

I. State Information

State Information

Plan Year

Federal Fiscal Year 2016

State Identification Numbers

DUNS Number 929956324

EIN/TIN 63-0506021

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

Agency Name Alabama Department of Mental Health

Organizational Unit Division of Mental Health and Substance Abuse

Mailing Address Post Office Box 301410

City Montgomery

Zip Code 36130

II. Authorized Representative for the PATH Grant

First Name James

Last Name Perdue

Agency Name Alabama Department of Mental Health

Mailing Address 100 North Union Street, RSA Union Building P.O. Box 301410

City Montgomery

Zip Code 36130-1410

Telephone (334) 242-3640

Fax

Email Address james.perdue@mh.alabama.gov

III. State Expenditure Period

From 10/1/2016

To 9/30/2017

IV. Date Submitted

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

Submission Date 5/27/2016 4:29:13 PM

Revision Date

V. Contact Person Responsible for Application Submission

Title Coordinator of Adult MI Services

Organizational Unit Name Alabama Department of Mental Health

First Name Jessica

Last Name Hales

Telephone (334) 242-3229

Fax (334) 242-3025

Email Address jessica.hales@mh.alabama.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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

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

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name	<input type="text" value="James V. Perdue"/>
Title	<input type="text" value="Commissioner"/>
Organization	<input type="text" value="Alabama Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

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

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

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

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

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name	<input type="text" value="James V. Perdue"/>
Title	<input type="text" value="Commissioner"/>
Organization	<input type="text" value="Alabama Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2016

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:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b)

Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c)

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

Section 522(d)

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

Section 522(e)

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

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

Section 522(f)

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

Section 522(g)

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

Section 522(h)

The State agrees that:

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

Section 523(a)

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

Section 523(c)

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

Section 526

The State has attached hereto a Statement

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

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

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

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

Section 527(a)(4)

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

Section 527(b)

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

Section 527(c)(1)(2)

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

Section 528(a)

The State will, by January 31, 2017, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2016 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C- PATH.

Section 528(b)

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

Section 529

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

Charitable Choice Provisions:

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

Name	<input type="text" value="Robert Bentley"/>
Title	<input type="text" value="Governor"/>
Organization	<input type="text" value="State of Alabama"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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

Yes

No

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

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

Name	<input type="text" value="James V. Perdue"/>
Title	<input type="text" value="Commissioner"/>
Organization	<input type="text" value="Alabama Department of Mental Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

State PATH Regions

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

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

Footnotes:

Section II-1. Executive State Summary

1. Organizations to Receive Funds	2. Federal PATH Fund Amount	3. Service Areas	4. Amount & Source of Match Funds	5. Projected Contacts 6. Projected % Literally Homeless	7. Projected Enrolled 8. % Adult	9. PATH Supported Services
a. Jefferson-Blount-St. Clair Mental Health /Mental Retardation Authority Public non-profit, community mental health center	\$216,915	Jefferson, Blount, and St. Clair counties	\$72,305 Program Income and State	Contact 350 68% literally homeless	Enroll 175 100% Adult	Outreach, Case Management, screening and diag. tx, shelter based mental health services (includes counseling), alcohol/drug tx access, referral services, peer specialist.
b. AltaPointe Health Systems, Inc. Public, non-profit community mental health center	\$131,766	Mobile, Baldwin and Washington Counties	\$43,922 Program Income and State	Contact 200 80% literally homeless	Enroll 100 100% Adult	Outreach, Case management, referral services, community mental health services, screening and diag.tx, alcohol/drug services , supportive services in residential setting, habilitation and rehabilitation, housing support services and staff training, peer specialist.
c. Montgomery Area Mental Health Authority, Inc. Public non-profit, community mental health center	\$110,903	Autauga, Elmore, Lowndes and Montgomery counties	\$36,968 Program Income and State	Contact 200 90% literally homeless	Enroll 50 100% Adult	Outreach, Case Management, screening and diag. tx, shelter based mental health services, alcohol/drug tx access, referral services, basic living skills, housing support, training, peer specialist.
d.. Wellstone Behavioral Health Public, non-profit community mental health center	\$76,106	Madison County	\$25,369 Program Income and State	Contact 200 50% literally homeless	Enroll 33 100% Adult	Outreach,Case Management, community mental health services, crisis intervention, training, screening and diag. tx, referral services, basic living skills, alcohol/drug tx access, and housing support services, peer specialist.
e. Indian Rivers Mental Health Center Public, non-profit community mental health center	\$70,140	Bibb, Pickens, and Tuscaloosa counties	\$23,380 Program Income and State	Contact 100 40% literally homeless	Enroll 52 100% Adult	Outreach, Case Management, screening and diag. tx, shelter based mental health services, alcohol/drug tx access, referral services, basic living skills, housing support, training, peer specialist.
f. Alabama Department of Mental Health State Government	\$3,558	Statewide	\$1,186 State	Contact 1,050 68% literally homeless (total a-e)	Enroll 410 (total a-e) 100% Adult	Staff Training /Technical Assistance in Homelessness, Housing and special projects.

