OFFICE OF THE GOVERNOR

BOB RILEY
GOVERNOR

STATE CAPITOL
MONTGOMERY, ALABAMA 36130

(334) 242-7100
FAX: (334) 242-0937

STATE OF ALABAMA

April 29, 2010

Ms. Barbara Orlando
Substance Abuse and Mental Health Services Administration
Division of Grants Management
I Choke Cherry Rd., Rm. 7-1091
Rockville, MD 20857-0001

Attn: PATH Formula Grant (SM-10-F2)

Enclosed is the application for the 2010 Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program funds for the state of Alabama. PATH funds are a priority for our state, as they are used to continue to serve individuals who are homeless and mentally ill through outreach, case management, and other specialized services. A number of those served may also have co-occurring disorders of mental illness and substance abuse. Your attention to this matter of importance is appreciated. If I may be of further assistance in completing the application for these funds, do not hesitate to contact me.

Sincerely,

Bob Riley
Governor

BR/ps/rs

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s)
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: *5b. Federal Award Identifier:

State Use Only:

6. Date Received by State: 7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Alabama Department of Mental Health/Mental Retardation

*b. Employer/Taxpayer Identification Number (EIN/TIN): 63-0506021

*c. Organizational DUNS: 929956324

d. Address:

*Street 1: 100 N. Union Street RSA Union Bldg.
Street 2:
*City: Montgomery
County: Montgomery
*State: Alabama
Province:
*Country:
*Zip / Postal Code 36130-1410

e. Organizational Unit:

Department Name: Alabama Department of Mental Health

Division Name: Mental Illness Division

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

Prefix: Ms. *First Name: Jessica
Middle Name: L.
*Last Name: Hales
Suffix:

Title: Coordinator of Adult Services

Organizational Affiliation:

*Telephone Number: 334-242-3200 Fax Number: 334-242-3025

*Email: jessica.hales@mh.alabama.gov

Application for Federal Assistance SF-424 Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

Substance Abuse and Mental Health Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.150

CFDA Title:

PATH

***12 Funding Opportunity Number:**

RFA#SM-10-F2

*Title:

FY 2010 PATH Application

13. Competition Identification Number:

N/A

Title:

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

Mobile, Montgomery, Birmingham, Huntsville, Tuscaloosa

***15. Descriptive Title of Applicant's Project:**

PATH: Non-Construction

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:

*a. Applicant: AL-ALL *b. Program/Project: AL-01, AL-02, AL-05, AL-06, AL-07

17. Proposed Project:

*a. Start Date: 8-1-10 *b. End Date: 7-31-11

18. Estimated Funding ($):

*a. Federal	588,000
*b. Applicant	196,000
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	784,000

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

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E. O. 12372

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

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Mr. *First Name: John

Middle Name: M.

*Last Name: Houston

Suffix:

*Title: Commissioner

*Telephone Number: 334-242-3107 Fax Number: 334-242-0684

* Email: john.houston@mh.alabama.gov

*Signature of Authorized Representative: John Houston *Date Signed: 4-28-10

FY 2010 PATH APPLICATION
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OMB Approval No. 0348-0044

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

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

SECTION B - BUDGET CATEGORIES

6. OBJECT CLASS CATEGORIES	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) FEDERAL	(2) NON-FEDERAL	(3)	(4)	Total (5)
a. Personnel	$ 452,873	$ 37,616	$	$	$ 490,489
b. Fringe Benefits	$ 59,662	$ 75,111	$	$	$ 134,773
c. Travel	$ 31,152	$ 33,118	$	$	$ 64,270
d. Equipment	$ 0	$ 3,000	$	$	$ 3,000
e. Supplies	$ 7,200	$ 10,126	$	$	$ 17,326
f. Contractual	$ 0	$ 16,300	$	$	$ 16,300
g. Construction	$ 0	$ 0	$	$	$ 0
h. Other	$ 37,113	$ 3,240	$	$	$ 40,353
i. Total Direct Charges (sum of 6a-6h)	$ 588,000	$ 178,511	$ 0	$ 0	$ 766,511
j. Indirect Charges	$ 0	$ 17,489	$ 0	$ 0	$ 17,489
k. TOTALS (sum of 6i and 6j)	$ 588,000	$ 196,000	$ 0	$ 0	$ 784,000
7. PROGRAM INCOME (MEDICAID FEDERAL)	$	$	$ 0	$ 0	$ 0

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

Previous Edition Usable

BUDGET NARRATIVE

Five community mental health centers propose to serve 1,383 homeless individuals with serious mental illness and co-occurring disorders of serious mental illness and substance abuse at a total of $578,887. Another $9,113 for statewide training; provider meetings, and technical assistance is budgeted for a total of $588,000 in federal PATH expenditures for Alabama during FY 2010. It is possible that some of these training funds will be used to support direct services.

A total of $452,873 will fund 13.36 FTE positions with four PATH providers throughout the state. These expenditures will retain 10.08 FTE case managers, .24 FTE psychiatrist, provide .65 FTE nurse, .90 FTE supervisor, 1.16 FTE therapist, and .33 FTE accountant/support staff as follows:

The Jefferson-Blount-St. Clair Mental Health Authority (JBS) will maintain 2.38 FTE case managers, a .12 FTE psychiatrist, a .40 FTE nurse, a .76 FTE therapist at $156,847. The Montgomery Area Mental Health Authority, Inc. (MAMHA) will retain 2.5 FTE case managers, a .50 FTE supervisor, a .03 FTE psychiatrist and a .10 FTE nurse at $92,353. AltaPointe Health Systems, Inc. will have .15 FTE supervisor, a .25 FTE clerk, a .05 FTE psychiatrist, a .05 CRNP, a .20 FTE therapist, and 2.6 FTE case managers at $114,136. Huntsville MHC will provide services with 1.30 FTE case managers, a .05 FTE Nurse, a .10 FTE Therapist, a .02 FTE psychiatrist, a .08 secretary and .15 FTE supervisor at $47,885; and Indian Rivers will retain 1.30 FTE case managers, a .02 FTE psychiatrist, .05 FTE nurse, a .10 FTE supervisor, and a .10 FTE therapist at $41,652.

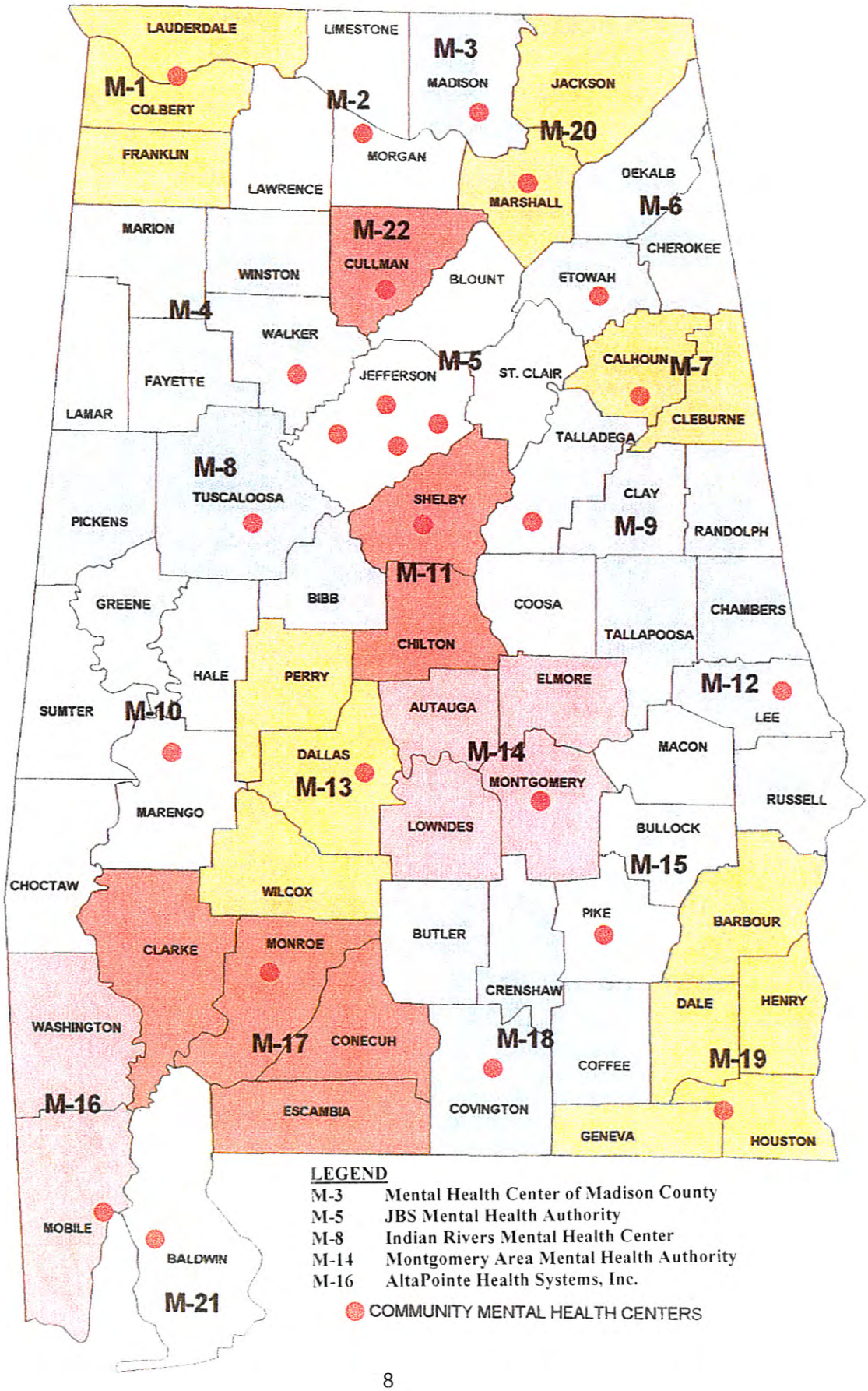
Fringe benefits for these combined provider positions will total $59,662. Combined PATH funded travel and client transportation for all providers is projected at $31,152. Supplies for the combined provider positions will total $7,200.

The "Other" category includes $9,000 for staff training in homelessness and related issues. Also included is $19,000 to provide Housing Services to include 1) costs associated with establishing a household such as application fees, 2) Security deposits, 3) one time rental payments to prevent eviction and the above $9,113 bringing the total to $37,113.

