services to people experiencing homelessness or who are at risk of homelessness. In just a few hours, guests can apply for benefits, enroll in Medicaid, get a state photo ID, receive medical, psychiatric, dental, and vision screenings, consult with an attorney on legal issues, receive information about housing and shelter programs, have their bikes tuned up, get haircuts, and have a meal - all at no cost to them.

During 2019:

- During FY2019, 4,841 persons were served by a project operating within the CoC.
- The Community Connections Network (CCN) coordinated entry system completed intakes on 2,814 clients, 1,377 individual referrals were completed, and 741 clients achieved permanent housing
- During the program year, there was 1 new project funded for joint Transitional Housing and Rapid Rehousing
- The annual Project Homeless Connect (PHC) event has been ongoing since 2014, when it first served 255 clients. That number has increased each year, but has stayed in the 300s at each event through 2019. During the January, 2019 event, 356 individuals were identified as experiencing homelessness, and 57 service providers and 669 volunteers assisted with the following: 130 state ID cards issued; 145 attendees seen in the health & wellness clinic; 102 attendees received legal services; 30 attendees served by Dept. of Human Resources; 174 attendees utilized free public transportation (WAVE buses); and 103 participants served by the Social Security Administration.
    - Preliminary PHC 2020 data indicates: 65 service providers and 663 volunteers served 743 clients.
- Also, in January, 2019, 116 volunteers participated in the annual Point in Time (PIT) count that identified 505 homeless individuals, including 110 children under age 18.
    - Preliminary 2020 PIT data indicates: 588 individuals were identified as

experiencing homelessness; 436 were unsheltered and 152 were sheltered in emergency shelters and transitional housing.

Current CoC trends include implementing and augmenting homelessness prevention and re-housing activities, and developing additional permanent housing resources for the disabled and homeless as defined by the U.S. Department of Housing and Urban Development per the McKinney-Vento Homeless Assistance Act, as amended by S.896, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.

2019 (PIT) Key Findings:

- Of the 505 total persons counted as homeless, 216 self-reported as female, 289 as male. Of the total, 202 (40%) were unsheltered and 303 (60%) were sheltered in Emergency shelters or Transitional housing.
- The largest percentage of the counted homeless defined their race as Black or African American (59%) and the largest age cohort was over 24 years of age (75%).
- A total of 43 individuals met the HUD definition of "chronically homeless" when counted, and the number of unsheltered chronically homeless totaled 33 (76%) of the counted, chronically homeless population.
- Of the 505 total persons counted as homeless, the disability subpopulation of self-reported adults with a serious mental illness was 81 (16%) and self-reported adults with a substance use disorder was 26 (5%).

Through the implementation of new programs and improved coordination of existing services, the member agencies of the CoC serve our community's homeless population, with the ultimate goal of ending homelessness. AltaPointe and the PATH team are aligned with, and an essential component of, accomplishing these goals. AltaPointe continues to provide supportive housing units dedicated to the homeless population and PATH outreach services to improve accessibility of mental health services and supportive housing programs.

Additional collaborative efforts of AltaPointe and PATH with the diverse organizations and individuals of our CoC include:

- *Increasing street outreach and documentation of homeless camps* - The PATH team identifies and regularly monitors camps and their activities and records any changes. Currently, AltaPointe has the most robust street outreach program in the local area and our knowledge of camps is a major player in outreaching to the homeless population in order to serve them at the Project Homeless Connect (PHC) events. Additionally, the PATH team's accessibility to camps and their rapport with many camp residents is a primary reason they are integral to our CoC's multi-agency collaborative efforts. The PATH team is committed to reaching out to our area's homeless population in the settings most comfortable for those individuals.

- *Visiting local day and night shelters to identify those who can benefit and qualify*

*for PATH services* - When those who qualify are identified, through outreach or in-reach, the PATH team quickly provides support and connects them through the most appropriate wrap-around services to ensure identified needs are met. The PATH team has expertise in advocacy, linkage, assistance with obtaining benefits and critical resources (legal, medical, employment, and housing), community outreach, peer recovery/support, and other essential services for individuals who are homeless. Some services provided by AltaPointe include assessment, case management, peer support, individual and group therapy, psychiatric medication evaluation, and management services for participants experiencing homelessness. Additional linkage and referral services are provided, being mindful of stages of change and levels of motivation.

- *Engaging law enforcement and judicial bodies* - Most of the deputies and correction officers of the local Sheriff's Office have been trained in mental health basics. The Mobile Police Department has sent delegates to several of AltaPointe's Mental Health First Aid courses and their training department is working with that information to revamp their internal mental health education regimen. During the course of the AltaPointe trainings, the homeless mentally ill community is covered through discussions, role play and question and answer periods. Additionally, AltaPointe operates a Jail Diversion team, which assists in identifying the mentally ill who are incarcerated. The Jail Diversion staff appear in court and advocate for the consumers who are involved with the criminal justice system due, in large part, to mental illness and accompanying psychiatric and behavioral symptoms. These staff also assist with any factors that may have contributed to the incarceration and work with the consumers to avoid further jail time. Jail diversion staff regularly assist the PATH team in locating the homeless mentally ill in jail and both teams work together to identify and resolve consumer needs. Additionally, most of the Corrections Officers have participated in a mental health basics course which educates them in early identification and intervention of individuals in need of mental health treatment while in jail. As a result, AltaPointe may obtain referrals for consumers in need while they are still in jail and, in many cases, begin our intervention before the consumer is even released.

- *Providing additional housing and service infrastructure* - AltaPointe operates a twenty-nine person capacity Permanent Housing (HUD-PSH) program that provides leasing assistance and wrap-around services focused on factors that may contribute to homelessness. As the consumer progresses through the program, we work toward the final goal of program discharge with the consumer having adequate skills and income to obtain and maintain an independent lease. It is notable that in addition to these beds, AltaPointe also operates a forty-two person capacity Shelter Plus Care (HUD-PSH) program, serving homeless individuals with serious mental illness. Our infrastructure is capable of assisting most participants in maintaining their housing or graduating to independent, permanent housing. Our programs do not have a set length of stay, thus allowing flexibility in meeting each individual participant's needs and reducing barriers and deficits before discharge to independence. Our wrap-around services include: case management, referrals,

training in basic living skills, transportation assistance, benefits exploration, as well as linkage to psychiatry services and other mental health assistance, including therapy and treatment for substance use disorders.

- *Utilizing case management service manuals, training, and directories to facilitate intervention* - Our staff utilize the community directory, which is provided to area agencies through our 2-1-1 network, as well as AltaPointe's own CarePointe service that provides access to our agency's services and care coordination throughout its continuum as well as information about community resources, after hour crisis services, and child and adult psychiatric hospital referrals. Our Case Managers are trained and certified through the State of Alabama and receive additional local training specific to the scope of their work demands. PATH team members are provided with training and documentation that outline our agency's expectations as well as those that are outlined in the grant. This includes referral steps, contact information to other commonly called upon agencies as well as active maps of current and historical homeless camps in our area. Staff receive companion training with the SAMSHA PATH Street Outreach video series and online training events from SAMHSA's Homeless and Housing Resource Network (HHRN). PATH staff also attend the annual Southern Conference on Homelessness & Housing (SCHH) where they collaborate with other homelessness and housing service providers and increase their knowledge of best practices for outreach and interventions with the homeless population.

- *Developing a comprehensive opportunity center* – The PATH team has long maintained office space at 15 Place, our local homeless multi-service day center, contacting and engaging people who were disconnected from mainstream resources. However, in October, 2016, as the day center began making plans for closure, fewer clients were frequenting the facility and the declining trend in attendance continued until the center's final closure in January, 2017. The location is now exclusively office space for Housing First staff and the name has been changed to Housing First at Washington.

  Following the closure of 15 Place, the PATH team established and have maintained a presence at the local Healthcare for the Homeless (HCH) clinic to provide an array of services, including case management, referrals, training in basic living skills, transportation assistance, benefits exploration, as well as linkage to psychiatry and other mental health assistance. PATH staff have been a valuable addition to the clinic's multidisciplinary support for individuals who are homeless or are at risk of becoming homeless. PATH recognizes the utmost importance of developing rapport and credibility with individual clients in order to assist in identifying what recovery means to them. Outreach (and in-reach) is a process and not an outcome, and the process begins with simply meeting the consumers where they are to help them move toward a life of greater health and personal stability.

**3. <u>Collaboration with Local Community Organizations</u>:**

AltaPointe recognizes the essential nature of communication and coordination at the local

level and a shared vision of community based homeless interventions. PATH staff regularly collaborate with local service providers to assess consumer needs, advocate for shelter entry, identify and link to resources, make referrals, and address barriers and obstacles to service access. These partner agencies, some of which are also members of our local CoC, include, but are not limited to:

- AIDS Alabama South
- Alabama Department of Vocational Rehabilitation (AltaPointe is contracted with the Alabama Department of Rehabilitation to provide supported employment for those with disabilities, including serious mental illness.)
- Department of Veterans Affairs
- Dumas Wesley Center/Sybil Smith Family Village
- Family Promise of Coastal Alabama
- Franklin Primary Health Center/ Healthcare for the Homeless (HCH)
- Housing First, Inc.
- McKemie Place
- Mobile Area Interfaith Conference – Neighbor Center
- Mobile County Sheriff's Office
- Mobile Housing Board
- Mobile Police Department
- Ozanam Charitable Pharmacy
- Penelope House Domestic Violence Shelter
- Salvation Army of Coastal Alabama
- SOMI House – Drop in center for the mentally ill
- University of South Alabama – Department of Nursing and Department of Psychiatry
- Volunteers of America
- Waterfront Rescue Mission
- Wings of Life
- Other formal and informal providers serving our community's homeless population

*Veterans* - AltaPointe acknowledges that a special focus is being given to military families and veterans through the strategic plan to end homelessness which supports SAMHSA's strategic initiatives. PATH staff work closely with staff from Community Connections Network (CCN) coordinated entry system, Veterans Affairs, University of South Alabama, and the Career Center, linking homeless veterans or military families to appropriate care. PATH staff frequently assist the veterans or military families in making a good connection with the VA representative and tracking the progress of that referral. If the connection is not successful, PATH staff may pick the client back up on their caseload and assist them in moving into mainstream services on the civilian side. PATH providers also continue to watch for changes in the services available to veterans and adjust their outreach strategies accordingly. HUD's 2019 Annual Homeless Assessment Report (published January 2020) indicates just over 37,000 veterans were experiencing homelessness on a single night in January 2019. This reflects a 50 percent drop in the U.S. in veteran homelessness since 2009, and a two percent decline between 2018 and 2019. Alabama reported a 73%

decrease. During our CoC's January, 2019 Point in Time Count (PIT), 54 homeless veterans were counted with 2 veterans self-reporting as chronically homeless.

*Disaster Preparedness* - During times of disaster, the efficiency of service delivery is dependent on a well-coordinated and integrated response. AltaPointe has developed policies and procedures to ensure an internal and external, all-hazards, Emergency Management Program and Emergency Management/Preparedness Plan to ensure adequate disaster management and service provision necessary to optimize personal health and safety of AltaPointe consumers, visitors and staff.

The *Emergency Management/Preparedness Plan* provides a framework in which all AltaPointe programs, including PATH, will operate during emergency/disaster situations. This plan takes the aspects of mitigation, preparedness, response and recovery into account. Throughout the evolution of this plan, coordination has been facilitated with:

- Mobile Police and Fire Departments
- Daphne Police and Fire Departments
- Mobile County Emergency Management Agency
- Baldwin County Emergency Management Agency
- Local hospitals through the Gulf Coast Hospital Engineers Association
- Emergency Preparation Group in addition to ESF-8 participation
- Foley Emergency Responders
- Robertsdale Emergency Responders
- Bay Minette Emergency Responders
- Fairhope Emergency Responders
- Mobile District HERC (Healthcare Emergency Response Coalition)
- Southwestern District HERC
- Northeastern District HERC
- North Region First Responders

AltaPointe completes a Hazard Vulnerability Analysis (HVA) annually for all sites and the results of the HVA are used to develop the Emergency Management/Preparedness Plan. For 2019 the highest scoring vulnerability was 'Hurricane.' The HVA is also used to define mitigation activities and define preparation activities that will organize and mobilize essential resources

The overall purpose of the *Emergency Management/Preparedness Plan* is to ensure the personal safety of consumers, including PATH consumers, as well as visitors, and staff in the event of any disaster or emergency that disrupts the organization's ability to provide care and treatment. The following goals have been established to assist the organization, including the Methadone program, in meeting emergency preparedness needs:

- Staff will display knowledge of ways to get information during an emergency.
- Communicate with the other Healthcare organizations during emergencies.

The Emergency Management/Preparedness Plan addresses preparation and response activities for both natural and man-made disasters. Natural disasters include, but are not

limited to severe weather, tornados, and hurricanes. External disasters include, but are not limited to fire, bomb threats, industrial accidents and other potential risks related to the Mobile area industries, war and other catastrophic disasters. This plan is reviewed/revised annually and monitored and evaluated periodically to assure identification of real or potential risk and vulnerabilities.

In outpatient programs, designated staff members, including PATH staff, are responsible for identifying and contacting all high-risk consumers to assess current functioning and determine plans for coping during the emergency. Consumers will be contacted regarding appointments/medication needs and post-disaster protocol. Immediate needs will be assessed and refills for prescriptions obtained and filled as appropriate, per specific program standards. In addition, medications will be provided as indicated. Consumers should be instructed to call (911) for emergency assistance, if necessary.

In the event of a catastrophic disaster, the CEO or designee will notify the Alabama Department of Mental Health and the appropriate County Emergency Management Agency and staff if the need for outside assistance arises.

## 4. Service Provision:

**a.** *Alignment of Path funded services provided to priority population of literally and chronically homeless:*

AltaPointe stations staff at Healthcare for the Homeless (HCH), the community's homeless multidisciplinary service center. At this location, PATH staff interact with individuals who are homeless or at risk of homelessness and coordinate services with other partner agencies. Through in-reach and outreach activities, PATH staff identify consumers in need of mental health and/or substance abuse services, healthcare services, housing, and other basic needs. Consumer needs are reviewed with AltaPointe's PATH program supervisor, psychiatrist, housing project managers, and therapists to engage the consumers in appropriate mainstream services including outpatient, day treatment, alcohol and drug treatment, and case management, and to promote a smooth transition into permanent housing upon discharge from PATH. Services are aligned with SAMHSA's Recovery Support Strategic Initiative (RSSI) to promote individual, program, and system-level approaches that foster health and resilience; to increase housing to support recovery; to reduce barriers to employment, education, and other life goals; and to secure social supports in our local communities.

AltaPointe's PATH program offers the following services and referrals to PATH consumers, as appropriate:

- Outreach
- Screening and diagnostic treatment services
- Habilitation and rehabilitation services
- Community mental health services, including recovery support services
- Alcohol or drug treatment services
- Staff training

- Case management
- Supportive and supervisory services in residential settings
- Referrals for primary health services, job training, educational services, and relevant housing services
- Housing services, 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
    - Costs associated with matching eligible individuals who are experiencing homelessness with appropriate housing situations
    - one-time rental payments to prevent eviction

Through our outreach efforts we are currently working in more than 25 active camps with homeless individuals in need of PATH services, and we have extended our in-reach efforts to include churches and shelters that provide meals and shelter to the homeless population. We have also increased our work with other organizations that are providing services to this population. Our PATH team keeps track of known and suspected camp areas in all parts of Mobile County, and documentation is modified to reflect geographic changes for new and existing sites. Through collaboration with the University of South Alabama Department of Psychiatry, field psychiatric services may be available to provide psychiatric care in camps and in other non-traditional venues, allowing our homeless consumers the services they need to build stability and rapport prior to working with a more traditional psychiatric treatment team in a more traditional environment.

**b.** *Gaps in current service system*:
Current gaps in services for our area include:

- Limited emergency shelter beds
- Limited medical beds for medically needy individuals
- Lack of transitional housing
- Inadequate employment opportunities resulting in home loss
- Limited affordable housing opportunities
- Inadequate public transportation system
- Limited low-cost day care
- Limited funding for medical and dental services
- Infrequently supervised or completely unsupervised, unregulated, rooming and boarding houses

These and additional gaps in services and barriers are addressed through ongoing interactions with staff and community agencies, including those represented in the Continuum of Care (CoC AL-501).

**c.** *Services available for consumers who have both serious mental illness and substance use disorders:*

Multiple services are available to PATH consumers, along with all eligible consumers at AltaPointe, including those with co-occurring serious mental illness and substance use disorders. These services include, but are not limited to:

- Evidence-based or evidence-informed programs and practices for individuals and/or groups – Examples include: Illness Management and Recovery, Wellness Self-Management, Dialectical Behavior Therapy, Motivational Interviewing, case management, dual programs, methadone treatment, and outpatient substance abuse treatment.
- Housing assistance - PATH consumers may access housing through AltaPointe's Shelter Plus Care and Permanent Housing programs, following a referral from our CoC's coordinated entry system. Other housing options within the AltaPointe continuum include: adult foster homes, Arbor Court semi-independent homes, evidence-based Supportive Housing, as well as Volunteers of America (VOA) apartment housing. Additionally, case management services assist with applications for Section 8 housing and coordinate services with other local agencies, such as Salvation Army, Catholic Social Services, Waterfront Rescue Mission, Wings of Life, Mobile Housing Board, Department of Veterans Affairs, Volunteers of America, and Housing First, Inc., many of which have multiple housing and residential treatment programs available to the homeless population of the Gulf Coast area.
- Supported Employment - AltaPointe works in conjunction with the Alabama Department of Rehabilitation Services-VRS and the Alabama Department of Mental Health to provide two Supported Employment programs for all eligible consumers, including PATH participants, as needed and appropriate. The PATH team shares office space with AltaPointe's Supported Employment staff in the agency's Adult Outpatient location, and the PATH team has a satellite location at Healthcare for the Homeless (HCH), the community's homeless multidisciplinary service center that provides free healthcare for homeless persons and people at risk of becoming homeless.
- Jail Diversion - PATH participants with legal issues due to drug charges or other misdemeanors may also qualify for assistance with drug court and/ or AltaPointe's Jail Diversion program.
- Peer Specialist – PATH participants may be linked to a PATH Peer Specialist or other AltaPointe Peer Specialist with lived experience to help provide peer-to-peer support to individuals struggling with homelessness, mental illness, substance use, family problems, or incarceration.

**d.** *PATH eligibility and enrollment:*

An individual who has a serious mental illness, or a serious mental illness and substance use disorder, and is experiencing homelessness or is at imminent risk of becoming homeless is PATH-eligible. Enrollment occurs once a PATH-eligible consumer, who has a serious mental illness and/or substance use disorder diagnosed by a licensed mental health professional, agrees to participate in services. Documentation of eligibility and enrollment can be found in both the HMIS platform as well as AltaPointe's internal ONC-certified EHR, Avatar.

*Funding & Support for Evidence- Based Practices, Training for PATH funded staff, HMIS-PATH data collection:*

PATH funding supports staff attendance at state conference trainings, e.g., the annual Southern Conference on Homelessness & Housing (SCHH), as well as PATH supervisor attendance at a national conference, e.g., the annual National Alliance to End Homelessness conference. In addition to these training opportunities, PATH funding supports staff attendance at other agency trainings on evidence-based practices including, but not limited to: Integrated Treatment for Co-Occurring Mental Illness & Substance Use Disorders; Supported Employment; Illness Management and Recovery; Assertive Community Treatment; Consumer Operated Services; Family Psychoeducation; and Permanent Supportive Housing. PATH staff regularly receive HMIS training through our local HMIS lead agency, Housing First, Inc. (HFI) and through PATH HMIS Learning Community webinars. PATH staff are trained in outreach techniques, utilizing in part the SAMSHA PATH Street Outreach video series and online training events from SAMHSA's Homeless and Housing Resource Network (HHRN.) Other AltaPointe in-service trainings are offered periodically throughout the year on a variety of topics including Mental Health First Aid, Supported Employment, Social Security benefits, and other clinical and wellness therapies and interventions.

*Support for consumers with criminal justice histories:*

AltaPointe operates a Jail Diversion team, which assists in identifying the mentally ill who are incarcerated. The Jail Diversion staff appear in court and advocate for the consumers who are involved with the criminal justice system due, in large part, to mental illness and accompanying psychiatric and behavioral symptoms. Jail Diversion staff assist with any factors that may have contributed to the incarceration and work with the consumers to avoid further jail time. The collaboration of Jail Diversion and PATH staff allows the PATH team to identify and serve individuals with criminal histories, whether in or out of the justice setting, through linkage to health, housing and employment services. AltaPointe provides a full continuum of mental health services, from outpatient to inpatient, as well as linkage to comprehensive primary care; two permanent housing programs dedicated to consumers experiencing homelessness; and two supported employment programs to assist with meaningful job matches, which improve the likelihood of job retention and reduce the rate of recidivism.

*Grant funds maximize leveraging*:

AltaPointe maximizes the use of PATH funds by leveraging other funding and programs for PATH consumers. AltaPointe provides an array of supportive services to individuals who are homeless or those at imminent risk of homelessness, including two permanent supportive housing programs, funded through our local CoC collaborative application and HUD program competition. Research and the experience of leading communities indicates prioritizing people with the greatest needs, focusing on data and performance, and relying on permanent supportive housing strategies are key to ending homelessness and assist in recovery for individuals with serious mental illness and those who may also have co-occurring substance use disorders.

**5. Data:**

The PATH team collects required PATH data in HMIS according to PATH-HMIS data standards, through the ServicePoint platform by WellSky. HUD/PATH Senior Technical Specialists, Housing First, and AltaPointe's PATH project supervisor, continue to work collaboratively on PATH/HMIS integration to facilitate client care coordination and generate the PATH Annual Report. PATH staff regularly receive HMIS training through our local HMIS lead agency, Housing First (HFI) and through PATH HMIS Learning Community webinars.

- As an HMIS participating agency, AltaPointe operates in accordance with the AL-501 Continuum of Care Operating Policies and Procedures as well as its own AltaPointe board-approved Confidentiality Policy governing HIPPA and HMIS Privacy and Security Standards, supporting compliance with 42 CFR Part 2. In addition to PATH staff entering client data into HMIS, the team continues to capture data concerning AltaPointe's PATH consumers in the agency's full spectrum, ONC-certified Electronic Health Record.
- Data collection and workflow by the PATH team support the goals of the Government Performance Results Act – Modernization Act (GPRA-MA) and report outcome measures for SAMHSA, including:
    - Number of homeless persons contacted;
    - Number of PATH providers trained on SOAR to ensure eligible homeless clients are receiving benefits;
    - Percentage of enrolled homeless persons in the PATH program who receive community mental health services;
    - Percentage of contacted homeless persons with serious mental illness who become enrolled in services;
    - Number of persons referred to and attaining housing;
    - Number of persons referred to and attaining mental health services; and
    - Number of persons referred to and attaining substance abuse services.

**6. SSI/SSDI Outreach, Access, Recovery (SOAR):**

For adults who are experiencing or at risk of homelessness, access to the disability income benefits programs administered by the Social Security Administration (SSA) can be extremely challenging. Approval on initial applications for people who are homeless and who have no one to assist them is about 10-15% nationally. When applications are denied, appeals can take an average of one year to complete, and in that time applicants often give up hope. For 50 states implementing SOAR, the states report average approval rates of 63% in an average of 108 days on initial SSI/SSDI applications using the SOAR model. AltaPointe's PATH team recognizes that for those who have a mental illness, substance use issues, or co-occurring disorders that impair cognition, the application process is even more difficult.

- AltaPointe requires all PATH Case Managers to be SOAR trained to facilitate their supportive service delivery for PATH consumers.
- One PATH Case Manager assisted with SSI/SSDI applications using the SOAR model during the grant year that just ended, connecting 9 individuals to SOAR. The current PATH Case Manager is working to complete her SOAR training.

**7. Housing:**

AltaPointe has researched and obtained training for front line and supervisory staff in the evidence-based practices found to be most effective in achieving recovery. Illness Management and Recovery as well as Wellness Self-Management have been adopted for use in daily work with consumers to increase resilience and recovery. These evidence-based practices are proven and expected to enhance the consumer's transition to being more traditionally housed as well as being expected to increase the consumer's success and tenure in the housing situation. By identifying and prioritizing consumer needs and then joining with the consumer to link them to programs and agencies that meet long term goals, we anticipate the consumer will become traditionally housed sooner and maintain the housing situation longer. Although our community's affordable housing continues to be limited, the various partner agencies of our local CoC have multiple housing efforts underway and referrals to partner agencies are processed through the Community Connection Network (CCN) coordinated entry system designed to unite provider efforts, create a real-time list of individuals experiencing a housing crisis, and quickly link these individuals with the resources they need to prevent or end homelessness.

The primary goals for the CCN coordinated entry process include:

- Resource Allocation: Assistance and supports are allocated effectively and strategically, such that communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.
- Easily Accessible: Process is readily available to all persons in the CoC's geography, no matter the manner or location of presentation.
- Reduce Barriers: Persons experiencing homelessness have historically faced long waiting times to receive assistance or are screened out of needed assistance. Well-developed coordinated entry processes reduce barriers to accessing responses and solutions and minimize the number of persons screened out of services.
- Identify Needs & Gaps: Processes provide information about service needs and gaps necessary for effective community planning and resource development efforts

These goals are achieved through a system that assesses the person's housing needs, preferences, and vulnerability utilizing the VI-SPDAT tool and the CoC's documented prioritization guidelines. The individual is then referred to available and appropriate CoC housing resources and services.

PATH eligible individuals may access housing through AltaPointe's Shelter Plus Care and Permanent Housing programs, following a CCN coordinated entry referral. Other housing options within the AltaPointe continuum, for which a PATH consumer may qualify without a CCN referral, include: adult foster homes, Arbor Court semi-independent homes, evidence-based Supportive Housing, as well as Volunteers of America (VOA) apartment housing. Additionally, case management services assist with applications for Section 8 housing and coordinate services with other local agencies, such as Salvation Army, Catholic Social Services, Waterfront Rescue Mission, Wings of Life, Mobile Housing Board, the Department of Veterans Affairs, Volunteers of America, and Housing First, Inc.,

many of which have multiple housing and residential treatment programs available to the homeless population of the Gulf Coast area.

## 8. Staff Information:

**a**. *Demographics of staff serving clients:*
AltaPointe staff serving PATH consumers range in age from 24 years to 66 years, and are mixed in gender and racial/ethnic background, reflecting the target population. PATH funded personnel positions (with FTE %) include 2 Case Managers (100%), 1 Case Manager (10%), 1 Therapist (45%), 1 Program Manager (25%), 1 Clerk (30%), 1 Psychiatrist (9%), and 1 Peer Specialist (50%).

**b.** *Cultural Sensitivity:*
AltaPointe is sensitive to the age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, socioeconomic, and cultural needs and preferences of our target population. Live interpreter services (both spoken language and sign language) are arranged for multi-linguistic consumers, and LinguaLinx provides on demand over-the-phone interpretation 24 hours a day, 7 days a week in over 100 languages. AltaPointe provides mandatory, annual training on cultural sensitivity. All staff members who provide good customer service and who show exemplary sensitivity to cultural needs of consumers are regularly recognized and rewarded through the AltaPraise component of our Five-Star Customer CARE program, promoting Compassionate, Accountable, Respectful and Encouraging standards of care. AltaPointe further measures staff performance in this area through regular consumer and family satisfaction surveys.

AltaPointe has an expectation that every staff member provides excellent customer service. When initially employed, and annually thereafter, all AltaPointe employees are required to attend training in gender/age/cultural competence. This training is provided by multi-cultural staff who are well trained in effectively communicating cultural differences relevant to the target population. Upon completion of the mandatory training, an assessment is administered to ensure employees have retained knowledge of cultural diversity and competency. This training is used to ensure that services are provided in a manner sensitive to the differences, if any, of those served. AltaPointe has established policies that clearly delineate these practices, as well as a strong belief system of non-discrimination. Respecting diversity among individuals is a focus of supervision within clinical settings, and is strongly reflected in the individualized treatment/service plans of the individuals served. Further, all AltaPointe locations participate in and are evaluated on performance satisfaction, using statewide consumer and family satisfaction surveys.

*National CLAS Standards:*
AltaPointe is aware of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and the National CLAS Standards Enhancement Initiative, intended to advance health equity, improve quality and help eliminate health care disparities. AltaPointe embraces the enhanced National CLAS Standards in the following ways:

- **Provide effective, equitable, understandable, and respectful quality care**

**and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs**.

- **Governance, Leadership and Workforce:**
  a. AltaPointe staff members are trained upon hire and participate in follow-up training on a regular basis and as needed for each individual.
  b. Further, AltaPointe's Five-Star Customer Care program rewards and recognizes those who exemplify the guidelines for good customer service. The Five-Star CARE standard (Compassionate, Accountable, Respectful, Encouraging) includes guidelines concerning cultural and linguistic sensitivity.
  c. AltaPointe's leadership team and Board of Directors are diverse with men and women of various ages, races, and ethnicities.
- **Communication and Language Assistance:**
  a. AltaPointe has a system in place to provide complimentary interpretive services for those who do not speak English as a first language. This includes both spoken languages as well as American Sign Language for those who have limited hearing or deafness. This information is provided to each consumer upon intake. Additionally, our staff are trained and expected to recognize a need and offer these services to anyone for whom it might be appropriate.
  b. Our interpretive services are provided by trained professionals.
- **Engagement, Continuous Improvement, and Accountability:**
  a. AltaPointe's Performance Improvement Department regularly conducts consumer surveys in which the consumers may advise about any policies or procedures that are not helpful or received poorly. In this way, we can best monitor the evolution of our consumers' needs.
  b. Demographic data is collected in our Electronic Health Record through the intake process and through ongoing treatment updates. This information is compiled and disseminated as needed and appropriate. Newly recognized trends would prompt several departments to evaluate our current procedures.
  c. AltaPointe has a formal grievance policy that is communicated to the consumers both in print, poster and verbally as needed.

**c.** *PATH Peer Specialist:*

Program participants may be linked to a PATH Peer Specialist or other AltaPointe Peer Specialist to provide peer-to-peer support for individuals struggling with homelessness, mental illness, substance use, family problems, or incarceration. The PATH team is currently, actively recruiting for a new Peer Specialist as a core team member to contribute unique personal experiences of recovery to encourage consumers' self-determination and engagement in meaningful community integrated activities, offering them support and restoring hope.

**9. Client information:**

According to the US Census Bureau's 2019 estimated census, the population of Mobile

County, Alabama, was 413,210. Of these, approximately 59.2% were White, 36.1% were Black or African American, 2.1% were Asian, and 0.9% were categorized as American Indian and Alaska Native. Approximately 3.1% identified as Hispanic or Latino origin.

**a.** *Demographics of clients:*
As described in our FY2019 PATH Annual Report, of the 97 persons with an active, enrolled PATH status during the reporting period, the following self-identified demographics were reported:

- Age – (40) ages 41-50, (22) ages 51-61, (22) ages 31-40, (8) ages 24-30, (3) ages 18-23, and (2) ages 62 and over
- Gender - 57 female and 40 male
- Race and ethnicity – 51 Black, 45 White, and 2 American Indian or Alaskan Native, with one reporting as multiracial. 96 self-identified as Non-Hispanic/Non-Latino and 1 declined to report their ethnicity
- Veteran Status – 93 Non-Veterans and 4 Veterans
- Co-occurring substance use issues – 14 persons self-identified with this issue

**b.** *Projected number of adult clients to be contacted, enrolled:*
In January, 2019, 505 homeless individuals were identified by the annual HUD Point-in-Time count. Based on this number, as well as the FY2019 PATH Annual Report, the impact of the COVID-19 crisis, and staff vacancies with the PATH team, we project that we will contact approximately 120 PATH-eligible individuals and 60 of those will become enrolled. Therefore, a total of 120 individuals are expected to be enrolled during FY19 and FY20.

**c.** *Projected number to be literally homeless:*
Of the consumers PATH will assist in FY20-21, we project that 70% will be literally homeless.

## 10. Consumer Involvement:

Consumers and family members are welcomed and encouraged to attend all homeless coalition meetings and in-services. This year, individuals previously experiencing homelessness have continued to be active members of the CoC and Housing First boards, providing invaluable perspectives and feedback to inform board plans and decisions.

AltaPointe board members have made significant contributions to our community and bring a range of professional and life experiences to our organization, including the experience of homelessness. Homeless and previously homeless consumers continue to be engaged as participants in AltaPointe's Consumer Council, a consumer-run advisory panel that meets frequently to provide valuable feedback on AltaPointe programs and services. There is also a consumer run drop-in day center near AltaPointe where consumers are referred and participate. AltaPointe consumers, Peer Specialists, and other staff attend the annual Alabama Institute for Recovery (AIR) conference at Shocco Springs Campus, located in the foothills of the Appalachian Mountains in Talladega, Alabama, where they gather for three days of education and fellowship. The conference features nationally known speakers and a number of workshops on consumer issues and interests along with

a variety of social and recreational activities for all attendees.