SECTION A: Executive Summary

1. Organizations to Receive Funds	2. Service Areas	3. Services Supported by Federal & Match PATH Funds	4. Estimated Number of Clients to be Served: Contacted & Enrolled
a. Jefferson-Blount-St. Clair Mental Health /Mental Retardation Authority Public non-profit, community mental health center	Jefferson, Blount, and St. Clair counties	Outreach, screening and diagnostic tx , shelter based mental health services, case management, alcohol/drug tx access, referral services for primary care, vocational, educational and housing services, housing support services.	**Contacted 360** **Enrolled 300**
b. Montgomery Area Mental Health Authority, Inc. Public non-profit, community mental health center	Autauga, Elmore, Lowndes and Montgomery counties	Outreach, case management, staff training, referrals and linkage to include primary care, vocational, educational, alcohol/drug tx; and relevant housing services, community mental health services, screening and diagnostic services, housing support services	**Contacted 300** **Enrolled 75**
c. Indian Rivers MHC Private, non-profit community mental health center	Bibb, Pickens, and Tuscaloosa counties	Outreach & Case management, referral and linkage to include primary care, job training, educational and housing services, community mental health services, screening and diagnostic tx services, housing support services.	**Contacted 223** **Enrolled 60**
d. MHC of Madison Co. Public, non-profit community mental health center	Madison County	Outreach & Case Management services, community mental health services to include crisis intervention, shelter staff training, screening and diagnostic tx services, referrals to include primary care, relevant housing services, education services and job training; alcohol/drug tx access,, , and housing support services..	**Contacted 300** **Enrolled 100**
f. AltaPointe Health Systems, Inc. Public, non-profit community mental health center	Mobile and Washington Counties	Outreach & Case management, referral services for primary care, vocational, educational and housing services,; community mental health services, screening and diagnostic services, alcohol/drug services , supportive services in residential setting, habilitation and rehabilitation, housing support services and staff training.	**Contacted 200** **Enrolled 50**
f. Alabama DMH/MR State Government	Statewide	Staff Training /Technical Assistance in Homelessness, Housing and related issues	**Contacted 1,383** **Enrolled 585** (total a-d)

ALABAMA MENTAL HEALTH CATCHMENT AREAS



SECTION B: State-Level Information

1. Operational definitions:

a. **Homeless individual-** pertains to 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.

b. **Imminent risk of becoming homeless-** individuals living in a doubled up living arrangement where the individual's name is not on the lease, individuals living in a condemned building without a place to move, individuals with arrears in rent/utility payments, individuals having received an eviction notice without a place to move, individuals living in temporary or transitional housing that carries time limits, individuals being discharged from a health care
or criminal justice institution without a place to live.

c. **Serious mental illness-** individuals satisfying one diagnostic criterion from Category A and two criteria from Category B below:

   Category A: Schizophrenia, Delusional Disorder, Major Depressive Episode(s), Bipolar I & II Disorders, Psychotic Disorder Not Otherwise Specified, Severe Panic Disorders With or Without Agoraphobia, Agoraphobia Without History of Panic Disorder, and Obsessive-Compulsive Disorder from DSM-IV-TR.

   Category B: individuals who are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history; individuals requiring public financial assistance for out-of-hospital maintenance and are unable to procure such assistance without help and/or are dependent on family for support.

d. **Co-occurring serious mental illness and substance use disorders -** individuals meeting criteria for serious mental illness as outlined above, and have a substance use disorder, where the mental illness and substance use disorder can be diagnosed independently of each other. Substance abuse disorders are those meeting criteria as defined in the DSM-IV-TR.

e. **Eligibility-** Once an individual is determined to meet the homeless or at risk of homelessness criteria *and* the mental health or co-occurring criteria, they are determined to be PATH Eligible.

f. **Enrollment-** The PATH legislation states "An individual may be enrolled in PATH when the PATH eligibility criteria are met and an individual record or file is developed for this individual. Although the goal of the PATH program is to assist individuals in accessing mental health services and housing, services that begin the PATH Enrolled relationship can be any service, assistance, or provision of resources that the individual is willing to accept or any mutual work that the individual identifies as important.

g. **Youth-** The PATH legislation states individuals with severe mental illness are eligible for services. Age is not mentioned. However, usually adults are diagnosed with severe mental illness. Transition age youth who are homeless or at-risk of homelessness, have serious mental illness, and who are otherwise considered adults, e.g. emancipated youth, may be PATH Enrolled. Youth who are still eligible for other protective or human services may be served by PATH in the outreach setting, and when appropriate enrolled, for the sole purpose of engaging the human services agencies, mental health services, or the education system to serve them. Serving youth who are minors solely in PATH without the purpose of rapidly, safely, and effectively connecting them to the mainstream child services system is not recommended for PATH programs.

2. Number of Homeless Individuals with Serious Mental Illness by Geographic Region:

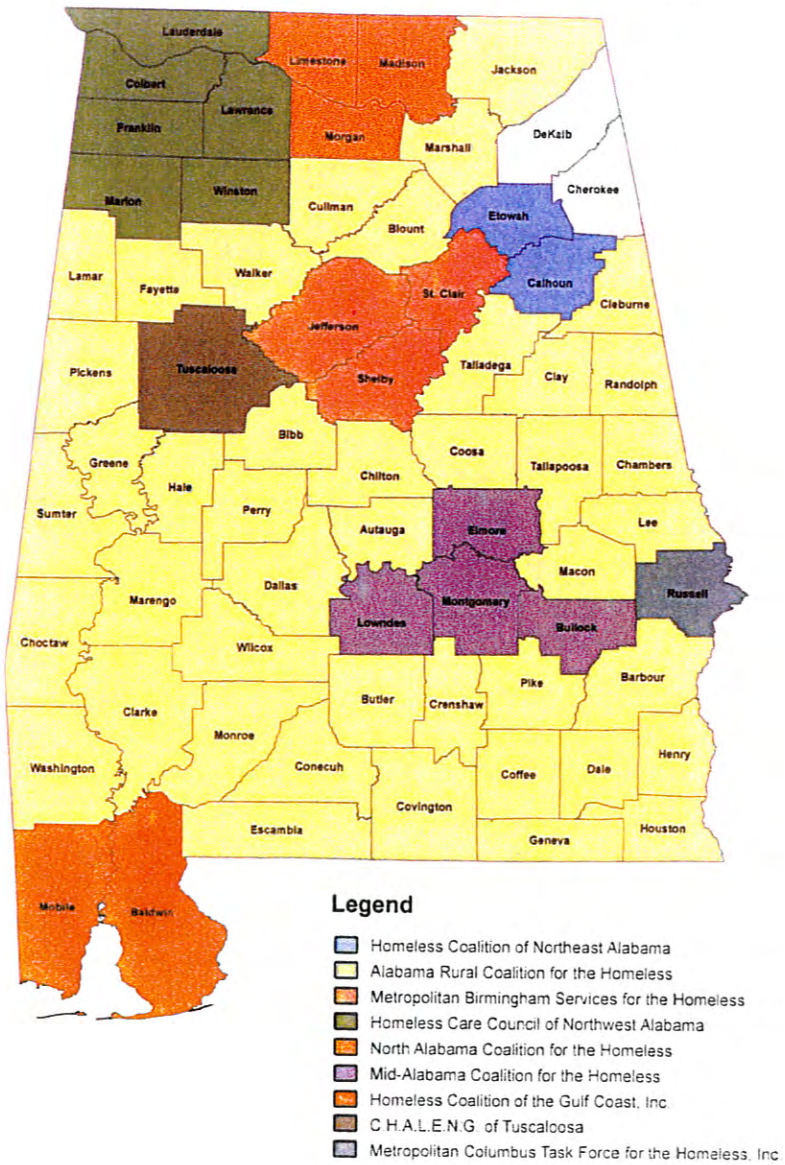
Continuum of Care Groups	Region	Estimated # of Homeless Individuals w/SMI	Methodology
Homeless Coalition of Northeast AL	Calhoun and Etowah	57	January 2007_ Point in Time survey and estimate
Alabama Rural Coalition for the Homeless	Bullock, Macon, Chambers, Lee, Russell, Tallapoosa, Clay, Coosa, Randolph, 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	554	January 2010_ Point in Time survey and estimate
C.H.A.L.E.N.G. (Indian Rivers MHC)*	Tuscaloosa County	107	January 2010_survey and estimate
Metropolitan Birmingham Services for the Homeless (JBS MHC)*	Jefferson, Blount, Shelby and St. Clair counties	896	January 2009_ Point in Time survey and estimate
Homeless Coalition of the Gulf Coast	Washington, Mobile, Baldwin County	353	January 2010 Point in Time and estimate
Mid-Alabama Coalition for the Homeless (Mont. Area MHC)*	Elmore, Lowndes, Montgomery counties	309	October 2010 Point in Time estimate
North Alabama Coalition for the Homeless (Madison County MHC)*	Limestone, Morgan, Madison counties	328	January 2010_ Point in Time survey and estimate
Homeless Care Council of Northwest AL	Colbert, Franklin, Marion, Lawrence, Winston counties	19	January 2007_ Point in Time survey and estimate

*** Designates a PATH Provider**

Homelessness Regions

The following pages report data on homelessness from each of the state's regional continua of care (CoC).

Alabama Continuum of Care County Map



3. PATH Allocation to Local Providers

a. Needs Based Allocation:

Data from the most recent available Point In Time surveys, as well as the 2007 Homelessness In Alabama Statewide Data Report issued from The Governor's Statewide Interagency Council on Homelessness, are the primary sources for determining the selection of eligible PATH providers.

Due to the limited PATH resources, the community mental health centers who serve the most urban areas of the state and who have the highest numbers reported of homelessness, are invited to participate in the PATH application. Therefore, PATH funds will be allocated through contractual agreements with five mental health centers located in major metropolitan areas of the state. 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 (see table in B.2 above). Other less populous regions of the state, would have more difficulty sustaining a case load in sufficient numbers to justify PATH funding.

Considerations for additional PATH funds, when available, have historically been awarded based on responses to Request for Proposals.

b. Effectiveness in Serving Homeless Veterans:

PATH Providers have served veterans who are homeless and continue to do so. Case managers are knowledgeable of veteran specific resources within their respective areas, and measures are taken to link veterans to services and organizations including the Veterans Administration, which provides financial assistance and health care. Also, veterans are referred to community agencies for services as are other homeless individuals. Three of the five PATH catchment areas include Veterans Administration Hospitals: JBS in Birmingham; Indian Rivers in Tuscaloosa; and MAMHA in Montgomery. Additionally, Veterans Hospitals are located in Tuskegee, Alabama and Biloxi, Mississippi (just beyond the southwestern border of AL) which can be accessed by PATH eligible consumers. Additional information about veterans who are homeless is located in the Local Intended Use portion of this application.

The State agrees to give special consideration to entities that have demonstrated effectiveness in serving homeless veterans who have serious mental illness.

4. State Comprehensive Mental Health Service Plan

The Alabama Department of Mental Health is separated into three distinct service divisions: Mental Illness, Intellectual disability, and Substance Abuse. The Mental Illness Division is responsible for operating 6 state-run psychiatric hospital facilities and establishing standards for community services. There are 25 community mental health centers that provide a continuum of services to all ages with a focus on adults who have serious mental illness and youth who have serious emotional disturbance. Some of these centers also provide services to people who have intellectual disabilities and/or substance abuse disorders. The Department is empowered to contract for services with community providers. Typical mental health services include outpatient, day programming, residential, case management, psychiatric services, and crisis intervention.

The Mental Health Services Block Grant (MHSBG) serves as the State's Comprehensive Mental Health Service Plan. With in this plan, housing is identified as one of the State's unmet needs and critical gaps within the current system for which the Department is placing a high priority on addressing. It is the Department's hope that "all services will be provided from a person-centered treatment planning perspective driven by family and consumer needs and that consumers will receive not only high quality treatment services, but will receive the necessary supports to achieve the highest degree possible of independent living in safe and decent housing, to be employed, and to engage in social interaction with friends and family." This view is consistent with the Substance Abuse and Mental Health Services Administration's 10 Strategic Initiatives of which the fifth addresses Housing and Homelessness.

PATH Formula Grant Funds play an integral role in the development and sustainability of specialized services to persons with a serious mental illness and who are homeless found in metropolitan areas of the state. The PATH Contact in Alabama reports directly to Molly Brooms who is the Director of Mental Illness Community Programs. Ms. Brooms prepares the Mental Health Services Block Grant (MHSBG) with the input of the Planning Council of which she is a member. Additionally, Ms. Brooms participates in the planning and development of housing services for the mentally ill including those who are homeless. The Department's statutorily based planning process includes a Mental Illness Coordinating Subcommittee (MICS) which reports to the Management Steering Committee. The MICS membership includes state leadership, mental health service providers, family members and consumers. Ms. Brooms, along with other DMH staff, assure the coordination of PATH services consistent with the comprehensive state mental health plan.

The Department proposes to serve 1,383 homeless individuals with FY 10 PATH funds. These funds will permit PATH providers to provide specialized services, primarily through outreach methods (active and traditional) inreach, and case management, for individuals who are homeless, or at imminent risk of becoming homeless with the goal of transitioning them out of PATH programs into mainstream services.

5. State Plan to End Homelessness

Alabama Governor, Bob Riley, affirmed his commitment to ending homelessness with the signing of Executive Order #31 on August 11, 2005. This order created the statewide Interagency Council on Homelessness. The Governor's Office of Faith Based and Community Initiatives (GFBCI) was designated as and continues to be lead agency. The Council, whose membership is diverse and made up of representatives from government agencies, the private sector, non-profit organizations, and service provider networks, was charged with developing and implementing a plan to prevent and end homelessness in Alabama. In 2007, the GRBCI published Homelessness in Alabama: Statewide Data Report for use as an educational tool for stakeholders and all interested parties. In 2007, Governor Bob Riley, who was the FY07 recipient of the Home for Every American Award.

June 2006, the GFBCI published the Blueprint Towards a Ten-Year Plan to End Homelessness in Alabama publication. The Goals, objectives, and strategies of this plan center around the following areas: optimizing fiscal resources, identifying and evaluating available services, increasing access to affordable permanent supportive housing, developing comprehensive and accessible statewide data on homelessness, and increasing public awareness.

The Department recognizes and supports collaborations with federal partners, other state agencies, local government, community provider organizations, and consumer groups in an effort to promote system coordination among the numerous agencies and programs which service this population. The Commissioner of the Department of Mental Health is a member of the Governor's Cabinet. As such, he participates in Cabinet meetings and has the opportunity to coordinate services at the highest level. Services are coordinated with other state agencies through the Planning Council, issue specific work groups, and case coordination on an individual basis. Staff at all levels of the Department have daily contact with staff from other agencies and the general public for the purposes of providing, coordinating, or developing services or information.

The PATH program represents an innovative partnership across Federal, State, and local entities serving as a vital resource to the Interagency Council on Homelessness and the State's plan in combating homelessness for those suffering from serious mental illness and co-occurring disorders. Alabama PATH providers collaborate with their local Continuum of Care in order to increase access to services and housing. They are also actively involved and supportive of data reporting for PATH services. This data informs the Interagency Council on Homelessness about types of services being delivered in the most urban areas of the state as well as assists the Council in the formation of public educational strategies.

Representatives from both the Department's Office of Policy & Planning and Division of Mental remain active members on the Interagency Council on Homelessness and have partnered with the Governor's Office of Faith Based and Community Initiatives (GFBCI) in an effort to implement the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative in Alabama. Alabama boasts 6 SOAR Trainers one of whom is the State PATH Contact; four are employees of Jefferson-Blount-Claire Mental Health Center which is our largest. PATH provider and the last is a case manager from the Birmingham Continuum of Care. Recently, Alabama was provided sponsorship for two more individuals to become State SOAR Train the Trainers. Both are employees of AltaPointe

Health Systems, Incorporated and one is the Director of the local PATH Program. SOAR has been instrumental in providing the skills needed for service providers to directly impact homelessness and to move forward accomplishing the overall arching goal of the States' Plan to End Homelessness, the States' Comprehensive Mental Health Services, PATH outcome targets, as well as local plans to end homelessness.

The Department is supportive of all 8 state Continua of Care. All PATH providing agencies are encouraged to work cooperatively with their Continuum of Care. The Mid- Alabama Coalition for the Homeless located in Montgomery County and the Homeless Coalition of the Gulf Coast, Inc. located in Mobile County have developed local plans to address homelessness and utilize the PATH providers in their counties. DMH continues to be an active member of the Alabama Alliance to End Homelessness (ALAEH). Representatives from the state Continua of Care and the Alabama HUD Field Office participate to provide statewide training, networking opportunities, and resource information by conducting an annual conference for which those who serve homeless populations are invited. The PATH technical assistance center has partnered with the Department and ALAEH to conduct joint training at this conference on numerous occasions.

The Department remains committed in supporting the Governor's plan and understands system wide partnerships is necessary to effectively end homelessness in Alabama.

6. Mental Health Block Grant/Substance Abuse Block Grant/General Revenue Funding

Community mental health services are funded through a mix of resources including federal MHS Block Grant funds, other grants, state funds, Medicaid, Medicare, other third party insurance, local government, donations, and client fees generated using a sliding fee scale. There are no Block Grant or General Revenue Funds specifically designated to serve only individuals who are homeless and have a serious mental illness or co-occurring disorders. All services, programs, and projects supported by these various funding streams are available to all consumers who have serious mental illness or co-occurring disorders. Individuals, who are homeless and have a serious mental illness or co-occurring disorder, qualify to receive these services.

Data Department indicate that statewide community mental health centers serviced 1235 individuals with mental illness who reported being homeless at the time of entry into the community mental health provider network during FY09.

In less populous regions in the state not receiving PATH funds, regular case management is offered to those who suffer from serious mental illness and homelessness. Funds are also allocated to support 16 ACT and 2 PACT Teams which assist consumers to locate and maintain stable living environments thus decreasing risk of homelessness. Six ACT Teams are housed at PATH agencies as is one PACT team. The Substance Abuse Division (SA) funds SA treatment specialists for 5 of Assertive Community Treatment (ACT) Teams. The role of this specialist is to provide both direct services and expert guidance in how other team members can improve skills in the recognition of and treatment for substance abuse disorders.

Additionally, the $250,000 Housing Support Fund, from State funds, continues to be available and is a statewide fund all providers can access 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.

The availability of safe and affordable housing remains a challenge for people with mental illness and limited or no income. Currently, the Department contracts roughly 29 million dollars with the community mental health provider network to provide approximately 1836 beds for various living arrangements such as group homes, semi-independent apartments and supportive housing. There are a number of State established priorities and plans to address unmet needs in the state service system which will impact all consumers including individuals who are homeless and have a serious mental illness and/or co-occurring disorder. Through a NAMI-Alabama contract, a Statewide Supportive Housing Plan was developed through the work of two expert housing consultants in collaboration with the Department's Supported Housing Workgroup. This plan shows a need for more than 8,600 new housing units and as a result residential beds were expanded by 325 to current levels. In FY08, funding was allocated to establish 132 Permanent Supportive Housing units consistent with evidence-based housing practices. Due to budget cuts, this number was reduced to 108. Three out of the five PATH Providers operate pilot sites for these units: Madison Co, Indian Rivers, and AltaPointe.

The Department holds Steering Committee and general membership in the recently formed Low Income Housing Coalition of Alabama (LIHCA). LIHCA was formed to increase housing

opportunities for individuals with the greatest need. LIHCA advocated for passage of the National Housing Trust Fund and has provided training toward establishment of a Housing Trust Fund in AL. With the passage of the National Housing Trust Fund, departmental representatives will continue to work in all venues to access new housing resources for individuals who are homeless and mentally ill.

LICHA is sponsored by Collaborative Solutions, Inc. (CSI), an approved technical assistance consultant of the Alabama HUD Field Office. The Department has partnered with CSI to pursue Rural Housing and Economic Development (RHED) grants. The most recently approved grant will allow for 10 new units of affordable housing and repair 12 units of substandard, single-family, owner-occupied housing within a rural area. A Supportive Housing Institute will be explored after year one of the grant.

The Department continues its' partnership with the Alabama Housing Finance Authority (AHFA) to focus attention on the housing needs of persons the Department serves. New HOME and Low Income Tax Credit units set-aside a reduced rental rates were established by the AHFA and to date, all 498 units remain filled. Housing is also available at reduced rental rates through USDA Farmers Home developments. A Housing Advocate, employed by the Department, works to ensure that priority for vacancies as they develop are given to individuals with mental illness, mental retardation or substance abuse.

The Department acknowledges that work needs to continue on creating/accessing funding to support independent living through state and federal funding. Emphasis has been placed on increasing the number of adequately supported independent living situations in the future.

7. Programmatic/Financial Oversight

The Division of Mental Illness, Office of Community Programs provides programmatic and financial oversight to the local PATH programs. Molly Brooms, the Director of Community Programs, supervises Jessica Hales, Adult Services Coordinator and State PATH Contact. Ms. Brooms also supervises the Financial Services Coordinator, Mr. Shawn Stinson, who is responsible for preparing contracts with PATH providers and approving vouchers for payment. Annual audits are required to be conducted on each PATH provider and audit results are submitted to the State Board of Examiners and to the Department of Mental Health.

Since mid-2006, Jessica Hales assumed responsibility of the PATH grant and has since made efforts to become familiar with the grant requirements, the PATH providers, past PATH site visit recommendations, and the State's overall efforts to address homelessness. There has been continued evaluation of current PATH data collection and reporting mechanisms in an effort to identify weaknesses, inconsistencies, and gaps. Accurate reporting and program monitoring will remain a primary area of focus. Most recently, the State PATH Contact has made an increased effort to explore and understand the financial mechanisms of the PATH Grant and, therefore, plans to work closely with the Financial Services Coordinator in FY11.

The State PATH contact will continue to utilize knowledge gained from the process/results of the annual PATH surveys, the annual PATH application, the PATH website, PATH State Contact Meetings, the PATH Workgroups, as well as other sources to provide guidance to and monitoring of PATH providers. Technical assistance and follow-up will continue to be provided on an as needed basis.

Routine monitoring of performance and contract compliance includes quarterly reviews and evaluation of PATH provider service data uploaded monthly to the Central Depository Reporting system for the state. The Department works with federal and state organizations to assure service codes conform to HIPAA standard transaction codes and are consistent across Medicaid, DMH/MR, and other major insurers. Additionally, through the Data Infrastructure Grant, efforts continue to provide accurate data in the Uniform Reporting System. The Departments' Information Technology Committee is exploring the development of an electronic medical record. At this time, the Department can internally match state hospital records to community service records so individuals can be tracked through both data systems. This may prove to be beneficial to PATH consumers who may have little if any identifying information aside from that which may be obtained through verbal report. Additionally, PATH providers will continue to be encouraged to explore their capacity and/or current use of the Homeless Management Information System in an effort to capture PATH activities in a manner that will not greatly increase their reporting burden.

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 that apply to all community provider programs and services. If scheduling permits, the State PATH Contact may join with the certification team site visit schedule to assist in conducting evaluations of current PATH programs. However, due to a shortage of state funds, travel restrictions have discouraged this option.

8. Local Training for PATH Funded Staff

This year, funds will be set aside to allow the State PATH Contact to attend state and national training opportunities in homelessness, housing, and related training activities. Each PATH provider will receive funds in their budget to use towards training.

During the past year, the following local training opportunities have been available to PATH providers:

* Alabama's application for FY 2010 PATH Technical Assistance was awarded. In November 2009, PATH providers were required to attend a one day workshop presented by the Center for Social Innovation the day before the ALAEH summit. The presentation "Outreach to People Experiencing Homelessness" addressed areas of outreach and engagement, best practices, outcome data collection and reporting, and local and national resources.

* The Department is an active member of the Alabama Alliance to End Homelessness (ALAEH). Representatives of the state Continua of Care and the Alabama HUD Field Office participate to provide statewide training, networking opportunities, and resource information. A one day summit was held in November 2009 and featured state and nationally recognized trainers from the housing and homelessness arenas.

* The Alabama Council of Community Mental Health Boards held their 36th in May 2010. This annual conference attracts about 900 participants from state hospitals and community providers.

* Person-centered treatment planning has been adopted as the philosophy for the AL DMH and training sessions have been ongoing for several years now in state facilities and the community programs. A training manual has been developed for use by mental health professionals working with PATH eligible, and other mental health consumers. In FY09, refresher training was provided in four locations across the State related to the focus on improving the Recovery and Resiliency capability of the system and the changes in the certification standards related to treatment planning.