At AltaPointe, consumers and family members complete a satisfaction survey every 6 months, or sooner if a consumer accesses a new service or program; surveys may be completed electronically or on paper. AltaPointe employs a team of 10 Peer Specialists, including persons who identify as formerly homeless. Peer Specialist staff are available to all consumers in need of peer mentoring and assistance. The PATH team is currently, actively recruiting for a new Peer Specialist as a core team member. The Peer Specialist contributes unique personal experiences of recovery to encourage consumers' self-determination and engagement in meaningful community-integrated activities, offering them support and restoring hope.

Homelessness can isolate and alienate families from one another, and individuals experiencing mental illness often feel the negative impact of an absent family in their lives. PATH staff make every effort to locate and involve family members, when appropriate and when consent is provided by the PATH consumer, as supportive family involvement strongly facilitates the success of persons served in PATH. Participants in PATH are also encouraged to actively pursue relationships in the community, which may become surrogate family members for the consumer.

AltaPointe advocates for individuals living with mental illnesses by supporting the efforts of the National Alliance on Mental Illness, NAMI-Mobile Chapter, and offering the expertise and time of AltaPointe staff on the local board, as event volunteers and as meeting speakers. Each year, AltaPointe assists with event organization and fundraising for the NAMI Walk of Mobile, a celebration of recovery.

**Indian Rivers Mental Health**
2209 Ninth Street
Tuscaloosa, AL 35404
**Contact:** Cheryl DeBose

**Provider Type:** Community mental health center
**PDX ID:** AL-002
**State Provider ID:** st1001
**Contact Phone #:** 205-391-3131

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Planning Period From **10/1/2020** to **9/30/2021**

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

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **a. Personnel** | **50,314.00** | **9,158.00** | **59,472.00** | |

| Position * | Annual Salary * | % of time spent on PATH * | PATH-Funded FTE | PATH-Funded Salary * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|---|---|
| Administrative Assistant | 17,680.00 | 8.00 % | 0.00 | 0.00 | 1,414.00 | 1,414.00 | |
| Case Manager | 22,880.00 | 100.00 % | 1.00 | 22,880.00 | 0.00 | 22,880.00 | |
| Case Manager | 21,840.00 | 10.00 % | 0.00 | 0.00 | 2,248.00 | 2,248.00 | |
| PATH Administrator | 48,000.00 | 8.00 % | 0.08 | 3,840.00 | 0.00 | 3,840.00 | |
| Peer Support Specialist | 20,000.00 | 100.00 % | 1.00 | 20,000.00 | 0.00 | 20,000.00 | |
| Psychiatrist | 179,700.00 | 2.00 % | 0.02 | 3,594.00 | 0.00 | 3,594.00 | |
| Registered Nurse | 31,200.00 | 8.00 % | 0.00 | 0.00 | 2,496.00 | 2,496.00 | |
| Other (Describe in Comments) | 30,000.00 | 10.00 % | 0.00 | 0.00 | 3,000.00 | 3,000.00 | Therapist |

| Category | Percentage | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|
| **b. Fringe Benefits** | **16.57 %** | **$ 9,856.00** | **$ 6,109.00** | **$ 15,965.00** | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **c. Travel** | **$ 1,290.00** | **$ 3,640.00** | **$ 4,930.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Mileage Reimbursement | $ 1,290.00 | $ 3,640.00 | $ 4,930.00 | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **d. Equipment** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **e. Supplies** | **$ 1,000.00** | **$ 2,366.00** | **$ 3,366.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Office: Supplies | $ 1,000.00 | $ 2,366.00 | $ 3,366.00 | |

| | | | | |
|---|---|---|---|---|
| **f. Contractual** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **g. Housing** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

**h. Construction (non-allowable)**

| | | | | |
|---|---|---|---|---|
| **i. Other** | **$ 7,680.00** | **$ 0.00** | **$ 7,680.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Client: One-time housing rental assistance | $ 5,000.00 | $ 0.00 | $ 5,000.00 | |
| Staffing: Training/Education/Conference | $ 2,680.00 | $ 0.00 | $ 2,680.00 | |

| | | | | |
|---|---|---|---|---|
| **j. Total Direct Charges (Sum of a-i)** | $ 70,140.00 | $ 21,273.00 | $ 91,413.00 | |

| Category | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| **k. Indirect Costs (Administrative Costs)** | **$ 0.00** | **$ 2,107.00** | **$ 2,107.00** | |
| **l. Grand Total (Sum of j and k)** | $ 70,140.00 | $ 23,380.00 | $ 93,520.00 | |

Source(s) of Match Dollars for State Funds:

| | | | |
|---|---|---|---|
| Estimated Number of Persons to be Contacted: | 350 | Estimated Number of Persons to be Enrolled: | 42 |
| Estimated Number of Persons to be Contacted who are Literally Homeless: | 35 | | |
| Number staff trained in SOAR in grant year ending in 2019: | 1 | Number of PATH-funded consumers assisted through SOAR: | 0 |

**FY20 Budget Narrative for Indian Rivers:**

| Personnel Positions | Annual Salary | PATH Funded FTE | PATH Funded | Total Path Funded |
|---|---|---|---|---|
| Program Manager | $55,000 | .08 | $4,400.00 | |
| Clerk | $17,680 | .00 | $0.00 | |
| Psychiatrist | $179,700 | .02 | $3,594.00 | |
| LPN/RN | $31,200 | .00 | $0.00 | |
| Therapist | $30,000 | .00 | $0.00 | |
| Case Manager | $22,880 | 1.0 | $22,880.00 | |
| Peer Specialist | $20,000 | 1.0 | $20,000.00 | |
| Case Manager | $21,840 | .00 | $0.00 | |
| **Case Manager** | $21,840 | .00 | $0.00 | |
| **Salaries Total** | | | | **$50,874.00** |
| **Fringe Benefits** | | | | **$9,296.00** |
| **Travel** | | | | **$1,290.00** |
| **Supplies** | | | | $1,000.00 |
| **Housing Support Services (Rental)** | | | | **$5,000.00** |
| **Admin. Expense** | | | | |
| **Staff Training** | | 2.1 | | **$2,680.00** |

**Total PATH-Funded Expenses: $70,140.00**
**Total PATH Match Expenses: $23,380.00**

**Total PATH Expenses: $93,520.00**

**INTENDED USE PLAN FY21-FY22**

**Indian Rivers Mental Health Center**

**1. Local Provider Description:**

Indian Rivers Mental Health Center is the commonly used name for a private, non-profit agency with the formal name of Mental Health Board of Bibb, Pickens and Tuscaloosa Counties, Inc. This agency serves as the 310 Board for Bibb, Pickens, and Tuscaloosa Counties. As obtained from the US Census Bureau's population estimates, as of July 1, 2019, the three counties served by Indian Rivers have a combined population of 251,679. Bibb County has a total population of 22,394 with 21.8% below the poverty line. Pickens has a total population of 19,930 with 23.1% below the poverty line. Tuscaloosa County has a total population of 209,355 with 16.8% below the poverty line.

Indian Rivers is a community mental health center organized to provide comprehensive mental health and substance abuse services to individuals, families, children and adolescents with mental/behavioral health problems in these three counties. The agency partners with other human service and community entities to assess, plan, and implement efforts to address the needs of this population. Primary services provided to clients with mental illness, substance abuse/dependence and intellectual disabilities include assessment, care planning, psychiatric treatment, medication administration/monitoring, crisis intervention, individual/family/group therapy, residential programs, case management, day programming and pre/post hospital screening.

**a.** *Adults with SMI and Children with SED*

In FY 2018 Indian Rivers served a total of 6,591 clients in the Mental Illness Division, of those 3,751 were adults and 1,928 of the total amounts were through Children's Services. Of the MI Adults served, 234 of those were serviced through our Residential Programs and 1176 obtained services from the Substance Abuse Division as well.

The PATH Program serves consumers from 19 years of age through adulthood that are literally homeless or at risk of becoming homeless. In FY19, Indian Rivers served a total of 213 individuals with 17% being literally homeless. It is projected that during the period of FY20 and FY21, Indian Rivers will contact approximately 500 people through the PATH Program with an anticipated enrollment of 160, 80 annually, and 12% of these will be literally homeless.

The amount of PATH funds to be received is $90,140. No federal PATH funds are distributed to other local organizations.

The primary business address and spokesperson contact are:

Randy Phillips, Executive Director
2209 9th Street
Tuscaloosa, AL 35401
(205) 391-3131 Fax: (205)391-3135

**2. Collaboration with HUD Continuum of Care (CoC) Program:**

**The West Alabama Coalition to End Homelessness** (WACEH - formerly known as CHALENG) is the official Advisory Council to the Mayor of the city of Tuscaloosa and to the Chair of the Tuscaloosa County Commissioners on issues of Homelessness. This organization is recognized by HUD as Tuscaloosa's Continuum of Care Group for homeless funds. It is made up of representatives from all human service agencies serving homeless consumers as well as churches, volunteers, business and political representatives and consumers themselves. Indian Rivers' PATH case manager is an active member and participates in this group to continuously work towards identifying and addressing needs. Council meetings are held monthly with sub-committees meeting held more often for training, planning and development. Indian Rivers' PATH case manager participates with the coalition in community outreach meetings at least monthly and partners with the coalition once a month to conduct street outreach as well. Another partnership event for WACEH and Indian Rivers is the annual Stand Down, which focuses efforts on providing services to homeless veterans and will be discussed in detail in a subsequent section. Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. The local CoC is compliant with HUD requirements for coordinated entry and utilizes the HMIS for its coordinated entry process. Indian Rivers is committed to the CoC's goal of ending homelessness in Tuscaloosa.

As published in the 2019 PIT survey Tuscaloosa accounted for 57 homeless persons. All of these 57 persons were sheltered. There were 9 veterans, 5 with an SMI, 7 chronically abusing substances, 4 that were victims of domestic violence, and there were no noted chronically homeless persons. It is important to note that this point in time survey was only conducted amongst local shelters.

**3. Collaboration with Local Community Organizations:**

Indian Rivers Mental Health Center will provide an array of behavioral health services to eligible PATH clients and will work in a collaborative manner with other organizations in the community to address other client needs. The organizations include:

- Housing Authorities of Tuscaloosa, Northport, Pickens and Bibb Counties – provide low-income housing, rental assistance, and housing counseling services to homeless consumers.

- Five Horizons Health Services – a non-profit organization which provides outreach, case management, housing subsidies and placement as well as medical clinics and medications for HIV positive and AIDS consumers in Indian Rivers area.

- Tuscaloosa Community Planning Department – a Community Planning and Development agency which provides leadership to all local agencies in development and application for grants for homelessness housing and support services.
- Maude Whatley Health Services – A medical health center for low income individuals in Indian River's catchment area. Maude Whatley Health Services has on staff a homeless case manager in addition to medical outpatient services and medications. They will accept Medicaid and Medicare and will defer fees for PATH clients without funds and will provide medication samples and patient assistance programs for medications to PATH clients. This agency has already partnered with Indian Rivers in outreach efforts and works with Indian Rivers' staff to provide services to clients in residential programs for MI, ID, and SA. Many of these clients meet the criteria for homelessness. The University of Alabama School of Social Work and the Alabama Department of Mental Health have partnered on an $8 million project to expand a substance abuse and mental health program to underserved areas of West Alabama, through services at Maude Whatley. The program's three goals are to increase access to SBIRT for adults in primary care settings; to ensure SBIRT as the standard of care in Alabama's healthcare settings; and to improve health and behavioral health outcomes among adults, including veterans who are diagnosed with a substance use disorder and a co-occurring mental health disorder. Indian Rivers' affiliation with Maude Whatley and other community health organizations, has directly influenced the development of a Mobile Office to assist in offering mental health and substance abuse services based on this need.

  In addition, Maude Whatley provides medical and psychiatric services in the Tuscaloosa County Jail and collaborates with Indian Rivers to provide services and medication to those Indian Rivers clients who have been incarcerated. A large portion of these clients meet criteria for homelessness.
- Salvation Army – provides case management and social services to homeless individuals in Tuscaloosa but will serve other Indian River's counties if PATH providers bring consumers to Tuscaloosa. They also provide vocational referrals. They operate a Transitional Housing Program for 8 Veterans, some of whom have SMI and/or SA Diagnoses. The Salvation Army's Transitional Housing Program provides shelter and intensive case management to homeless families. Services include an initial assessment and assistance establishing goals, referrals for education, vocational opportunities, job placement, budgeting skills, parenting skills and assistance in locating decent, affordable housing. The Salvation Army Shelter has a capacity of 73 beds in 4 wings and provides housing to men, women, veteran, and family populations.

- Turning Point – private non-profit organization provides emergency and

transitional housing and support services including housing linkages, legal and counseling services to victims of domestic violence and rape.

- Tuscaloosa City Schools – provide social work unit, school-based therapists from Indian Rivers are placed within the schools to assist with coping/ individual / family therapy, and support programs for homeless children are also offered through community referrals.

- Phoenix House – Housing, Substance Abuse Treatment and Support as well as job placement for homeless consumers with SA problems.

- Indian Rivers' A Woman's Place – This is a 14-28-day program for women with SA abuse or dependence. Many of the women accepted into this program are either "literally" homeless or at risk of homelessness at the time of their admission.

- Community Service Programs of West Alabama, Inc. – a community action program offering temporary emergency services of utility and rental assistance, funding for medications, clothing closet and food boxes as well as several low-income housing options.

- Many local Churches offer programs of clothes closets, food boxes, rental and utility assistance and transportation.

- Alabama Department of Rehabilitation Services – offers vocational evaluation, training and placement as well as linkages to Easter Seals. Indian Rivers' Supportive Employment Program's services which are part of ADRS serves homeless consumers.

- Focus on Senior Citizens offers payee services for many seriously mentally ill or intellectually disabled consumers. In addition, transportation and day programming for elderly consumers is offered.

- Easter Seals – offers job placement, transportation, evaluation and training. Payee services are provided to many seriously mentally ill and intellectually disabled clients.

- The Good Samaritan Clinic – free clinic 1 ½ days a week available for homeless individuals. The clinic provides general health care with referral to specialists and limited medication assistance.

- Alabama Department of Human Resources- provides Medicaid, subsidies, income, and food stamps for eligible consumers.

- The Jesus Way Mission – a faith-based group providing housing for 8 homeless individuals and supportive services as well as outreach to homeless living in

the abandoned houses in the West end of Tuscaloosa.

- Alabama Community Care - a Medicaid funded program to provide case management to Medicaid clients to assist with accessing services in the community.

- University of Alabama in collaboration with Indian Rivers will provide psychological testing and treatment as indicated with a sliding scale fee for services.

- North Harbor Pavilion and DCH Hospital – provides psychiatric in-patient, emergency room medical and psychiatric assessment and in-patient medical treatment.

- Tuscaloosa ONE Place (a family resource center) – a non-profit organization providing educational training, case management, and advocacy.

- Veterans - within Tuscaloosa, Bibb, and Pickens Counties, Veterans are provided with medical, dental, vision services, psychiatric consults and counseling, medical/psychiatric medications, vocational development and job placement services, homeless services of housing placement and crisis intervention as well as community coordination, and some on-campus lodging services to homeless veterans all through the Tuscaloosa Veterans Administration Hospital. Indian Rivers PATH case manager in partnership with WACEH participates in the Stand Down offered by the VA annually in an effort to provide services to homeless veterans. This event provides services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling and referrals to a variety of other necessary services such as housing, employment and substance abuse treatment

- Disaster Response- Indian Rivers, including the PATH case manager, routinely collaborates with local community agencies, churches, the local Emergency Management Agency, and the local Red Cross chapter and FEMA to coordinate and facilitate disaster response services. As an agency Indian Rivers has annual trainings to update on disaster preparedness and response and is engaged with the local Emergency Management Agency. During an actual disaster response, Indian Rivers staff members, including the PATH case manager, are stationed throughout the community at DRCs (Disaster Recovery Centers), other local agencies, local churches, and strategic sites in the affected area of the community to provide crisis counseling and linkage and referral to resources. Indian Rivers has also, in times of larger magnitude disasters, participated in and developed Project Rebound teams in collaboration with FEMA initiatives.

## 4. Service Provision:

**a.** *Alignment of Path funded services provided to priority population of literally and chronically homeless:*

Case management services— to assist clients in the community by linking them to appropriate community resources. This may include assisting with acquisition of disability benefits, food stamps, temporary housing, utility assistance, clothing and food, primary health care, educational services and vocational assistance. In addition, PATH staff will assess for behavioral health needs, schedule mental health services through Indian Rivers and provide crisis intervention when needed.

Outreach services—PATH staff will go to shelters, camps, soup kitchens, jail, streets, etc. to interview literally homeless individuals and determine needs that can be addressed through the PATH program. Street outreach is conducted monthly and the PATH case manager along with the WACEH members survey the city/woods for homeless persons in need. Bi-weekly the PATH case manager surveys the streets for homeless person in need. In these settings they will provide crisis stabilization, medication checks, and basic living skills training when appropriate. They will participate in the Point in Time (PIT) survey to determine the level of need in the community. Indian Rivers will have one primary case manager who will coordinate these services but may be assisted in this endeavor by members of our Diversion In-Home Team, Mental Health Court Team, Bridge Team, ACT Team, and other Adult Outpatient Case Managers.

Mental health and substance abuse services are available when clinically appropriate to all consumers, including those that are PATH eligible.

- Screening and Diagnostic treatment services
- Psychiatric evaluation and medication
- Individual and group therapy
- Rehabilitation Services
- Alcohol and Drug Treatment services
- Case Management services to ensure the provision of community mental health services
- Basic living skills training to address independent living skill deficits
- Medication administration, medication monitoring, and medication acquisition
- Referral to inpatient mental health or substance abuse programs if indicated
- Referral for primary health services, job training, educational services, and relevant housing services
- Crisis response therapist available after hours, weekends, and holidays.
- Mental Health Court Team response to help those in jail
- Diversion in Home Team – to assist with services for clients that are in jeopardy of state hospital admission
- Family Support and Education services to help develop and strengthen clients' support systems
- Weekly dual diagnosis groups to address co-occurring MI and SA disorders
- Housing Services - PATH funds will be utilized to assist clients with up-front costs needed to get them into housing (e.g. security deposits, first and last months' rent, utilities assistance, and household set-up costs). Funds will also be used to assist

those with one-time funding who may be in jeopardy of losing their housing due to inability to pay their rent.

All services provided by Indian Rivers, to include PATH services, will provide services to individuals with mental health and substance use disorders consistent with SAMHSA's Strategic Initiative regarding Recovery Support in the areas of Health, Home, Purpose, and Community. Services are described below:

Behavioral health services are offered by Indian Rivers to individuals who have a mental illness or Substance Abuse diagnosis. These services are offered at a based-on- income fee schedule and/or insurance. Services can be initiated any day Monday through Friday with a walk-in policy. Once needed services are identified, clients are referred to clinically appropriate services within our continuum of care and continuity of care is closely monitored. Clients, of course, have the option to decide at any time whether they want to discontinue certain services or discuss with a therapist services they wish to add.

Indian Rivers has established several treatment teams to work with clients to help with crisis, transition from hospitalization, and to help maintain stability in the community. These programs include:

- ACT Team—this is an intensive team comprised of a bachelor's level case manager, a master's level therapist (Coordinator), and an LPN. There is also a psychiatrist assigned to this team and the clients served. The staff visits the clients in their homes, providing services on-site. These clients are usually those with a serious mental illness who have a long history of non-compliance and decompensation resulting in frequent hospitalizations. The goal is to keep the client stable, in their community, and out of the hospital.

- Bridge Team (Adult In-Home Team)—this is an intensive services team comprised of a bachelor's level case manager and a master's level therapist. They provide services to clients who are at a high risk for decompensation, are currently in an acute crisis, or have recently been discharged from an inpatient or residential type setting. They provide a full array of mental health services in order to assist the client in resolving any current crisis, meeting their basic needs, developing illness management and recovery skills, and maintaining stability in the community.

- Indian Rivers has Peer Support Specialists that work with clients to help them apply for benefits, apply for medication assistance, and access services in the community.

- Mental Health Court Team—this intensive services team is comprised of a bachelor's level case manager and a master's level therapist who will see clients in the jail who have a history of mental health treatment or are demonstrating symptoms while in jail. The team will evaluate the clients to see if they are eligible

for conditional release. If the client is approved through legal processes for admission into Mental Health Court, the team will facilitate intake and provision of a full array of mental health services in order to assist the client in resolving any current crisis, meeting their basic needs, developing illness management and recovery skills, maintaining stability in the community, and maintaining the conditions of the court order of their release.

- Diversion Team – this intensive services team is comprised of 4 Bachelor's level case managers, 1 Master's level Coordinator, and 1 Licensed Practical Nurse. This team is responsible for accepting referrals on individuals in crisis from multiple sources, including Indian Rivers' staff, hospitals, and the community. The team provides an array of services to assist in crisis resolution and linkage to additional resources to assist in crisis resolution with the goal of preventing Involuntary Commitments to State Psychiatric facilities.

- Housing assistance is provided by the offering of Continuum of Care vouchers for appropriate individuals with supporting case management. In addition, Indian Rivers has funds for 12 EBP Supportive Housing beds that provide for financial assistance in acquiring permanent housing and intensive case management supports to successfully transition into the community. Indian Rivers also has access to 49 apartment beds which provide for on-site staff that provides observation, medication assistance and basic living skills to promote independent living.

- Case Management in all programs, MI and SA, focus on getting clients connected to programs and services that will assist in gaining and maintaining stability within the community. Bachelor's level case managers assist clients in accessing community resources, developing basic living skills, developing skills in managing their illness, identifying and developing vocational goals and strengths, and monitoring for response to and compliance with recommended services and treatments.

In addition to the organizations previously mentioned in the collaboration section, the PATH case manager works to link clients to various community assistance programs to aid with needs to maintain discretion in use of PATH funding. The following are community programs that will accept referrals from the PATH case manager and are often utilized, along with the areas in which assistance is provided:

- Catholic Social Services – provides expenses for 1st month rent assistance or deposit, food, clothing, household supplies, utility deposit or payment, emergency lodging assistance (hotel payment assistance).

- Salvation Army - provides expenses for 1st month rent assistance or deposit, food, clothing, household supplies, utility deposit or payment.

- Christian Ministries & Wings of Grace– provide assistance with clothing and food.

- Forest Lake Baptist Church – provides a percentage of rental assistance and a percentage of utility assistance.

- Presbyterian Church & Central Church of Christ – provide food assistance only.

- Christ Episcopal Church – provides a percentage of rental assistance or a percentage of utility assistance.

**b**. *Gaps in service:*

- Affordable housing continues to be somewhat limited in Tuscaloosa due to the tornado in 2011 when many low-income housing complexes were lost. Those that remain available are often in high crime areas.

- The Salvation Army has reopened its shelter with 73 total beds, but after a stay of 7 days there is a fee of $10 per day, which poses a problem for those with little to no income.

- Public transportation is limited to the city limits of Tuscaloosa only. Tuscaloosa County is large and much of the population served and many of the homeless are outside the city limits.

- Medical and dental services are extremely limited for those who have little or no income.

- Acute care and crisis psychiatric beds are limited. Those that acquire these beds are often unable to stay until a level of stability is noted.

- Section 8 vouchers – waiting list varies between 2-5 years long.

- Too often individuals are often denied housing placements due to strict background-check clearances and/or the request that the applicant makes three times the rent to qualify.

- Transitional Housing with support services is limited.

- Supportive permanent housing opportunities are limited.

**c.** *Services for dually diagnosed clients include:*

- Indian Rivers provides dual diagnosis programming that will include assessment, case management, psychiatric services, crisis intervention, individual and group therapy, medication monitoring and administration if indicated.

- Clients who need more intensive services for either mental illness or substance abuse services are assessed for and referred to inpatient and residential services as clinically appropriate. Indian Rivers also has a Crisis Stabilization Unit with a typical length of stay being 14 days.

- Indian Rivers offers A Woman's Place residential facility for women with SA issues that maybe complicated by the diagnosis of a serious mental illness.

- Bradford Health Services, a private, for-profit company offers limited free services to non-insured clients and are very supportive of community wide efforts to serve individuals who are dually diagnosed. Free services include assessments, referral to in-patient programs, free support groups and free consultations to other SA programs.

- Phoenix House – a half-way house community program has 25 transitional beds for homeless SA clients and is now accepting more SMI /SA clients.

- Maude Whatley/West Alabama Aids Outreach - offer free HIV/AIDS testing, education, temporary housing, permanent housing, placement in half-way houses and hospices for individuals with HIV/AIDS -some of whom have SA/SMI issues. Maude Whatley is also offering services through a grant, in Coordination with the University of Alabama and the Alabama Department of Mental Health, to provide substance abuse screenings and referrals for care for those in the West Alabama and rural service areas.

- North Harbor will admit, stabilize and link dually diagnosed clients with follow-up services.

- Tuscaloosa VA Medical Center offers a PACT Team, in-patient, outpatient, vocational, case management, supportive group therapy and boarding home programs to dually diagnosed veterans.

- There are a host of AA, NA and ALANON programs available in the community.

- Hannah Home, Turning Point, House of Hope and Jesus Way shelter all refer SMI/SA clients to services and provide transportation and support.

- Salvation Army has an 8 bed Transitional Housing Program for Veterans with SMI/SA and offer rehabilitation and support groups, along with vocational training and placement.

- Indian Rivers will provide services to individuals in the military consistent with SAMHSA's focus on serving veterans. Military behavioral health services within the Tuscaloosa area are provided by the VA Hospital. Indian Rivers' employees participate in the programs offered by the VA hospital as members of the coalition. Indian Rivers routinely works with VA staff when military clients need to be committed to in-patient treatment. Veterans and their families will have full access to services at Indian Rivers if they are not covered by VA health care. This would include case management services as well as psychiatric evaluation and treatment, individual and group therapy, dual diagnosis services, SA services, temporary housing and nursing supports. As previously mentioned, Indian Rivers participates in local community events to address homelessness. IRMHC participated in Stand Down 2018 Tuscaloosa, which was specifically targeted to address homeless Veterans. IRMHC PATH case manager contacted 98 Veterans in need of various services, including: housing, medical, dental, obtaining personal identification items (such as state issued ID), and a range of basic care and health needs at this event. All 98, were provided with assistance through links to community resources while at this event. Screenings and assessments were provided for mental health and co-occurring diagnoses. Although many were not in need of PATH funds, due to several 100% coverage programs for Veterans in Tuscaloosa, the PATH case manager was able to provide intervention on coping, relapse prevention, addressing mental health and substance abuse needs, and self-care.

**d.** *How PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients:*

Through referrals, outreach, and self-requests, individuals are linked to PATH services. Staff attempt to build rapport with these individuals through contact prior to and after eligibility is determined. PATH eligibility is determined through two primary concepts: 1) the individual is determined to meet the homeless or at risk of homelessness criteria and 2) the mental health or co-occurring criteria is applicable. Outreach and engagement occurs and continues prior to determination of eligibility as a necessity to build rapport with the individual; however, enrollment does not occur until it is determined that the individual is eligible and has mutually and formally agreed to engage in services and Indian Rivers has initiated an electronic health record for the individual. PATH eligibility is documented through Avatar (electronic health records) and in HMIS.

**5. Data:**

Indian Rivers initiated use of the HMIS in Tuscaloosa in 2009. This has since been transferred to the City of Tuscaloosa to manage. Indian Rivers follows guidelines for HIPAA and 42CRF for implementation of privacy rights, protection, and confidentiality regulations. Elements of these release include the general designation of the program or person permitted to make the disclosure, name or title of the individual or organization, name of the client, purpose of the disclosure, how much and what kind of information is to be disclosed, signature of the client, date on which the consent is signed, statement that the consent is subject to revocation, and date/event/condition upon which consent will expire if not previously revoked. The Indian Rivers case manager currently assigned to the PATH program is fully trained and directly inputs data into HMIS and collaborates with the Tuscaloosa City HMIS Administrator/Case Manager, who is also the Co-Chair of the HUD Continuum of Care Program, in the management of that information. Upon initiation of PATH services, releases of information (client consent forms) are signed by the client for HMIS & HUD, which allows for sharing of information and communication to assist in housing needs and data recording. The purposes of these consents are presented to the client prior to obtaining their signature, the consent remains valid for one year – and is updated yearly, and again, releases can be revoked at any time by the client. The Indian Rivers PATH case manager consistently updates records in HMIS and is fully trained to capture all requested data. The City of Tuscaloosa social worker, who is also the CoC Co-Chair, provides ongoing quarterly training and supervision to the PATH case manager regarding HMIS data entry and updates.

Indian Rivers is fortunate to have electronic medical records that are certified through the Office of National Coordinator's EHR and can allow for HMIS information gathering and transfer to the HMIS system. Currently data transfer is completed manually. Indian Rivers is researching the ability for the EHR and HMIS system to transfer and collect data electronically. Indian Rivers has been "live" with Electronic Health Records (EHR) since September 23, 2009. The electronic medical record system allows for identification of clients enrolled in the PATH program. Therefore, collecting data and reporting about enrollment and participation in mental health or substance abuse services is easily identified.

HMIS data entered by the PATH case manager, along with data from Indian Rivers EMR, will capture data for GPRA outcome measures:

- number of persons referred to and attaining housing
- the number of persons referred to and attaining mental health services
- the number of persons referred to and attaining substance abuse services in addition to other vital information and statistics.

In addition, the Outcome Measures identified in the PATH Annual Report will also be captured: number of clients assisted with housing, income benefits, earned income, medical insurance or coverage plans, and primary medical care. Indicators that were previously captured manually, including: residence prior night to enrollment, length of time living outdoors, referrals provided, and other street outreach information are now captured in HMIS. We are currently collecting all required data for the annual report through HMIS entries; however, information is sometimes updated with another provider within the agency, and EMRs are also used to update information in HMIS for validity in state reporting.

**6. SSI/SSDI Outreach, Access, Recovery (SOAR):**

During FY19 aspects of the SOAR method were utilized to assist encountered individuals in receiving needed assistance. This primarily occurred through collaboration with the local Social Security Administration to link individuals to assistance in gaining or restoring SSI/SSDI. Individuals without these benefits complete an authorization for disclosure of health information and are escorted to designated staff members at the local Social Security Administration that are able to assist the individual in need through the guidelines of the SSA, with the assistance of the PATH Case Manager and/or Indian Rivers staff .

**a.** *The number of staff trained in SOAR*: It is regular practice that any case manager assigned to our homeless (PATH) program is SOAR trained as was the previous PATH case manager. The PATH case manager has been certified through SOAR.

**b.** *The number of staff who assisted with SI/SSDI applications using the SOAR model:* The PATH case manager is the only staff certified through SOAR at Indian Rivers. Per the PATH 2018 Annual report, six clients were assisted through means of SOAR connection.

**c.** *The number of consumers assisted through SOAR:* As provided in the PATH 2018 Annual Report outcome and SOAR connection sections, Indian Rivers was able to assist six clients through means of SOAR connection. Of the six assisted, all were able to successfully attain benefits through these efforts.

**d.** *Application eligibility results*: Consent for Release of Information forms are signed to allow for contact with the local SSA through traditional application assistance and outcomes are reported through the Online Application Tracking (OAT). The 2018 Annual Report for PATH records income assistance referrals were made for 10 people; Of which, 6 persons were actually assisted attained the income assistance and 4 persons exited the program prior to completion of this process.

**e**. *The number of staff dedicated to implementing SOAR, part-and full-time; describe the system used to improve accurate and timely completion of mainstream benefit applications*: Although the SOAR method was not utilized in its entirety for FY18, referrals to and assistance from the local Social Security Administration was often utilized for effective measures in providing reinstatement of funds that were once received by clients. Our collaboration with the local Social Security Administration has been effective in reinstating funds for clients who have previously received benefits that may have been terminated due to lack of information being received, lack of communication (with the client and social security or the client and their payee), or no address being provided. At times, clients enrolling in PATH are already in appeals for disability benefits or have begun the process of applying for benefits and receiving assistance through local agencies that offer payee assistance like Easter Seals, Breaking Bread, or Debrick.

## 7. Access to Housing:

Tuscaloosa Housing Authority receives a grant for Continuum of Care housing vouchers from HUD. Only three local agencies have access to these vouchers, Indian Rivers, the V.A. Medical Center, and Five Horizons Health Services. Annually there are approximately 60 vouchers in total available to provide for 5 years of Section 8 housing assistance for Homeless SMI clients. The strategy is that THA will continue with this process and the CoC will continue to make permanent housing its # 1 priority.