* The Department's Cultural Diversity Task Force created a training document to be used in all facilities as part of in-service and on-going staff training.

* The Office of Deaf Services provides nationally recognized intensive training for people who are skilled interpreters, but need training on mental health issues in order to be effective in interpreting during assessment and therapy sessions. This office is also available to all CMHC, DMH/MR, and disaster crisis counseling staff.

* AL HUD Office quarterly training programs are publicized and offered to PATH providers and other CMHC's. Both the AL HUD Office and the AL Housing Finance Authority (AHFA) provide technical assistance in the application of housing funds.

* The Department has partnered with the Governor's Office of Faith Based & Community Initiatives (GFBCI) to implement SOAR in Alabama. Three statewide trainings have been conducted thus far.

Efforts around planning future training for PATH providers:

* The Department is committed to using SOAR as a strategy for helping people experiencing homelessness overcome barriers to accessing needed services. Although several PATH providers have taken advantage of statewide SOAR training opportunities, not all PATH case managers have been trained. The Office of Community Programs is in the process of planning for the mandatory training of all PATH case managers to order to better serve some of Alabama's most venerable citizens. Alabama has recently been provided the opportunity to expand their current SOAR Train the Trainer base by two. Three more statewide SOAR trainings are anticipated to occur within the next 12 months.

* The Department is looking forward to any guidance from The Center for Social Innovation with regard to training and technical assistance in how the Homeless Management Information System (HMIS) may be utilized by current PATH providers to more accurately collect and report data and outcomes. Survey results of PATH providers reveal a high degree of variation in how HMIS is being utilized if at all.

9. Source of Required Non-Federal Matching Funds

Non-federal matching funds will be available at the beginning of the grant period sufficient to support PATH activities. Matching and in-kind funds are received from local municipalities and commissions through local provider catchment areas, allowable charitable donations to local providers, local provider fees for eligible CMHC services, and revenue generated through agencies such as Medicaid.

The Department works closely with the Medicaid Agency to provide adequate coverage for community mental health services for people of all ages with mental illness, including case management services. Alabama uses the Rehab Option and Optional Targeted Case Management.

10. Providing Public Notice

The Alabama Department of Mental Health provides opportunities for public comment through ongoing partnerships with family members, consumers, advocacy groups, housing organizations, participation in housing training sessions and meetings, education regarding PATH services and funding. Opportunities for public comment on proposed PATH activities are included in the planning of goals and objectives, which affect the PATH eligible population of the State Plan. 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 Management Steering Committee and Mental Illness Coordinating Subcommittee is also informed of PATH grant activities. All planning bodies are comprised of consumers with serious mental illness, and family members of persons with serious mental illness who make ongoing comments and recommendations relative to services including PATH Services. Services are coordinated with the Substance Abuse Division and the Substance Abuse Services Block Grant through participation in the Management Steering Committee and the Co-occurring Disorders Task Force. In addition, an extensive grass roots regional planning process initiated in FY07 by the Office of Policy and Planning was continued and expanded in FY08, creating even more opportunities for family members, consumers, and local government and community providers to participate.

PATH Annual Reports and Applications are available to the PATH programs. The PATH Providers maintain consumer and family member representation on their Consumer Councils, as well as Advisory and Planning Boards, which allow ongoing comment and recommendations. Additionally, providers host Annual Meetings, which are open to the public for comment, as well as program and financial review. The State Library Service is provided the PATH Annual Application for public access to proposed PATH activities, and the application will be posted at the Department's website.

INTENDED USE PLAN 2010

JEFFERFSON BLOUNT ST. CLAIR (JBS) MENTAL HEALTH/MENTAL RETARDATION AUTHORITY HOMELESS SERVICES PROGRAM (HSP)

1. **Provider Description:** JBSMHA is a regional, public, nonprofit corporation established under Act 310 of the 1967 Alabama Legislature. The region served by JBSMHA comprises Jefferson, Blount, St. Clair counties with a total of approximately 750,000 residents. The region is divided into three catchment areas with each one served by its own community mental health center. The Homeless Services Project serves primarily the Birmingham Metropolitan area, which is more urbanized and has the highest concentration of homeless individuals. In addition to outreach services for the homeless population, the Authority also provides residential services, day program services for adults with a diagnosis of a serious mental illness and/or mental retardation, outreach clinical services for children, and outreach clinical services for mentally ill adults.

2. **Amount of PATH funds:** **Total $303,174 with** $227,380 federal PATH funding and $75,794 match.
The Authority receives the federal PATH funds directly from the State DMH via contract. The Authority uses the federal PATH funds for direct services. No federal PATH funds are distributed to other local organizations.

3. **Service Provision Plan:**

a) The Authority projects serving 360 persons via the PATH funds in 2010. It is estimated that 300 of these individuals will be enrolled of which 100 percent will meet the definition of "literally" homeless.

b) PATH funded services include the following:

* Outreach services
* Screening and diagnostic treatment services
* Housing Services
* Case management services
* Community mental health services (shelter based clinic, otherwise case managers access these services from our 3 local community mental health centers)
* Alcohol or drug treatment services (case manager's access)
* Referrals for primary health services in residential settings, vocational services, educational services (including HIV prevention activities) and relevant housing services.

The HSP consists of a full-time master level therapist, three full-time case managers, a registered nurse, part-time, an accountant, part-time (for billing purposes) and a psychiatrist, part-time (not supported by P.A.T.H. funds).

The case managers spend most of their time in the community - area agencies, homeless shelters, soup kitchens, "on the street" - providing outreach services, monitoring consumers, accessing/brokering for services.

The HSP provides a shelter-based psychiatric clinic, which has been extremely important to the success of our program. Our psychiatrist actually goes on-site to shelters and other places where individuals who are homeless and have a serious mental illness may be resident. The R.N. provides clinical nursing care on-site at our shelter-based clinic each week and provides crisis intervention as directed by the psychiatrist. The master level therapist provides daily therapeutic care at our shelter based clinic. Our three community mental health centers have two to four week waiting lists for appointments and some mental health centers will not schedule intake appointments for individuals who do not have a permanent address. Therefore, this shelter-based clinic provides more timely and accessible mental health services for homeless individuals who have a serious mental illness.

c) Listed below are the community organizations providing key services to PATH eligible clients:

* Three-community mental health centers - (Comprehensive mental health services)
* Local hospitals (medical and psychiatric care)
* Birmingham Health Care and M-Power (medical care, substance abuse treatment, dental care, Veteran's program)
* Aletheia 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, domiciliaries, Local Housing Authority, Local apartments, JBSMHA Residential Care Homes, JBSMHA town homes 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)
* Birmingham Alliance for the Mentally Ill - (volunteer services)
* Social Security Administration, Food Stamp Office (entitlements)
* Gateway Family Services (payee ship service)

Coordination with other services occurs through brokerage-type case management provided by PATH supported staff. Birmingham has formed a coalition of local service providers for the homeless population – M.B.S.H. – Metropolitan Birmingham Services to the Homeless. JBS is a member of this coalition and actively participates in the monthly meetings. This coalition affords better networking, coordination of services, establishment of contacts at other agencies, and lessens the opportunity for duplication or fragmentation of services. M.B.S.H. collaboration has resulted in a community Super-NOFA which has brought more funding and services to the community and M.B.S.H. member agencies.

d) Overall regional needs include more affordable housing, supervised, brief Intensive treatment beds and affordable assisted living facilities in the community, more

outreach services, and more treatment facilities sensitive to the needs of substance abusing mentally ill individuals.

e) The HSP Case Managers refer individuals in need of substance abuse treatment to appropriate treatment facilities/agencies such as Aletheia 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), Birmingham Healthcare (outpatient treatment/support groups), and local hospitals. The above programs also refer individuals who meet our target population definition to HSP.

f) HSP staff access more 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, domiciliaries and independent apartments in the Birmingham area. The case managers monitor consumers placed in these settings and access services for these consumers.

The HSP staff work closely with the JBS Mental Health Authority team assigned to work the employees with the Communal Living Facilities with our local Health Department, and 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 Mental 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/Mental Retardation Authority along with other homeless services agencies applied for the 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 region continues to receive 3.2 million dollars in yearly Shelter Plus Care funding from HUD. 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. Shelter Plus Care grants provide a total of 350 program slots to serve this population. The Authority served 60 individuals through the Shelter Plus Care program in 2009.

The Jefferson-Blount-St. Clair Mental Health/Mental Retardation Authority received $671,082 in funding from the HUD FY 1994 Supportive Housing Program permanent housing component. The agency was able to renew this program through the Continuum of Care process for FY2000 by being awarded $731,373 for another 3-year period. The Authority was awarded $243, 791 in 2003, 2004 and 2005. The Authority was annual funding for 2006 in the amount of $234,751.00 and 243,751.00 for 2007 The Authority

was awarded $234, 751 in annual funding for 2008 and 2009. Application for the 2010 Continuum of Care application will begin later this summer. The program provides both housing and appropriate supportive services to twenty Birmingham area homeless persons with mental illness. The program provides housing and supportive services through use of leased rental units in existing apartments.

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 severely mentally ill persons 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 following residential programs are available to PATH-eligible individuals in the region:

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

b. 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.

c. 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.

d. **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.

e. 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.

f. 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.

g. 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.

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

i. JBS Authority involvement with 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.

j. HUD Supported Housing Grant
– provides apartments to individuals who are homeless and mentally ill. 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.

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.

ALEHA (Alabama Alliance to End Homelessness) and 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.

4. **Continuum of Care participation/<u>Linkages:</u>** Throughout this narrative, many linkages have been 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.

Most importantly, Birmingham has a coalition of local service providers for the homeless - **M.B.S.H. - Metropolitan Birmingham Services for the Homeless**. JBSMHA continues to be a member of this coalition and actively participates in the monthly meetings. This coalition affords better networking, coordination of services, establishment of contacts at other agencies, and lessens the opportunity for duplication or fragmentation of services.

During the past year, the City of Birmingham has gathered together a multi-faceted group of persons to develop a 10 Year Plan to End Homelessness. A draft of that plan is being finalized and should be implemented shortly. Providers, business leaders, religious leaders, mental health professionals, shelter providers, consumers and the general public were active participants in the development and formulation of the plan.

On April 10, 2010, Birmingham's 3rd Annual "Project Homeless Connect" was held from 7 am until 4 pm. Over 900 homeless and at risk of homelessness individuals were served. A similar number of individuals were served at the 2008 and 2009 events. "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, 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 two years in a row, The Alabama Department of Public Safety has been present and over 150 persons were able to obtain or renew their Driver's License or State ID.

5. Cultural Competence/Demographics:

a. The HSP client population for reporting year 2009 was as follows:

103 males	1119 African-American persons
154 females	137 Caucasian persons
	1 Asian
	0 Hispanic
	0 Other

55	18-34 age range	2	65-74 age range
138	35-49 age range	1	75 or older
61	50-64 age range	0	13-17 age range
		0	less than 13 years

b. The HSP staff is comprised of females and males. The staff ethnicity includes African-American and Caucasian males and females. Their ages range from mid 20s to early 50s.

c. This training is used to ensure that services are provided in a manner sensitive to differences, if any, of those they serve. This Authority participates in and is evaluated on performance satisfaction using a statewide consumer and family satisfaction survey.

d. The Authority implemented Cultural Diversity training as part of its' annual in-service training for all outreach staff during 2004. Training is held each October. Also, the current Homeless Services Project case managers receive cultural diversity training as part of the initial case management training at the time of their initial employment.

6. **Consumer and Family Involvement:**

Over the past 13 years, the Authority'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. The Authority 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.

***Other Local Issues:**

The data from the *2010 Point in Time Survey* has not been compiled. The 2209 *Point in Time* survey data is listed below.. The survey, in which some J.B.S. Mental Health Authority 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 2,297 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. In order to arrive at 919, 842 persons who are homeless and who are also mentally ill an estimate of 40% was applied to the surveyed total of 2,104 homeless individuals who were directly observed by enumerators.

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. Preliminary results of the 2009 *Point in Time* survey include the following:

- 2,297 individuals were identified as homeless..

- Our total population of homeless persons is up from 2,104 to 2,297.

- The population of chronically homeless persons is up from 516 to 611, but has not risen to 2005 number of 648 persons.

- The subpopulations .have remained fairly stable in their traditional percentages of homeless, but it should be noted that there are slight increases in Chronic Substance Abuse and in Domestic Violence Victims, a statistic that is expected nationally in a financial depression.

- The Continuum of Care gaps continue to focus on the need of housing, particularly, transitional, permanent supportive and permanent independent housing options. Permanent housing ranked as one of the highest needs of the chronically homeless population in Birmingham, yet the existing units meet only half of the known need.

- Life Skills training and Job training, are gaps in the Continuum of Care as identified by the individuals surveyed.

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 662,047), accounting for 28% of the total population. Of the 662,047 residents, 14.8% fall below the federal poverty level (US Census Bureau Report, 2001).

Poverty and homelessness are the leading factors of health disparities in our State and have exceeded the National average. African Americans comprise 26% of the total Alabama population, yet they represent nearly 60% of cumulative AIDS cases identified in our State (Alabama Department of Health, 2001). Alabama leads the country in cases of Diabetes and ranks the 4th lowest in the Nation in per person spending for dental care (Center for Disease Control and Prevention, 2002). Further, the U.S. Census Bureau indicates a sharp increase in minority populations and many of these individuals lack the resources to obtain quality health care. In 2001, the infant mortality rate for the Latino population of Alabama was three times the National average (Center for Health Statistics).

Special Considerations Regarding Veterans

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 JBSMHA), day treatment, and brokerage services for this target population.

7.

Expenditure of PATH Funds

Provider #1 Jefferson-Blount-St Clair Mental Health Authority

Personnel Position	Annual Salary	Path Funded FTE	Path Funded
Program Manager	$39,129.00	0	$0.00
Secretary	$17,680.00	0	
Psychiatrist	$191,300.00	0.12	$22,956.00
RN/Case Manager	$60,618.00	0.4	$24,247.00
Case Manager	$31,383.00	0.78	$24,600.00
Case Manager	$32,140.00	0.80	$25,672.00
Therapist	$48,672.00	0.76	$36,941.00
Case Manager	$27,768.00	0.80	$22,431.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager II		0	$0.00
Case Manager II		0	$0.00
Salaries		3.66	$156,847.00
Fringe Benefits			$31,866.00
Travel			$27,467.00
Supplies			$4,200.00
Housing Support Services			$7,000.00
Admin. Expense			
Staff Training			$0.00
Total PATH-Funded Expenses			$227,380.00
Total PATH Match Expenses			**$ 75,795.00**

PATH INTENDED USE PLAN 2010
Montgomery Area Mental Health Authority, Inc.

1. **Provider Description**:
The PATH Formula Grant fund will provide services for the homeless seriously mentally ill through the Montgomery Area Mental Health Authority (MAMHA). The MAMHA is a community mental health center which provides services to individuals residing in Montgomery, Autauga, Elmore, and Lowndes Counties. Service include outpatient, day treatment, residential, and case management services for children, adolescents, adults ands senior adults for the mentally ill and serious emotionally disturbed.

2. **Amount of PATH Funds**: **$148,642 total**
The federal portion of PATH funds amount to **$111,275** and the match portion of PATH funds amount to **$37,367.** The Center receives the federal PATH funds directly from the State DMH via contract. No federal PATH funds are distributed to other local organizations.

3. **Service Provision Plan:**
The MAMHA proposes to provide an outreach director/therapist, two and one-half (2.5) 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. The 2009 Homeless Point in Time Survey collected by the Montgomery Area Coalition for the Homeless resulted in a total count of 646. Of that count, approximately 350 are seriously mentally ill individuals within the MAMHA catchment area. It is projected that over 300 individuals will be contacted though outreach services and of which 50 percent are expected to be literally homeless. Out of the 300 projected to be contacted, 75 are expected to be enrolled.

b. The program will 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 provided by various MAMHA staff, including the Outreach Director. The training will include how to identify the mentally ill, how to identify referrals sources for the target population and how to make referrals to identified resources.

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 and a half full time case managers will be hired for this program. These case managers will provide services on an outreach basis. Other case managers at the 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.

In addition, individuals may be provided screening and diagnostic treatments services at the MAMHA. Mental health habilitation and rehabilitation services will be provided through the a variety of programs offered by MAMHA. These community mental health center services include, but are not limited to, emergency services, diagnostic services, chemotherapy, and outpatient therapy. These individuals will also have access to residential services as needed according to individual treatment plans. PATH funds will also be used to provide housing support services which include matching eligible homeless individuals with appropriate housing situations, assisting with security deposits, for one time rental payment to prevent eviction, and one time rental payments to prevent eviction.

c. 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. Montgomery has formed a coalition of local service providers for the homeless – **Mid Alabama Coalition for the Homeless**. These programs are funded through a number of sources. Some of these resources are noted below:

* 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 is 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 clients 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 most cases of persons with mental illness concerning financial issues and needs. The Veterans Administration is used as a resource for veterans.

* 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 clients. There are physicians available throughout the catchment area that provides services to Medicaid consumers. The Lions Club provides eyeglasses to consumers in need and one local dentist provides services on a payment plan basis.

* Support groups are provided by the Mental Health Association, the local Alliance for the Mentally Ill and a consumer ran group. State supported inpatient psychiatric treatment is provided by Greil Hospital, Bryce Hospital, and Searcy Hospital. Private psychiatric treatment is provided by Baptist Medical Center. The Montgomery Area Mental Health Authority has access to short-term crisis inpatient treatment through a contract with Greil Hospital. The MAMHA provides medication to qualified seriously mentally ill individuals through a State supported indigent drug program (IDP). Medication assistance is also provided through the VA Hospital, emergency rooms, Catholic Social Services and doctor and pharmacies accepting Medicaid reimbursement. The MAMHA provides intensive day treatment services, rehabilitative day services by CHOICES and outpatient services through MAMHA outpatient programs.

d. Permanent and temporary housing have been identified as a need, or gap, in the current continuum of care for the homeless seriously mentally ill. 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 clients. 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 Housing Authority through HUD Supported Housing Grant – provides apartments to individuals who are homeless and mentally ill. These one and two bedroom apartments are at scattered sites in Montgomery with approximately 50 units.

e. 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.

f. 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.

4. Continuum of Care/Linkages:

One former agency staff member who is currently a consultant to the MHC, participates in the Mid Alabama Coalition for the Homeless. She actually spearheaded the development of the Continuum of Care in order to successfully apply for HUD funds. This Continuum has twice been cited as producing the best Exhibit 1 portion of the HUD application, and the expertise of this agency consultant is well recognized by the AL HUD Field Office. It is anticipated that this consultant will also begin to provide training and technical assistance under the auspices of the AL HUD Field Office. This agency consultant was instrumental in the development of the AAL Alliance to End Homelessness (ALAEH) which brings continuums from across the state together annually.

5. Cultural Competence/Demographics:

a. Some 352,536 individuals reside within the catchment area. Of these, 58% are White: 31% are Black, 1% is Hispanic, and the remaining 10% are cumulatively American Indian/Native Alaskan; Asian, Hawaiian/Pacific Islander. Fifty-two percent of the population is female; 54% percent is 19-64 years of age: and 11% are over 65 years. The remaining 35% is 18 years of age or younger. The Path clients make up approximately 10% of the Case Manager Program with this agency.

b. All staff are between the ages of 19-64. Two are African-American females, and one is an African-American male.

c. A concerted effort is made to ensure staff is culturally sensitive to the population Served.

d. 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 participation in and is evaluated on performance satisfaction using a state wide consumer and family Satisfaction surveys.

6. **Consumer and Family Involvement**:
Consumer input is obtained through participation of consumers and families in the MAMHA's Planning Council, which is an advisory group to the Executive Director. Input from consumers is also obtained through the MAMHA's annual consumer and Family satisfaction survey. The mission of the Montgomery Area Mental Health Authority, Inc. is provide quality mental health services within our services area, to the extent resources will allow, with the assurance that these services will be provided in a that respects individual dignity, promotes recovery, and enhance consumer, family and Provider partnerships.

7. **Provider #2 Montgomery Area Mental Health Authority, Inc.**
Expenditures

Personnel Position	Annual Salary	Path Funded FTE	Path Funded
Program Manager	$50,540.00	0.5	$25,270.00
Secretary	$17,680.00	0	$0.00
Psychiatrist	$155,000.00	0.03	$4,650.00
RN/LPN	$43,484.00	0.10	$4,348.00
Case Manager	$19,920.00	1	$19,920.00
Case Manager	$24,817.00	1	$24,817.00
Therapist	$30,000.00	0.0	$0.00
Case Manager	$26,695.00	0.5	$13,348.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager II		0	$0.00
Case Manager II		0	$0.00
Salaries		3.13	$92,353.00
Fringe Benefits			$14,922.00
Travel			$0.00
Supplies			$0.00
Housing Support Services			$1,000.00
Admin. Expense			
Staff Training			$3,000.00
Total PATH-Funded Expenses		3.13	$111,275.00
Total PATH Match Expenses			**$ 37,367.00**

INTENDED USE PLAN 2010

INDIAN RIVERS MENTAL HEALTH CENTER

1. **Provider Description**: **Indian Rivers** is the commonly used name for a private non-profit agency with the formal name of Mental Health/Mental Retardation Boards of Bibb, Pickens and Tuscaloosa Counties, Inc. This is a community health center whose primary mission is to provide comprehensive mental health services to individuals/families with mental health problems as well as to partner with other human services and community entities in assessment , planning and implementation efforts to meet unmet needs of this population. Primary services provided are: Mental Health/Substance Abuse and Mental Retardation assessment, care planning, psychiatric treatment, medication administration/monitoring, crisis intervention, individual/family/group therapy, residential placement/programming, case management, day programming and pre/post hospital screening. Their primary business address and spokesperson contact are:

Jim Moore, Executive Director
P.O. Box 2190
Tuscaloosa, AL 35403
(205) 562-3700 Fax: (205)562-3769

2. **Amount of PATH Funds: $81,632 total**

The federal portion of PATH funds amount to **$61,224** and the match portion of PATH funds amount to **$20,408.** The Center receives the federal PATH funds directly from the State DMH via contract. No federal PATH funds are distributed to other local organizations.

3. **Service Provision Plan:**

a). Projected number of clients to be served in FY 2010-2011 We are projecting approximately 223 consumers to be contacted in the 2010 year with 107 being literally homeless. The number to be served is based on the 2010 Point in Time Survey. In addition, we are working closely in our Continuum of Care to identify those homeless persons in a much more efficient and timely manner than ever before. This type of communication has been very helpful to the Continuum in our area and is a testament to the dedication of those members involved. The actual number from the January '10 Point in Time Survey of consumers who meet the Federal definition of homeless (living in the streets, emergency shelters or transitional housing programs) is 264 with 41 of that number being children. The number of homeless individuals who appear to meet the criteria for serious mental illness is estimated to be 107. Of this number, 60 are expected to be enrolled for PATH services.

b. Specific Services to be provided, using PATH Funds: Case Management & Outreach, Referrals for primary health services, job training, educational services and relevant housing services, Screening and diagnostic treatment services, Community Mental Health Services, and Housing services to include 1) cost associated with establishing a household such as application fees, 2) assistance with first and last month's rent and/or security deposits, and 3) one time rental payments to prevent eviction

c. Community Organizations that provide key services to PATH eligible clients and interagency coordination: In addition to the array of services outlined in "b" above by Indian Rivers Mental Health Center, other services and providers are listed below:

- 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. Maude Whatley opened in 2008 the James O. Ellis Health Center in the area very near the Salvation Army Shelter. This agency has already partnered with Indian rivers in outreach efforts.