Along with Tuscaloosa Housing Authority, Indian Rivers continues to work to streamline the Section 8 application process. They have shown increased cooperation with Indian Rivers and mental health providers in this area. This is part of an on-going strategy to have a more client-oriented process in place to access permanent housing options for clients.

The Mental Health Task Force has formally joined the local Continuum of Care as an advocate for SMI housing concerns. They have formally endorsed the CoC's HUD homeless grants proposed. The Housing Committee of the Mental Health Taskforce has formulated a resource manual which details available housing in Tuscaloosa and identifies which landlords will waive deposits and show willingness to work with SMI populations. They have formally supported the efforts in other areas such as Birmingham, Alabama to have boarding homes which serve SMI clients subject to routine health and safety inspections.

Indian Rivers has a 10-unit apartment complex in Tuscaloosa. The complex houses Indian Rivers' clients with SMI and most of these clients have been linked with Tuscaloosa Housing Authority for Section 8 benefits. In addition, Indian Rivers offers these individuals case management/BLS/crisis intervention/psychiatric services as well as general monitoring. Indian Rivers owns apartment complexes in Pickens County and Tuscaloosa County to make housing available to those who require low income housing.

PATH funds will be utilized to assist clients with costs associated to accessing housing (e.g. security deposits, application fees). Funds will also be used to assist those with one-time funding who may be in jeopardy of losing their housing due to inability to pay their rent.

## 8. Staff Information

**a.** *Staff Demographics as Reported in FY19:*

| |
|---|
| PATH Staff- Race<br>• African American - 33.3%<br>• Caucasian - 33.3%<br>• Middle Eastern - 33.3% |
| PATH Staff – Age<br>• 18-34 years - 33.3%<br>• 35-49 years - 33.3%<br>• 50-64 years - 33.3%<br>• 65-74 years - 0% |
| PATH Staff –Sex<br>• Male - 0%<br>• Female - 100% |

**b.** C*ultural Sensitivity:*

PATH staff work collaboratively through formal and informal clinical supervision to ensure consumers are treated with dignity and respect and that staff will be sensitive to age, gender, disability, as well as gay, lesbian, bisexual, transgender, racial and ethnic differences among clients. Each case may be staffed to assist the individual in finding and maintaining housing in areas where specific consumers will be more comfortable related to their specific/cultural preferences. Indian Rivers is also aware of continued health disparities among certain populations and seeks to decrease these disparities by identifying these individuals and their specific health needs, actively pursuing access to appropriate community services on behalf of the clients and advocating for continuity and effectiveness of their care. In addition, Indian Rivers contracts for services through the ADMH Office of Deaf Services, as well as contracts for Spanish speaking interpreter services and other languages, as needed to serve clients with specific language needs. Through information on the PATH Annual Report for 2018, African Americans, females, and those between the age ranges of 31-40 were the highest number of recipients for services.

*Cultural Competency Training and Strategies to Address Health Disparities:*
Indian Rivers is evaluated on performance satisfaction using a statewide Consumer and Family Satisfaction Survey. Additionally, Indian Rivers provides every client served by the agency a questionnaire when they present for services at our office locations. These questionnaires gather feedback about their interactions with staff and the services provided. This feedback is designed to determine if the agency and staff are meeting the individual's needs and are sensitive to differences in culture and individual needs among the population served.

Indian Rivers also reviews and updates all staff, including PATH, yearly with trainings to address health disparities among the population serviced to ensure the provision of fair, comprehensive, and respectful quality care for diverse cultural beliefs, languages, and needs. As previously mentioned, the efforts of Indian Rivers are monitored through questionnaires and ongoing feedback to create processes for addressing disparities that are effective in meeting needs and resolving conflicts or complaints. Health disparities can lead to barriers in accessing or receiving needed treatment services and assistance. By reinforcing methods for guidance, reassurance, and overall responsiveness to identified client needs, these disparities are significantly decreased or eliminated. PATH staff members also participate in the Annual Housing Works Conference, during which training, and information sessions are offered to address health disparity issues. Staff are also provided with the opportunity and participate in community training sessions, such as the HIV Integrated Treatment Training, presented through The Alabama Department of Mental Health.

**c.** *Involvement of Certified Peer Specialist as a member of PATH Team:* As previously mentioned, Indian Rivers has Peer Support Specialists that work with clients to help them apply for benefits, apply for medication assistance, and access services in the community. The Peer Support Specialist with PATH will work to share a lived experience of homelessness with currently homeless individuals through outreach. Peers also assist those enrolled in PATH services by building a rapport, reinforcing the benefits of the services, importance of compliance in treatment, and providing links to community resources and support.

## 9. Client Information:

a. *Client Demographics:*

| |
|---|
| Indian Rivers PATH Annual Report Survey, 2019 (Actual Number)<br>African-American: 69<br>Caucasian: 35<br>Hispanic: 0<br>Other: 0 |
| PATH - Ages (PATH Annual Report Survey, 2019)<br>Less than 13 years: 0<br>13-17 years: 0<br>• 18-23 years: 3<br>• 24-30 years: 8<br>• 31-40 years: 28<br>• 41-50 years: 27<br>• 51-61 years: 21<br>• 62 and over: 6<br>• Unknown: 0 |
| PATH - Sex (PATH Annual Report Survey, 2019)<br>• Female: 54<br>• Male: 45<br>• Transgendered: 0<br>• Other: 0 |
| PATH Co-Occurring Substance Use Disorders<br>(PATH Annual Report Survey, 2019)<br>Co-Occurring Substance Use Disorders: 28<br>No Co-Occurring Substance Use Disorders: 71<br>Unknown if Substance Use Disorder: 0 |
| PATH Veteran Status<br>(PATH Annual Report Survey, 2019)<br>Veteran: 3<br>Non-Veteran: 88<br>Unknown: 0 |

**b.** *Projected number of adult clients to be contacted, enrolled, and % homeless:*

In January of 2019, W.A.C.E.H., completed a Point-In- Time Survey that identified 14 homeless individuals that endorsed "severe mental illness" and 6 homeless individuals that endorsed "chronic substance abuse." Based on the Indian Rivers 2019 Annual Report Survey 213 homeless individuals were contacted and of those 21 were enrolled in PATH services. Indian Rivers projects to contact approximately 500 individuals through the PATH Program in FY20 & FY21, with an enrollment of about 160, 80 annually. Of those anticipated to be enrolled in PATH services, approximately 12% will be literally homeless.

## 10. Consumer Involvement:

Persons who are homeless with SMI diagnoses and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH funded services.

- NAMI representatives are present during State Monitoring visits.
- Clients are assessed for all needs and satisfaction with available services in a yearly MHSIP.
- Clients, some of whom may have been formerly homeless, attend the monthly West Alabama Coalition to End Homelessness meetings and Housing Sub-Committee meetings. Clients involved in the PATH program are also encouraged to attend.
- Volunteers, including current and prior homeless clients involved in the PATH program, will be invited to assist with the yearly PIT/MHSIP homeless survey.

- PATH (and all) clients are invited and encouraged to attend the yearly client-centered conference – Alabama Institute for Recovery. Scholarships are available to assist with costs of registration, and Indian Rivers provides transportation, registration assistance, and monitoring (if needed) for those who agree to attend from Tuscaloosa, Bibb, and Pickens Counties. Clients are able to gain so much from attendance and participation in this conference, including demonstrating and sharing their growth in treatment, sharing talents, networking for employment opportunities and assistance, gaining insight on continued treatment, and forming support groups.
- PATH has allocated funds for Certified Peer Specialists with a Severe Mental Illness (SMI) to be added to the Team since 2014. Indian Rivers has a current vacancy for this position but has connected with the Office of Peer Programs to seek assistance in linking an individual to this employment opportunity. The Certified Peer Specialist will be an asset to the PATH case manager by assisting with outreach efforts, in being able to relate to clients and potential clients that are otherwise guarded in participation and sharing the benefits of receiving assistance.

Indian Rivers has forged many strong ties with the consumer movement in Tuscaloosa.

NAMI – This group has a strong participation and leadership role in the Community Mental Health Task Force which has already been described.

There are consumers and family members who attend the West Alabama Coalition to End Homelessness meetings. Indian Rivers' # 1 Goal in their Strategic Plan is focused on providing better services to consumers and their families and consumer involvement in all facets of service provision.

Advocates work with Indian Rivers' staff and consumers to conduct Consumers Satisfaction Surveys, to help assess service gaps and problems as well as what is working well. Indian Rivers also participates in the State Consumer Satisfaction Survey to assist in identifying ways to provide the best care and services to our consumers.

Indian Rivers offers financial assistance for and is supportive of consumers' attendance at local and State Consumer Conferences when funds are available.

Indian Rivers currently employs 2 Certified Peer Support Specialists who assist clients in navigating treatment services to include applying for benefits, obtaining medication assistance, and accessing services in the community.

Indian Rivers Mission statement: "To treat/support individuals in the community who have a serious mental illness, substance abuse/dependence, or an intellectual disability so that they may effectively learn to manage their disability and recognize the highest level of independence possible. These individuals will be treated with the greatest respect /dignity and all efforts will be put forth to protect their rights as agency staff support them in meeting the unique goals that have been established."

**JBS Mental Health Authority**
940 Montclair Road, Suite 200
Birmingham , AL 35213
**Contact:** Robin McCarty

**Provider Type:** Community mental health center
**PDX ID:** AL-003
**State Provider ID:** st1001
**Contact Phone #:** 205-279-1979

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Planning Period From **10/1/2020** to **9/30/2021**

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

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **a. Personnel** | **155,415.00** | **31,235.00** | **186,650.00** | |

| Position * | Annual Salary * | % of time spent on PATH * | PATH-Funded FTE | PATH-Funded Salary * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|---|---|
| Case Manager | 3,636.00 | 85.00 % | 8.49 | 30,884.00 | 7,838.00 | 38,722.00 | |
| Case Manager | 32,952.00 | 85.00 % | 0.85 | 28,008.00 | 7,838.00 | 35,846.00 | |
| Peer Support Specialist | 24,960.00 | 85.00 % | 0.85 | 21,142.00 | 3,328.00 | 24,470.00 | |
| Psychiatrist | 184,200.00 | 10.00 % | 0.10 | 18,420.00 | 1,234.00 | 19,654.00 | |
| Registered Nurse | 51,120.00 | 20.00 % | 0.20 | 10,224.00 | 0.00 | 10,224.00 | |
| Other (Describe in Comments) | 54,984.00 | 85.00 % | 0.85 | 46,737.00 | 10,997.00 | 57,734.00 | Therapist |

| Category | Percentage | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|
| **b. Fringe Benefits** | **19.98 %** | **$ 37,300.00** | **$ 18,763.00** | **$ 56,063.00** | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **c. Travel** | **$ 10,000.00** | **$ 6,417.00** | **$ 16,417.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Mileage Reimbursement | $ 10,000.00 | $ 6,417.00 | $ 16,417.00 | |

| | | | | |
|---|---|---|---|---|
| **d. Equipment** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **e. Supplies** | **$ 6,400.00** | **$ 5,660.00** | **$ 12,060.00** | |

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

| | | | | |
|---|---|---|---|---|
| Office: Supplies | $ 6,400.00 | $ 5,660.00 | $ 12,060.00 | |

| | | | | |
|---|---|---|---|---|
| **f. Contractual** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **g. Housing** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

**h. Construction (non-allowable)**

| | | | | |
|---|---|---|---|---|
| **i. Other** | **$ 7,800.00** | **$ 2,700.00** | **$ 10,500.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Client: One-time housing rental assistance | $ 4,800.00 | $ 0.00 | $ 4,800.00 | |
| Staffing: Training/Education/Conference | $ 3,000.00 | $ 2,700.00 | $ 5,700.00 | |

| | | | | |
|---|---|---|---|---|
| **j. Total Direct Charges (Sum of a-i)** | $ 216,915.00 | $ 64,775.00 | $ 281,690.00 | |

| Category | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| **k. Indirect Costs (Administrative Costs)** | **$ 0.00** | **$ 7,530.00** | **$ 7,530.00** | |
| **l. Grand Total (Sum of j and k)** | $ 216,915.00 | $ 72,305.00 | $ 289,220.00 | |

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 150

Estimated Number of Persons to be Enrolled: 75

Estimated Number of Persons to be Contacted who are Literally Homeless: 135

Number staff trained in SOAR in grant year ending in 2019: 3

Number of PATH-funded consumers assisted through SOAR: 2

**PATH Budget Narrative FY 2020-2021**
**AltaPointe Health Systems, Inc. (AltaPointe)**

| PERSONNEL Position | Annual Salary | PATH-funded FTE | PATH-funded Salary | TOTAL |
|---|---|---|---|---|
| Program manager | $48,000 | .25 | $12,000 | |
| Clerk | $22,500 | .30 | $6,750 | |
| Psychiatrist | $179,700 | .09 | $16,173 | |
| CRNP | $90,000 | .00 | $0.00 | |
| Therapist | $30,000 | .45 | $13,500 | |
| Case Manager | $23,250 | 1.00 | $23,250 | |
| Case Manager | $23,250 | 1.00 | $23,250 | |
| Case Manager | $24,000 | .10 | $2,400 | |
| Peer Specialist | $30,000 | .50 | $15,000 | |
| Salaries Total | | | | $112,323 |
| Fringe Benefits | | | | $10,117 |
| Travel | | | | $5,326 |
| Supplies | | | | |
| Housing Support (one-time rental) | | | | $1,000 |
| Admin. Expense | | | | |
| Staff Training | | 3.69 | | $3,000. |

**Total PATH-Funded Expenses: $131,766.00**
**Total PATH Match Expenses: $ 43,922.00**
**Total PATH Expenses: $175,688.00**

**PATH INTENDED USE PLAN FY21 and FY22**

**Jefferson Blount St. Clair (JBS) Mental Health Authority**

1. **Local Provider Description:**

Jefferson Blount St. Clair Mental Health Authority (JBS) is a regional, public, nonprofit corporation established under Act 310 of the 1967 Alabama Legislature.

The region served by JBS comprises Jefferson, Blount, St. Clair counties with a total of approximately 750,000 residents. Birmingham, Alabama is the central urban area for Jefferson, Shelby, and St. Clair Counties and is the largest metropolitan area in the State of Alabama (population 212,237). According to the 2010 Census report Birmingham's percentage of households under the poverty level was 27.3% which is 10% higher than the states average and 13% more that the national average.

Also according to the 2010 Census, the population for Jefferson County is 658,446, Blount County is 57,332 and St. Clair County is 83,593. JBS served 5,986 individuals last fiscal year. 3,793 served were adults with SMI and 2,193 servced were children with SED.

The region is divided into three catchment areas with each one served by its own community mental health center. The Homeless Services Project (HSP) serves primarily the Birmingham Metropolitan area, which is more urbanized and has the highest concentration of homeless individuals. The population served by the HSP program meet the definition of "literally street homeless" In addition to street/community outreach services, case management services, nursing services, therapeutic services and psychiatric services for the homeless population, the Authority also provides residential services, day program services for adults with a diagnosis of a serious mental illness, outreach clinical services for children, and outreach clinical services for adults with mental illness, manages the mental health center serving the western catchment for Jefferson County, urgent care services and forensic services.

**The amount of PATH funds to be received: $216,915.00**. The Authority receives the federal PATH funds directly from the State ADMH via contract. The Authority uses the federal PATH funds for direct services. No federal PATH funds are distributed to other local organizations.

In FY19, JBS HSP served 121 persons who were enrolled in the Program and 176 persons were contacted by PATH funded staff. The program is restricted to adults only with the age requirement of 19 or older to qualify for services.

Based on the FY19 PATH Annual report, JBS projects to serve 300 persons via the PATH funds in 2020 and 2021. Annually, the program projects to have contact with 150 individuals for which 50% (75) will likely become enrolled in the program. Of those enrolled, it is expected 90% will be literally homeless and 10% will be in imminent risk of becoming homeless.

**2. Collaboration with HUD Continuum of Care Program:**

The CoC for the Birmingham area is **One Roof**. One Roof originally began as a coalition of local service providers for the homeless, formerly known as M.B.S.H., Metropolitan Birmingham Services for the Homeless. JBS was one of the original members of the coalition and continues to be a member of the CoC. JBS actively participates in the monthly meetings. This CoC affords better networking, coordination of services, establishment of contacts at other agencies, and lessens the opportunity for duplication or fragmentation of services. Collaboration with One Roof has resulted in a community Super-NOFA which has brought more funding and services to the community and One Roof member agencies.

One Roof has established coordinated assessment/entry for the Birmingham area. Policies have been implemented and HSP is working with One Roof staff to refer clients for completion of assessments as well as the Street Outreach team are receiving referrals on individuals who have been assessed to assist with getting them connected with services. In 2017, One Roof implemented a street outreach program for coordinated assessments. In January 2018, the HSP Street Outreach team started collaborating with the One Roof team to provide more targeted street outreach to those most vulnerable on the street. A monthly street outreach meeting has been established. The meeting focuses on coordinating services between the street outreach teams to reduce duplication and also targeting those in the community who are most in need of services. HSP continues to collaborate closely with the One Roof coordinated entry team and street outreach team to get individuals connected with housing and homeless services available to them as well as developing strategies for reducing barriers to accessing services such as evaluation/documentation of serious mental illness.

All calls related to homelessness or homeless prevention are referred to the One Roof office number and staff will go through a brief assessment with callers to determine level of homelessness. One Roof also accepts walk-ins. If the client appears to be eligible for any service available in the CoC, Coordinated Assessment/entry staff goes through a more extensive assessment including a Vulnerability Index (VISPDAT). Clients will then be

referred to the appropriate resource according to resource availability and level of vulnerability.

The Coordinated Assessment undergoes an in-depth "assessment" of its own on a quarterly basis. This assessment will evaluate call volume, number of completed calls, number of referrals made, number of referrals completed by the client, and clients accepted by the referred resource. Adjustments to the process will be made as needed.

On February 29, 2020, Birmingham's 12th Annual "Project Homeless Connect" was held from 8 am until 3 pm. Individuals experiencing homeless and at risk of homelessness were served. 70 agencies and 509 volunteers participated in the event. A focus on ending homeless for veterans was a part of the event. "Homeless Connect" is a national best practice model of a 1 day, 1 stop event where community service providers and volunteers are mobilized in one setting to assist homeless individuals with real-time access to direct services and on-the-spot results. Activities include: medical, dental, eye exams, substance abuse & mental health services, housing assistance, legal services, employment services, benefit enrollment and personal care services such as haircuts, massages, spiritual counseling and a hot meal. For ten years in a row, The Alabama Department of Public Safety was present and participants were able to obtain, renew a driver's license or state ID. The HSP program staff and JBS volunteers participate in the program by providing a booth for mental health referral and information as well as assistance with the HMIS data entry for admittance to the event.

Highlights from the 2020 Project Homeless Connect:

- 451 Individuals served
- 184 Individuals received legal services
- 143 Individuals received state ID's
- 126 Individuals received medical exams
- 38 Individuals received flu shots,41 TB's tests, 50 dosed Hep A vaccine
- 58 Individuals received HIV tests
- 149 prescriptions were filled
- 100 Individuals received dental screenings
- 105 Individuals received eye exams
- 148 Individuals received Podiatry services
- 121 Individuals received grooming services

At this time, the *2020 Point in Time Survey* has not been published. The survey was conducted on January 21st and 22nd 2020.

The data from the *2019 Point in Time Survey* has been compiled and listed below. The survey, in which the JBS street outreach staff participated as data collectors, included counts of consumers staying in shelters that night, and also included efforts to count other homeless individuals spending the night in "street" locations such as alleys, under overpasses, in doorways, abandoned buildings, and other known sleeping places. A total of, 981 unduplicated individuals were directly observed in the survey. While no available methodology solves the twofold problems of undercounting, and duplication, the Birmingham survey does provide a minimum number of homeless persons (by any definition) in the area at a given time. The number of unsheltered individuals (326) saw an increase of 107 individuals from 2018. The number of sheltered individuals (655) saw a decrease of 27 from 2018.

The goal of these surveys is to count as much of the homeless population as possible in the Birmingham area in a 24 hour period. These surveys are an extremely important step in capturing the number of homeless persons in Birmingham and the survey results will identify what types of services are most needed to serve these individuals. Results of the 2019 *Point in Time* survey include the following:

- 981 individuals were identified as homeless.
- Our total population of homeless persons is down from 1092 to 981.
- The population of chronically homeless persons increased by 5 to 97.
- The number of individuals who identify with a mental illness decreased by 99 individuals to a total of 297
- The number of individuals who reported substance use disorder was 301

**3. Collaboration with Local Community Organizations**:

Throughout this narrative, many linkages are mentioned regarding other local service providers-linkages with mental health centers, substance abuse treatment facilities, agencies providing medical care, agencies providing housing, entitlement agencies (Social Security Administration and Food Stamp Office) as well as many others. Case managers

work closely with agencies to get individuals connected with services and assist other care providers to coordinate those services. Use of HMIS allows for better coordination of services and better communication between agencies who participate.

The following are key community organizations that are available to provide services to PATH eligible individuals:

- Three-community mental health centers - (Comprehensive mental health services)
- Local hospitals (medical and psychiatric care)
- Cooper Green Mercy Health Services, Christ Health Clinic, Alabama Regional Medical Services (formerly Birmingham Healthcare) and M-Power (medical care, substance abuse, treatment, dental care, Veteran's program)
- Alethia House, Alcohol Recovery Center, Fellowship House, Salvation Army Adult Rehabilitation Center, Pearson Hall (substance abuse treatment)
- Local Health Department - (medical services, housing inspectors)
- Local boarding homes, domicilaries, Local Housing Authority, Local apartments, JBS Residential Care Homes, JBS townhomes and apartments, Department of Housing and Urban Development - (housing services)
- Local Shelters - (emergency shelters, day programs, safe havens)
- Community Service Officers- Birmingham Police Department (crisis services)
- Jefferson County Department of Human Resources - (Adult Protective Services)
- VA Services
- Birmingham Alliance for the Mentally Ill - (volunteer services)
- Social Security Administration, Food Stamp Office (entitlements)
- Crisis Center (payee ship service)
- UAB/EAB Medical Clinic—Medical student primary care clinic to provide comprehensive medical care to individuals with no insurance.
- Cooper Green Outpatient Medical Clinics
- Project Help—"Homeless Court"-monthly court held at One Roof to resolve City of Birmingham misdemeanors
- Birmingham Bar Volunteer Lawyer Program—Pro bono legal services for individuals who are homeless.

- Dannon Project---Program that provides employment and support services for previously incarcerated individuals re-entering society.

**Street Outreach Coordination:** As discussed before a monthly "Street Outreach" meeting has been established. Currently participants include JBS street outreach, One Roof street outreach and Firehouse Shelter street outreach team. The goal of the meeting is to coordinate services between the different teams and target those identified as most vulnerable in the community.

**Disaster Response**: JBS has a state disaster support specialist who serves on the local EMA task force as the behavioral lead and is also a nationally certified FEM/SAMSHA Crisis Couseling trainer. PATH staff will follow the leadership of the state disaster support specialist to the Jefferson County EMA and Red Cross in staffing the main disaster recovery site and assist in the initial recovery effort as led by FEMA. The Program Director will also consult closely with the CoC and offer mental health support to disaster relief plans developed through the CoC which includes participating in discussions during meetings of the CoC providers to help them become aware of how they can assist with a disaster response. JBS will draw upon its experience in managing several FEMA disaster recovery grants, including management of the 2011 state-wide mental health recovery effort, to help educate the CoC members about assisting in a disaster response. With the support and guidance of the CoC and disaster support specialist, the PATH team will create an After Action Report which aligns with best practices and challenges as they relate to disaster relief.

The Authority has a FTE, Community Relations Specialist that speaks at various health fairs, sits on many community boards and committees. The Authority participates in all public awareness events sponsored by the local Continuum and our local NAMI chapter. THE HSP program also works closely with the local universities to provide intern and training opportunities to social work students, counseling students, nursing students, psychology students and medical school students.

**4. Service Provision Plan:**

The HSP program uses PATH funds that align with PATH goals to target street outreach and case management as priority services focusing on serving the most vulnerable adults who are literally homeless and chronically homeless.

***a.*** **PATH services align with PATH goals:**

- Outreach Services
- Case Management Services
- Screening/diagnostic services/Psychiatric Clinic

The HSP consists of a full-time master level Program Director, two full-time case managers, one-four part time peer specialists, a registered nurse, and a psychiatrist, part-time. Services described below and included elsewhere are particularly in keeping with SAMHSA's strategic initiative Recovery Supports.

1. **Outreach Services:** The focus of the peer support specialists or Street Outreach Team is to conduct street outreach to homeless individuals who are disengaged from services. They work toward getting the homeless contacts connected with services including the outreach psychiatric clinic, case management services, medical, substance abuse, VA services and housing. The goal of the team is to be the eyes and ears of the street for the program as well as building trusting relationships with the people living on the streets and to use their own life experiences with mental illness and homelessness to connect with them. Through collaboration with other street outreach teams, a more targeted approach toward reaching those that meet chronic homeless criteria and those determined to be the most vulnerable is being implemented. Outreach services has also been working on a more organized approach to street outreach with the goal of reaching those that are most vulnerable and getting them connected with services. This has involved maintaining a contact spreadsheet that is updated weekly to make sure the outreach team is reaching out to those on the list on a regular basis to develop a trusting relationship as well as having routine "staffings" to disuss progress.

   JBS participated in the State of Alabama PATH Site Visit on July 20-22, 2011. The site visit team visited the programs "home base" located at the First Light Shelter in downtown Birmingham and also went on a tour of the homeless hotspots in the city with one of the case managers. The report sighted the Homeless Services Program as a model program. Some of the recommendations from the site team were to do more outreach and have more consistent means of tracking those numbers for the report. Due to the recommendations from the site visit, JBS has implemented the use of peer specialists to provide street outreach. The outreach team started engaging homeless people in October 2013. The team engaged 89 individuals on the street during last fiscal year.

2. **Case Management Services:** The case managers spend most of their time in the community - area agencies, homeless shelters, soup kitchens, "on the street" which includes frequently visiting the Southside Fountain area, Linn Park and known urban campsites - - providing outreach services, monitoring consumers, linking individuals

with services, assisting individuals with accessing services, advocating for clients with other service providers, sponsoring for the HUD Continuum of Care Program (formerly Shelter Plus Care) and assisting individuals with the intake process. Case managers assist clients with accessing services for substance abuse treatment, medical treatment, counseling, housing (permanent supportive, emergency, transitional), legal services, benefits (Social Security, Food Stamp), vocational services, transportation, utility/furniture assistance. Case managers develop a consumer driven case plan to meet the client's individual needs with the ultimate goal of the client being psychiatrically stable and housed.

3. **Screening and diagnostic/Psychiatric Clinic:** The HSP provides a community based psychiatric clinic, which has been extremely important to the success of our program. Our psychiatrist sees patients weekly at our clinic. The R.N. provides clinical nursing care on-site at our community based clinic each week and provides crisis intervention as directed by the psychiatrist. The master level therapist provides mental health assessments and screenings for eligibility for the program as well as clinical supervision for the case managers and street outreach staff. The goal of the HSP clinic is to provide psychiatric services to those individuals experiencing homlessness and a serious mental illness and have no other options available for treatment. Access to psychiatric service in the clinic is designed to eliminate the usual barriers that prevent individuals from accessing care such as financial requirements or inability to purchase prescribed medications. The HSP clinic on average will have the client scheduled to see the psychiatrist within 1-7 days of the client being admitted to the program. Therefore, this clinic provides more timely and accessible mental health services for homeless individuals who have a serious mental illness.

*a. HSP services aligns with the PATH goals to target street outreach and case management* by using the peer street outreach team to locate and engage individuals who are living on the streets or in shelter and to give priority and barrier limited admittance to the program. Only individuals who meet the HUD definition of "literally homeless" are accepted to the program and individuals who are chronically homeless are given priority. As mentioned earlier HSP is working with One Roof's coordinated assessment team and will use that information to identify and assist those who are most vulnerable.

b. *Overall the region has several gaps in current service system*. Overall, there continues to be needs that include more affordable housing, supervised, brief intensive treatment beds and affordable assisted living facilities, treatment facilities sensitive to the needs of

individuals with substance use disorders and mental illness, and access to preventative/medical care.

Permanent supportive housing that is accessible for individuals living on the street that uses the Housing First Model as well as affordable housing options is the most pressing need. The most accessible housing program is Shelter Plus Care. JBS does sponsor individuals for this program, but the program has stopped taking applications due to lack of money this fiscal year which has seriously limited access to affordable housing to the Birmingham community.

The Homeless Services Program continues to see increased demand for services and individuals seeking mental health treatment. The need for additional case management and clinical staff would allow for the program to not only meet current needs but extend services to more individuals who may be falling through the cracks.

Access to basic medical services is also a big gap in this area. Most of the individuals receiving PATH services have no insurance (Alabama has not expanded Medicaid under the Affordable Care Act) and struggle with securing basic medical care. PATH recipients report extremely long waits to get an appointment at a clinic and long gaps between appointments. Many will go for months without medications to treat chronic conditions such as Diabetes, Hypertension or high cholesterol.

Another serious need that has come up is that the State of Alabama's Indigent Drug Program was discontinued in April of 2012. This has put an enormous strain on staff and JBS's resources to find alternative sources for medications. JBS is currently meeting this gap by applying for Patient Assistance through the drug companies. This requires additional time by HSP staff to access the necessary paperwork (signatures, verification of income) that is required by the different drug companies. The staff is also using samples when available and paying for the medications through match funding. The importance of having medications accessible to clients is very important in their recovery as well as reducing hospitalizations. It should also be noted that at this time the state of Alabama has chosen not to extend Medicaid benefits under the Affordable Care Act which means that most of the individuals receiving psychiatric services remain uninsured and therefore have no resources other than the HSP clinic to access psychiatric medications.

**C.** *Services available for consumers who have both serious mental illness and substance use disorders* include the HSP case managers referring individuals in need of substance abuse

treatment to appropriate treatment facilities/agencies such as Alethia House (outpatient and residential services), Fellowship House (residential services, treatment and education, outpatient services), Salvation Army Adult Rehabilitation Center (residential alcoholism treatment program), AA meetings, individual and group counseling), Pearson Hall (detoxification), Alabama Regional Medical Services, formerly Birmingham Healthcare, and outpatient treatment/support groups. The above programs also refer individuals who meet our target population definition to HSP. These programs align with SAMHSA' Strategic Initiative Recovery Supports.

*d. Veterans*: Trauma & Justice, Military Families and Health Reform, which are relative to SAMHSA's Strategic Initiatives, are topics under discussion and development of program strategy and collaboration. In regard to veterans themselves, the Homeless Services Project continues to accept referrals and to refer to all local agencies serving veterans. Also, we make referrals as appropriate to the local Veteran's Administration Hospital, Mental Hygiene Clinic and to a Veteran's Administration program targeted to serve homeless veterans who have a substance abuse disorder. The Veteran's Administration program provides residential services (through Fellowship House, an agency which is a subcontractor of JBS), day treatment, and brokerage services for this target population.

Through street outreach, the program tries to engage people who are veterans and link them with VA services as quickly as possible to potentially get disengaged veterans connected with the services offered to them by the local VA this includes homeless case management services, VASH housing, and medical and mental health services. A veteran will also qualify for case management and psychiatric services through the HSP until the veteran is fully receiving services from the VA and no longer needs HSP services. The HSP program also accepts referrals from the VA homeless services case managers to provide psychiatric services for those not eligible for VA benefits.

*e. PATH eligibility determination*: PATH eligibility is determined through a screening completed by the master's level Program Director for clinical services or by a case manager if the individual is already receiving mental health treatment. Homeless eligibility is verified through HMIS or street outreach. If the individual is not receiving mental health treatment, then a clinical assessment is completed to determine if the individual meets SMI criteria. If the individual is receiving mental health treatment, the case manager accesses diagnosis verification through the treating mental health provider. Eligibility documentation is recorded in the electronic record and the individual is determined to be eligible through HMIS. Enrollment is completed the day that eligibility is determined by the Program Director or the case manager.

*Justice involvement* is addressed through case management services by referral to Project Homeless Connect Monthly Help desk, the Birmingham Bar Volunteer Lawyer Program, the Dannon Project (reentry services program) and Project Homeless Connect (yearly service) as well assistance with addressing specific legal issues as they come up on an individual basis. The case managers assist individuals dealing with legal issues on an individual basis ranging from providing support to court appointments, consulting with probation officers, and encouraging client's to address legal issues. Coordination with other services occurs through case management services provided by PATH supported staff.