- West Alabama Aids Outreach – 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.

- Salvation Army – provides emergency housing, 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 breakfast and supper daily during week to residents and any homeless person who comes to center as well as lunch on weekends. They also provide vocational referrals. They operate a Transitional Housing Program for 8 Veterans, some of whom have SMI and SA Diagnoses.

- Tuscaloosa Veterans Administration Hospital—Provides 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. Indian Rivers PATH case manager in partnership with CHALENG participated in the Stand Down offered by the VA October 2008 in an effort to provide services to homeless veterans. This event provided 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.

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

- Hannah Home – private, non-profit charity organization provides transitional housing, child care, case management and vocational development for homeless women and their children.

- Turning Point – private non-profit organization which 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 and support programs for homeless children.

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

- A Women's Place - 28 day program for Women with SA problems who take homeless individuals. (an Indian Rivers' Program)

- Community Service Programs, 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.

- Tuscaloosa Mental Health Association offers payee, compeer and advocacy services.

- Focus on Senior Citizens offers payee services for any SMI consumers as well as transportation and day programming for elderly consumers.

- Easter Seals – offers job placement, transportation, evaluation and training as well as payee services.

- The Good Samaritan Clinic – free clinic 1 ½ days a week available for homeless. The clinic provides general health care with 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.

- House of Hope – a faith-based housing and work program for 8 men coming from prison who are homeless.

- New Wine Ministries – A faith-based service of support/counseling and work linkage and advocacy for SA consumers.

- West Tuscaloosa Community Development Corporation – a non-profit formed in early 2004 to promote the building of HUD housing for both disabled and non-disabled individuals.

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

- Tuscaloosa Family Resource Center – a non-profit, faith-based organization providing educational training, case management, and advocacy.

- Friendship House – a consumer-run drop-in site that provides socialization and educational/advocacy services.

Coordination with other services occurs through brokerage-type case management provided by PATH supported staff. Indian Rivers is a member of a coalition of local service providers for homeless individuals – C.H.A.L.E.N.G. of Tuscaloosa.

d. Gaps in current service systems:

- Severe lack of affordable low-income housing. What affordable housing is available usually is in areas with high crime and substance abuse problems.

- Transportation – there is a local bus system but it has limited availability and accessibility for most consumers.

- Medical /dental and vision Services

- Emergency housing services

- Housing for Forensic populations.

- Section 8 vouchers – waiting list is sometimes 2 years long. Currently, these vouchers are on hold making it difficult for new applicants. Indian Rivers has been fortunate in having 20 Shelter Plus Care slots.

- Background checks for SMI Consumers preclude many PATH consumers from accessing low income housing.

- Transitional Housing with support services.

- Supportive permanent housing opportunities

- Work opportunities, both thru Indian Rivers Supportive Employment as well as those employment options accessed with clients by PATH staff.

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

The following services are offered to those consumers who are dually diagnosed:

a. Indian Rivers offers a Dual Diagnosis Support group. Also, assessment, care planning, individual/group/family treatment and intensive outpatient services (3 hour classes 2-5 times a week) , crisis intervention, referral to in-patient treatment and rehabilitation are offered through the Adult Outpatient Program.

b. Indian Rivers' SA Program also offers A Women's Place – a 28 day Rehab program for women primary focus towards women with children. Preventative SA services are offered along with a summer camp for children.

c. Indian Rivers' Child and Family Services offers parenting classes and preventative services and individual/family/group treatment to children with SED and SA problems. They are offering a 4-week summer program for children which will include some co-occurring services.

d. 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.

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

f. 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.

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

h. 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.

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

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

k. 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.

f. <u>Strategies for making suitable housing available to PATH clients.</u>

- Tuscaloosa Housing Authority receives a grant for Shelter Plus Care from HUD. Indian Rivers receives 20 of these vouchers. Indian Rivers also

b. Tuscaloosa Mental Health Task Force:

This is a group of representatives from human service agencies, concerned citizens , business professionals, churches and consumers groups who have come together to organize for the assessment , planning and advancement of services for the SMI consumers and their families. Indian Rivers Executive Director participates in the Task Force activities. The Housing sub-committee is responsible for the partnership between Indian Rivers and Community Service Programs in studying the option of applying for HUD monies for a supportive housing project. This committee and the Task Force has formally partnered by vote with CHALENG of Tuscaloosa to advocate for programs for MH consumers and to strengthen the Continuum of Care.

5. Cultural Competence/Demographics:

a. Demographics of client population-Demographics of area:

Indian Rivers PATH Annual Report Survey, 2010 (Reported in percentages) African American: 52% Caucasian: 45% Hispanic:0% Other/Undetermined: 3%
PATH - Ages (PATH Annual Report Survey, 2010) • 18-30 years: 16% • 31-50 years: 39% • 51-61 years: 22% • 62 and over: 6 % • Unknown: 38%
PATH - Sex (PATH Annual Report Survey, 2010) • Female: 32% • Male: 68 %

b. Demographics of staff serving clients:

PATH Staff- Race
• African American - 50 % (3) • Caucasian - 33% (2) • Middle Eastern - 17% (1)
PATH Staff – Age
• 18-34 years - 40% (3) • 35-49 years - 40% (3) • 50-64years - 0% • 65-74years - 0%
PATH Staff –Sex
• Male - 20% (2) • Female - 80% (4)

c. **How PATH Staff will be sensitive to the age, gender and racial/ethical differences of clients:**
PATH staff works collaboratively and thru formal and informal clinical supervision to ensure consumers are treated with dignity and respect. Each case may be staffed to assist the individual in finding housing in areas where specific consumers will be more comfortable related to their cultural preferences. Training is provided to ensure services are delivered in a manner sensitive to any differences/preferences of those served. Indian Rivers is evaluated on performance satisfaction using a statewide Consumer and Family Satisfaction Survey.

d. **Staff training in cultural competence:**
Indian Rivers was fortunate to send the PATH Case manager to the National Health Care for the Homeless Conference in 2009. Indian Rivers plans to have PATH Case manager attend the National Health Care for the Homeless Conference in 2010 as well. This conference promises to provide our staff with strategies that are sensitive to work with problems unique to homeless individuals. The annual conferences held by State Mental Health Council and State Substance Abuse Programs have workshops in racial/cultural diversity. Indian Rivers PATH staff will also be attending the state conference.

6. **Consumer and Family Involvement:**

- NAMI representatives are present during State Monitoring visits.
- Clients are assessed for all needs and satisfaction with available services in a yearly Point-in-Time Survey.
- Clients attend the monthly CHALENG meetings and Housing Sub-Committee meetings.
- Volunteers will be invited to assist with the yearly homeless survey.
- No staff are or have been homeless

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

a. NAMI – This group has a strong participation and leadership role in the Community Mental Health Task Force which has already been described.
b. There are consumers and family members who attend both the Housing Sub-Committee of the Task Force and CHALENG of Tuscaloosa 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.
c. 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.
d. PATH consumers are involved with the Indian Rivers' Consumer Council. The council acts as advisory council to the Indian Rivers' Executive Director in areas of program planning and development.
e. Indian Rivers offers financial assistance for and is supportive of consumers' attendance at local and State Consumer Conferences.

7. **Provider #3: Indian Rivers Mental Health Center Expenditures**

Personnel Position	Annual Salary	Path Funded FTE	Path Funded
Program Manager	$45,000.00	0.10	$4,500.00
Secretary	$17,680.00	0	
Psychiatrist	$191,300.00	0.02	$4,200.00
RN/LPN	$31,200.00	0.05	$1,560.00
Case Manager	$21,840.00	1	$21,840.00
Case Manager	$21,840.00	0.3	$6,552.00
Therapist	$30,000.00	0.1	$3,000.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager		0	$0.00
Case Manager II		0	$0.00
Case Manager II		0	$0.00
Salaries		1.57	$41,652.00
Fringe Benefits			$8,572.00
Travel			$0.00
Supplies			$3,000.00
Housing Support Services			$5,000.00
Admin. Expense			
Staff Training			$3,000.00
Total PATH-Funded Expenses			$61,224.00
Total PATH Match Expenses			**$20,408.00**

INTENDED USE PLAN 2010
MENTAL HEALTH CENTER OF MADISON COUNTY (MHCMC)

1. **Provider Description:** The Mental Health Center of Madison County is a comprehensive, public, nonprofit community mental health center. Our service area is Madison County, Alabama. We provide the following services to the mentally ill and seriously emotionally disturbed: outpatient, day treatment, residential, case management and outpatient substance abuse treatment. We also provide outpatient services, case management and substance abuse treatment to adolescents and children.

2. **Amount of PATH Funds: $86,821 total**
   The federal portion of PATH will be $63,872 and the match portion will be $22,949.
   The Center receives the federal PATH funds directly from the State DMH via contract. The Center uses the federal PATH funds for direct services. No federal PATH funds are distributed to other local organizations.

3. **Service Provision Plan:**
   The Mental Health Center of Madison County plan for providing a coordinated and comprehensive service delivery to eligible PATH clients is as follows:
   a. The projected number of enrolled clients who will receive PATH funded services is approximately 150. Of that number, it is projected that 90% percent will be "literally" homeless and the other 10% will be at "imminent risk of becoming homeless". During the calendar year from April 2009 to May 2010, MHCMC staff has had contact (completed paperwork or enrollment) with a 102 homeless individuals of which d 39 homeless clients enrolled in case management services. We also provided outreach services to other homeless individuals and families not counted as contacts. This outreach was done thru weekly site visits at local homeless shelters, weekly case management assessment at free clinic and monthly soup kitchen. The most recent point in time survey completed by the North Alabama Coalition for Homeless (North Alabama Continuum of Care) indicated that there are approximately 780 homeless individuals in Huntsville City Limits. As a result of the point in time survey, it is reasonable to project that approximately 300 individuals thru the combination of outreach and targeted case management will be contacted.

   b. The following services funded through the PATH Grant will be provided:
   (1) Outreach services in non-traditional settings such as shelters, soup kitchens, free clinic, camp areas and the streets.
   (2) Screening and diagnostic treatment services. To ensure continuity of care and quality service delivery, a psychiatrist and therapist has been identified to work with PATH eligible clients.
   (3) Referral for primary health services, vocational services, educational services, and other relevant housing services.
   (4) Targeted Case Management will be used as a system for ensuring that homeless individuals with a mental illness are provided needed services in an efficient and effective manner.
   (5) In addition to existing community mental health services, these

services will be provided with requested funds and in-kind match:

a) 24 hour hotline for after hours needs;

b)Walk-in crisis and triage capacity to identify clients most in need of immediate treatment;

c)Mobile outreach for dealing with crisis in the identified targeted population.

(6) Supportive and supervisory services to homeless individuals in residential settings to include basic living skills training.