## 5. Data

JBS HSP will continue to utilize HMIS to collect data related to the provision of PATH services. Utilization of the HMIS software is through an arrangement with the local Homeless Continuum of Care (One Roof) and the software is used through permission of One Roof. The CoC requires that users of their software (named PromisSE) receive training and the Authority follows those training requirements. The training covers confidentiality requirements and all users are required to sign and abide by a PromisSE User Agreement yearly which covers confidentiality requirements. HMIS training is provided by One Roof to members of the local CoC. Policy and procedures published by One Roof are discussed with staff and staff adheres to those policies in order to remain certified to have access to PromisSE. There are no costs associated with the training. JBS does not use PATH funding for HMIS training.

The Program Director attends quarterly HMIS administrative meetings run by One Roof for updates in any changes in the system. Any training specific to PATH is scheduled upon request by the staff and arranged with One Roof staff. Any new hires receive initial training and become certified to use PromisSE.

*Confidentiality*: One Roof has implemented mandatory refresher training that all HMIS users are required to attend once a year. The training is designed to update users of the agency's policies including confidentiality regulations including HIPPA and 42CRF information. Individuals enrolled in PATH and those that have reached the engagement phase of outreach Sign a Release of information form for HMIS. If an individual declines signing the release, his/her record is "locked" from other providers seeing his/her records in HMIS.

JBS implemented an electronic medical record (EMR) system in February 2015. JBS has chosen the Netsmart product myAvatar for its EMR implementation. The Netsmart product is fully certified at Levels I and II of Nationally Certified Meaningful Use.
The software will include Practice Management and Clinical Record Keeping modules and will constitute a complete medical record system. At this time there are no plans to integrate HMIS with EMR.

*Outcome Measures*: The HSP is working closely with One Roof PromisSE administrators to improve data collection that is consistent with GPRA.

- Increase the percentage of enrolled homeless persons in the PATH program who receive community mental health services.
- Number of homeless persons contacted
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services
- Increase the number of PATH providers trained on SOAR to ensure eligible homeless clients are receiving benefits.

With the implementation of the peer street outreach team, collaboration with other street outreach teams and using targeted street outreach strategies, we are seeing an increase in the percentage of individuals contacted by street outreach and becoming enrolled in PATH.

In regards to data collection of the three outcome measures (number of persons referred and attaining housing, mental health services and substance abuse treatment), the majority of the last year's report was completed through HMIS data collection. The HSP is continuing to consult with One Roof PromisSE administrators to capture that data from PromisSE. PromisSE added a contact entry section that is now accurately reporting the number of contacts on individuals enrolled in PATH. Additional training to staff in recording referrals has been provided by One Roof staff as well as running the report routinely to make sure those referrals are being entered. The PATH report in HMIS is being run routinely and compared with EMS records for accuracy.

Participation in the HMIS learning communities is being attended by staff. In April 2018, Homeless Program Director and PromiSE team from One Roof attended HUD Technical Assistance. The training provided detailed technical assistance for the PATH programs in Alabama. The training answered questions about HMIS data collection specific to HSP. The PromisSE team and Program Director are working on improving data collection based on the training provided. The goal is to have all outcome measures collected directly through HMIS report for the next report.

**6. SSI/SSDI Outreach, Access, Recovery (SOAR):**

The SOAR data was collect for fiscal year 2019.

a. *Efforts to train staff:* At the end of the grant year 2019, both case managers had completed SOAR online training. Any new case management hires are required to complete the SOAR online training within 6 months of hire date. A lead case manager has been assigned the task of tracking applications using this system.

b. *Number of staff who provided assistance through SOAR*: The number of staff who provided assistance through SOAR included the 2 HSP case managers and a JBS Social Security specialist whose role is to assist individuals enrolled in JBS residential programs with applying for benefits.

c. *Eligibility Results:* Additionally, through involvement with the continuum, the One Roof program offers a SOAR trained case manager who solely focuses homeless individuals with accessing benefits through SOAR, our staff uses this resource regularly and has had several clients access benefits through the program.

d. *Number assisted:* There were no individuals in 2019 that were assisted with SOAR. At this time there a currently 2 individuals receiving SOAR assistance through the One Roof SOAR specialist.

e. *Number of staff dedicated to implementing SOAR*: At this time there is a total of 3 JBS staff members that are trained in SOAR.

**7. Housing**:

HSP staff access most permanent housing for consumers through this agency's residential program, the Local Housing Authority - both the Birmingham Housing Authority and the Jefferson County Housing Authority, local boarding homes, and independent apartments in the Birmingham area. The case managers monitor consumers placed in these settings and facilitate access to services for these consumers.

The HSP staff work closely with the JBS Mental Health Authority team assigned to work with the employees of the Communal Living Facilities with our local Health Department, this has afforded many boarding home residents a higher standard of living. Case managers continue to report unlicensed, substandard boarding homes to the Department of Health

Communal Living Inspectors and when appropriate, the case managers also assist the Department of Health staff and the JBS Health Department Program in the relocation of these individuals to a safer, more supportive placement.

The Jefferson-Blount-St. Clair Mental Health Authority along with other homeless services agencies applied for the HUD Continuum of Care Program formerly Shelter Plus Care grant. This region was awarded $3,353,040.00 in Department of Housing and Urban Development Shelter Plus Care funding in 1993. The Shelter Plus Care program continues to receive funding through the Birmingham area CoC. The Jefferson County Housing Authority actually receives and administers the grant. In addition to being homeless, the individuals served are diagnosed with a serious mental illness, substance abuse disorder or diagnosed with the AIDS virus in order to be eligible for this type of residential placement. The Authority served 75 individuals through the Shelter Plus Care program in 2019.

The Jefferson-Blount-St. Clair Mental Health Authority received $671,082 in funding from the HUD FY 1994 Supportive Housing Program permanent housing component. JBS continued to receive funding for this program through the CoC. The original program provided permanent supportive housing to 20 individuals experiencing homelessness. In 2019, the CoC decided to expand the program by 10 units to a total of 30 units. 3 case managers provide supportive services and the individual receives mental health treatment through JBS. The program follows the Housing First model for permanent supportive housing and an individual must meet the definition of chronically homeless and have a serious mental illness to qualify. Referals for the housing are pulled from those enrolled in the PATH program. In FY19, 9 PATH enrolled individuals who met the chronically homeless definitions received permanent housing through this program.

With both of these programs, emphasis is placed on scattered site locations in neighborhoods away from high crime areas. The programs are designed to move participants toward integration into the community at large by providing a safe and stable residential environment in which participants are able to work on managing their mental illness which is often the chief factor in their isolation from the community. The provision of psychiatric, medical and social services to program participants is intended to support more effective management of the mental illness and thereby allow the participant to direct effort toward activities to increase personal living skills and income in order to provide the means of achieving greater self-determination. The scattered site approach lessens any risk of concentrating individuals experiencing mental illness at any particular site and thereby

offers the potential of greater opportunity to achieve integration of residents into the daily activities of mainstream community life.

The CoC continues to focus on implementing Housing First approach to supportive permanent housing. One Roof has provided technical training on this model that JBS staff working in these housing programs attended. JBS plans to continue to work closely with On Roof staff in using the coordinated assessment to make this housing more accessible to the most vulnerable homeless people and also move toward applying the principles of the Housing First Model to these programs.

Additionally, the PATH program director attends a weekly meeting that addresses the availability of housing within the JBS residential program (see list below). This has provided better communication and advocacy for PATH eligible individuals who qualify for these housing opportunities.

Although PATH funds are not used for housing, the following state funded residential programs are available to PATH-eligible individuals in the region through JBS:

- **Southside Transitional Home**
  **-**a ten bed group home with staff available to assist consumers 24 hours a day. The Authority owns and manages this home.

- **DeVille Homes** (Eastlake and North Georgia)
  – 2 ten bed group homes with staff available to assist consumers 24 hours each day. These two homes are joint projects of Deville Homes Inc. and HUD, are managed by the Authority.

- **Crestline Homes** (Pell City, Oneonta, N. Birmingham)
  -3 ten bed group homes with staff available 24 hours a day. These are joint projects with HUD, managed by the Authority.

- **Vera House**
  -a ten bed group home with staff available to assist consumers 24 hours each day. This home is a joint project of Vera House Inc. and HUD, managed by the Authority.

- **Horizon Homes** (Avondale, Ensley)

-a ten bed group home and a 19 unit apartment complex with staff available 24 hours a day to assist consumers. These are joint projects with HUD, and managed by the Authority.

- **Greenwood**

  -a 10 unit apartment complex with staff available 24 hours a day to assist consumers. This is a joint project with Greenwood, Inc. and HUD, managed by the Authority.

- **Carson Road**

  -a 9 unit apartment complex with staff available 24 hours a day to assist consumers. This is a joint project with HUD, managed by the Authority.

- **Woodlawn Home**

  -a 10 bed group home with staff available 24 hours a day to assist consumers. The Authority owns and manages this home.

- **JBS involvement with HUD Continuum of Care Program (formerly Shelter Plus Care) and Section 8 grants**

  -the Authority has assisted over 300 individuals who suffer from severe and persistent mental illness in their attempts to obtain and then maintain Shelter Plus Care housing vouchers. The HSP case managers also provide case management services to individuals who obtain housing with vouchers. Section 8 vouchers are available on a limited basis from the local housing Authority.

- **HUD Supported Housing Grant**

  – provides apartments to individuals who meet the chronically homeless definition and serious mental illness diagnosis. These one and two bedroom apartments are at scattered sites in Birmingham with 4 units on Gadsden Street, 4 units on 5th Avenue South, 4 units on Georgia Road in Woodlawn, 2 units on Wesley Street, and one unit each on 2nd Avenue South and 4th Avenue South. These beds are referred from the Continuum's coordinated assessment and must meet the HUD definition of "chronically homeless" to qualify. The program is also following Housing First guidelines.

The persistent unmet need for affordable housing drove a group of community leaders to create Housing Enterprise of Central Alabama (HECA). The group got three-year financial commitments of $63 million in loans and donations from banks and $850,000 more in charitable gifts from foundations and financial institutions. HECA will start with a grassroots strategic planning to change neighborhood blocks one at a time, one family at a time. HECA will primarily act as a central lender for housing developers and community housing groups. HECA will also help finance affordable rental housing. HECA will serve Bibb, Blount, Calhoun, Chilton, Cullman, Etowah, Jefferson, St. Clair, Shelby, Talladega, Tuscaloosa and Walker counties. The Authority looks forward to working with HECA to access additional affordable housing opportunities for our consumers.

Alabama ARISE are examples of other grassroots organizations that have developed to work in a systematic manner statewide to address housing needs, as well as other unmet needs of the homeless population.

**8. <u>Staff Information:</u>**

PATH Staff- Race/ethnic
African American 33% (2)
Caucasian 67% (4)

PATH Staff – Age
18-34 0% (0)
35-49 33% (2)
50-64 67% (4)
65-74 0%

PATH Staff- Gender
Male 33% (2)
Female 67% (4)

HSP was successful in replacing a case management position with peer specialists to do street outreach. The program plans to continue to hire individuals of different demographic backgrounds.

a. *<u>Cultural Sensitivity</u>*:

JBS focuses on providing services to all individuals not excluding anyone based on his/her age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients. It is also the policy to focus on being sensitive to these subpopulations needs.

JBS also has a Deaf Services Program to meet the needs of individuals with hearing impairments. JBS provides interpreters to address any barriers set up by language differences.

*Cultural Competency and Health Disparities*:

JBS implemented Cultural Diversity training as part of staff development. In past years, JBS has partnered with the University of Alabama at Birmingham to provide cultural diversity training, received training through Relias Learning webinar and attended the SAMHSA webinar series Culturally Responsive Spotlight Series. Staff attended a comprehensive 2 day workshop by Iain De Jong, which included training on Motivational Interviewing, Trauma Informed Care and Housing First. Cultural diversity training is part of the initial case management training at the time of their initial employment.

JBS is working toward focusing on the health disparity among the population and recognizes the obstacles subpopulations dealing with that impact their health. HSP attended trauma informed care training offered by SAMHSA to improve awareness. The program plans to continue to attend trainings when offered by SAMHSA. The HSP program continues to take advantage of SAMHSA trainings that are specific to addressing health disparities such as the upcoming webinar series "Engaging Subpopulations of Clients experiencing Homelessness and SMI or COD's". JBS staff has also attended training in Motivational Interviewing training. These trainings are used to ensure that services are provided in a manner sensitive to differences, if any, of those they serve. JBS participates in and is evaluated on performance satisfaction using a statewide consumer and family satisfaction survey.

*c.* *Certified Peer Involvement*: As discussed earlier HSP employs 1 part time Certified Peer Specialists for street outreach. The peers have completed the State of Alabama Peer Specialists training and are required to attend continuing education trainings to maintain their certifications.

**9. Client Information**:

*a. Demographics of Clients:*

The HSP PATH client population for reporting year 2019 from the Annual PATH report was as follows:

**Race/ethnic**:

72 African-American persons
48 Caucasian persons
1 American Indian
0 Hispanic
0 Other

**Gender**:

59 males
62 females
1 Transgender

**Age**

| | |
|---|---|
| 0-17 age range | 0 |
| 18-23 age range | 2 |
| 24-30 age range | 14 |
| 31-40 age range | 34 |
| 41-50 age range | 27 |
| 51-61 age range | 40 |
| 62&older | 4 |

**Veteran Status**:

6 Veterans
115 Non-Veterans
0 Client doesn't know

**Co-Occurring SA Disorders**:

48 Co-Occurring Substance Use Disorders
73 No Co-Occurring Substance Use Disorders

*b. Projected number of adult clients to be contacted, enrolled, and % homeless:*

Based on the 2019 PATH Annual report, JBS projects to serve 300 persons via the PATH funds in 2020 and 2021. Annually, the program projects to have contact with 150

individuals for which 50% (75) will likely become enrolled in the program. Of those enrolled, it is expected 90% will be literally homeless and 10% will be in imminent risk of becoming homeless.

*Percentage of clients served literally homeless*: For FY17 90% of clients enrolled in PATH were literally homeless.

**!0. Consumer and Family Involvement:**

HSP currently has 1 peer specialist who works 35 hours a week to focus on the street outreach portion of the program. Peer street outreach was implemented in October 2013. All peers hired by JBS are required to complete the State of Alabama Peer Specialist training program and become certified Peer Specialists. They are required to attend continued education classes and attend bimonthly meetings for all Peer Specialists employed by JBS. The peer that is currently employed is a former client of the Homeless Services Program. The peers are a key part of the HSP team and they are consulted regularly for ways to better serve individuals currently receiving services from the program.

JBS currently employs 35 peer specialists and peer bridges to assist in the transition from long term hospitalization to community living. HSP plans to follow this model to employ individuals who deal with mental illness and have been homeless in the past to engage those people who are not seeking services and living on the street.

The HSP Peer Outreach team participated in the Alabama 2015 Housing Works Conference in November 2015. The staff Program Director and the Street Outreach Lead Peer provided a presentation on the program and the use of peers in street outreach. The entire staff participated in developing the presentation including a role play video that was shown during the presentation. The street outreach team is regularly contacted for input on improving the program.

JBS sponsor's the 1920 Club which is a consumer run drop in center for individuals with severe mental illness. HSP case managers refer clients to the club to increase socialization and increase support.

Additionally, over the past 15 years, JBS's Consumer and Family Council Program have met on a monthly basis. This council is composed of family members or consumers that reside in the Jefferson-Blount-St. Clair region. This council is consumer/family driven and meets at the direction of the council members. JBS continues to find consumer and family member input invaluable to the planning process of services and programming and will continue to actively encourage consumer and family involvement in the planning process

of services. Annually consumers are also invited to participate in a survey evaluating services and programming provided by the Mental Illness Outreach and Supportive Services program. The survey results are carefully studied and programmatic changes are implemented based on the survey results. Also, the Mental Illness Outreach and Supportive Services program, which includes the HSP, hosts an annual meeting to answer questions, explain services and receive input from the program's consumers.

**Montgomery Area Mental Health Authority**
2140 Upper Wetumpka Road
Montgomery , AL 36107
**Contact:** Alice Wilder

**Provider Type:** Community mental health center
**PDX ID:** AL-005
**State Provider ID:** st1001
**Contact Phone #:** 334-279-7830

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Planning Period From **10/1/2020** to **9/30/2021**

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

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **a. Personnel** | **88,838.00** | **29,612.00** | **118,450.00** | |

| Position * | Annual Salary * | % of time spent on PATH * | PATH-Funded FTE | PATH-Funded Salary * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|---|---|
| Case Manager | 29,220.00 | 100.00 % | 0.75 | 21,915.00 | 7,626.00 | 29,541.00 | |
| Case Manager | 27,445.00 | 100.00 % | 0.75 | 20,584.00 | 0.00 | 20,584.00 | |
| PATH Administrator | 64,600.00 | 50.00 % | 0.38 | 24,225.00 | 14,360.00 | 38,585.00 | |
| Peer Support Specialist | 27,920.00 | 50.00 % | 0.38 | 10,470.00 | 7,626.00 | 18,096.00 | |
| Psychiatrist | 179,700.00 | 6.00 % | 0.05 | 8,573.00 | 0.00 | 8,573.00 | |
| Registered Nurse | 40,940.00 | 10.00 % | 0.08 | 3,071.00 | 0.00 | 3,071.00 | |

| Category | Percentage | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|
| **b. Fringe Benefits** | **13.96 %** | **$ 16,536.00** | **$ 1,785.00** | **$ 18,321.00** | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **c. Travel** | **$ 3,000.00** | **$ 1,000.00** | **$ 4,000.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Mileage Reimbursement | $ 3,000.00 | $ 1,000.00 | $ 4,000.00 | |

| | | | | |
|---|---|---|---|---|
| **d. Equipment** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **e. Supplies** | **$ 279.00** | **$ 3,821.00** | **$ 4,100.00** | |

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

| | | | | |
|---|---|---|---|---|
| Office: Supplies | $ 279.00 | $ 3,821.00 | $ 4,100.00 | |

| | | | | |
|---|---|---|---|---|
| **f. Contractual** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **g. Housing** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

**h. Construction (non-allowable)**

| | | | | |
|---|---|---|---|---|
| **i. Other** | **$ 2,250.00** | **$ 750.00** | **$ 3,000.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Staffing: Training/Education/Conference | $ 2,250.00 | $ 750.00 | $ 3,000.00 | |

| | | | | |
|---|---|---|---|---|
| **j. Total Direct Charges (Sum of a-i)** | $ 110,903.00 | $ 36,968.00 | $ 147,871.00 | |

| Category | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| **k. Indirect Costs (Administrative Costs)** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
| **l. Grand Total (Sum of j and k)** | $ 110,903.00 | $ 36,968.00 | $ 147,871.00 | |

Source(s) of Match Dollars for State Funds:

| | | | |
|---|---|---|---|
| Estimated Number of Persons to be Contacted: | 200 | Estimated Number of Persons to be Enrolled: | 50 |
| Estimated Number of Persons to be Contacted who are Literally Homeless: | 180 | | |
| Number staff trained in SOAR in grant year ending in 2019: | 2 | Number of PATH-funded consumers assisted through SOAR: | 1 |

## FY 20 Budget Narrative for Montgomery Area Mental Health Authority, Inc.

| PERSONNEL POSITION | ANNUAL SALARY | PATH FUNDED FTE | PATH TOTAL EXP | TOTAL PATH FUNDED |
|---|---|---|---|---|
| Program Manager | 69,350.00 | 0.50 | 34,675 | 26,006 |
| Clerk | | 0.00 | - | - |
| Psychiatrist | 192,000.00 | 0.02 | 4,572 | 3,429 |
| Nurse | 46,320.00 | 0.10 | 4,632 | 3,474 |
| Therapist | 34,060 | 0.10 | 3,406 | 2,555 |
| Case Manager 1 | 27,920.00 | 1.00 | 27,920 | 20,940 |
| Case Manager 2 | 27,240.00 | 1.00 | 27,240 | 20,430 |
| Peer Specialist - 1/2 | 27,920.00 | 0.50 | 13,960 | 10,470 |
| Total Salaries | | | 116,405 | 87.304 |
| Tax/Benefits | | | 17,460 | 13,095 |
| Travel | | | 8,000 | 6,000 |
| HMIS/SW | | | 3,350 | 2,254 |
| Training | | | 3,000 | 2,250 |
| TOTAL | | 3.22 | 148,215 | |

| | |
|---|---|
| TOTAL PATH FUNDED EXPENSES | 110,903 |
| TOTAL PATH MATCHED EXPENSES | 36,968 |
| TOTAL PATH EXPENSES | 147,871 |

Section II. Executive Summary – Budget: Montgomery Area Mental Health Authority

**PATH INTENDED USE PLAN for FY20-FY21**

**Montgomery Area Mental Health Authority, Inc. (MAMHA)**

**1. Local Provider Description**:

Montgomery Area Mental Health Authority, Inc. is a public, non-profit corporation authorized under legislation ACT 310. This community mental health center is certified to provide mental health services to individuals in both metropolitan and rural areas. These areas are Montgomery, Autauga, Elmore, and Lowndes Counties with a total estimated population of 373,860 according to the 2014 (estimate) U.S Census data. The most populated county is Montgomery with a census of 226,189 with an estimate of 19.0% of the population below poverty.

The target population includes children and adolescents ages 5-19 with serious emotional disturbances (SED) as well as adults with serious mental illness (SMI) and/or co-occurring disorders. The agency is certified to provide a full continuum of mental health services to include outpatient, psychiatric, day treatment, residential, and case management. The total number of consumers receiving services for FY19 was 6,187. That total includes 921 consumers in the category of children/adolescent and 5,266 consumers in the category of adults.

The PATH Formula Grant fund supports services for adults age 19 and over who are homeless and have a serious mental illness. The PATH program at MAMHA recognizes PATH funds promote street outreach and case management as priority services and that these services focus on adults who are literally homeless as a priority population. PATH funds are expected to serve 100 individuals in FY20-FY21 which is 50 individuals on an annual basis.

**Amount of PATH Funds**:

The federal portion of PATH funds amount to **$110,903.** The Center receives the federal PATH funds directly from the State Department of Mental Health via contract. No federal PATH funds are distributed to other local organizations.

**2. Collaboration with HUD Continuum of Care Program:**

Montgomery Area Mental Health Authorities' Executive Director and Director of Residential Services currently are members of the Mid-Alabama Coalition for the Homeless. Case Management Director attends meetings as needed.

MAMHA's PATH program works closely with the Coalition for conducting the HUD Point-In-Time Counts annually. The 2019 Point-in-Time (PIT) count tabulated a Total of 330 homeless of that number 10 were family, 320 were individuals and 18 were identified as Chronically Homeless. Additional Homeless Subpopulations included counts of Adults with SMI- 58 Adults with Substance Use Disorder-30, and Adults with HIV/AIDS-3, Victims of Domestic Violence 15, and Veterans-50.

MAMHA is a member of the Continuum of Care which is managed by the Mid- Alabama Coalition for the Homeless (MACH). As of March 2018, the Continuum of Care has

implemented the Coordinated Assessment Entry Process, with MACH as the central gatekeeper. Programs must conduct a VI-SPIDAT assessment to determine eligibility and the amount and type of assistance needed to regain stability in permanent housing and to place the consumer on the coordinated assessment priority list. Programs are required to have documentation of the use of the coordinated assessment system. MACH has adopted the order of priority in HUD's Notice CPD-14-012: Notice of Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homelessness Persons in Permanent Supportive Housing and Record- Keeping Required for Documenting Chronic Homeless Status. PATH Case Managers are able to provide assistance to PATH Consumers which allows:

- Participation in 2-1-1, a centralized phone hotline that can provide Information on resources immediately to the individual and link them to the point (s) of contact.

- Data collection input into HMIS.

- All consumers who utilize PATH services receives an intake assessment as well as a Sun Assessment that quickly and efficiently assesses eligibility and the needs of each individual. Consumers that are enrolled in PATH also assist the Case Manager with establishing a service plan which identifies goals, and un-met needs to work towards. This plan is reviewed every three months.

The Mid-Alabama Coalition for the Homeless has constructed a community-wide initiative made possible through a partnership with city officials. There are key components shared in order to foster a successful plan to end homelessness. These components include but are not limited to the following:

- Providing awareness and education related to Alabama's landlord-tenant laws to tenants and landlords

- Identifying subpopulations of homeless persons being discharged to the streets or emergency shelters and strengthen the relationship between homeless service providers and those agencies implementing discharge planning policies.

- Developing a community resource directory for services to homeless persons including the "Rapid Re-housing Program."

- Establishing "211 Connects" as a point of first contact for persons who are homeless in order to determine service needs and referral contacts to appropriate services.

The Mid-Alabama Coalition continues to meet on a regular basis to work on their Strategic Plan to end Homelessness in the Montgomery Area. This plan is still centered on four recommendations, each with action steps and responsible agencies. The four recommendations include:

1. Improve methods to prevent homelessness

MACH has been a vital part in improving methods to prevent

homelessness through working with targeted agencies to strengthen discharge planning policies, to strengthen tenant rights by supporting the establishment of tenant-landlord laws in Alabama, to strengthen crisis intervention strategies and emergency assistance, to remove barriers to accessing mainstream resources, and to strengthen income preservation.

2. Improve Outreach Services

MACH has been a vital part in improving outreach services through working with targeted agencies to develop and implement better tracking methods for those not being served, improve street counting methods, increase methods of educating the public about homeless services, create a one-stop homeless center, and provide outreach to the "general" and "street" homeless population.

3. Improve access to services

MACH has been a vital part in improving access to services through working with targeted agencies to strength the use of existing methods designed to help homeless, formerly homeless, and those on the verge of becoming homeless access appropriate services.

4. Expand permanent housing options

MACH has been a vital part in expanding permanent housing options through working with targeted agencies to increase access and the availability of permanent housing and to help ensure that individuals and families remain in permanent housing.

Moving forward, MACH plans to secure the maximum HUD funding from the Continuum of Care Homeless Assistance Competition for the River Region, serve as a centralized expert organization on matters about homelessness in the River Region, support all organizations that provide services to the homeless in the River Region, provide direct service on a limited basis where there is no other viable alternative t meet a need, and provide all of its services throughout the River Region.

**3. <u>Collaboration with Local Community Organizations:</u>**

Below is a description of MAMHA collaboration with community organizations. There are a number of local programs, in addition to the MAMHA, that provide mental health oriented programs and PATH-supported services to individuals eligible for grant funds. Coordination with other services occurs through brokerage-type case management; provided by PATH supported staff.

- Socialization and recreational needs are met through referral to the Friendship Club, Montgomery Mental Health Association support groups, local adult day care centers, the Therapeutic Recreation Center, and local churches.

- Specific vocational needs are met through programs such as the Montgomery Area Mental Health Authority Supported Employment Program and CHOICES Program, Vocational Rehabilitation Services and Goodwill Industries.

- Transportation needs in the Montgomery County area are served through the City Bus Lines, Special Citizens Area Transportation and Voluntary Action. In the rural

areas of Autauga and Lowndes Counties, transportation is provided by rural transportation systems. Elmore County Medicaid consumers are served through several non-emergency transportation agencies. When these systems are not convenient, assistance is provided by family or church members.

- A number of agencies provide services for food, clothing, and monetary needs. Many of these services are provided by the Salvation Army, Faith Rescue Mission, Catholic Social Services, and St. Jude Social Services. A local Food Bank is used by consumers with limited or no income. In addition, the Department of Human Resources is utilized for food stamps when appropriate. The Social Security Administration is consulted on in most cases of persons with mental illness concerning financial issues and needs.

- Veterans: The Veterans Administration is use as a resource for Veterans who are experiencing homelessness. The PATH Case Manager will also assess and determine what additional community resources are needed, and then the appropriate referral will be made. Veterans experiencing homelessness has received housing through Montgomery Area Mental Health Supportive Housing Program and through our local Housing Authority.

- Medical services are provided through the County Department of Public Health as well as private hospitals. The Lister Hill Clinic and Montgomery County Primary Health Center provide medical care to indigent consumers. There are physicians available throughout the catchment areas that provide services to Medicaid consumers. The Lions Club provides eyeglasses to consumers free of charge for which PATH consumers are eligible. Dental care is accessed through a local dentist who provides services on a payment plan basis. In addition, Donated Dental provides exceptional services to our consumers which are discounted or free. Each of these services is integral in maintaining the vision and dental needs of our consumers. Path consumers can also be referred to Health Services Incorporated for both Medical and Mental Health needs.

- Support groups primary consumer led are provided through the Mental Health Association.

- State supported inpatient psychiatric treatment is provided by Bryce Hospital. Montgomery Area Mental Health has a 16-bed crisis residential facility located at 2140 Upper Wetumpka Road and another 16-bed unit at 3948 Beth Manor Drive. We also have a nine bed assessment center available at 917 Olive Street.

- MAMHA provides medication to qualified, seriously mental ill individuals through its Patient Assistance Program. Medication assistance is also provided through the VA Hospitals, local hospital emergency rooms, Catholic Social Services and doctor/pharmacies accepting Medicaid reimbursement.

- MAMHA provides Intensive Day treatment services, Rehabilitative Day services by CHOICES and Career Development.

- MAMHA utilizes Wings Across Alabama, a program that promotes positive change through recovery, education, peer support, and self-help strategies. PATH consumers are referred to their programs as a way to encourage socialization, self-advocacy and motivation to be change agents.

- Disaster Response: Disaster Response is provided by MAMHA according to center Policies and Procedure which states the response of the Montgomery Area Mental Health Authority to disaster occurring within its catchment area will be coordinated by the Executive Director or his or her designee in consultation with appropriate government agencies. In case of disaster, specifically as it impacts homeless individuals who are made homeless by the disaster, MAMHA is available to provide services to aid individuals to include counseling, case management where indicated, shelter and housing whenever possible. Disaster preparation training is provided to MAMHA staff through the Alabama Department of Public Health. The CoC for the region, Mid Alabama Coalition for the Homeless, does not have a formal written disaster plan in place, but they are available as a resource to assist in case of a disaster.

**4. Service Provision:**

The MAMHA proposes to provide an outreach director/therapist, two (2.0) case managers, a part-time nurse, a part-time therapist and psychiatrist, as well as training at other agencies which provide services to the homeless through PATH Formula Grant. Please refer to the budget section of this application for the projected staffing and related costs and for this proposal.

**a** . *PATH funded services to be provided to individuals identified in the* ***priority population of "literally homeless"****:*

Individuals are considered eligible for PATH services if they meet HUD's most recently published definition of homelessness, which is as follows:

- People are who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- People who are losing their primary nighttime residence, which may include a motel or hotel or doubled up situation, within 14 days and lack resources or support networks to remain in housing.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

PATH funds will be used to promote the delivery of mental health services in non-traditional settings making it easier for the homeless seriously mentally ill to access

services. Traditional services such as mental health screenings, intake and therapy will be provided to individuals in a non-threatening manner through the Outreach Program. Training will be provided to other community agencies serving the homeless. This training will be provided by various MAMHA staff, including the Outreach Director. The PATH Director serves on a DHR multi-needs board that focuses on meeting the needs of homeless persons and Veterans. To remain abreast of the newest information regarding how to provide needed services, the PATH case managers attend the Housing Works to End Homelessness Conference in Orange Beach Alabama. PATH Case Managers can access Funds through PATH Housing Support and through the Department of Mental Health Housing Support Funds. These funds can be requested to help with finding housing and to prevent eviction.

- In order to successfully reach the literally and chronically homeless, PATH case managers have developed a strategy to identify and connect with consumers who have never been provided services. This strategy includes the following:

- PATH case managers making contact with the local providers of all soup kitchens and shelters to discuss times of feeding and additional services provided to the poor/chronically homeless.

- Making visits to the soup kitchens and shelters during feeding and non-feeding times to encourage "newly" identified persons to consider mental health services.

- Conducting street outreach in areas that are highly populated with persons who are homeless –living in abandoned buildings and vehicles.

- Make contact with local churches that are known to provide assistance to persons who are chronically homeless or poor. This allows PATH case managers to follow-up on an individual basis to determine any need for services.

The MAMHA staff will use network of referral sources for individuals in the target population that need medical services, job training, educational services, housing services and substance abuse services. Individuals in need of emergency psychiatric hospital services will be referred to the crisis inpatient beds operated by the MAMHA, private psychiatric hospitals and/or to local emergency rooms for evaluation. Individuals in the need of primary health care services will be referred to one of the publicly supported primary health care centers. Referrals will also be made to substance abuse facilities. Individuals in the target population will also be referred to local adult education programs. Vocational Rehabilitation Services will be utilized for those individuals needing or requesting job training, job placement or other supportive vocational services. As previously noted, two full- time case managers will be hired for this program. These case managers will provide services on an outreach basis.

Due to the increase of returning Veterans and their needs to access services, and in keeping with SAMHSA's strategic initiatives, PATH Case Managers make referrals to Veterans Administration attempting to link them to additional homeless services. Other case

managers at MAMHA will also offer services to the homeless seriously mentally ill when appropriate. Case management services will include preparing a plan for the provision of services, reviewing the case plan every three months; providing assistance in obtaining and coordinating social and maintenance service for the individual; providing assistance to the individual in obtaining income and support services; and referring the individuals for other services. Case managers will also provide services to individuals living in supervised apartments, therapeutic group homes, discharged from crisis inpatient beds and state hospitals, and living in group/foster home arrangements. All of these outreach PATH services allows the consumer multiple opportunities to work toward his or her own recovery goals.

In addition, individuals may be referred for screening and diagnostic treatments services at MAMHA. Mental health habilitation and rehabilitation services will be provided through the MAMHA's Adult Intensive Day Treatment and Rehabilitative Day Programs. Individuals with mental and substance use disorders who are homeless are serviced by MAMHA PATH case managers for their mental illness and housing needs. These programs provide the homeless seriously mentally ill training in community mental health center, provides an array of services including emergency services, diagnostic services, chemotherapy, and outpatient therapy. These individuals will also have access to residential services as needed according to individual treatment plans.

**b**. *PATH Funds Leverage/Maximize other Funding Sources*:

PATH funds are used to support staff who provide a variety of PATH services including Outreach and Case Management services. These PATH funded staff members assist in linking enrolled consumers with community non-PATH funded resources and services or which they may not have immediate or ready access. Since this PATH program is embedded in a larger Community Mental Health Center, PATH consumers are eligible to receive other mental health services provided by the parent agency which are often funded by State General Funds and Mental Health Block Grant Funds.

**c.** *Gaps in Current Service Systems:*

Permanent and temporary housing have been identified as a need or gap in the current continuum of care for the homeless seriously mentally ill. Transportation was also identified as a barrier regarding transporting homeless persons to and from all medical appointments. On numerous occasions, the lifestyle that this fragile population has lived includes being involved in criminal activity and/or being arrested for their criminal actions. Having a criminal background will serve as a barrier to securing housing. Therefore, chronically homeless persons are limited to their living spaces.

The Salvation Army and Faith Mission provide limited temporary housing to homeless mentally ill individuals. Housing is also provided by the Montgomery Area Housing Authority and the Elks Memorial Center. Low-cost apartments, primarily in Montgomery County, area available for individuals receiving Social Security Disability Income or Supplementary Security Income, however, there are often waiting lists. Therapeutic group homes foster homes are used for community and post-hospitalization referrals and

placements. In situations where an individual is considered to be in need of protective services, the Department of Human Resources provide special housing support, The HUD apartment complex operated by the MAMHA is specifically designed to serve the seriously mentally ill population and houses up to twelve consumers. The MAMHA also supervises fifty eight HUD apartment units in Montgomery for imminent risk and homeless seriously mentally ill individuals.

**d.** *Prevention of Substance abuse and Mental Illness:*
MAMHA provides a full range of mental health treatment for the community in the county catchment area. Services provided are: Outpatient and Residential Services for adults and substance abuse services are referred to an outside agency. In addition to services offered, outpatient counseling for children and referrals for inpatient services are made to other children inpatient agencies in the area.

There are a multitude of services for consumers at MAMHA. These services include the following:

- Group Therapy – Concentrates on the therapeutic process regarding consumer interaction, topic disclosure and enhancing each individual's conceptual process to allow participation.

- CHOICES - Consumer service designed to offer basic living skills, money management, wellness, medication education that assists each individual with day to day coping skills. We also offer each consumer group strategies to personally grow and become self-sufficient. CHOICES also offers personal tools to learn and accept their mental health diagnosis with classes.

- ACT Team - Acronym for Assertive Community Team is a program designed to monitor high-risk consumers that reside in the community. Support services are provided in a non-traditional manner and include being seen by a case manager, a nurse and a substance abuse therapist for those consumers who are co-occurring.

- Residential Services – Consumers are screened for appropriate housing needs. At the end of the screening process, consumers are placed in a community setting that meets the needs on an individual basis.

- IDTX – Consumers are encouraged to maintain their step by step personal goals in order to prepare to enter the residential component of this program. Each consumer is motivated to discuss their own personal struggles and lived experiences.

**e.** *Funding & Support for Evidenced Based Practices, Training for PATH funded staff, HMIS-PATH data collection:*
MAMHA provides multiple homeless programs to PATH consumers. Additional training provided by MAMHA include consistent information regarding webinars focusing on the services for chronically homeless persons, in-service trainings that provide information on co-occurring disorders, mental health wellness and the success from psychotropic

medication regimens. PATH case managers educate the "street community" by continuously providing information on wellness, housing, medication access, food, clothing and how to access mental health services. PATH staff attends trainings through the HUD Continuum Care and Alignment with Plan to End Homelessness. Training has taken place and PATH data is being monitored in HMIS. PATH Case Managers utilize this system on a daily basis to log in services provided. Mid Alabama Coalition staff implemented this HMIS system and is providing support to PATH staff as needed. The HMIS system has been fully implemented as required. We are currently able to run our own HMIS reports in-house as needed.

PATH funds are also used to train PATH staff during the Annual Board Meeting. The Housing works Conference, The Alabama Council for Community Mental Health Boards Annual Conference, The Housing Work Conference which is held annually in Orange Beach, Alabama. PATH Key Leadership are required to attend a training in Birmingham where they become certified to work with Mentally Ill and Homeless people. This training will include the following:

- How to identify the mentally ill in regards to symptoms and early warning signs to detect when there may be a potential problem.

- How to identify referral sources for the target population to assist with meeting their individual needs.

- The steps to follow when making referrals to identified resources. This step is crucial in being executed and ensures that all services needed for each individual are being accessed. One of the key areas for identifying and capturing services is Homeless Management Information System (HMIS). MAMHA has trained and implemented HMIS. PATH data is being monitored as required by the PATH Case Managers.

Justice: A certain percentage of the PATH consumers have had some type of involvement with law enforcement. When at all possible, PATH consumers are diverted to treatment instead of jail. PATH Case Managers provide assessments as well as outpatient services if a consumer ends up in jail. PATH staff are working closely with different community leaders such as Probate Judges, Parole Officers, and Police Officers to coordinate a plan to triage consumers to needed services rather than placing them in jail. MAMHA provides ongoing training when requested to the local; police academy. In the event that a consumer who is enrolled in PATH does end up in jail, one of the PATH Case Managers will work with them to resolve the issue. PATH Case Managers continue to work with PATH consumers who may have been in jail or prison and have felony charges on their record, which a very big barrier to qualifying for public is housing. PATH Case Managers work with the different housing agencies to locate shelter until suitable housing can be located.

**5. <u>Data:</u>**

All consumers in supportive housing, crisis residential beds, and the PATH program are entered into the HMIS system. The system helps to track homeless consumers and refer

them to needed community resources, such as housing, health care, food and clothing. MAMHA PATH staff has been trained by the Montgomery Mid-Alabama Coalition staff on how to incorporate and utilize the HMIS system. HMIS information is housed at MAMHA and is monitored under the current guidelines of HIPPA. All PATH enrolled consumers sign a consent form allowing PATH staff to in-put their information into the HMIS system. MAMHA receive notification regarding HMIS training webinars and do participate on a regular basis. The HMIS system has been fully implemented and is being used on a daily basis as required. The PATH and MACH programs comply with all privacy agreements the only information to which MACH has access is data being entered into HMIS. No other PHI is given to MACH through reporting or participating in monthly meetings.

The following outcome measures will be collected by PATH staff.

- Number of person referred to attaining housing
- Number of persons attaining mental health services
- Number of persons referred to attaining substance abuse services

MAMHA is aware of the GPRA (Government Performance and Results Act) measurers. We are currently collecting and reporting the required elements. MAMHA is also aware that the PATH Case Managers will need to capture data specific to employment income, benefits, insurance, and primary care. PATH Staff will be required to complete all necessary training and participate in annual HMIS training. All new PATH staff will be trained through Mid-Alabama Coalition for the Homeless and support from their staff will be provided as needed.

Staff who are using the HMIS system participate in ongoing education in it's use, to include webinars and in-person trainings. New staff who are expected to use the HMIS system are fully trained in use. MAMHA receives support from the Mid-Alabama Coalition for the Homeless (MACH). MACH provides monthly reports on the data entered into the system, and notifies MAMHA of input errors and gaps on a routine basis.

**6. SSI/SSDI Outreach, Access, Recovery (SOAR):**

Montgomery Area Mental Health Authority is dedicated to providing training to PATH Case Managers regarding SOAR.

a. *The number of staff trained in SOAR*: Two PATH Case Managers were SOAR trained in 2015, and one staff trained online in 2016. Ongoing guidance is utilized through the SOAR on line program as needed. A new PATH staff has currently taking the training online in 2018.

b. *The number of staff who provided assistance with SI/SSDI applications using the SOAR model:* PATH Managers have offered assistance to one PATH eligible consumers with disability applications for the 2019 reporting period. One has been approved thus far. The average time has been three to six months for an approval.

c. *The number of consumers assisted through SOAR:* Additional information includes the concept of recovery and how managing their mental illness is based upon more

education, income increase and strategies to maintain a healthy lifestyle, regardless of their housing status. We are currently assisting one consumer at this time, and have been working with that individual for approximately two months.

d. *Application eligibility results*: Chronically homeless persons are targeted in hopes to encourage and assist them in obtaining benefits.

e. *The number of staff dedicated to implementing SOAR, part-and full-time; describe the system used to improve accurate and timely completion of mainstream benefit applications*: There are currently two full time staff who are SOAR trained. One full time staff is currently in the process of completing the online SOAR training. Additional SOAR training will be scheduled for PATH staff. All other PATH staff have been given access to the SOAR online training program. As consumers are assisted with obtaining disability benefits the PATH Case Manager will utilize the OAT system to report the outcome.

f. *Tracking consumers who are assisted through SOAR:* In addition to assisting PATH consumers with the SOAR application, we assist consumers with applying for benefits directly through our local Social Security Office. Each case manager tracks their consumers and the application process. A central spreadsheet tracking all applicants in the PATH program will be developed and maintained. Once the case has been assigned to an adjuster in the Disability Determination Service Office, we get the consumer to sign a release, so that a copy of the consumer's claims process will be mailed to the case manager to ensure that all appointments are kept. We also document a disposition from all appointments in the consumer's clinical record. If the consumer is denied, we will assist with the appeals process. If approved, we assist consumer with finding affordable housing.

**7. Access to Housing:**

PATH utilizes many strategies to match and link individuals who are homeless to suitable housing. Permanent and temporary housing have been identified as a need, or gap, in the current continuum of care for the homeless seriously mentally ill. PATH Case Managers have access to PATH Housing Support Funds and to Department of Mental Health Housing Support Funds. These funds can be obtained and used to help a PATH consumer with moving into a home or to help with preventing evection. The Salvation Army and Faith Rescue Mission provide limited temporary housing to homeless mentally ill individuals. Housing is also provided by the Montgomery Area Housing Authority and the Elks Memorial Center. Low-cost apartments, primarily in Montgomery County, are available for individuals receiving Social Security Disability Income or Supplementary Security Income; however, there are often waiting lists. Therapeutic group homes and foster homes are used for community and post-hospitalization referrals and placements. In situations where an individual is considered to be in need of protective services, the Department of Human Resources provides special housing support. The HUD apartment complex operated by the MAMHA is specifically designed to serve the seriously mentally ill population and houses up to twelve consumers. The MAMHA also supervises thirty HUD apartment units in Montgomery for imminent risk and homeless seriously

mentally ill individuals. Montgomery Area Mental Health Authority has the following residential programs available to PATH-eligible individuals in the region:

- The Salvation Army provides limited temporary housing to homeless mentally ill individuals.

- Faith Rescue Mission provides limited temporary housing to homeless mentally ill individuals.

- Mental Health Association – a 12 unit apartment complex with staff available 24 hours a day to assist consumers. This is a joint project with Mental Health Association, Inc. and HUD, managed by the Authority. Housing is also provided by the Montgomery Area Mental Health Authority through HUD Supported Housing Grant that provides apartments to individuals who are homeless and mentally ill. These one and two bedroom apartments are at scattered sites in Montgomery with approximately 60 beds.

- The special needs of homeless persons with co-occurring severe mental illness and alcohol/drug disorders will be assessed by the case managers and the Outreach Director. These homeless individuals will be referred for mental health services and substance abuse services simultaneously. The case manager and Outreach Director will attempt to bridge the gap between professional services and other necessary services.

- The Outreach Director and case managers will coordinate housing and supportive services for PATH eligible individuals. The case manager will assess the housing needs of individuals and refer individuals to appropriate housing The Outreach Director and case managers will coordinate housing and supportive services.

**8. Staff Information:**

**a.** *Demographics of staff*:

PATH Staff-[Race/Ethnic

- African American 97% (4)
- Caucasian 2% (2)
- Hispanic- 1% (1)

PATH Staff - Age

- 30-35 years 5% (1)
- 36-50 years 70% (4)
- 51-65 years 25% (2)

PATH Staff - Gender

- Female - 90% (4)
- Male - 10% (2)

**b.** *Cultural Sensitivity:*

A concerted effort is made to ensure that staff is culturally sensitive to the population served. Cultural competence encompasses having a full awareness of a person's religious beliefs, sexuality, rearing patterns and overall components that allow each person to be treated as culturally sensitive as possible. Each individual's social, environmental and psychological status is considered when working with this highly stigmatized and forgotten population. PATH staff are encouraged to participate in webinars that address current issues regarding LGBT-Q (lesbian, gay, bisexual, transgender – questioning).PATH staff providing services to the homeless population will be sensitive to age, gender, disability, lesbian, gay, religion, bisexual, transgender, transsexual, racial/ethnic, differences of consumers.

*Cultural Competency and Health Disparities Training:*

Each outreach staff member will receive culture diversity training on an on-going basis. This training is used to ensure that services are provided in a manner that is sensitive to the differences, if any, of those they serve. This CMHC also participates in and is evaluated on performance satisfaction using a state wide Consumer and Family Satisfaction Surveys. The latest survey was conducted in April 2017. The results of that survey have not been made available yet. PATH staff works closely with the local Health Department, 211 Healthy steps Alabama, and different local political officials to reduce health disparities among Racial and ethnic minorities.

Information for health disparities regarding our community is vital. As the diversity of Montgomery's community continues to change, providing health care that is culturally sensitive is at the heart of the mission of this organization. Chronic diseases including but not limited to obesity, diabetes, asthma and high blood pressure are just a few of the medical diagnoses that affect our PATH consumers. Being responsive in a timely manner to identifying these will aide in consumers being more educated and living a more fulfilling life. Treatment will be arranged for PATH consumers as it is identified.

***c.*** *Peer Specialist:*

MAMHA has a full-time Peer Specialist who continues to work very closely with the PATH consumers. All consumers to include PATH consumers are offered sponsorship to attend the Annual Statewide Recovery Conference in Shocco Springs, Alabama. This conference offers opportunity on recovery and leadership. Meetings with PATH consumers are held to discuss any issues, concerns, or barriers that the consumer may be facing. The Peer Support staff assists consumer with implementing employment goals identified in a PATH consumer's treatment plan. They are also able to share their own experiences and offer support as needed. They mainly work one-on-one with individuals to provide support towards their recovery.

**9. Consumer Information:**

According to the most recent census estimate, conducted in 2014, there are some 373,860 individuals residing within the catchment area; of these, 40.2% are white, 55.8% are black, 3.5% are Hispanic. The remaining 10% are cumulatively American Indian /Native

Alaskan; Asian, Hawaiian/ Pacific Islander, 52.5% of the population are female; 54% are 19 – 64 years of age, 12.4% are over 65 years old. The remaining 24.5% is 18 years of age or younger.

**a.** *Demographic of consumers:*
The PATH consumers make up approximately 10% of the case management program with this agency Demographics as reported in MAMHAs' 2019 PATH Annual Report, our PATH case managers had contacted through outreach and in-house services with approximately 200 PATH eligible consumers from this number 31 were enrolled for federally funded PATH services. In addition to the newly enrolled 30 consumers, there are 37 already enrolled consumers for a total of 67. We have recently moved six of these consumers into permanent housing thus far this year.

| **Gender** | | **Ethnicity** | | | | | |
|---|---|---|---|---|---|---|---|
| Male | Female | African American | Caucasian | Hispanic | Asian | Other | |
| 20 | 29 | 30 | 15 | 3 | 1 | 0 | |
| | | | | | | | |
| | | | | | | | |

Age ranges of those served are as follows:

| Age | Number served |
|---|---|
| 13-17 yrs | 0 |
| 18-34 yrs | 8 |
| 35-49 yrs | 23 |
| 50-64 yrs | 13 |
| 65-74 yrs | 5 |
| 75 yrs and older | 0 |
| Unknown | 0 |

Mental Illness Diagnosis

| **Diagnosis** | **Number served** |
|---|---|
| Schizophrenia and Related Disorders | 28 |
| Other Psychotic Disorders | 4 |
| Affective Disorders | 15 |
| Other Serious Mental Illness | 2 |
| Unknown or undiagnosed | 0 |

Of our current PATH caseload, approximately 27% have a co-occurring disorder. Approximately 2% of the current PATH caseload are veterans. Co-occurring disorders can be a significant issue with Veterans. This often occurs as a result of trauma and drug-use to "self-medicate." This pattern has led many to a lifestyle change and the final result has been homelessness. On average, at a National level there are over 22 Veterans daily that

commit suicide or self-inflict injuries. It is our hope that if early intervention is conducted to identify these consumers, PATH case managers can provide assistance to link them with services in the community. Many Veterans in the area are served the local VA, which may account for the lower percentage of Veterans in the PATH caseload compared to the local population.

**b.** *Projected number of adult consumers to be contacted, enrolled, and % homeless:*
The 2019 Point-in-Time (PIT) count, there approximately 330 total homeless individuals/families of which 89 was sheltered and 57 unsheltered. Based on the 2019 PIT count as well as the 2019 PATH Annual Report, it is projected that MAMHA will have contact with approximately 200 homeless individuals through both in-reach and outreach contacts, of that number; we anticipate enrolling about 50 for services, from the projected enrollment number, 90% of these consumers will be literally homeless. PATH funding will be used for both in-house and outreach services. The projected total enrolled to be served in FY20
100.

## 10. Consumer and Family Involvement:

- PATH consumers make up approximately ten percent of the case management within this agency.
- Input from consumers is obtained from multiple sources. MAMHA conducts an annual consumer and Family Satisfactory Survey. Family Education is offered by MAMHA on an as needed basis to anyone that makes a request the service. MAMHA's Executive and Clinical Director meets quarterly with NAMI members to staff and discuss mental health issues. We also encourage family/consumer involvement through our Human Rights meeting. The Human Rights Meeting is held once a month and we encourage family and consumers to attend and share any concerns. We also seek to have family involvement with every aspect of treatment, as long as the consumer is willing for them to be involved. We have to have releases signed that allow us to communicate with them, but whenever family is involved we believe it helps the consumer in their recovery. The more support, the better.
- The mission of the Montgomery Area Mental Health Authority, Inc. is to provide quality mental health services within our service areas, to the extent resources will allow, with the assurance that these services will be provided in a manner that respects individual dignity, promotes recovery, and enhances consumers, family and provider partnerships.
- MAMHA has a full-time Peer Specialist who continues to work very closely with the PATH consumers. All consumers to include PATH consumers are offered sponsorship to attend the Annual Statewide Recovery Conference in Shocco Springs, Alabama. This conference offers opportunity on recovery and leadership. Meetings with PATH consumers are held to discuss any issues, concerns, or barriers that the consumer may be facing.
- The Peer Support staff assists consumer with implementing employment goals identified in a PATH consumer's treatment plan. They are also able to share their

own experiences and offer support as needed. They mainly work one-on-one with individuals to provide support towards their recovery.

- PATH case management staff does staff the entire caseload to gauge where system improvements are needed.

**Wellstone Behavioral Health (formally Mental Health Center of Madison County)**
4040 S. Memorial Parkway, SW
Huntsville, AL 35801
**Contact:** Maxie Kirk

**Provider Type:** Community mental health center
**PDX ID:** AL-001
**State Provider ID:** st1001
**Contact Phone #:** 256-533-1970

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

Planning Period From **10/1/2020** to **9/30/2021**

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

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **a. Personnel** | **44,071.00** | **25,369.00** | **69,440.00** | |

| Position * | Annual Salary * | % of time spent on PATH * | PATH-Funded FTE | PATH-Funded Salary * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|---|---|
| Case Manager | 23,400.00 | 15.00 % | 0.15 | 3,510.00 | 3,510.00 | 7,020.00 | |
| Case Manager | 23,400.00 | 10.00 % | 0.10 | 2,340.00 | 2,340.00 | 4,680.00 | |
| Case Manager | 24,960.00 | 5.00 % | 0.05 | 1,248.00 | 1,248.00 | 2,496.00 | |
| Case Manager | 24,440.00 | 5.00 % | 0.05 | 1,222.00 | 1,222.00 | 2,444.00 | |
| PATH Administrator | 41,204.00 | 15.00 % | 0.15 | 6,181.00 | 6,181.00 | 12,362.00 | |
| Peer Support Specialist | 18,720.00 | 50.00 % | 0.50 | 9,360.00 | 9,360.00 | 18,720.00 | |
| Other (Describe in Comments) | 92,996.00 | 20.00 % | 0.20 | 18,599.00 | 0.00 | 18,599.00 | Nurse Pracitioner |
| Other (Describe in Comments) | 32,219.00 | 5.00 % | 0.05 | 1,611.00 | 1,508.00 | 3,119.00 | Therapist |

| Category | Percentage | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|---|
| **b. Fringe Benefits** | **31.73 %** | **$ 22,035.00** | **$ 0.00** | **$ 22,035.00** | |

| Category | Federal Dollars | Matched Dollars | Total Dollars | Comments |
|---|---|---|---|---|
| **c. Travel** | **$ 3,000.00** | **$ 0.00** | **$ 3,000.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Mileage Reimbursement | $ 3,000.00 | $ 0.00 | $ 3,000.00 | |

| **d. Equipment** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
|---|---|---|---|---|

No Data Available

| **e. Supplies** | **$ 500.00** | **$ 0.00** | **$ 500.00** | |
|---|---|---|---|---|

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Office: Supplies | $ 500.00 | $ 0.00 | $ 500.00 | |

| | | | | |
|---|---|---|---|---|
| **f. Contractual** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

| | | | | |
|---|---|---|---|---|
| **g. Housing** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |

No Data Available

**h. Construction (non-allowable)**

| | | | | |
|---|---|---|---|---|
| **i. Other** | **$ 6,500.00** | **$ 0.00** | **$ 6,500.00** | |

| Line Item Detail * | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| Client: One-time housing rental assistance | $ 3,900.00 | $ 0.00 | $ 3,900.00 | |
| Staffing: Training/Education/Conference | $ 2,600.00 | $ 0.00 | $ 2,600.00 | |

| | | | | |
|---|---|---|---|---|
| **j. Total Direct Charges (Sum of a-i)** | $ 76,106.00 | $ 25,369.00 | $ 101,475.00 | |

| Category | Federal Dollars * | Matched Dollars * | Total Dollars | Comments |
|---|---|---|---|---|
| **k. Indirect Costs (Administrative Costs)** | **$ 0.00** | **$ 0.00** | **$ 0.00** | |
| **l. Grand Total (Sum of j and k)** | $ 76,106.00 | $ 25,369.00 | $ 101,475.00 | |

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 300

Estimated Number of Persons to be Enrolled: 150

Estimated Number of Persons to be Contacted who are Literally Homeless: 60

Number staff trained in SOAR in grant year ending in 2019: 7

Number of PATH-funded consumers assisted through SOAR: 22

# PATH BUDGET

| PERSONNEL Position | Annual Salary | PATH-funded FTE | PATH-Total Salary | PATH Funded TOTAL |
|---|---|---|---|---|
| Coordinator – M. Kirk | 45412.28 | 0.15 | 13624 | 6812 |
| LPC – RJ White | 37080.00 | 0.05 | 3708 | 1854 |
| CPS – Marci Yaddow | 7488.00 | 0.5 | 7488 | 3744 |
| Street Case Manager – Ebony Thompkins | 23400.00 | 0.1 | 4680 | 2340 |
| Residential Worker – L'tanya Green | 23920.00 | 0.05 | 2392 | 1196 |
| Jail Diversion Worker – Taralyn Rowell | 30014.40 | 0.05 | 3002 | 1501 |
| Outreach Worker – Rachel Thornton | 24585.60 | 0.1 | 4917 | 2458 |
| Outreach Worker – Travis Jones | 29598.40 | 0.05 | 2960 | 1480 |
| Psychiatrist – Dr. Yelda | $192,000 | 0.2 | 81600 | 38,400 |
| Sub-Total | $425,499 | 1.25 | $168,626 | $59,785 |

| FRINGE BENEFITS Position | Annual Salary | PATH-funded FTE | PATH-Salary | TOTAL PATH Funded |
|---|---|---|---|---|
| Coordinator – M. Kirk | 45412.28 | 0.25 | 22706 | 1,703 |
| LPC – RJ White | 37080.00 | 0.25 | 18540 | 463 |
| CPS – Marci Yaddow | 7488.00 | 0.25 | 3744 | 936 |
| Street Case Manager – Ebony Thompkins | 23400.00 | 0.25 | 11700 | 585 |
| Residential Worker – L'Tanya Green | 23920.00 | 0.25 | 11960 | 299 |
| Jail Diversion Worker – Taryln Rowell | 30014.40 | 0.25 | 15008 | 375 |
| Outreach Worker – Rachel Thornton | 24585.60 | 0.25 | 12292 | 614 |
| Outreach Worker – Travis Jones | 29598.40 | 0.25 | 14800 | 370 |
| Psychiatrist – Dr. Yelda | 192,000 | 0.25 | 81,600 | 976 |
| Sub-Total | $425,499 | | $110,750 | $6,321 |

| TRAVEL | Cost | Number Persons | Number Trips/Miles | TOTAL |
|---|---|---|---|---|
| Travel to state-wide trainings, workshops, meetings | $6,000 | Path Staff | N/A | $3,000 |
| Sub-Total | | | | $3,000 |
| | | | | |
| **SUPPLIES** | **Cost** | **Per Unit Cost** | **Number** | **TOTAL** |
| Office Supplies | $600 | N/A | N/A | $300 |
| Laptop | $400 | N/A | N/A | $200 |
| | | | | |
| Sub-Total | | | | $500 |
| | | | | |
| OTHER COST | | Per Unit Cost | Number | TOTAL |
| One-time rental | $16,000 | N/A | N/A | $3,900 |
| HMIS Fees @ 5% | | | | $1,600 |
| Coc Membership @ 1.5% | | | | $1,000 |
| Client supplies | $2,500 | N/A | N/A | $0 |
| Sub-Total | | | | $6,500 |
| | | | | |
| **TOTAL DIRECT CHARGES** | | | | |
| **INDIRECT COSTS** | | | | |
| **SUM OF COSTS** | | | | $76,106 |
| Total PATH Match Expenses | | | | $25,369 |
| Total PATH Expenses | | | | $101,475 |

Section II. Executive Summary – Budget: Wellstone Behavioral Health

**PATH INTENDED USE PLAN FY 2021-22**

WellStone, Inc.

## 1. Local Provider Description:

WellStone Inc. is a public, non-profit Community Mental Health Center which was established under Act 310 of the 1967 Alabama Legislature. The services provided by WellStone Behavioral Health to seriously mentally ill (SMI) adults' age 19 years and older include: psychiatric clinic, day treatment, residential services, outreach case management, inpatient acute care, and outpatient substance abuse treatment. In addition, we also provide outpatient clinical services, outreach community case management, day treatment and substance abuse treatment to adolescents and children, from age 3 yrs. to 18 yrs. Our service area is Madison County, Alabama and has a population of 372,909 with an estimate of 11.9% below poverty level per 2019 census data found at:

https://www.census.gov/quickfacts/madisoncountyalabama.

Madison County's veteran population is 32,614 per 2019 census data found at

https://www.census.gov/quickfacts/madisoncountyalabama.

The Center provides services to a total of 16,175 unduplicated numbers of people served. Of that number, 11,262 are adult. Nova Center, our children services, provides services to 4,902 children below the age of 18 years old. Of our total census, 7,464 are male and 8, 703 are female.

Now, WellStone serves 361 Veterans and 332 homeless and at-risk homeless individuals.

**Amount of Federal PATH funds to be received: $ 76,107.00**

Wellstone receives the Federal PATH funds directly from the State Department of Mental Health (DMH) via contract. No federal PATH funds are distributed to other local organizations.

PATH federal funds are utilized for direct services to individuals who are not covered by public or commercial health insurance program, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. WellStone is committed to facilitate health insurance application and enrollment process for eligible uninsured clients. For any reason, a client is ineligible for health insurance, WellStone will consider other systems of care for potential services that a client may be eligible for (e.g. Targog, Veterans Health Administration).

Using the Point-in-Time (PIT) data of 2020, homeless individuals in Madison County area totaled at 561 sheltered and unsheltered when compared to PIT data from 2019 totaled at 464. WellStone projects within in the next 2 years, PATH and Non-Path staff will interact with 600, 300 annually, homeless individuals through both in-reach and outreach efforts based on last reporting period of 562 PATH staff contacts and 2020 PIT count annotated above. Of the projected number of 600 homeless individuals contacted, WellStone anticipates 300, 150 annually, will fit the criteria of PATH program. Of this number, we anticipate enrolling approximately 30% of adults for PATH program. From the projected enrollment number, 20% will be street homeless adults. PATH funding will be used for both in-reach and outreach services.

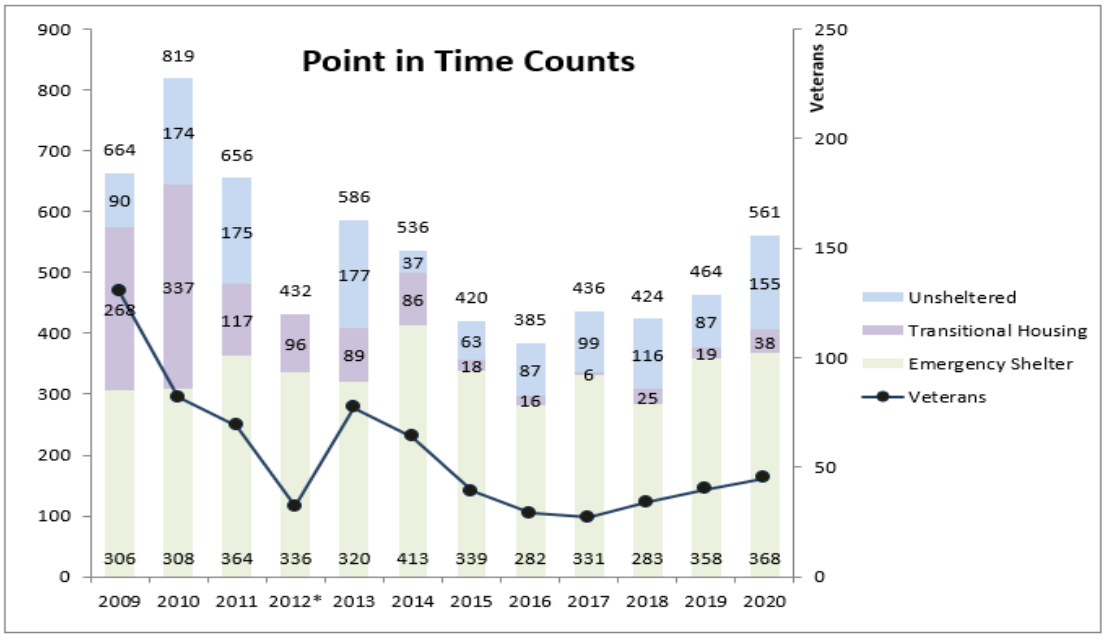
**2. Collaboration with HUD continuum of Care Program:**

WellStone is an active member of the North Alabama Coalition for the Homeless (NACH), our North Alabama Continuum of Care. "The mission of the North Alabama Coalition for the Homeless (NACH) is to educate the public regarding homelessness, and to coordinate and facilitate the efforts of agencies, communities and concerned citizens into a seamless Continuum of Care (CoC) to affect positive solutions to homelessness in Madison, Morgan and Limestone counties of North Alabama." In keeping with NACH's mission statement and the NACH Strategic Plan, the Center continues to work toward assisting SMI homeless clients by coordinating services with the goal of permanent housing. Active community stakeholders include mental health providers, community leaders, religious groups, local shelters, veterans, consumers and concerned citizens.