(7) Housing support services to include:

a) Financial assistance with housing application fee, security and utility deposits as these are much needed services. Application fees for housing not managed by the Huntsville Housing Authority starts at $25.00 and can be as much as $75.00. Housing security deposits varies and can start at $75.00. The current utility deposit in Madison County is $300.00 plus a $55.00 connection fee. It is important to note that this fee can increase based on consumers past history with Huntsville Utilities. These fees are hardships for any person attempting to transition from homelessness.

b) One time rental payments to prevent eviction.

c) Cost associated with moving expenses.

(8) Training of shelter staff (see description under section 3-c).

(9) Assistance with accessing Alcohol and Drug treatment (see description under section 3-e).

c. Community organizations that provide key services to PATH eligible clients and agency coordination:

(1) Local shelters (temporary emergency housing)

(2) Local hospitals (medical and psychiatric services)

(3) Local medical clinics (medical and dental services)

(4) Social Security Administration and Department of Human Resources Food Stamp Office (Entitlements)

(5) Huntsville Housing Authority and local apartments (housing)

(6) Vocational Rehabilitation (job training, employment and payee ship services)

(7) Local health department (medical and vital records)

The MHCMC continues to provide services to the homeless populations of Huntsville-Madison County by assigning a Case Manager to work directly with the staff and clients at the local missions. This Case Manager's time is devoted to working directly with homeless consumers and the staff of these local missions and shelters. The Case Manager's primary duties are to assist shelter's staff with training concerning mental illness, identification of potential homeless mentally ill clients and linkage to MHCMC for assessment and treatment. In addition, the Case Manager will provide direct case management services to the targeted population on site and in the immediate community.

The MHCMC Case Managers assist clients in finding housing through the public and private sector. They serve, also, as advocates and brokers in assisting clients in securing housing and resolving housing issues.

Case Managers link and assist clients with accessing medical care through local sliding fee scale clinics and the UAB Primary Health Care Clinic. Case Managers encourage the use of the local free clinic for clients that are not covered by any source of insurance.

The MHCMC continues to partner with the Community Free Clinic to provide medical and mental health services and screening. MHCMC provides a case manager and/or therapist each Wednesday for screening, referral and linkage services to homeless, mentally ill clients who participate in the clinic.

d. Gaps in current service systems:
Affordable housing, temporary and/or permanent, continues to be identified as a need for the homeless population who are seriously mentally ill, have substance abuse problems and/or a legal history. Limited temporary housing is provided by the Downtown Rescue Mission, Salvation Army, City Mission, and Free Will Mission. Low-income housing is often located in areas with a high crime rate.

Although slowly narrowing, a gap in service remains in the coordination between jails and court systems in a large metropolitan area. MHCMC continues to maintain a working relationship with the jail staff who informs us of a client who meets the homeless definition and who may be exhibiting behavior that could be identified as a mental illness. Case management outreach provides education to jail staff on mental illness, medication management and linkage. In an effort to narrow the gap, the MHCMC in conjunction with the City of Huntsville Municipal and Madison County District Courts continues to work toward expanding the Mental Health Court Program. However, this program continues to function as a partial program due to a lack of funding for staff time needed to properly provide treatment, outreach and monitoring of the Mental Health Caseload.

Finally, transportation in the metropolitan area of Huntsville continues to be limited due to insufficient routes and hours of operation of the Public Transportation System.

e. Services available for clients who have both a serious mental illness and substance use disorder:
The MHCMC has developed an integrated system of service delivery for clients who have both a serious mental illness and a substance use disorder. At this time, we continue to refer many of these clients to the Center's New Horizons Recovery Program which is now located on the Center's main campus. We also continue to refer to other local substance abuse treatment facilities.

f. Strategies for making suitable housing available to PATH clients:
The MHCMC, in conjunction with Volunteers of America operates and provides services to four residential group homes with a total capacity of 35 beds. The Center

continues to operate its Shelter Plus Care Program, which has the capacity of 40 apartments. The Center also operates a 17 bed foster home (SunPointe/SunRay) and contracts with Grandview Estates for an additional 12 foster home beds. The Center operates an 8 apartment Supportive Housing Program (Sunrise Gardens Apartments), 12 scattered housing units thru the Evidence Based Supportive Housing and contracts with The Malone Group (TMG) for an additional 6 bed Supportive Housing. With all of the above, the MHCMC provides case management services.

Case Managers refer to the various shelters/missions for temporary lodging. Case Managers also make referrals to Huntsville Housing Authority, work with local realtors and landlords to provide long term housing to the target population. Volunteers of America also operates a 19 bed supervised apartment program (the Lighthouse) in which the center works closely with them in filling vacancies.

Section 8 Vouchers are used to obtain set aside apartments for the mentally ill. This program is limited to 8 apartments in the Huntsville Area. A waiting list also limits access to housing as the wait time can range from 1 year to 5 years.

4. **Continuum of Care Participation:/Linkages:**

The MHCMC is an active member of the **North Alabama Coalition for the Homeless (NACH).** The Outreach Services Coordinator is the MHCMC representative for this continuum of care. The Mental Health Center is also the sponsor of the City of Huntsville's Shelter Plus Care Program.

5. **Cultural Competence/Demographics:**

a. During the calendar year from April 2009 to May 2010, MHCMC staff has had contact (completed paperwork or enrollment) with a 102 homeless individuals. Of the102 contacts, 38 % were enrolled in case management services. The enrolled contacts consisted:

12.82% African American Females
17.95% Caucasian Females
41.03% African American Males
25.64% Caucasian Males
2.56% Other

These services consisted of placement in a residential setting, placement in supportive housing, targeted case management and representative payee. The average of client population ranged from age 26 to 68 years old.

b. The case management staff is from a diverse racial and ethnic background. The staff and support staff is comprised of 3 Caucasians and 8 African Americans. Of which, 3 are male and 8 females.

c. The Outreach Services Coordinator continues to receive training in the area of age specific competencies in the health care setting and presents this training to the case management staff.

d. Center's case management staff receives mandatory training through Essential Learning on cultural diversity. This training is annually.

6. **Consumer and Family Involvement:**

The MHCMC continues to increase its consumers and their family members participation at all levels of the organization. In 2009, the Center conducted 3 Focus Groups to gather information on service delivery and identification of needed services. The Focus Group included community leaders, clients and family members. The Center has created a MHCMC Advisory Committee which will incorporate the Consumer Council which has operated for several years. The Committee will meet quarterly to discuss service delivery issues and how to make improvements. In addition to the Advisory Committee, the Center will continue to use surveys to capture feedback from clients and their family members. It is important to note that these surveys can be completed by anyone visiting the Center or thru the MHCMC website.

Our staff participates in educational presentations on a regular basis. These presentations are made to our local NAMI organization, Special Expos and other community organizations.

7. **Provider #4 Mental Health Center of Madison County Expenses**

Personnel Position	Annual Salary	Path Funded FTE	Path Funded
Program Manager	$39,129.00	0.15	$5,869.00
Secretary	$17,680.00	0.08	$1,414.00
Psychiatrist	$191,300.00	0.02	$3,826.00
RN/LPN	$31,200.00	0.05	$1,560.00
Case Manager	$27,372.00	0.15	$4,106.00
Case Manager	$25,293.00	0.23	$5,817.00
Therapist	$47,450.00	0.1	$4,745.00
Case Manager	$21,091.00	0.15	$3,164.00
Case Manager	$22,277.00	0.15	$3,342.00
Case Manager	$21,507.00	0.15	$3,226.00
Case Manager	$21,757.00	0.15	$3,264.00
Case Manager	$21,840.00	0.15	$3,276.00
Case Manager II	$24,544.00	0.10	$2,454.00
Case Manager II	$24,544.00	0.07	$1,822.00
Salaries		1.70	$47,885.00
Fringe Benefits			$4,302.00
Travel			$3,685.00
Supplies			$0.00
Housing Support Services			$5,000.00
Admin. Expense			
Staff Training			$3,000.00
Total PATH-Funded Expenses			$63,872.00
Total PATH Match Expenses			**$22,949.00**

Intended Use Plan 2010
AltaPointe Health Systems, Inc.

1. **Provider Description:** AltaPointe Health Systems, Inc. is a public, non-profit corporation organized under Section 501(c)3 of the Internal Revenue Code. Established in 1957, AltaPointe is a comprehensive behavioral health center, serving Mobile and Washington Counties, which promotes the wellness and recovery of people living with mental illness, substance abuse, and intellectual disability. Services include outpatient, day treatment, residential, inpatient and case management services for children, adolescents, adults and senior adults.

2. **Amount of PATH funds: $154,618 total.**
   The federal portion of PATH funds $115,136 and the match for PATH $39,482 ..
   The Center receives the federal PATH funds directly from the State DMH via contract. No federal PATH funds are distributed to other local organizations.

3. **Service Provision Plan:** AltaPointe Health Systems houses staff at 15 Place, the homeless drop-in center for the city of Mobile. At this location, the PATH staff interacts with homeless individuals and coordinates services with other partner agencies housed at 15 Place or in the downtown area. Through inreach and outreach activities, PATH staff identifies consumers in need of mental health and/or substance abuse services, healthcare services, housing, and other basic needs. Consumer needs are reviewed with the program supervisor, housing project managers, and therapists to engage the consumers in appropriate services at AltaPointe Health Systems and promote a smooth transition into permanent housing.

   a. Approximately 200 homeless individuals will receive PATH-funded services in FY 2010. Of those, an estimated 90% will be literally homeless at the point of contact with PATH staff.

   b. Services to be provided using PATH funds:
      i. Housing Services
      ii. Staff Training
      iii. Alcohol and Substance Abuse Services
      iv. Case Management Services
      v. Community Mental Health Services
      vi. Screening and Diagnostic Treatment
      vii. Habilitation and Rehabilitation
      viii. Outreach Services
      ix. Supportive and Supervisory Services in Residential Settings
      x. Referral Services

   c. PATH staff regularly interacts with local service providers to assess consumer needs, advocate for shelter entry, identify and access resources, make referrals, and address obstacles to accessing needed services. The local agencies which PATH staff collaborate with include, but are not limited to:

i. Salvation Army
ii. South Alabama CARES
iii. Dumas Wesley Center/Sybil Smith Family Village
iv. Mobile Housing Board
v. Department of Veterans Affairs
vi. Housing First, Inc.
vii. Franklin Primary Health Center/ Healthcare for the Homeless
viii. Volunteers of America
ix. 15 Place
x. Waterfront Rescue Mission
xi. United Methodist Inner City Mission/McKemmie Place

d. Current gaps in services include limited shelter space for women and a lack of affordable housing. Psychiatric hospital beds and crisis stabilization for this population is limited. Gaps in our services are addressed through constant interactions with staff and community agencies, and the implementation of new programs, such as the Jail Diversion program.

e. AltaPointe Health Systems has a methadone program, a specialized women's program, and an intensive outpatient program for substance abuse disorders. In addition, AltaPointe Health Systems provides a comprehensive, continuous, integrated system of care for consumers with co-occurring disorders and offers an intensive outpatient program for this population. Additional referrals to other programs, such as substance abuse residential services, are made when appropriate.

f. PATH eligible 'individuals can access housing through AltaPointe Health Systems' Shelter Plus Care, Permanent Housing for the Chronically Homeless or Belle Haven programs, Adult Foster Homes and Arbor Court Semi-Independent Homes. Additionally, case management services assist with application for Section 8, in-house HUD opportunities, and coordinating 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., which have multiple housing and residential treatment programs available to the homeless population of the gulf coast area.

4. **Continuum of Care/Linkages:** The Mobile-Baldwin Continuum of Care serves Mobile and Baldwin Counties in Alabama. Housing First, Inc., which serves as the lead agency, coordinates the planning and resource development process. Twenty projects that address homelessness in the area have been implemented since 1997. The projects are designed to provide the resources needed to help individuals and families escape homelessness or receive the supportive services needed to remain housed.