With NACH's steady membership growth and the Centers participation in monthly meetings, networking and coordination of services to SMI homeless clients, the Center continues to improve service delivery and decreases the opportunity for duplication of services. NACH has worked with other local agencies to obtain funds targeted for transitional housing to be used for homeless consumers.

Per Madison County 2020 PIT count coordinated by our CoC, findings indicated there were 561 homeless individuals sheltered and unsheltered compared to PIT count in 2019 at 464 with an increase of 97 more homeless individuals recorded this year. Moreover, in the category of "street"/ "unsheltered" the 2020 PIT count indicate 155 an increase of 68 when compared to 2019 PIT count. PATH funds will be used to provide case management services to SMI PATH eligible homeless individuals who may not use traditional routes of seeking services emphasis will be placed on special populations: street and veteran homelessness.

Point-in-Time data is available on our CoC website: http://www.nachcares.org under the heading "Resources". Below is a graphic illustration from our CoC website for 2020 PIT count for Madison County:




*No unsheltered count was conducted in 2012.

Through our CoC, the 2020 Point in Time (PIT) primary objective was to obtain an accurate estimate of Madison County sheltered and unsheltered homeless population which included street tent encampments.

Per our CoC, in efforts to meet the goal of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, Wellstone will participate in a coordinated data entry process in order to reduce the chances of duplicating services, reduce clients' wait time to receive services, triage client needs, and prioritize decisions based on clients' needs. In addition, this coordinated process provides the CoC with a snapshot of service needs and barriers for those individuals/families experiencing homelessness.

Our CoC has identified needs of emergency response plan included: to assist individuals who are unprepared for a weather emergency by having an adequate amount of food in preparation for disaster, lack of emergency placements for family units or single parents with children of the opposite gender over the age of 12, transportation options to the emergency shelters. The following is included in the plan:

- Identified emergency warming centers;
- Missions flexible admission criteria during extreme weather conditions;
- Crisis Services Call center assist the public with linking emergency response options;
- Identified organizations or churches for food assistance
- Identified temporary emergency shelter for all populations
- Identified volunteers to donate time during disaster

Present day, WellStone has no representation on our CoC's board, however, Wellstone

maintains an annual membership and actively participate in CoC meetings and agenda activities.

**3. Collaboration with Community Organizations:**

WellStone is active in the local community. We have developed and sustained good working relationships as well as partnerships with several community organizations to provide services to not only SMI individuals but homeless individuals as well. In alignment with Substance Abuse and Mental Health Services Administration (SAMSHA) initiative that focus on Recovery Support, Wellstone continues to provide recovery-oriented behavioral health care to agencies described below.

- Downtown Rescue Mission (DTRM)—provides temporary emergency shelter for homeless individuals and/or families. Social Services are available. They provide residential substance abuse treatment. In addition to the above, breakfast and dinner is served daily. WellStone's PATH outreach workers attend weekly site visits to provide support and education to shelter staff on severe mental illness (SMI) and to offer services to those individuals identified with possible SMI diagnoses.

- Salvation Army—provides temporary emergency shelter and case management to homeless individuals and/or families. They provide short-term residential substance abuse treatment. They also provide breakfast, lunch and dinner daily to homeless individuals within the community. In addition to providing meals, they also operate a mobile soup kitchen which WellStone's case managers assist with a monthly rotation. As part of our partnership with this shelter, WellStone provides weekly site visits from a PATH case manager to provide support and education to shelter staff on SMI diagnosis and to offer services to those individuals identified with possible SMI illness.

- Police and Sheriff's Departments of Madison County – engage with the WellStone's Crisis Response Teams to provide a "community policing" approach when engaging with the public specifically to individuals identified as vulnerable in the categories of homelessness and/or experiencing significant behaviors that present as mental health illness. Huntsville and Madison City Police Departments established "community policing" initiative to educate and train officers in Madison County to respond to mental health calls and coordinate behavioral action care plans to better serve all individuals in the community in coordination with WellStone's Mental Health Officers and Crisis Response Teams. All Madison County's' police departments have 24-hour access to WellStone to coordinate care. Police Departments participated in Mental Health Training opportunities and "real-world ride" along with PATH and Non-PATH staff.

- Huntsville Hospital—provides medical and psychiatric care. Our partnership includes WellStone embedding a PATH case manager on the psychiatric unit for adults and all medical units during center's business hours. This PATH case manager acts as a liaison between the hospital and WellStone for the following reasons: discuss treatment options provided by WellStone, expedite access to care, provides data to WellStone's

Performance Improvement Committee on admitted patients hospitalized to assist in establishing and/or maintaining/improving continuity of care as well as assist with planning for discharge which may include referrals for partial hospitalization services, outpatient commitment or outpatient services.

- Crestwood Medical Center—provides medical and psychiatric screenings. WellStone works with Crestwood staff to address the recovery needs of those identified with an SMI diagnosis. WellStone's Access to Care Department assist with discharge planning of individuals admitted in this setting.

- HAPPI Primary Care Services – WellStone established a partnership with HAPPI to offer integrative health care at 2 locations: WellStone's main campus and off-site on the campus of HAPPI. HAPPI offer services in the areas of pediatric, adult, urgent care and non-SMI psychiatric care. For further information visit: http://www.happiinc.com

- Local medical facilities such as Central North Medical Center, University of Birmingham (UAB) located in Huntsville, Madison County Health Department, Free Clinic just to name a few —provides medical and dental care on a sliding fee scale or free to eligible homeless clients. Certified case managers provide linkage and assistance to these facilities to ensure medical needs are addressed.

- Justice Involvement and Legal System---WellStone Behavioral Health continues to maintain a positive working relationship with jail staff who informs us of clients who meet the definition of homeless as well as exhibits behavior that could be identified as a mental illness. Through our Mental Health Court Program, we work closely with judges, defense attorneys, prosecutors, and families to ensure SMI and Veteran clients receive the necessary mental health services to help reduce further involvement in the criminal justice system. Both, Licensed Professional Counselor (LPC) and certified case managers provide education to jail and legal staff on mental illness, case management interventions, and other community linkage. Moreover, the center works in conjunction with the Federal Probation office with individuals who are on Federal Probation. Services provided are paid for by the Federal Probation Department. Not all clients are literally homeless. Services may either be for Substance Abuse or for more traditional mental health services. Program participants has access to psychiatric clinic and/or behavioral health services. It should be noted that some program participants reside outside of Madison county. Wellstone re-applies for this contract every three years.

- Huntsville City Metro Jail – Jail Diversion is Wellstone's recent outreach project. The purpose of this program is to provide an intercept model which provides for interventions at multiple opportunities when a person with a serious mental illness (SMI) encounters or moves through the criminal justice system. This project uses a collaborative effort between the criminal justice and mental health systems to engage mentally ill offenders in treatment at the earliest opportunity and provide for continuity of care and supportive services for those leaving the corrections system and returning to the community. Supportive resources for this population include but not limited to

the following: emergency temporary housing, outpatient mental and substance abuse services, and case management services.

- First Stop — a grant-based, not-for profit organization with a primary goal is to reduce homelessness in the Madison County area. First Stop provides outreach to homeless individuals and/or families in local encampments. Services provided include individualized case management support and placement into temporary/permanent housing. WellStone unremitting partnership with First Stop to educate, offer and provide traditional and non-traditional services for street homeless SMI individuals residing in encampment areas to include at the very least weekly engagement and mental health screenings by PATH Case Manager and PATH Certified Peer Specialist with First Stops' outreach and volunteer teams to street homeless individuals in "tent cities" encampment. Weekly staffing between First Stop staff and the PATH staff to reduce duplication of services.

- North Alabama Community Care (NACC) – developed and posted through AL Medicaid for a medical home program. This program includes the establishment of regional "patient care networks" with the primary mission to improve health, welfare and efficiency of care provided to North Alabama Eligible Medicaid Residents. NACC works to develop and implement patient centered care plans and improve quality of care and quality of life for individuals who frequently use emergency services. WellStone Behavioral Health has available office space to provide opportunities for case collaboration and ensure patients are provided appropriate mental health services while addressing their physical health needs.

- My Care – As mentioned above as NACC, My Care was established for Alabama Medicaid beneficiaries for an in-home medical home follow up program. This program includes the establishment of "patient care networks" with the primary mission to improve overall health. Target populations include individuals who frequently utilize emergency services. WellStone Behavioral Health has available office space to provide opportunities for case collaboration and ensure patients are provided appropriate mental health services while addressing their physical health needs.

- Alabama Department of Veteran Affairs (VA) provides focus on individuals who have earned state and federal benefits. Specifically, the WellStone's PATH certified case managers link homeless veterans to Alabama Homeless Veteran Program as needed. Services in this program includes case management, health care, housing assistance, employment training just to name a few. This year WellStone hosted a training session for SMI veterans and staff to learn more about programs offered for in the department.

- Expected Little Miracles (ELM) - The ELM Foundation is a faith based, private operating foundation that works to reverse the cycle of poverty by helping individuals and families set goals, create plans, and access resources to become economically independent. Accountability, stewardship, and service are critical to the success of our model. Participation is by referral only. We accept referrals from nonprofit organizations, clergy, and community leaders. It should be noted that PATH and Non-

Path case managers attend a one-time collaborative case management training via their Community Connections Program. The Community Connections project funds an unlimited number of Charity Tracker subscriptions for each agency for one year. Charity Tracker, an online case management tool developed to help individuals in the community. The goal is to provide an unlimited number of Charity Tracker subscriptions in Madison County to create a critical mass of agencies using a collaborative case management network. It should be noted over 100 organizations on the Huntsville Charity Tracker network including nonprofits, churches, corporate partner and community organizations such as the Chamber of Commerce, school systems, engineering firms, health care providers, etc.

- Huntsville Housing Authority (HHA) provides low-income housing, rental assistance, and housing counseling to homeless consumers. Through the HHA, the WellStone operates a 55-bed shelter plus care program that assists with housing SMI, co-occurring, and HIV/AIDS diagnosis.

- Aids Action Coalition-- provides outreach case management and medical care to those individuals diagnosed with HIV/AIDS. WellStone has partnered with the Aids Action Coalition to provide housing services through WellStone's Shelter plus Program.

- Local boarding homes, local apartments and residential care homes—provide housing. Certified PATH and Non-PATH Case Managers and Certified Peer Specialist have developed working relationships with several of mentioned placements which allows for housing fast-track assignments, if PATH or Non-PATH participants meet criteria.

- Hope Place—a domestic abuse shelter, provides emergency safe housing for victims of domestic violence. In addition to emergency housing, eligible clients receive counseling, case management services and housing assistance to establish permanent housing. Wellstone's PATH and Non-PATH Case Managers often refer individuals to this agency. Staffing cases are regular to eliminate duplication of services.

- Several local churches —provide clothes closets, food boxes, medication balance pay, rental and utility assistance. Certified case managers can link and assist individuals with access by identifying churches for needed resources.

- Social Security Administration (SSA) and Alabama Department of Human Resources (ADHR)—provide entitlement assistance such as Medicaid, disability income, food stamps and unemployment benefits for eligible clients. Certified case managers often link and assist consumers with accessing SSA and ADHR.

- Alabama Department of Rehabilitative Services (ADRS)---provides specialized employment, education-related services and training to assist adults and teens with disabilities in obtaining and sustaining employment with local business. PATH participants are referred to this program.

- Residential substance abuse services are referred to both local and non-local agencies.

Local agencies are: Downtown Rescue Mission Residential Substance Abuse Treatment, Salvation Army Residential Substance Abuse Treatment, Bradford, and Pathfinders, Inc.

Collaborations in community events for our homeless population is annotated in this plan under the heading: *Provider evidenced based practice, trainings and community event participation…*

**Wellstone, Inc. Disaster Contingency Plan**

The center designed a procedural outline and precautions to follow which will minimize the possibility of personal injury or extensive property damage due to unforeseen occurrences. Wellstone Behavioral Health places a high value on the safety and welfare of its employees, clients, and visitors. If a situation or disaster occurs at the center, and Contingency Planning Team is responsible for assessing the emergency situation. An alert will be sent to all Department Managers. Status updates will be provided by the Contingency Planning Team to the Department Managers for dissemination of pertinent information. The plan integrates all programs to include PATH. The following outlines the plan:

- Plan Activation
- Facility Locations and Floor Plans
- Temporary Facilities
- Site Documentation/Vendor Readiness Plan
- Weather Alerts
- Biohazardous Materials
- Pharmacy and Medications
- Security
- Incident Reporting
- Miscellaneous (Smoking Policy, Transportation, Data Storage, Reviews)

The Contingency Planning Team will review, evaluate and modify the Safety Plan as needed. The team will meet during January of each year to review drills, exercises, emergencies, policies/procedures, and other occurrences that took place during the previous calendar year and revise the Plan accordingly. This process will be led by executive management and will become an integral part of the WellStone's strategic planning and performance improvement process.

## 4. Service Provision:

The primary mission of Wellstone Behavioral Health PATH funded services is to provide recovery support for those SMI adults who are street homeless and at imminent risk of homelessness through in-reach and outreach settings. Individuals receiving PATH funded services range in age from 19 years and older. In keeping with the WellStone's policy, those served in the PATH project will receive PATH funded services must be within the Madison County service area. In alignment with SAMHSA's Strategic Initiative for Recovery Supports and to improve and increase service delivery, WellStone provides "whole-person" comprehensive services to promote levels of care that foster health and resilience while reducing

the barriers of access to care. PATH services include but not limited to: outreach and street case management, intensive individual and/or group sessions, employment-skills training, free GED classes, crisis intervention, basic living skills (BLS) training, screening and diagnostic treatment, referral services, alcohol/drug treatment access, and housing support services to capture both PATH and non-PATH eligible clients.

It is significant to note that PATH and non-PATH funds allow treatment access to homeless individuals who would not otherwise be able to afford services.

Wellstone Behavioral Health's plan for providing a coordinated and comprehensive service delivery to eligible PATH clients is as follows:

**a.** *PATH funded services to be provided to PATH eligible and participants who are identified as "literally and chronically homeless":*

- Wellstone has a continued partnership with First Stop, a grant-funded, not-profit organization works to ensure area literally and chronic homeless population residing in encampment areas continues to receive access to WellStone services. A WellStone PATH case manager and PATH certified peer specialist along with First Stop staff collaborates by working in the camp areas identifying, offering and providing outreach case management services to SMI and/or Veteran homeless individuals. WellStone and First Stop has continued a joint initiative to provide treatment and other wrap around services to eligible seriously mentally ill (SMI) adult PATH eligible individuals who meet criteria of street homeless and do not have the resources to pay for treatment services. Our plan is to continue providing a PATH case manager and PATH certified peer specialist (CPS) "on the street" to work directly in encampment areas with the "literally and chronic homeless" population to affect positive solution to end homelessness.

- WellStone maintains an active relationship with Huntsville Police Department (HPD) as mentioned previously. This collaboration promotes safety in homeless encampment areas and open dialogue between PATH certified case managers, PATH certified peer specialist and crisis intervention/outreach workers. This collaboration improves and ensures our street homeless population is better serve and improves access to mental health services through our Access to Care Department and crisis response team in an effort to divert eligible PATH individuals from jail system.

- Wellstone Behavioral Health continues to partner with our two largest homeless shelters to provide in-reach services. As part of this partnership, a PATH certified case manager is assigned to serve as our liaison. Services provided include but is not limited to crisis stabilization, medication monitoring, assistance with locating community resources and obtaining permanent housing with basic living skills training. The in-reach services provided continues to be invaluable not only to PATH eligible residents but, also support shelter staff on understanding symptoms and behaviors of their residents in the areas of substance abuse and severe mental illness diagnoses.

- PATH funds are used to provide in-reach services in partnership with a local homeless shelter's operation of a mobile soup kitchen. Through the mobile soup kitchen, case managers, therapists and CPS volunteer and initiate contact in poverty-stricken areas to include "tent cities". The mobile soup kitchen provides an opportunity for certified case managers to offer hot meals and information about the center's services to include residential services;

- Another in-reach partnership that provides service as a mechanism to prevent homelessness is with Alabama State psychiatric hospitals and local hospitals. PATH Hospital Tracking Case Managers and/or therapist are notified upon clients discharge to identify and plan needs for discharge recovery needs for PATH and Non-Path consumers;

- Although PATH funds are not utilized, WellStone has expanded in-reach efforts within Region I-state psychiatric hospitals and various psychiatric-focus community agencies with the position of a Utilization Review Coordinator. The Utilization Review Coordinator primary focus is to facilitate housing placement for literally homeless severe mentally ill consumers in appropriate residential setting. In addition, the Utilization Review Coordinator provides education and training to mental health professionals and community at large on the importance of ideal residential placement according to an individual's functionality that fosters least restrictive setting;

- PATH and non-Path funds support initial screening and diagnostic treatment services;

- PATH and non-PATH funds will be utilized to refer for primary health services, veteran services, vocational services, educational services and other relevant housing services;

- In addition to existing community mental health services, these services will be provided with requested PATH fund and in-kind match:

    1. 24-hour hotline for after-hours needs;
    2. Walk-in crisis and triage capacity to identify clients in need of immediate treatment;
    3. Mobile outreach for dealing with crisis in the identified targeted population;

- Supportive and supervisory services in residential settings. Residential Supervisor and staff continue to work with PATH and Non-PATH to help reintegrate back into the community while gaining their independence;

- Alcohol or drug treatment services;

- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who experience homelessness require services;

- Community mental health services including recovery support services, such as peer specialist/recovery coaches;

- Case management/Street Outreach include prioritization of those with serious mental illness who are veterans and experience homelessness or in danger of becoming homeless, services include the following:

    1. Prepare an individual service plan for PATH eligible clients based on a need assessment, and review of plan completed quarterly;
    2. Facilitating BLS to include abstinence from all tobacco products, peer support services, personal financial planning, transportation services, habilitation and rehabilitation services; prevocational and vocational services;
    3. Continue to assist homeless consumers with applying for disability benefits utilizing the SOAR program;
    4. Assistance to eligible homeless clients in obtaining income support services to include housing assistance, food stamps, and supplemental security income benefits;
    5. Referring homeless consumers to community services as appropriate;

Anyone enrolled in PATH will receive Case Management.

- Another service provided to SMI homeless clients that aligns with SAMHSA's Strategic Initiative for Recovery Supports to promote an individual's financial life goal is Representative Payee Services. This program is in accordance with Section 1.6.3.1(a) (2) of the Social Security Act. The individual is a recipient under Title XVI of such act. Payee program is necessary to assist individuals who are identified as incapable of budgeting, paying their bills consistently, and keep track of financial affairs. Certified case managers and certified peer specialist provide individual and/or group training sessions to collaborate, develop and implement budgets to pay monthly expenses from month-to-month under the supervision of Social Security Administration.

- Housing support services as specified in Section 522(b) (10) of the Public Health Service Act includes:
    1. Minor renovation, expansion, and repair of housing;
    2. Planning of housing;
    3. Technical assistance in applying for housing assistance;
    4. Improving coordination of housing services, this option is often utilized by WellStone when staffing clients with providers and community stakeholders;
    5. Security Deposits this option is often utilized by WellStone;
    6. Costs associated with matching eligible individuals who are

experiencing homelessness with appropriate housing situations;
7. One-time rental payments to prevent eviction, this option is most utilized by WellStone

Other services may qualify as PATH-appropriate and determined by the State Department.

*WellStone strategy to maximizes use of PATH funds to leverage other Funds*

WellStone has a strategy to maximize local and state funding to provide in-reach and outreach services to those diagnosed with a serious mental illness. PATH funds allow WellStone to maximize services to clients that meet the criteria of homeless. PATH funds continue to provide funds for street/veteran homeless. Specific examples of WellStone include the following:

- PATH staffs refer homeless individuals with severe mental illness to supportive housing programs. This program provides short-term housing and involves case management intervention that includes but not limited to navigating community resources, employment assistance and education trainings. The goal of the program is to bridge short term housing to long term stable housing. PATH funds are not utilized for this type of referral.
- Probate fees by Huntsville City Government are utilized to off-set cost and support on-going behavioral health care (i.e. counseling, case management) to PATH eligible individuals.
- Zero Fee program designed by WellStone. This program provides zero-fee for services received to PATH eligible clients that meet criteria of the program. Psychiatric medications are expensive for our homeless population and PATH providers refer to Patient Assistance Program managed by our in-house pharmacy. This program allows and improves efficacy of medications and re-hospitalization for our homeless population with no to little cost to the individual. Through our partnership with First Stop, PATH providers refer to this program as funding is available.

*b. Gaps that exist in current service systems*

- Affordable Housing—Lack of affordable low-income housing that is not located in higher crime areas.

- Background checks—Many PATH eligible clients often cannot pass a background check to access low income housing.

- Transportation—Metropolitan area of Huntsville continues to be limited due to insufficient routes and hours of the Public Transportation System.

- Availability and access to affordable health care—Madison County area has several factors that contribute to client health disparities especially with the literally homeless population which includes but not limited to access to care and quality comprehensive

services.

*WellStone's strategy to bridge health disparities in service systems*

- PATH and Non-PATH providers advocate on behalf of our homeless population through continued discussions on how to improve access to care and sustainable housing options through PATH and Non-PATH funds via local and state funds, and partnerships/outreach efforts with community stakeholders. It should be noted that WellStone's leadership council identified gaps and implemented policies (Zero Fee, Patient Assistance Program, Access to Care Department, Community Policing Initiative, jail diversion project) to lessen gaps in service delivery for our homeless population.

- WellStone has widened our awareness in local, state-wide, and national health disparities initiatives such as the Affordable Care Act and evidenced-based health care models. PATH outreach providers refer to area Benefit Specialist to assist PATH eligible and Non-PATH eligible individuals to explore and obtain health insurance. PATH staff will continue discussions with leadership council and community stakeholders to improve access to health care for all individuals served.

- WellStone has partnered with HAPPI Family Care clinic with urgent care availability. Offices are located at WellStone's main campus and 2 off-site HAPPI facilities. WellStone has embedded a therapist within 1 HAPPI facility to offer counseling services from school-age kids up to 25 years of age, and 25 and older are referred to WellStone main campus. Through this partnership, the "whole person" approach widens accessibility to quality health care with a comprehensive treatment team for PATH eligible and Non-PATH individuals. WellStone will continue to address comprehensive health care needs within Madison County, and explore modes of services to close the gap of health disparities among general population and subpopulations (i.e. racial, ethnic, limited English speaking, chronic disease) to ensure the healthy functioning of PATH eligible and Non-PATH eligible individuals.

It should be noted that WellStone is committed to providing behavioral health needs to special populations. Special populations include the following: military service members, veterans, individuals living with severe mental illness and who are incarcerated upon their release, when appropriate.

WellStone will continue to promote smoke free facilities for the benefit of clients, visitors, and staff in compliance with federal, state and local ordinances to include prohibiting minors from smoking on the premises. Use of tobacco/nicotine inhalation (vaping) products in any form is permitted only in designated outdoor areas and not near any entrance way.

WellStone has developed a plan to strengthen outreach and engagement activities in which

the greatest number of individuals who are experiencing homelessness with a need for mental health, substance use disorder, and housing services in hard to reach areas in Madison County will include the following:

- Promote outreach and engagement activities in existing programs offered at Wellstone and community-wide, such as Mental Health Officer program with Huntsville Police Department/Sheriff Department, expand street outreach at multiple tent encampment, clinic-based programs at least one time per month.
- Foster coordination across WellStone to address multiple problems of individuals experiencing homelessness and find solutions to end their homelessness at least one time per month.

**WellStone linkage examples to promote supports to minimize challenges for PATH eligible and participants services – See description for each bullet under Collaboration with Community Organizations and/or Services Provision:**

Here are just a few examples:

- Mental Health and Veteran Court
- GED classes offered by Drake Technical College at main campus
- HAPPI – primary health care offered at main campus
- HUD Subsidy housing with local apartment complex known as "set-asides"
- Justice Involvement in traditional court setting and hospital
- Mental Health Officers collaboration with Crisis Response Team and local police departments
- CoC member collaboration to locate available housing resources
- Regional Care Organization (RCO) care coordination
- Thrive – HIV/AIDS residential program
- Sparkman Pharmacy at main campus with Patient Assistance Program

*c. Services available to PATH clients who have both serious mental illness and substance use disorder*

WellStone provides mental health treatment and substance abuse services to individuals who reside within the Madison County area. The services provided include outreach services, psychiatric inpatient treatment, outpatient clinical services, day treatment, residential services, case management and outpatient substance abuse treatment. These services are offered to adults and children. Services available:

Care Connect is WellStone Behavioral Health's access-to-care department and the single point of entry into most of WellStone Behavioral Health's programs and services. Individuals seeking services for mental health and/or substance abuse must call Care Connect to complete a phone registration. Care Connect staff includes bachelor-level care connect screeners and therapists.

Care Connect professional staff members provide:

- Confidential, individual telephone screenings
- Hospital referrals
- Hospital aftercare appointments
- Linkage to and information on external community resources
- Crisis intervention services
- Coordination within and between services and levels of care
- Insurance and financial resource verification
- Assist with Homeless Management Information System (HMIS) forms (in-person)

Through a brief telephone screening system, trained staff members assess an individual's need for care and determine the most appropriate level of care and service. Speaking directly with the individual seeking services, Care Connect staff members address any crisis presented, complete a brief screening or, if needed, refer the caller to another community provider.

Initial Walk-In assessments are completed during regular office hours. Crisis staff members are available 7 days per week, 24 hours per day. Anyone may call Care Connect for service information, questions about resources, or help in dealing with a crisis.

Anyone seeking services and/or inquires more about Wellstone's programs and services visit our International award-winning website at www.wellstone.com.

- WellStone's New Horizon Recovery Center (NHRC) offers an intensive outpatient substance abuse treatment, certified substance abuse peer support, and case management services for those clients diagnosed with a substance abuse/dependence disorder. The staff members of NHRC are trained to offer recovery and illness management to those clients who have been diagnosed with a co-occurring diagnosis. Referrals for residential treatment is made as needed and/or accepted by PATH eligible and Non-PATH eligible individuals. It is worth mentioning that all NHRC co-occurring therapists are state certified as substance abuse counselors and at least two are trained in case management.

- Although PATH funds are not utilized, WellStone has established "Connections" Program. This program is tailored for those diagnosed with an SMI with no health insurance and/or income. The purpose is to provide access to high quality behavioral health care with the goal to obtain income and health insurance. Staff includes: 2 master-level therapists, 2 Assessment therapists, 1 part-time therapist and 1 part-time Mental Health Technician/Case Manager. SOAR will be initiated for clients seeking disability. Income options will be explored.

- Seeking Safety is a SAMSHA registered evidenced-based intervention used in group or individual sessions available for PATH eligible and Non-PATH eligible individuals. This focus of treatment is to identify therapeutic coping skills to promote safety and positive habits for those with traumatic and substance abuse diagnosis. WellStone is exploring options to have at least 1 PATH funded therapist to become certified in Seeking Safety.

- WellStone's staff often refer homeless and veteran individuals dually diagnosed individuals to the following local residential treatment programs: Downtown Rescue Mission Residential Substance Abuse Treatment Program, Salvation Army Residential Substance Abuse Treatment Program, State of Alabama Homeless Veteran Program and Pathfinders Inc. A referral to these programs is two-fold: (1) immediate for temporary housing and treatment and (2) allows PATH and Non-PATH case management time to begin process of identifying other needed resources for more permanent housing placement. PATH funded Outreach Case Managers continue to screen, link and refer PATH eligible individuals diagnosed with severe mental illness to WellStone for treatment of their mental illness and/or substance abuse.

- Although PATH funds are not utilized; WellStone operates a 16-bed secure co-ed inpatient crisis stabilization unit facility widely known as WellStar. This intensive treatment provides structured, clinical treatment with the goals of acute symptom remission, state hospital avoidance, and/or reduction of inpatient length of stay. This location accepts involuntarily individuals committed for treatment under court order within the Department of Mental Health Region I. This program offers 24-hour medical staff with a nurse on duty at all times. Services are provided to co-occurring patients.

- WellStone offers a GED program to serve PATH eligible individuals. This program was established to prepare individuals to take the State of Alabama approved GED test. WellStone has teamed up with Drake Technical College to offer classes at WellStone at least 2 times a week facilitated by Alabama State Certified Educators and Mental Health Technician/Case Manager.

- WellStone facilitates evidenced-based specialty groups which are vital to PATH eligible individuals in their recovery process. These groups assist with illness management, prevent and/or decrease re-hospitalization, and promote recovery skills. A notable accomplishment is that WellStone continues to employ 3 Wellness Recovery Action Plan (WRAP) 1 therapist, 1 mental health technician and PATH certified peer specialist.

- WellStone Assertive Community Treatment (ACT) offers weekly group sessions which focus on dually diagnosed clients. PATH funds are not used, but PATH eligible individuals may be referred as necessary.

- PATH eligible individuals are also referred to other local substance abuse treatment facilities. Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and AL-Non-family group programs are also available in the community.

It is WellStone's intent that these above-mentioned services will facilitate treatment recovery and helps with our mission to end homelessness.

Grant funds will not be used for the following:

- Supporting emergency shelters or construction of housing facilities
- Providing inpatient psychiatric treatment
- Providing inpatient substance use services
- Lease arrangements in association with the proposed PATH project beyond the project period, nor any leased portion of space not supported by the project

**Effectiveness in serving Veterans experiencing homelessness**

Veterans with a homeless status has a multiple support in our system of care. Supports included but not limited to: Mental Health Veteran court advocate, case management to include payee program if appropriate, therapy, integrative health care, subsidy housing, linkage to WellStone's Veteran CPS and agency, available funding per PATH grant guidelines, and much more.

WellStone engages veterans who experience homelessness in the Madison County area. PATH and non-PATH staff continues to break-down the stigma associated with mental illness like Schizoaffective, Post-Traumatic Stress Disorder (PTSD), Schizophrenia, Bipolar Disorder, and Substance Use Disorders by offering Mental Health First Aid. WellStone has reached out to the Veteran community in the following ways:

- Veteran Court – is a structure court setting that provides mandatory treatment options for veterans. Services available to PATH veterans are substance abuse treatment, outpatient services, case management, crisis intervention, medical clinic and much more. The primary provider is a licensed professional counselor and certified case manager. Without this intervention for veterans, it is highly likely to reoffend and remain in the criminal justice system without treatment. WellStone's Veterans Court can assist those serve meet their treatment obligations with less restrictive legal and treatment interventions.

- Operation Stand Down – this is a community event that focus on assisting North-Alabama Veterans to re-establish community ties and promote re-integration back into their community. Stand Down is a grassroots intervention designed for North Alabama homeless population estimated as 1,000 per http://www.osdh.org . PATH and non-PATH clients are encouraged to attend this event.

- Veteran of North Alabama Services Assistance Program – coordinate services for Veterans and their families with agencies as required to assist with systems of care on a federal, state and local level. Facilitation to pursue veterans and their families' needs include limited financial assistance; assist with filling out forms, access to computers and transportation.

It is noteworthy to mention the challenges of providing services to homeless Veterans which include the following:

- Insight into mental illness
- Feelings of isolation due to stigma
- Limited Income
- Legal Issue/Felonies

- Long wait times with Veteran Affairs
- Expensive medications and treatment
- Unable to locate military discharge paperwork
- Lack of support
- Drug/alcohol use

In keeping with SAMHSA's focus on Prevention of Substance Abuse and Mental Illness, WellStone as a whole provides services to all military members and family regardless of their duty status. These services are provided using both PATH and Non-PATH funds. WellStone actively participates in Veteran's Mental Health Court for SMI veterans in the local court system. This initiative includes a full-time certified case manager to serve this population. This certified case manager provides a range of case management services based on individual needs. As a continued part of outreach services, WellStone is planning to volunteer staff time in Operation Stand-Down Program in which military veterans are a priority. This program provides a one-stop shop for military veterans to receive community resources, abbreviated mental health screening as well as other services that encourage recovery. WellStone will continue to work with our local Veteran Affairs office and local housing authority to assist homeless veterans with accessing funds set aside for permanent housing.

*d. Path Eligibility Determination and Enrollment Process*

WellStone's guidelines to determine individuals eligible for PATH services are the following:

- Individuals experiencing street homelessness
- Individuals experiencing imminent risk of homelessness
- Individuals diagnosed with serious mental illness/co-occurring

Admission guidelines include the following:

- PATH eligible individuals are staffed with supervisor to determine enrollment to PATH
- PATH funded case manager utilizes the SUN-R assessment tool to determine needs
- PATH eligible individuals must agree to PATH services

PATH eligibility is documented in our HMIS.

## 5. Data Collection and Performance Measurement:

WellStone continues to utilize electronic health record (EHR) that is efficient and user-friendly. PATH funded staff utilize Homeless Management Information System (HMIS) to record demographical data on our PATH eligible contacts. PATH eligible contacts are flagged as PATH within the HMIS system and WellStone's EHR. With HMIS, members of NACH are able to share information on individuals to ensure appropriate service delivery to PATH eligible individuals to prevent duplication of service delivery.

WellStone Behavioral Health continues to maintain two licenses for PATH funded staff

that are assigned to access and input data into HMIS for PATH eligible individuals. The HMIS system is managed by our North Alabama Coalition for the Homeless (NACH) our Coc for North Alabama. WellStone has adopted the NACH's privacy and confidential policies guidelines which include the following:

1. To protect the privacy of agency and individuals served
2. To comply with applicable laws and regulations
3. To insure fair information practices as to:
   - Accountability
   - Collection limitations
   - Purpose and use limitations
   - Access and correction
   - Data Quality
   - Security
   - Openness

Compliance Agency privacy practices will comply with all applicable laws governing HMIS client privacy/confidentiality. Applicable standards include, but are not limited to, the following:

a) Federal statute governing HMIS information.
b) HIPAA - the Health Insurance Portability Act.
c) 42 CFR Part 2. - Federal statute governing drug and alcohol treatment.
d) North Alabama Coalition for the Homeless HMIS Privacy Policy
e) Agency Partnership Agreement. HIPAA statutes are more restrictive than the HMIS standards and in this case, both apply, HIPAA overrides the HMIS FR 4848-N-02 standards. WellStone has confidentiality policy designed around the HIPAA standards that include the HMIS data collection.

Use of Information Protected Personal Information (PPI) - information which can be used to identify a specific client can be used only for the following purposes:

a) To provide or coordinate services to PATH eligible individual;

b) For functions related to payment or reimbursement for services;

c) To carry out administrative functions such as legal, audit, personnel, planning, oversight and management functions;

d) For creating de-personalized client identification to be used in unduplicated counting;

e) Where disclosure is required by law;

f) To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public;

g) To report abuse, neglect, or domestic violence as required or allowed by law

Data sharing of information with our CoC provides information only with PATH eligible individuals approval with signature. The following is WellStone's data sharing occurrence with Coc/HMIS system:

a) All routine data sharing practices with CoC will be documented and governed by a Partnership Agreement.

b) Agency defaults within the HMIS system will be set to "open" except for agencies serving high risk PATH eligible individuals.

c) A completed HMIS Release of Information (ROI) Form is required prior to any electronic information sharing:

   i) The HMIS release lists all HMIS partnering agencies to inform individual what information is to be shared and with whom it is to be shared;
   ii) PATH eligible individual accepts or reject the sharing plan;
   iii) If the PATH eligible individual rejects the sharing plan, PATH staff/system administrator will close the record.

d) PATH eligible individuals will be informed about and understand the benefits, risks, and available alternatives to sharing his/her information prior to signing ROI, and their decision to sign or not sign shall be self-directed.

e) PATH eligible individuals who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible to receive.

f) ROI forms related to the HMIS will be placed in a locked storage unit on campus.

g) HMIS-related Authorization for ROI forms will be retained for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

h) No confidential/restricted information received from the HMIS will be shared with any organization or individual without proper written consent by PATH eligible individuals, unless otherwise permitted by applicable regulations or laws.

i) Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other agencies without the PATH eligible individuals' written and informed consent as documented on WellStone's ROI.

j) Sharing of restricted information is not covered under HMIS ROI;

k) If a field, contains non-confidential information discloses confidential information, the following steps shall be taken:

i. PATH and Non-PATH staff will complete an Authorization to release Confidential Information;
ii. If the PATH eligible individual refuse to authorize the release, staff will close the Assessment/Screen by clicking the lock on the screen and removing any exceptions.

l) If a PATH eligible individual has previously given permission to share information with multiple agencies beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the affected agency/agencies will be contacted accordingly, and those portions of the record which are impacted by the revocation will be locked from further sharing.

m) ROI forms will include an expiration date.

The above is listed and described on our CoC website: http://www.nachcares.org .

Through continuous staff trainings and system updates, HMIS continues to be an invaluable tool. This tool allows tracking and gathering of homeless data within the Madison County area in one system. North Alabama's CoC has urged and led training opportunities to PATH staff to educate and assist with full HMIS implementation as primary data collection tool. The goal for full HMIS implementation this intended plan use year will provide accurate data collections for PATH outcomes reports. WellStone recognizes that SAMHSA has implemented an outcome measurement reporting that stems from Government Performance and Results Modernization Act of 2010 (GPRA) to report performance data.

The following GPRA measures are reported:

- Increase the percentage of enrolled homeless persons in PATH program who receive community mental health services
- Number of homeless persons contacted
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services
- Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits

At this time WellStone's EHR and HMIS systems are incompatible. In an effort to improve data collection and accuracy of information, WellStone has developed strategies to improve data collection and service delivery in an effort to reach this year's PATH enrollment goals include the following:

- Homeless contacts in-reach and out-reach efforts will be captured in HMIS;

- Cross-department discussions of PATH project to reach all homeless individuals served at WellStone
- Increase check in with PATH funded staff on updates and ongoing services
- Ensure cross-departments has access to HMIS forms to collect data on homeless individuals served.
- Of all PATH eligible individuals with an active PATH status, WellStone will develop a report to capture the following outcomes during reporting period:

    - Federal funds received;
    - Matching funds from local, state or other sources used in support of PATH;
    - Full-time equivalent (FTE);
    - Number of trainings provided by PATH-funded staff
    - Unduplicated outcome for active, enrolled PATH individuals, which funded services did they receive (categorical);
    - Unduplicated outcome for active, enrolled PATH individuals, which referrals were initiated and attained (categorical);
    - Unduplicated outcome for active, enrolled PATH individuals, how many were receiving income at admission of PATH project (new admissions and stayers from last period) (categorical);
    - Unduplicated outcome for active, enrolled PATH individuals, how many were receiving income at discharge of PATH project (categorical);
    - Unduplicated outcome for active, enrolled PATH individuals, how many were receiving income at report end date (stayers);
    - Enrolled PATH individuals' gender;
    - Enrolled PATH individuals' age range;
    - Enrolled PATH individuals' race;
    - Enrolled PATH individuals' ethnicity (categorical);
    - Enrolled PATH individuals' veteran status;
    - Enrolled PATH individuals' co-occurring disorder
    - Enrolled PATH individuals' SOAR initiatives;
    - Enrolled PATH individuals' living situation (categorical);
    - Enrolled PATH individuals' chronically homeless status.

It is noteworthy to mention WellStone has fully transition to full utilization of HMIS and PATH funded, and Non-PATH staff, will continue discussions to improve data collection for workflow efficiency.

**WellStone's participation in HMIS and plans for on-going training for PATH staff**

- PATH funded case managers, therapist, certified peer specialist and support staff continue learning opportunities in HMIS that include training on program updates and trends. HMIS is used to record and track homeless individuals to prevent service duplication from other agencies, thereby improving resource management. PATH/Residential HMIS license holders attended trainings and meetings with our CoC to improve data collection strategy, identify needs of HMIS system and open working relationship to improve use of HMIS system.

- PATH staff participated in the 2017 Housing Works Conference as a panelist discussing *How to Use the PATH Program* along with other state PATH providers across the state of Alabama. It is the goal for PATH funded staff to attend the 2018 Housing Works Conference which provides the opportunity for providers to share ideas on housing resources that improve case managers' ability to develop more resources as referral sources.

- PATH staff participated in webinars hosted by SAMHSA. These webinars focus on an array of topics geared toward serving homeless population to end homelessness.

- PATH staff attended HMIS refresher trainings to ensure users are secure navigating the HMIS system and understanding any updates to the HMIS system workflow. PATH staff will participate in learning sessions with CoC at least 2 times per year in the next 2 years.

- Path funded coordinator facilitated 3 sessions for new PATH staff during FY 2017. The purpose of sessions was to describe and explain the scope of PATH services, resources and tools available, and best practices to end homelessness.

- PATH funded staff attended a host of Webinars that focus on homelessness via various learning communities.

- PATH funded staff to include license holders for Homeless Management Information System (HMIS) attended on-going sessions that provided guidance on the process of entering PATH client data in Homeless Management Information Systems (HMIS) and service coordination. WellStone's PATH program utilization of HMIS is progressive; our PATH program has accomplished the dual goals of maximizing care coordination to benefit clients while protecting PATH eligible and Non-PATH eligible individuals' confidentiality. Trainings provided by our CoC highlight such matters as: building relationships with street homeless and community stakeholders during the outreach process, collection of PATH eligible individuals' information, ensure understanding of forms and consent to share data, and facilitate open dialogue to coordinated entry and prioritization for housing and other relevant resources.

- WellStone is hopeful to participate in National Alliance in Ending Homeless Conference in Washington D.C. This is an effort to increase knowledge of national trends in the U.S. towards ending homelessness.

## 6. SSI/SSDI Outreach Access, Recovery (SOAR):

**a.** *The number of staff trained in SOAR* Currently, WellStone has 7 SOAR trained PATH and Non-PATH staff. It is projected for this upcoming intended use plan that 2 PATH

providers will receive SOAR certification via online course.

**b.** *The number of staff who assisted with SI/SSDI applications using the SOAR model:* PATH and Non-PATH staff who provided assistance with SSI/SSDI applications with the SOAR model were zero.

**c.** *The number of consumers assisted through SOAR:* Per PATH PDX 2019 report, zero individuals were aided via SOAR.

**d.** *Application eligibility results*: The PATH team is exploring strategies to maintain better record keeping in this area e.g. OAT system.

**e**. *The number of staff dedicated to implementing SOAR, part-and full-time; describe the system used to improve accurate and timely completion of mainstream benefit applications*: The number of staff dedicated to implementing SOAR is 6. In the current system of initiating disability applications, the SOAR model will be used in all areas of case management. WellStone will continue to develop a strategy to maintain record keeping for SOAR applications.

**7. Access to Housing:**

To reduce homelessness of SMI clients, WellStone operates and/or contracts with the following housing/residential programs:

- WellStone owns and operates 3 residential group homes with a total capacity of 24 beds, 2 apartment complexes known as Meals-Observation-Medication supportive housing established in 2016, and 2 foster care facilities with capacity of 19 beds. Residential placement is offered to homeless individuals who may require 24-hour supervision while receiving basic living skills training to reintegrate back into the community for independent living.

- WellStone operates a 55 bed Shelter-Plus Care Program. This program allows for placement of homeless SMI clients into 1- or 2-bedroom apartments. Although this program receives funds via grant from the Huntsville Housing Authority (HHA), PATH eligible clients are given priority placement. This partnership and earmarked funds align with SAMHSA's Strategic Initiative focus Recovery Support.

- WellStone works in conjunction with the Huntsville Housing Authority and several local apartment managers to utilize Section 8 Vouchers for apartments which have been set aside for eligible SMI consumer.

- WellStone owns and operates an 8 bed Supportive Housing Program known as Sunrise Gardens. This is an independent living environment in which 2 clients share an apartment. Follow up is provided by a PATH funded case manager.

- WellStone provides oversight for State Funded Evidence-Based Supportive Housing

Program which provides for 12 scattered housing units within the community. A PATH funded case manager provides follow up to residents.

- WellStone maintains a partnership with Volunteers of America South East (VOASE) which operates 19 bed supervised apartment program for independent living. PATH funded case managers can make referrals as appropriate.

- PATH case managers refer to various shelters/missions for temporary lodging while certified case manager link and refer to the Huntsville Housing Authority, local realtors and landlords to provide long-term housing solutions to the "street" and chronically homeless.

It should be noted that

## 8. Staff Information:

**a**. *Demographics of staff:*

| PATH Staff- Race/ethnic |
|---|
| • African American - 66% (6)<br>• Caucasian - 22% (2)<br>• Hispanic - 11% (1) |
| PATH Staff – Age |
| • 18-34 years - 44 % (4)<br>• 35-49 years - 22% (2)<br>• 50-64years - 33% (3)<br>• 65+years - 0% (0) |
| PATH Staff –Gender |
| • Male - 20% (2)<br>• Female - 77% (7) |

***b.*** *Cultural Sensitivity:*

WellStone promotes client's welfare and inform them of their protections while enforcing their rights. Cultural sensitivity training to staff members providing services to those we serve. WellStone continues to provide training that focus on sensitivity related to age, gender, disability, lesbian, gay, bisexual and transgender, and racial/ethnicity.

The following cultural sensitivity trainings were facilitated for staff and public at WellStone's offices:

- Cultural Competence in Clinical Practice
- Providing Culturally Sensitive Services "Free 2 Be"
- Sensitivity Training with Residential Staff

- Cultural competence in Substance Abuse and Mental Health Services
- Cultural and Spiritual Concepts of Psychiatric/Mental Health
- Mental Health First Aid (it should be noted 10 classes within 1 year)

The Wellstone's policy and procedure for Deaf and Hearing impaired by providing services that empower Deaf people to live independent and productive lives, with full access to the rights, privileges, and opportunities available to Wellstone's services. In addition, the Alabama Institute for the Deaf and Blind will be used as a resource when needed for deaf and/or hard of hearing clients. WellStone has access to a live interpreter and has secured office space for a telecommunication for deaf interpreter, client and staff.

*Cultural Competency training and addressing Health Disparities:*

Wellstone's encourages and support SAMHSA's vision on addressing health disparities to reduce inequalities to access to care and diverse populations. In support, WellStone collects the following data:

1. subpopulations (i.e. racial, ethnic, limited English speaking, sexual/gender, HIV/AIDS/other chronic diseases, impairments)
2. explore strategies to diminish access to care and outcomes both within subpopulations and in comparison, to general populations

WellStone's leadership per Culturally and Linguistically Appropriate Services (CLAS) includes participation in on-going discussions with local agencies from a range of community stakeholders to identify needs and barriers of vulnerable populations. As discussions continue, WellStone is motivated to increase opportunities for engaging community stakeholders in wellness and prevention for persons with disabilities as well as keep providing cultural sensitivity trainings to increase insight into understanding cultural differences among the community and employees alike.

Training is done formally and informally thru clinical supervision and the use of on-line learning opportunity known as Relias Learning. This online service is a contracted internet training site that WellStone uses for all employees.

WellStone promotes the use of Customer's Satisfaction Surveys which is completed by clients and/or family members. These surveys are conducted and reviewed quarterly.

The goal of WellStone's Community Education Division is to promote mental health practice and concepts while reduce stigma within the community. WellStone has invested in an ongoing educational process to maintain employees' professional license/requirement criteria. Externally, WellStone's staff is committed to educating the public. Most notable community educations are town hall meetings with media present and hosting grassroots meeting with local and state representatives. WellsSone is committed to the following community services/activities:

- **Mental health First Aid for Adult and Youth** is an 8-hour course that teaches

how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps participants identify, understand, and respond to signs of addictions and mental illnesses. WellStone has dedicated a master-level clinician to offer the public these courses.

- **WellStone Labyrinth** is located adjacent to the main offices and is a circuitous walking path that leads to the center. Its various twist and turns provide a metaphor for life and walking the labyrinth provides the opportunity to clear your mind, find peace, manage stress and make decisions. The labyrinth is available to the public 7 days per week during daylight hours and is free of charge. Donations are accepted to keep grounds.

- **Meeting Spaces** are available to the community. Theses spaces include an indoor community room that seats 100 people and has access to a kitchen and audio-visual equipment.

- WellStone offers an outdoor **Community Pavilion** that is adjacent to the main offices that is available 7 days per week during daylight hours.

- **WellStone Ropes Challenge Course** is located adjacent to the main offices and is used by individuals and groups to stretch potential, discover ability, and inspire growth within each participant.

*c. Certified Peer Specialist Involvement*

WellStone embraces consumer involvement by maintaining employment of 2 Certified Peer Specialist (CPS) who work in various capacities. Each CPS worker serves as a consumer advocate, support consumers in articulating personal goals for recovery and wellness as well as provide peer support for consumers in a variety of settings—Day Programs, Payee Program/Residential Services, and street outreach The CPS performs a wide range of task to support center's initiatives and their peers to include the following: modeling their own recovery and wellness process, co-facilitate group/individual sessions, co-facilitate outreach efforts, clerical duties, and much more. The CPS optimal functionality is to model competency in recovery and wellness. WellStone continues to promote educational opportunities for CPS to develop and maintain their skill set.

It must be noted that WellStone's PATH program has maintained a part-time Certified Peer Specialist to co-lead street outreach initiatives.

## 9. Client Information:

Huntsville is one of the fastest growing cities in Alabama.

**a.** *Demographic of clients*

- As reported in the 2019 PATH Annual Report, WellStone's PATH only contacts through outreach and in-reach total 562.
- From the 562 total contacts, 32 were newly enrolled to PATH services, and 89 had active enrollment during the course of the reporting period.
- Of the 89 active enrollments, 19 were diagnosed with co-occurring disorders and 4 had a Veteran status.
- Of PATH enrolled individuals, 16 were street homeless.
- Below are the demographics of PATH individuals served:
    - Gender:
        - Female – 32
        - Male – 57
    - Age
        - 18-23 – 7
        - 24-34 – 13
        - 31-40 – 23
        - 41-50 – 22
        - 51-61 – 22
        - 62 and over – 2
    - Race
        - American Indian - 2
        - African American – 36
        - White – 49
        - Client doesn't know – 2

**b.** *Projected number of adult clients to be contacted, enrolled, and % homeless:*

As mentioned previously, the following is projected outcome for contacts and enrollment for PATH eligible contacts:

Using the Point-in-Time (PIT) data of 2020, homeless individuals in Madison County area totaled at 561 sheltered and unsheltered when compared to PIT data from 2019 totaled at 464. WellStone projects within in the next 2 years, PATH and Non-Path staff will interact with 600, 300 annually, homeless individuals through both in-reach and outreach efforts based on last reporting period of 562 PATH staff contacts and 2020 PIT count annotated above. Of the projected number of 600 homeless individuals contacted, WellStone anticipates 300, 150 annually, will fit the criteria of PATH program. Of this number, we anticipate enrolling approximately 30% of adults for PATH program. From the projected enrollment number, 20% will be street homeless adults. PATH funding will be used for both in-reach and outreach services.

## 9. Consumer and Family Involvement:

WellStone employs a Licensed Clinical Social Worker who resides on the National Alliance of Mental Illness of Huntsville (NAMIH) board. This group is a non-profit, organization whose primary mission is to help families in Huntsville and surrounding areas,

including members of the Redstone military community, who have one or more family members with mental illness. The goal is to support family members dealing with the recovery process of their loved one. It is noteworthy to mention, 1 master-level clinician and 2 certified peer specialists are certified in NAMIH Family-to-Family 12-week program.

WellStone host an Advisory Committee related to rights-related to consultation and advocacy. The following are usual agenda items addressed at least quarterly:

- Review rights-related policies and procedures
- Promote rights-related education and training
- Review rights restrictions
- Advise WellStone's administration on consumer rights-related grievances
- Review rights-related issues in behavioral health
- Provide advice and input on issues to make services relevant, culturally respectful, collaborative, and desirable to clients
- Monitor data related to client complaints relative to making performance improvement recommendations
- Advocate for client resources
- Promote community understanding of the Committee's Purpose

WellStone's Board of Directors is a 12-person team appointed by city and county government. It should be noted that a few board members support family members of people who experience mental illness and homelessness. It is noteworthy to mentioned, that WellStone merged with Cullman City Community Mental Health and at least half of the 12-person team integrated from Cullman.

PATH and Non-PATH eligible, attend *Aquarius Club* at a local church. This community-oriented club provides social and recreation activities to adults recovering from mental illness and homelessness. This setting cultivates appropriate social skills and promotes friendship to decrease social isolation. Activities include group activities, volunteering opportunities, recovery celebrations to name a few. Free meals are provided on a weekly basis. United Way, WellStone and local churches fund this program. No PATH funds are utilized for this event.

WellStone supports and encourages PATH and Non-PATH eligible clients to visit a community consumer-driven service named *Our Place*. It is a safe environment where adults recovering from mental illness and/or homelessness can interact with peers who have shared similar experiences, such as hospitalizations, medications, homelessness, etc. One of the main reasons individuals come to *Our Place* is for its powerful support. No PATH funds are utilized for this event.

# III. State Level Information

## A. Operational Definitions

| Term | Definition |
|---|---|
| Individual Experiencing Homelessness: | The state PATH-related operational definition for an individual experiencing homelessness must be as least restrictive as defined by the PHS Act Section 330(h)(5)(A): "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing." |
| Imminent Risk of Becoming Homeless: | The definition of imminent risk of homelessness commonly includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live. |
| Serious Mental Illness: | Refers to adults, 18 years of age or older, with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities. |
| Co-occurring Disorders: | Refers to individuals who have at least one serious mental illness and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other. |

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**Footnotes:**

## III. State Level Information

### B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

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**Footnotes:**

## B. Housing Collaboration

Alabama has a population of 4.8 million (2016 Census estimate). Alabama Possible, a statewide nonprofit organization, released 2020 Barriers to Prosperity Data Sheet identifying Alabama as the nation's fifth poorest state. More than 800,000 Alabamians, including 256,000 children, live below the federal poverty threshold, which is $25,701 for a family of four. Although poverty decreased by 2.4 percentage points since the 19.2 peak, Alabama's poverty rate of 16.8 percent remains substantially higher than the national average of 13.1 percent.

According to the National Low Income Housing Coalition 2014 State Housing Profile, Alabama has a shortage of over 90,000 available and affordable homes for extremely low income earners and 72% of them spend more than half of their income on housing alone. Moreover, if an Alabama resident's sole income is SSI, then 81% would be required to afford a 1-bedroom apartment at Fair Market Rent as reported in Priced Out in 2012: The Housing Crisis for People with Disabilities. The 2014 Out of Reach report states that about 8.3 million individuals receive SSI nationwide because they are elderly, blind, or have another disability, and have few other economic resources.

The Department acknowledges the lack of adequate housing stock for Alabama residents and the need for a statewide policy and strategy to address this issue. Although the state provides no supplemental funding specifically for PATH services, some ADMH sponsored housing resources are available to augment support for individuals who are homeless.

***HOUSING INITIATIVES:***

*Low Income Housing Coalition of Alabama:*
LIHCA is a statewide coalition consisting of housing advocates, elected officials, banking institutions, nonprofit service providers, legal services groups, and low income persons. LIHCA's mission is to increase housing opportunities for individuals with the greatest financial need and campaigned for the establishment of an **Alabama Housing Trust Fund.** **LIHCA's 2016 Red Book** includes a collection of county housing profiles identifying housing affordability, housing availability, number or homeowners/renters, available housing units and various community, household, and special needs factors. The special needs category references individuals living with a disability, HIV/AIDs, and serious mental illness.

*Collaborative Solutions, Inc. (CSI):*
LICHA is supported by Collaborative Solutions, Inc. (CSI), an approved technical assistance consultant of the Alabama HUD Field Office. CSI works as a co-sponsor with LIHCA to organize an annual statewide training event around housing and homelessness. ADMH often sponsors this event and support attendance of PATH providers as well as other mental health providers in the state. ADMH has partnered with CSI in the past for a Rural Housing and Economic Development (RHED) program resulting in a peer network of community-based organizations interested in the development of rural housing.

*Housing Needs Assessment:*
ADMH contracts with housing consultants to serve in an advisory capacity and to provide

technical assistance and training at both state and local levels. In 2007, the housing consultants conducted a needs assessment specifically pertaining to the seriously mentally ill population. Over 8600 units were identified to meet the housing needs of this population. As a result, the Department developed a Supportive Housing Plan which clearly laid out objectives and guiding principles and also identified needs. The housing needs assessment was updated in 2013-14 reflecting that approximately 11,000 units are necessary to meet the housing needs of the service population. In 2018, the Office of MI Community Programs (MICP) contracted with Technical Assistance Collaborative and Navigant to expand housing strategic planning efforts. A state level staff position was created to solely focus on housing development and access.

*Alabama Housing Finance Authority (AHFA):*
The Department continues a partnership with the Alabama Housing Finance Authority (AHFA) to focus attention on the housing needs of persons the Department serves. AHFA established HOME and Low Income Tax Credit 490 set-aside units with reduced rental rates. The Office of Advocacy monitors set-asides to ensure priority for vacancies are given to individuals with serious mental illness, developmental disabilities, or substance abuse disorders.

*Housing and Urban Development (HUD) Partnership:*
ADMH is striving to increase housing opportunities for individuals who are homeless and living with a serious mental illness condition. ADMH is a grantee for two legacy Shelter plus Care, now Rental Assistance, **HUD Grants.** One is based in Mobile and the other supports rural housing in 4 rural counties. The Mobile based HUD grant provides a valuable resource to the PATH program serving that region.

*ADMH Housing Support Fund*:
The Department currently dedicates $250,000 of state funds towards Housing Support. This is the only dedicated Departmental funding resource for the prevention of eviction or assistance with initial housing set up costs. The fund is available statewide to all providers to access in order to assist consumers with obtaining and maintaining more independent and stable housing. This is a critical funding source especially for individuals who are homeless and receiving mental health services from non-PATH funded sites.

*Mental Illness Community Residential Placement System (MICRS):*
In 2006, the Department developed a housing inventory of all ADMH certified and contracted residential programs. MICRS serves as a mechanism in which to monitor residential service bed vacancies across the state. Currently, the Department contracts roughly 56 million dollars annually with the community mental health provider network to provide approximately 2,802 beds for various living arrangements for adults such as group homes, semi-independent apartments and supportive housing. A preliminary comparison of 2007 and 2013 data listed in MICRS, reveals significant changes in the number and type of community living alternatives for persons with mental illness to include those who are homeless. Although some types of housing programs historically used within the mental health continuum, such as foster homes and therapeutic group homes, have decreased, overall housing programs have increased by 35.6%. This represents an increase in 750

community beds of various types. Most notably, evidence based permanent supportive housing, first adopted in 2007, has increased significantly.

*Permanent Supportive Housing –evidence based:*

Alabama participated as a pilot site for SAMHSA's Permanent Supportive Housing Toolkit and provided training around supportive housing principles. To date, there are 312 permanent supportive housing units in operation consistent with the evidence-based model. The original 108 pilot units are directly supported by ADMH funds. The remaining numbers of units are supported by "bridge funds" obtained from the 2009 downsizing project and, most recently, the hospital closure project in which funds used to support hospitals were transferred to expand community services. All five PATH Providers offer this housing model: Wellstone (Huntsville), Indian Rivers (Tuscaloosa), AltaPointe (Mobile), and JBS (Birmingham).

Departmental representatives will continue to work in all venues to access new housing resources for individuals who are homeless and have a serious mental illness and/or co-occurring disorder.

## III. State Level Information

### C. Veterans

Narrative Question:

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

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**Footnotes:**

## C. Veterans

The Alabama Department of Mental Health (ADMH) supports special consideration for the use of PATH funds to be given to entities demonstrating effectiveness in serving homeless veterans who have serious mental illness and/or co-occurring substance use disorders.

Point-In-Time Counts in 2019 reveal a substantial decrease (43.3 percent) in the number of homeless veterans counted in 2011. Despite marked improvements, veterans continue to remain overrepresented in the homeless population in America according to the National Alliance to End Homelessness. Department of Defense data revealed nearly 6,300 service members identified Alabama as their home after separating from the military in 2014. This represented an increase from nearly 5,800 in 2013. In FY17, the US Department of Veterans Affairs ranked Alabama at #20 in total veteran populations at 9.80% compared to the national rate of 6.60%. Up to 16.61% of Alabama's veterans were retirees exceeding the national rate of 10.78%. Madison, Mobile, and Montgomery counties rank

In 2012, the Alabama Department of Veterans Affairs (ADVA) published the Alabama Homeless Veterans Program Feasibility Research Report: Alabama Homeless Veterans Hard Count Research Results Executive Summary. Findings revealed the densest Alabama Homeless Veterans' populations are found in the following 8 counties 5 of which are PATH sites: Houston, **Jefferson**, Macon, **Madison**, **Mobile**, **Montgomery**, **Tuscaloosa**, and Russell. Of the reasons cited for being homeless, 25% reported job loss/unemployment, 23% reported alcohol and drug addition, 16% family problems/conflict, 8% medical problems/accidents, 2% incarceration, and 26% reported "other." In response to this need, ADVA created a new position for a Homeless Veterans Coordinator in 2014. This position works closely with HUD Continuums of Care (CoC) and homeless service providers throughout the state in order to enhance Veteran's access to services and benefits. In 2015, the lead CoC agency declared a functional zero status for Veterans in City of Mobile. Great strides have been made bringing all resources to bear with most remaining metropolitan areas of the state approaching functional zero.

Serving Veterans is a state priority. The Department enjoys a longstanding collaborative partnership with the Alabama Department of Veterans Affairs. The Commissioners of ADMH, the **National Guard** and ADVA serve as Co-Chairs for the Alabama Executive Network for Service Members, Veterans and Their Families (AlaVetNet) with cabinet representation from **19** other state agencies **and several NGOs**. AlaVetNet was created through an executive order issued **by Governor Bentley in** December 2013 and reissued by Governor Kay Ivey in 2017 to expand its membership and scope. AlaVetNet is charged with improving **behavioral** health and support services for service members, veterans, and their families **(SMVF**) through the development of a strategic plan which was submitted to the Governor in January 2018. There are six priority areas to be addressed **in the plan** including: community support services, education and research, employment and workforce development, family and youth services, health and well-being and legal. Committees were developed for each of the six priority areas. The Community Support Services Committee is chaired by the AL Rural Coalition for the Homeless **(ARCH)** Executive Director. In 2019 , AlaVetNet established a taskforce to study ways to reduce suicide rates among returning Alabama veterans. The taskforce members include representatives appointed by each of the following: The Governor, Speaker of the House, Minority Leader of the House, President of the Senate, Senate Minority Leader, Commissioner of the Department of Mental Health, State Health Officer, and Commissioner of the Department of Human Resources.

PATH outreach remains a critical component for bridging veterans who are homeless to any needed housing and services. PATH Providers take measures to link veterans to appropriate services and organizations to include the state and federal level VA offices for financial assistance and health care. Also, veterans are referred to community agencies for support services as are other homeless individuals. Three of the five PATH catchment areas include VA Hospitals: Birmingham (JBS); Tuscaloosa (Indian Rivers); and Montgomery (MAMHA). Tuscaloosa and Birmingham based VA hospitals employ Homeless Service Coordinators to specifically address issues around veteran homelessness. PATH providers have the ability to link with these Coordinators. The PATH programs in Madison, Mobile, Tuscaloosa counties participate in local VA Operation Stand Down events. The Madison County based PATH program also participates in the local VA specialty mental health court when needed, and utilizes special housing funds specific for supporting homeless veterans. Tuscaloosa and Birmingham based PATH programs are able to access set-aside housing units and/or vouchers specifically earmarked for veterans.

AlaVetNet supports a web portal to assist veterans, their families, and providers, including PATH outreach case managers, with finding resources about veterans' services and support within the state. PATH staff also utilizes the Veterans Service Organizations-National Resource Directory.

# III. State Level Information

### D. Alignment with PATH Goals

Narrative Question:

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

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**Footnotes:**

## D. Alignment with PATH Goals

Alabama is aware the goal of PATH is to reduce or eliminate homelessness for individuals with serious mental illness and/or with co-occurring mental illness and substance use disorders. PATH grant funds permit providers to offer an assortment of specialized services, primarily through outreach methods and case management for individuals who are PATH eligible with securing stable housing and transitioning to mainstream services and supports as the end goal. PATH outreach workers/case managers are charged with assisting individuals eligible for PATH by creating a person-centered plan to obtain and coordinate needed services including those related to daily living activities, peer support, personal finance and benefits acquisition, transportation, habilitation and rehabilitation services, prevocational and employment services, housing assistance and referrals necessary to promote full recovery.

In Alabama, there is an intentional focus for PATH case managers to prioritize and engage unsheltered homeless individuals who are often the most vulnerable given they are less likely to access homeless service establishments at fixed site locations. The 2019 PATH Annual Report indicated for those receiving PATH services, **17.6% were identified as chronically homeless, 26.3% were unsheltered and 43.1% were in sheltered situations at the point of entry.** The Department projects that 1,020 individuals will be contacted annually through PATH outreach through the use of PATH funded services in fiscal year 2021 and 2022. Of those contacted, 53% are anticipated to meet the definition of literally homeless and 370 are anticipated to become new enrollees into PATH services.

Alabama PATH Providers developed strategies for contacting and engaging literally and chronically homeless individuals which include: training PATH case managers in SOAR methodology, supporting flex-schedules for PATH staff to increase engagement opportunities at short term shelters where guests are required to leave during day hours, promoting PATH's presence at "VA Stand Down for Homeless" events and HUD CoC "Homeless Connect" events, increasing visit rotation schedules at places frequented by homeless individuals, partnering with local police force in addressing needs of homeless individuals at risk of incarceration, and increasing deployment of existing mobile health clinics operated by local-PATH parent organizations. Providers are encouraged to actively seek out and engage unsheltered persons in unoccupied buildings, lowland meadows, creeks, woodlands, as well as city parks, streets, underpasses, and other frequented areas.