PATH staff members represent the organization in the local Continuum of Care's Board of Directors, participating in subcommittees which help steer the services provided for the area's homeless. Additionally, PATH staff members and other AltaPointe

representatives participate in events, such as the annual point-in-time count and the Homeless Veteran Stand-Down, which are organized and operated by the local Continuum of Care.

Current trends are to implement and augment homelessness prevention and rapid re-housing activities, to provide trauma-informed care, and to develop additional permanent housing resources for the disabled and chronically homeless, defined by the U.S. department of Housing and Urban Development as having been literally homeless for one year or more, or having been literally homeless on four or more occasions over the past three years. Since 2007, the number of chronically homeless individuals in Mobile County has been reduced by 23%. Through the implementation of new programs and improved coordination of existing services, the member agencies of the homeless coalition plan to reduce the number of chronically homeless each year until eliminated or diminished to a manageable level. AltaPointe Health Systems participates in these activities by providing supportive housing units committed specifically to the homeless population, and PATH outreach services to improve the accessibility of mental health services and supportive housing programs.

5. **Cultural Competence/Demographics:** According to the U.S. Census Bureau's 2009 estimate, the population of Mobile County, Alabama, was 411,721. Of these, approximately 62% were White, 35% were African American, 2% were Asian, and the remaining 1% was comprised of persons who identified as American Indian or Biracial. Approximately 2% identified as being of Hispanic or Latino origin. Sixty-Two percent of the county's population was between the ages of 18 and 65, approximately 26% were under the age of 18, and 12% were over age 65. Fifty-two percent of the county's population was female.

   In 2009, 645 homeless persons were identified in Mobile County by the annual point-in-time count. Of the 198 consumers served by PATH from 2008 to 2009, 50% were between the ages of 35 and 49, 27% were between 18 and 34, and 22% were 50 to 64 years of age. Approximately 56% were white, 43% were African American, and the remaining 1% identified as Hispanic or Latino. Fifty-five percent of the population served by PATH was male.

   AltaPointe Health Systems is sensitive to the age, gender, and cultural needs and preferences of the target population. The staff is between the ages of 18 and 65, and is mixed in gender and racial/ethnic background, reflecting the target population. Currently there are 4 male staff members; 3 white and 1 African American; and 5 female staff members; 1 white, 3 African American, and 1 Asian.

   Catholic Social Services provides interpreters for multi-linguistic consumers. When initially employed, and annually thereafter, all AltaPointe Health Systems 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. After completion of the training, an assessment is administered to ensure employees have retained knowledge of cultural diversity. This training is used to ensure that services are provided in a manner sensitive

to the differences, if any, of those served. All community mental health centers participate in and are evaluated on performance satisfaction using a state wide consumer and family satisfaction survey.

6. **Consumer and Family Involvement:** Consumers and family members are welcomed and encouraged to attend all homeless coalition meetings and in-services. Currently, one-third of the Board of Directors for AltaPointe Health Systems is comprised of family members of consumers. Of the consumers, at least one has been homeless and has received services through PATH funded resources. Also, AltaPointe's Advisory Board consists of one-quarter consumer family members and one active consumer. Homeless consumers continue to be engaged to participate in the Consumer Council, a consumer-run advisory panel that meets monthly and provides feedback on programs and services of AltaPointe Health Systems, Inc.

7. **Provider #5 AltaPointe Health Systems, Inc. Expenditures**

Personnel Position	Annual Salary	Path Funded FTE	Path Funded
Program Manager	$45,000.00	0.15	$6,750.00
Clerk	$21,450.00	0.25	$5,363.00
Psychiatrist	$155,000.00	0.05	$7,750.00
CRNP	$85,962.00	0.05	$3,820.00
Case Manager	$32,482.00	0.60	$19,489.00
Case Manager	$32,482.00	1.00	$32,482.00
Therapist	$30,000.00	0.20	$6,000.00
Case Manager	$32,482.00	1.00	$32,482.00
Salaries		3.30	$114,136.00
Fringe Benefits			$0.00
Travel			$0.00
Supplies			$0.00
Housing Support Services			$1,000.00
Admin. Expense			
Staff Training			$0.00
Total PATH-Funded Expenses			$115,136.00
Total PATH Match Expenses			**$ 39,482.00**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the 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.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
John Houston	Commissioner
APPLICANT ORGANIZATION	DATE SUBMITTED
Alabama Department of Mental Health	4-28-10

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

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

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

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dis-pensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
   (1) The dangers of drug abuse in the workplace;
   (2) The grantee's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

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

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
John Houston	Commissioner
APPLICANT ORGANIZATION	DATE SUBMITTED
Alabama Department of Mental Health	4-28-10

APPENDIX E: AGREEMENTS

FISCAL YEAR 2010

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State 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 for the purpose of providing the services specified in Section 522(b) to individuals who

a) are suffering from serious mental illness; or (b) are suffering from serious mental illness and have a substance use disorders; and
b) are homeless or at imminent risk of becoming homeless.

Section 522 (b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

1. outreach;
2. screening and diagnostic treatment;
3. habilitation and rehabilitation;
4. community mental health;
5. alcohol or drug treatment;
6. staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
7. case management services, including
   a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months.
   b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing

c) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

d) referring the eligible homeless individual for such other services as may be appropriate; and

e) providing representative payee services in accordance with Section 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.

8. supportive and supervisory services in residential settings;

9. referrals for primary health services, job training, education services and relevant housing services;

10. housing services [subject to Section 522(h) (1)] including

    a) minor renovation, expansion, and repair of housing;

    b) planning of housing;

    c) technical assistance in applying for housing assistance;

    d) improving the coordination of housing services;

    e) security deposits;

    f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and

    g) one-time rental payments to prevent eviction.

    h) other appropriate services, as determined by the Secretary.

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

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

Section 522(e). The State agrees that grants pursuant to Section 522(a) will not be made to any entity that

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

2. has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

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

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

Section 522(h). The State agrees that

1. not more than 20 percent of the payments will be expended for housing services under Section 522(b)(10); and
2. the payments will not be expended
   a) to support emergency shelters or construction of housing facilities;
   b) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
   c) to make cash payments to intended recipients of mental health or substance abuse services.

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

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

Section 526. The State has attached hereto a Statement

- identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- containing a plan for providing services and housing to eligible homeless individuals, which;
  d) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
  e) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- describing the source of the non-Federal contributions described in Section 523;
- containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;

- describing any voucher system that may be used to carry out this part; and
- containing such other information or assurances as the Secretary may reasonably require.

Section 527(a) (1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula Grant amounts for which the State is applying. This description

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

Section 527(a) (4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

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

Section 527(c) (1) (2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2010, prepare and submit a report providing such information as is necessary for

1. securing a record and a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2010 and of the recipients of such amounts; and
2. determining whether such amounts were expended in accordance with the provisions of Part C - PATH.

Section 528(b).

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

State agrees to send a representative to any annual or biennial meetings of State PATH Contacts.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice 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.

Bob Riley 5/4/10

Governor Date

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:

[b]
a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action

[b]
a. bid/offer/application
b. initial award
c. post-award

3. Report Type:

[a]
a. initial filing
b. material change

For Material Change Only:

Year _____ Quarter _____

date of last report _____

4. Name and Address of Reporting Entity:

☐ Prime ☐ Subawardee

Tier _____, if known: _____

Alabama Department of Mental Health
100 North Union Street
Montgomery, Al. 361030

Congressional District, *if known:* 1st, 2nd, 5th, 6th, 7th

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, *if known:* _____

6. Federal Department/Agency:

Substance Abuse and Mental Health Services Administration

7. Federal Program Name/Description:

PATH

CFDA Number, *if applicable:* 93-150

8. Federal Action Number, if known:

RFA # SM-10-F2

9. Award Amount, if known:

$ 588,000

10. a. Name and Address of Lobbying Entity
(if individual, last name, first name, MI):

NONE

b. Individuals Performing Services *(including address if different from No. 10a.) (last name, first name, MI):*

NONE

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: John Houston

Print Name: John Houston

Title: Commissioner

Telephone No.: 334-242-3640 **Date:** 4-28-10

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

OMB Number: 4040-0010
Expiration Date: 08/31/2011

Project/Performance Site Location(s)

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

Project/Performance Site Primary Location

Organization Name: Jefferson-Blount St. Clair Mental Health Authority

DUNS Number: N/A see 424 form

* Street1: 940 Montclair Road

Street2:

* City: Birmingham County: Jefferson

* State: Alabama

Province:

* Country: USA

* ZIP / Postal Code: 35213 * Project/Performance Site Congressional District: AL-06

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

Project/Performance Site Location 1

Organization Name: Montgomery Area Mental Health Authority

DUNS Number: N/A see 424 form

* Street1: 111 Coliseum Blvd.

Street2:

* City: Montgomery County: Montgomery

* State: Alabama

Province:

* Country: USA

* ZIP / Postal Code: 36109 * Project/Performance Site Congressional District: AL-02

Project/Performance Site Location 2

Organization Name: Indian Rivers Mental Health Center

DUNS Number: N/A see 424 form

* Street1: 3701 Loop Road East

Street2:

* City: Tuscaloosa County: Tuscaloosa

* State: Alabama

Province:

* Country: USA

* ZIP / Postal Code: 35403 * Project/Performance Site Congressional District: AL-07

Project/Performance Site Location 3

Organization Name: Mental Health Center of Madison County

DUNS Number: N/A see 424 form

* Street1: 4040 South Memorial Parkway

Street2:

* City: Huntsville County: Madison

* State: Alabama

Province:

* Country: USA

* ZIP / Postal Code: 35802 * Project/Performance Site Congressional District: AL-05

Project/Performance Site Location 4

Organization Name: AltaPointe Health Systems, Inc.

DUNS Number: N/A see 424 form

* Street1: 5750-A Southland Drive

Street2:

* City: Mobile County: Mobile

* State: Alabama

Province:

* Country: USA

* ZIP / Postal Code: 36693 * Project/Performance Site Congressional District: AL-01

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: ☒ NEW ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

	Included	NOT Applicable
1. Proper Signature and Date for Item 18 on SF 424 (FACE PAGE)	☒	
2. Proper Signature and Date on PHS-5161-1 "Certifications" page.	☒	
3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs)	☒	
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)		
☐ Civil Rights Assurance (45 CFR 80) — 9/91		
☐ Assurance Concerning the Handicapped (45 CFR 84) — 9/91		
☐ Assurance Concerning Sex Discrimination (45 CFR 86) — 6/93		
☐ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) — 6/93		
5. Human Subjects Certification, when applicable (45 CFR 46)	☐	☒

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☐	☒
2. Has the appropriate box been checked for item # 16 on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified in item # 13 of the FACE PAGE?	☒	
4. Have biographical sketch(es) with job description(s) been attached, when required	☐	☒
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month detailed budget been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the detailed budget address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☒

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Mary Lawrence
Title: Chief Financial Officer
Organization: Alabama Department of Mental Health
Address: 100 N. Union Street., Montgomery Al. 36130
E-mail Address: mary.lawrence@mh.alabama.gov
Telephone Number: 334-242-3996
Fax Number: 334-353-7005

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned): 163600619A

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Name: Jessica L. Hales
Title: Coordinator of Adult Services
Organization: Alabama Department of Mental Health: MI Division
Address: 100 N. Union Street., Montgomery Al. 36130
E-mail Address: jessica.hales@mh.alabama.gov
Telephone Number: 334-242-3229
Fax Number: 334-242-3025

SOCIAL SECURITY NUMBER: 532-60-7674
HIGHEST DEGREE EARNED: M.S.

(OVER)