PATH Outreach case managers are often the first points of contact that homeless citizens experience and for linking to services designed to promote recovery. This is especially true in cases of individuals who are living in unsheltered settings. More often than not, the thread of hope and assistance offered through purposeful direct street outreach is often the initial step towards weaving the intricate patchwork of various community supports, services, and linkages necessary in addressing primary care, mental health, employment, and housing needs. Without the critical function of direct outreach, recovery supports, and case management services, individuals who are seriously mentally ill and literally homeless will likely face difficulty in achieving Health, Home, Purpose, and Community goals.

# 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.

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**Footnotes:**

## E. Alignment with State Comprehensive Mental Health Services Plan

**The State Mental Health Authority** role in Alabama is carried out by the Alabama Department of Mental Health. Created under the ACT 881 of the 1965 legislature, the Alabama Department of Mental Health (ADMH) is charged with the responsibility of establishing a public mental health system to provide mental illness, intellectual disability, and substance abuse services to Alabama citizens. The Department's Mental Health and Substance Abuse Division is responsible for operating state psychiatric inpatient hospital facilities, for establishing standards of care for community-based programs for inclusion in the Alabama Code and for certifying said programs, and is empowered to contract for the provision of services to meet the needs of target populations.

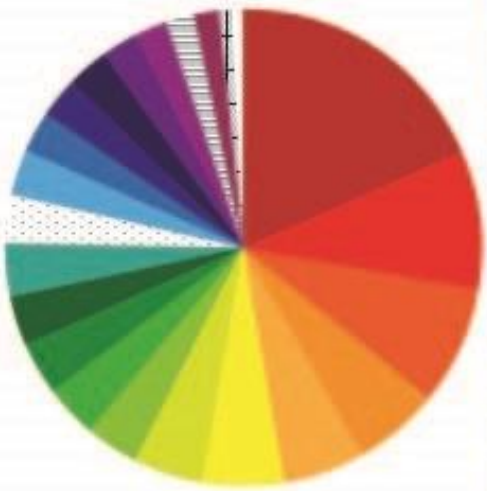
*Description of Public Mental Health System:*
Specifically, Alabama's public community mental health services system is based upon 19 service areas to cover all 67 counties. Currently, there are 19 public, non-profit regional mental health boards called 310 Boards based on ACT 310 of the 1967 Regular Session of the Alabama Legislature. Within the service areas, 22 community mental health centers provide a continuum of mental health services to all ages with an emphasis on adults with serious and persistent mental illness and children who have severe emotional disturbance mental health services. Additionally, there are two specialty providers serving children exclusively.

According to the 2016 U.S. Census Bureau (estimate), the population of Alabama is 4,863,300 (48.4% male; 51.6% female) with 69.5% Caucasian, 26.8% African American, and 3.7% designated as other. US Census Bureau projections reflect the Hispanic/Latino population as 4.2%. According to the Kaiser Family Foundation, Alabama also ranks as the 4th highest in the nation for infant mortality rates and is the 10th lowest in per capita state spending. Forty seven percent of the state's population is at 200% or below the Federal Poverty Level. Moreover, the Literacy Council of West Alabama reported in 2012 that 1 of every 4 Alabama residents is functionally illiterate which equates to approximately 1.2 million individuals.

Based on national prevalence rates (SAMHSA, 2012), an estimated 4% (191,040) of adult Alabamians are diagnosed with a serious mental illness. In 2019, the Department served a total of 105,302 people statewide through community programs. Of that number 71,955 were adults and 33,347 were children and adolescents. Out of the adult population, 14% were employed, 22% unemployed, and 64% were not in the labor force. Of the total population served, approximately 1,338 people self-reported as living in a shelter or as homeless at time of admission to community mental health services. According to the U.S. Department of Housing and Urban Development, *the 2010 Annual Homeless Assessment Report to Congress,* an estimated 26% of homeless adults staying in shelters live with serious mental illness and an estimated 46% live with severe mental illness and/or substance use disorders.

The following map reflects the service areas for community mental health providers and the total adults and children who received mental health services in FY 2019.

**MAP A**



## Community Providers Breakdown

| | |
|---|---|
| AltaPointe Health Systems | 19,547 |
| Wellstone Behavioral Health | 9,922 |
| East Alabama MH Board | 8,412 |
| JBS MH Authority | 6,139 |
| Montgomery Area MH Authority | 5,945 |
| Riverbend Center for MH | 5,659 |
| Indian Rivers | 5,188 |
| Spectracare Health Systems | 3,801 |
| MH Board of Chilton-Shelby | 3,732 |
| MHC of North Central AL | 3,696 |
| Northwest AL MHC | 3,690 |
| CED MH Board | 3,670 |
| Eastside MHC* | 3,437 |
| South Central AL MH Board | 3,263 |
| Highland Health Systems | 2,946 |
| East Central MH/MR | 2,899 |
| Southwest AL MH/MR Board | 2,849 |
| Mountain Lakes | 2,713 |
| Cahaba Center for MH/MR | 2,428 |
| UAB* | 1,954 |
| West AL MH Board | 1,737 |
| Western MHC* | 1,794 |
| Glenwood* | 913 |
| Capitol Care South* | 721 |
| Brewer Porch Children's Center* | 41 |
| | **105,302** |

Number of people that received MI services in the community during FY19.

*Not a 310

**Section III. State Level Information – E. Alignment with State Comprehensive MH Services Plan**

**Federal, State, and Local Drivers:** The Alabama Department of Mental Health is actively transforming the topography of mental health services delivery system shaped by many federal, state, and local influences some of which are discussed below:

*ADMH Mission Statement:*
February 2018, the Alabama Department of Mental Health's revised Mission Statement was released. It is "Serve. Empower. Support." The Department is dedicated towards embodying this mission in all work, as it continues to promote the health and well-being of Alabamians with mental illness, developmental disabilities and substance use disorders. The Department's work will grow and more impactful thought what the Commissioner describes as "relevancy through relationships." The pillars and supports identified as strengthening the state system are comprised of prevention, education, crisis care, peer support, housing, reducing stigma and workforce development.

*Consumer Voice:*
ADMH values consumer and family members as vital partners in creating an effective service delivery system. Consumers and their families play a crucial role in policy development, system transformation, and program implementation within every level of the service delivery network. **The Directions Councils'** articulated Alabama **consumers' official statement on Recovery** in a 2007 statewide publication- Consumer Driven Recovery Focused Mental Health System: A Consumer Perspective. This document is an invaluable guide in the planning and development of mental health services and supports. It promotes the goals and desires for **"**a job, **a home** of their own, a social life, and to contribute to society" voiced by Alabamians with lived experience.

*Influential Litigation:*
In 1970, Alabama faced a lawsuit, **Wyatt vs. Stickney,** which brought the "right to treatment" for state psychiatric hospital patients into the foreground. This litigation significantly influenced fundamental changes in architectural features of the States' mental health service delivery system. Upon the filing the suit, the longest running mental health lawsuit in US history, DMH started shifting focus from providing mental health treatment within the confines of large- scale institutions towards creating a new vision and thus, constructing the foundation necessary for community based mental health treatment. In Alabama, the 1999 **Olmstead** "integration mandate" further inspired the pursuit of building more appropriate and effective mental health service models within the community mental health landscape.

*Community Integration:*
Since 1971, the census at the oldest psychiatric hospital in Alabama dropped from over 5,000 patients to less than 400 in 2004. To meet the requirements of the Wyatt settlement, ADMH worked towards shifting hospital-based funds to community-based care. Through the dedicated effort of state psychiatric hospitals and community partners, ADMH boasts nearly a 50% statewide reduction in total state operated psychiatric hospital census from FY09 to September 2014. This clearly illustrates the steady migration towards less reliance upon state psychiatric inpatient services by shifting funding to less costly, but more effective, community services and supports. It is through this strategy ADMH funded the expansion of services within tightening budgetary constraints. Four remaining state psychiatric hospitals are currently in operation providing acute care, forensic, geriatric, and adolescent beds. Alabama's most historic psychiatric hospital, Bryce

Hospital, closed its' doors during the summer of 2014. Operations were relocated to a state-of-the-art facility which carries the same name. PATH programs are pivotal in assisting with proper discharge planning, mental health service linkages, and diversionary measures which guard against discharges to shelters.

*Medicaid Managed Care:* Alabama is presently redesigning its' Medicaid service delivery system through an Alabama Coordinated Health Network model. This is a new initiative to transform the Medicaid delivery system through a flexible and more cost-efficient effort. Medicaid's efforts towards achieving Medicaid Managed Care through the implementation of Regional Care Organizations ceased in July 2017 as it was determined no longer feasible.

The Alabama Department of Mental Health has clearly articulated three primary areas of **STATE PRIORITY**. As outlined in the FY2018-19 Mental Health Block Grant application, they are as follows:

| ITEM # | STATE PRIORITY | STATE PRIORITY DESCRIPTION/GOAL |
|---|---|---|
| **1** | Self-Directed System of Care | Design a comprehensive system of care that promotes access, choice, and satisfaction of consumers with SMI and SED, and their families, by providing effective treatment and care that is person-centered, consumer driven, and family-guided with a focus on recovery and resiliency. |
| **2** | Community Integration | Building on Olmstead and Wyatt decisions, transition or divert consumers from state psychiatric inpatient care settings to integrated community settings by using effective treatment and recovery support services designed to promote **Home, Health, Purpose, and Community.** |
| **3** | EBP's/Best Practices | Develop strategies to increase capacity, implementation, and sustainability of **recovery supports** and evidence-based/best practices. |

The Mental Health Services Block Grant (MHSBG) serves as the State's Comprehensive Mental Health Service Plan. PATH is a program administered within the Department's MHSA Division, Office of MI Community Programs. The State PATH Contact (SPC) reports directly to the Director of MI Community Programs who reports directly to the Associate Commissioner of the MH/SA Division who in turn reports directly to the Commissioner. The Director of MI Community Programs is responsible for the application of the Mental Health Services Block Grant (MHSBG) with input from the Planning Council and is a key participant in the planning and development of services for the seriously mentally ill including those defined as homeless. The State PATH Contact, the Director of MI Community Programs, and other stakeholders, assure PATH services are consistent with Alabama's comprehensive state mental health plan. PATH Formula Grant Funds play an integral role in the development and sustainability of specialized services for persons with a serious mental illness who are homeless within the most metropolitan areas of the state.

**Section III. State Level Information – E. Alignment with State Comprehensive MH Services Plan**

# III. State Level Information

### F. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

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**Footnotes:**

## F. Process for Providing Public Notice

The Alabama Department of Mental Health provides opportunities for public comment and input through ongoing partnerships with family members, consumers, advocacy groups, stakeholders, other state agencies, and community providers to include PATH providers. The Department has a long standing inclusionary planning process. The State Plan is reviewed by the Alabama Mental Illness Planning Council, as described earlier. The Planning Council, Management Steering Committee, and Mental Illness Coordinating Subcommittee are informed of PATH grant activities as a matter of course through staff reports, updates and announcements. All planning bodies are comprised of consumers with serious mental illness and/or co-occurring disorders as well as family members. Ongoing participation is encouraged in all aspects of the mental health planning process specific to target population including PATH eligible consumers as defined within the State Plan. Services for individuals with co-occurring mental health and substance use disorders are coordinated in conjunction with the executive staff responsible for oversight of substance abuse treatment services and the Substance Abuse Services Block Grant through the Management Steering Committee and MHSA Division meetings.

PATH providers maintain consumer and family member involvement through various activities such as representation on Consumer Councils and Advisory and Planning Boards which allow for ongoing comment and recommendations relative to local-PATH activities. PATH Providers are encouraged to distribute draft Intended Use Plans throughout local networks for public comment during the PATH application process.

The final PATH annual application is available for viewing on the Department's website throughout the year by consumers, providers, advocates, family members, and the general public. Public comments and questions relative to the application and preceding drafts are directed to the State PATH Contact for review.

# III. State Level Information

## G. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., county agencies, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

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**Footnotes:**

## G. Programmatic and Financial Oversight

PATH is a program administered directly by staff within the Alabama Department of Mental Health Division of Mental Illness & Substance Abuse Services, Office of Community Mental Illness Programs. ADMH has been a recipient of PATH funds since 1992. Alabama currently funds five (5) programs with a range of Federal awards from $ 70,140 to $216,915.

The State PATH Contact (SPC) has been in her role for 13 years. Her title is Coordinator of Adult Mental Illness Services for the Office of Mental Illness Community Programs and, as such, assists in the preparation of the Mental Health Block Grant Application, arranges and/or provides technical assistance and training for best and evidence-based practices as it pertains to adult target populations. She is the state SOAR lead and monitors several clinical and housing programs. At the time of this application, she serves as a board member for the Alabama Rural Coalition of the Homeless as an at-large member. She is the past President of the Alabama Alliance to End Homelessness.

The Alabama SPC uses a number of strategies to manage the PATH program such as conference calls and desk audits of programmatic reporting which includes routine reviews of PATH provider service data. The MI Community Programs Certification Team provides annual to biannual site visits to evaluate all programs and services provided by Community Mental Health Centers. Services supported by PATH funds are subject to the same certification standards. The State PATH Contact conducts site evaluations of current PATH programs pending no restrictions in travel. The SPC oversees the process for the annual application and annual data reporting, arranges for provider participation in state and national housing and homelessness conferences, promotes provider attendance of training opportunities available to individual PATH program staff, and utilizes technical assistance from state and national sources to include PATH technical assistance. Previous technical assistance topic areas included healthcare for the homeless, permanent supportive housing, motivational interviewing, data tracking, street outreach techniques, and Critical Time Intervention (CTI). The most recent technical assistance awards related to HMIS data collection, HMIS reporting, the annual reporting elements, and policy & procedure development to address SPC Decision Points. The SPC sets aside a portion of funds to support training, provider meetings, technical assistance and special projects.

The Office of MI Community Programs not only provides programmatic oversight to the local PATH programs, but assists with the financial oversight as well. The SPC works closely with the Financial Systems Analyst responsible for preparing contracts and approving vouchers for payment. Annual audits are required to be conducted for each agency providing PATH services. Audit results are submitted to the State Board of Examiners and to the Alabama Department of Mental Health.

Active evaluation of current PATH data collection and reporting procedures is ongoing. Effective PATH service delivery, accurate reporting, and appropriate fiscal management of PATH funds continue to be monitored. At present, routine monitoring of performance and contract compliance includes reviews and evaluation of PATH provider service data uploaded monthly to the Central Depository Reporting (CDR) system for the state.

HMIS Coordination efforts continue to progress. In April 2017, the SPC was invited to attend the HMIS Administrators quarterly meeting in which PATH-HMIS collaboration was discussed. This produced fertile ground for the possible expansion of PATH provider monitoring through the use of PATH specific HMIS Individual Program and State Summary reports. The HMIS Data Standards and the HMIS Data Dictionary are used to guide local PATH providers and local HMIS system administrators for data collection of PATH programs.

The SPC accesses many sources for information to share with and to direct PATH providers. This includes participation in Grant Project Officer national grantee meetings, PATH-HMIS Learning Community, Resources include the State PATH Contacts Welcome Manual, the PATH Government Performance and Results Act measures, Effective PATH Programs criteria, and other resources and webinars available on PATH PDX, HHRN, and SAMHSA websites.

The last Federal PATH Site Visit for the State's performance in the administration function of the PATH program, included Mobile (via video-conference), Huntsville-Madison, and Birmingham. The Site Visit Report and on-site consultation provided invaluable guidance to the Alabama PATH Initiative.

# III. State Level Information

## H. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

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**Footnotes:**

## H. Selection of PATH Local-Area Providers

PATH Grant funds are distributed to PATH Providers on a **Needs Based Allocation.** As specified in Section 522(c) of the PHS Act, as amended, Alabama agrees to make allocations only to entities that have the capacity to provide, directly or through arrangements, PATH-eligible services in accordance to grant regulations and laws. This includes coordinating the provision of services in order to meet the needs of eligible individuals who are experiencing homelessness and who have serious mental illness or serious mental illness and substance use disorders. Agencies with (1) any policy excluding individuals from mental health services due to the existence or suspicion of substance use, or (2) a policy of excluding individuals from substance use services due to the existence or suspicion of a mental illness, will not be eligible candidates to receive PATH funds.

The primary data sources used for consideration in the selection of eligible PATH providers include the HUD Continuum of Care Point-In-Time surveys, current US Census Data, and the infrastructure and capacity to serve the target population.

As specified in Section 522(d) of the PHS Act, as amended, in making grants using PATH appropriations, Alabama gives special consideration in the awarding of PATH funds to entities with a demonstrated effectiveness in serving veterans who experience homelessness.

Due to the limited PATH resources, the community mental health providers serving the most urban areas of the state, and have the highest reported numbers of individuals homeless concentrated within a geographic service area, are invited to participate in the PATH application. Thusly, PATH funds are allocated through contractual agreements with the mental health centers located in the most populous service areas. Each community mental health provider is an active participant in local continuum of care groups and report the greatest numbers of homeless individuals based on Point-in-Time surveys. Other less populous regions of the state would face difficulty sustaining PATH activities and would not likely obtain sufficient numbers of PATH eligible contacts to justify PATH funding. Considerations for additional PATH funds, when available, are typically awarded based on competitive responses to Request for Proposals.

# III. State Level Information

## I. 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.

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**Footnotes:**

# I. Location of Individuals with SMI Experiencing Homelessness

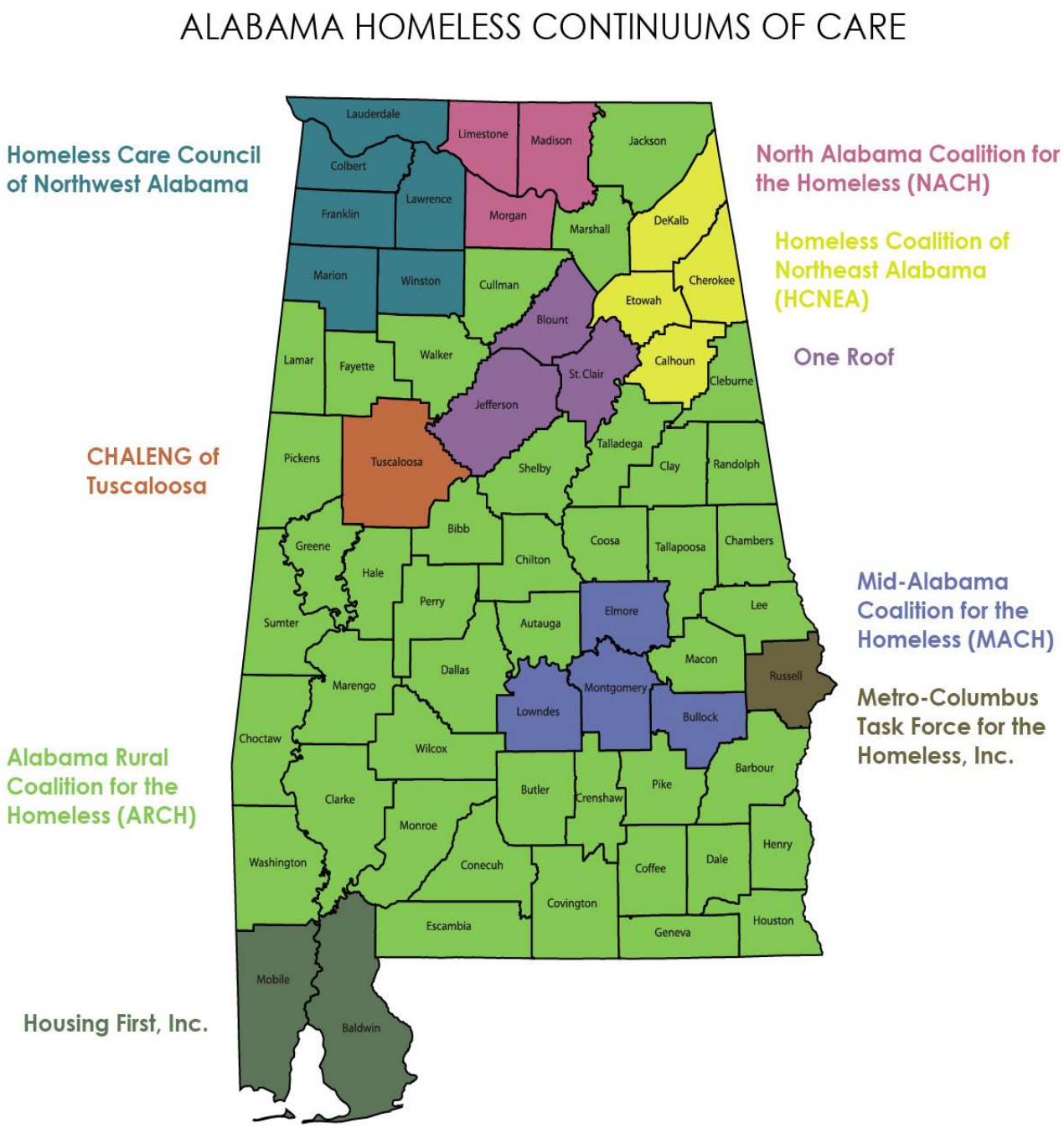
Statewide Number of Homeless Individuals with SMI by Geographic Area (see Map B)

| Continuum of Care Groups {CMHC} | Region | Estimated # of Homeless Individuals w/SMI | Methodology |
|---|---|---|---|
| Homeless Coalition of Northeast AL | Calhoun and Etowah | 29 | January 2019 Point in Time survey and estimate |
| Alabama Rural Coalition for the Homeless | Bullock, Macon, Chambers, Lee, Russell, Tallapoosa, Clay, Coosa, Randolph, Talladega, Cullman, Chilton, Dallas, Perry, Wilcox, Autauga, Butler, Coffee, Covington, Crenshaw, Pike, Conecuh, Clarke, Escambia, Monroe, Barbour, Dale, Geneva, Henry, Choctaw, Greene, Hale, Marengo, Sumter, Bibb, Pickens, Lauderdale, Lamar, Fayette, Walker, Marshall, Jackson, Cleburne and Houston counties | 22 | January 2019 Point in Time survey and estimate |
| **West Ala. Coalition to End Homelessness (formerly C.H.A.L.E.N.G.) {Indian Rivers MHC}*** | Tuscaloosa County | 5 | January 2019 Point in Time survey and estimate |
| **One Roof (formerly Metropolitan Birmingham Services for the Homeless) {JBSMHA}*** | Jefferson, Blount, Shelby and St. Clair counties | 297 | January 2019 Point in Time survey and estimate |
| **Housing First, Inc. (formally Homeless Coalition of the Gulf Coast {AltaPointe Health}*** | Washington, Mobile, Baldwin County | 50 | January 2019 Point in Time survey and estimate |
| **Mid-Alabama Coalition for the Homeless {Montgomery Area MHA}*** | Elmore, Lowndes, Montgomery counties | 55 | January 2019 Point in Time survey and estimate |
| **North Alabama Coalition for the Homeless {Wellstone Behavioral Health}*** | Limestone, Morgan, Madison counties | 73 | January 2019 Point in Time survey and estimate |
| Homeless Care Council of Northwest AL | Colbert, Franklin, Marion, Lawrence, Winston counties | 55 | January 2019 Point in Time survey and estimate |

*** Designates a PATH Provider**

Section III. State Level Information - I. Location of Individuals with SMI Experiencing Homelessness

Map B




Section III. State Level Information - I. Location of Individuals with SMI Experiencing Homelessness

# III. State Level Information

## J. Matching Funds

Narrative Question:

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

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**Footnotes:**

## J. Matching Funds

Non-federal matching funds will be available at the beginning of the grant period sufficient to support PATH activities. The Department is aware of the requirement specified in Section 523 (a) of the PHS Act stating cost sharing is required through match directly or through donations towards the cost in an amount not less than $1 for every $3. Matching and in-kind funds may be received from local municipalities and commissions through local provider catchment areas, allowable charitable donations from private or public entities to local providers, local provider fees for eligible CMHC services, and revenue. General State ambulatory funds are also available for use by community service providers by means of annual contracts and dispersed on a one twelfth basis. These, and other funds previously described, are sufficient to meet PATH grant matching obligations. Amounts provided by the government, or services assisted or subsidized to any significant extent by the federal government, will not be included when determining the amount of non-federal contributions.

# III. State Level Information

### K. Other Designated Fundings

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.

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**Footnotes:**

## K. Other Designated Funding

Community mental health services are funded through a mix of resources including federal MH Block Grant funds, other grants, state funds, Medicaid (Rehab Option; Targeted Case Management), Medicare, other third-party insurance, local government, donations, and client fees generated using a sliding fee scale. No Mental Health Block Grant, Substance Abuse Block Grant, or General Revenue Funds are specifically designated to serve homeless individuals. All services, programs, and projects supported by these various funding streams are available to any consumer with a disabling diagnosis of a serious mental illness and/or co-occurring disorders regardless of living arrangements or homelessness status. Individuals, who are homeless and have a serious mental illness and/or co-occurring disorder, qualify for the full continuum of services.

Beginning in 2009, the Alabama Department of Mental Health suffered budget cuts and incurred cuts every year up until 2015 at which time ADMH was level funded. In 2019, ADMH provided a slight inflationary increase as well as earmarked funding to support lawsuit settlement agreements. Despite this increase, the ripple of past reductions in financial resources continues to be felt within the public service delivery system. PATH Grant funds ensure some protection of services designed for the most disenfranchised citizens whose needs would otherwise remain unaddressed.

## III. State Level Information

### L. Data

Narrative Question:

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

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**Footnotes:**

## L. Data

The Department supports PATH provider participation in collection of PATH data into the Homeless Management Information System (HMIS). All PATH programs within Alabama are currently collecting and reporting data in HMIS. The SAMHSA's Homeless and Housing Resource Network (HHRN), the PATH-HMIS Learning Community training, and PATH technical assistance events are invaluable resources for assisting the State PATH Contact and PATH providers in Alabama with the implementation of HMIS and for training new staff. PATH providers fully understand the value and importance of capturing accurate data for the purposes of care coordination, funding, and demonstrating impact and effective outcomes. They are all committed to fully utilizing the Homeless Management Information System.

In 2014, three of the five PATH providers in Alabama completed the PATH Provider HIMS Assessment. Assessment results indicated that, for those who responded, "PATH users feel moderately comfortable with HMIS." The assessment also revealed that 33% of the Providers desired additional training. In response to this need for training, the State PATH Contact was able to obtain onsite training and technical assistance for all PATH Case Managers and staff who attended the annual conference on housing and homelessness (Housing Works! Conference). The agenda was expanded to include an additional track on data and performance measures which focused on the new HMIS Data Standards. Presenters Chris S. Pitcher and Michael Lindsey of ICF International were available to provide technical assistance for the duration of the conference. Although this training was instrumental in propelling the integration of PATH data collection into HMIS, PATH providers in Alabama continued to report struggles around local implementation efforts for a varied reasons.

On November 13, 2017 the Substance Abuse and Mental Health Services Administration (SAMHSA) approved the HHRN team to address the root and scope of any concerns regarding local HMIS participation. Since that date, routine calls have been held between the SPC and HHRN point of contact to discuss their HMIS needs, as well as conversations with each of the HMIS Lead Agencies in AL, and a remote survey of PATH providers in the state to understand their needs. Based on those conversations and survey responses, gaps were identified in the current AL HMIS implementation for PATH.

In April 2017, a full day of instate PATH technical assistance was provided jointly to PATH Providers and HMIS lead Providers. All 5 PATH provider teams with their lead HMIS agency counter parts were present with the exception of one HMIS lead agency. The training focused on the utilization of HMIS for the purposes of data collection and reporting for SAMHSA's PATH program. The trainer, Natalie Matthews, reviewed data collection requirements for PATH, including an overview of data collection workflow and an interactive discussion with attendees on common questions and answers for PATH data collection.

In addition to HMIS data collection requirements, the training also provided updates and guidance on the PATH reporting requirements via the PATH Data Exchange (PDX). Ms. Matthews reviewed key functionalities in PDX, as well as provide an overview of the new reports available in PDX, and a detailed discussion of each question on the PATH Annual Report.

Lastly, a strategic planning session focused on institutionalizing the HMIS discussions to reduce the potential need for additional or ongoing TA. The SPC Data Decision Tool was used to discuss SPC drafted decisions for all PATH HMIS efforts, and to affirm that both HMIS Leads and PATH providers understand how they should be using HMIS for the PATH program.

Alabama has one statewide HMIS implementation called Program Management Information Systems of Alabama (PromisAL) supported by Mediware. PromisAL is a shared project made up by all 8 of the participating CoCs and the 8 HMIS Lead Agencies designated within each CoC. PromisAL is governed by a Steering Committee that is made up by one voting representative from each CoC and each HMIS Lead Agency. As a statewide system that provides live data, PromisAL offers participating agencies the ability to reverse any duplication of client files statewide and avoid duplicative services. As independent entities, each local HMIS Lead Agency is able to tailor questionnaires and workflows to satisfy local (or agency specific) requirements and needs. All PATH providers are presently working with their local HUD Continua of Care and local HMIS System Administrators for the purposes of training new staff and attainment of licensure. All PATH program parent agencies have HMIS connectivity and are using HMIS for PATH.

The State PATH Contact is in communication with the HMIS Lead System Administrator and is working in partnership for the coordination of PATH program implementation of HMIS. The HMIS Lead is aware of PATH grant expectations and targets relative to HMIS since the initial release of the 2014 HMIS Data Standards.

**Section III. State Level Information – L. Data**

## III. State Level Information

### M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, 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. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

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**Footnotes:**

## M. SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative

In 2007, the Department partnered with Governor's Office to implement the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative in Alabama. SOAR is instrumental in providing the PATH outreach case managers and other providers serving the homeless populations with the skills needed to directly impact homelessness. Engaging people who are literally and chronically homeless, assisting them with accessing financial resources, and arranging for community supports all serve to move the state forward in achieving state and local plans to end homelessness as well as the state's mental health services plan.

Online training and reporting in OAT continue to grow. All PATH provider agencies currently have staff trained in SOAR. In 2019, Providers reported helping 34 consumers with SSI/SSDI applications. Collectively, 15 staff members were reported as trained in the SOAR methodology. In late 2019, the SPC was identified as the SOAR State Lead. As such, she will continue to work with the Local Leads at HUD CoC agencies and national SOAR trainers to expand SOAR training and implementation within Alabama.

# III. State Level Information

## N. PATH Eligibility and Enrollment

Narrative Question:

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

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**Footnotes:**

**N. PATH Enrollment and Eligibility**

The Alabama State PATH Contact (SPC) is guided by PATH legislation, PATH Administrative Workgroup recommendations, SAMHSA's Funding Opportunity Announcements, and the Alabama Administrative Code.

The PATH program is designed to support the outreach, contact, engagement, and delivery of services to eligible persons who are homeless and have serious mental illnesses or a co-occurring mental illness and substance abuse disorder to provide mental health services and community supports. Collectively these efforts assist eligible individual in obtaining safe and stable housing, improving health, and living a self-directed, purposeful life.

The Alabama Department of Mental Health defines PATH eligibility and enrollment as follows:

**PATH Eligibility:** An individual is eligible for PATH enrollment if it is determined that they meet the following criteria:

a. The individual is determined to be experiencing serious mental illness or co-occurring serious mental illness and substance abuse disorder", AND
b. The individual is experiencing homelessness or is at imminent risk of homelessness.

**PATH Enrollment:** An individual may be enrolled in PATH when the above eligibility criteria are met, and an individual record or file is developed for this individual.

Enrollment implies there is intent to provide services to a recipient and for said recipient to be agreeable and consent to receive said services.

a. The individual has been determined to be "PATH Eligible",
b. The individual and the PATH provider have reached a point of engagement where there is a mutual agreement "services" will be provided, and
c. The PATH provider has started an individual file or record for the individual that includes at a minimum:
    a. Basic demographic information needed for reporting,
    b. Documentation by the provider of the determination of PATH Eligibility,
    c. Documentation by the provider of the mutual agreement for the provision of services, and
    d. Documentation of services provided.

# PATH Reported Activities

### Charitable Choice for PATH

Expenditure Period Start Date: 10/1/2020 Expenditure Period End Date: 9/30/2021

**Notice to Program Beneficiaries -** Check all that apply:

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

**Referrals to Alternative Services -** Check all that apply:

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

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

Charitable Choice is not applicable to Alabama PATH programs. Note: All budgets for PATH Providers were attached at the time of application and available under the budget section for PATH Providers.

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**Footnotes:**