II. Executive Summary

2. State Budget

Planning Period From 10/1/2016 to 9/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0	\$ 0	\$ 0	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 2,000	\$ 0	\$ 2,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Annual PATH Conference	\$ 1,000	\$ 0	\$ 1,000	
Mileage Reimbursement	\$ 1,000	\$ 0	\$ 1,000	

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

e. Supplies	\$ 1,558	\$ 0	\$ 1,558	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 1,558	\$ 0	\$ 1,558	

f1. Contractual (IUPs)	\$ 605,830	\$ 201,944	\$ 807,774	
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f2. Contractual (State)	\$ 0	\$ 0	\$ 0	
No Data Available				

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

i. Total Direct Charges (Sum of a-h)	\$ 609,388	\$ 201,944	\$ 811,332	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs)	\$ 0	\$ 1,185	\$ 1,185	
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k. Grand Total (Sum of i and j)	\$ 609,388	\$ 203,129	\$ 812,517	
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Allocation of Federal PATH Funds	\$ 609,388	\$ 203,129	\$ 812,517	
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Source(s) of Match Dollars for State Funds:

PATH BUDGET NARRATIVE for FY17

In Alabama, under a contractual arrangement with the Alabama Department of Mental Health (ADMH), five community mental health centers propose to contact approximately 1,050 and propose to serve approximately 410 homeless individuals with serious mental illness and co-occurring disorders of serious mental illness and substance abuse at a total of \$605,830. Another \$3,558 for travel for statewide training; provider meetings, and technical assistance is budgeted for a total of \$609,388 in federal PATH expenditures for Alabama during FY 2017. It is possible that some of these training funds will be used to support direct services.

A total of \$474,460 will fund 13.71 FTE positions with five PATH providers throughout the state. These expenditures will retain 7.90 FTE case managers, .37 FTE psychiatrists/nurse practitioners, provide .60 FTE nurse, .79 FTE supervisor, 1.35 FTE therapist, 2.40 peer specialist and .30 FTE accountant/support staff as follows:

The Jefferson-Blount-St. Clair Mental Health Authority (JBS) will maintain 1.6 FTE case managers, a .12 FTE psychiatrist, a .40 FTE nurse, a .80 FTE therapist, a .80 FTE peer specialist at \$157,859. The Montgomery Area Mental Health Authority, Inc. (MAMHA) will maintain 2.0 FTE case managers, a .16 FTE supervisor, a .05 FTE psychiatrist, a .10 FTE nurse and add a .50 FTE peer specialist at \$86,212. AltaPointe Health Systems, Inc. will have .25 FTE supervisor, a .30 FTE clerk, a .45 FTE therapist, .09 FTE psychiatrist, 2.1 FTE case managers and add .50 FTE peer specialist at \$112,323. Wellstone Behavioral Health will provide services with 1.2 FTE case managers, a .10 nurse, a .10 FTE Therapist, a .09 FTE psychiatrist, a .1 peer specialist and .3 FTE supervisor at \$67,752; and Indian Rivers will maintain 1.0 FTE case managers, a .02 FTE psychiatrist, a .08 FTE supervisor and add a .50 FTE peer specialist at \$50,314.

Fringe benefits for these combined provider positions will total \$70,171. Combined PATH funded travel and client transportation for all providers is projected at \$26,586. Supplies for the combined provider positions will total \$8,858.

The "Other" category includes \$13,875 for staff training in homelessness and related issues. Also Included is \$15,438 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 bringing the total to \$29,313.

Footnotes:

II. Executive Summary

3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **10/01/2016**

Expenditure Period End Date: **09/30/2017**

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
AltaPointe Health Systems, Inc.	Community mental health center	Mobile Region	\$131,766	\$43,922	200	100	2	2
Indian Rivers Mental Health	Community mental health center	Tuscaloosa Region	\$70,140	\$23,380	100	52	1	2
JBS Mental Health Authority	Community mental health center	Birmingham Region	\$216,915	\$72,305	350	175	7	14
Montgomery Area Mental Health Authority	Community mental health center	Montgomery Region	\$110,903	\$36,968	200	50	2	2
Wellstone Behavioral Health (formally Mental Health Center of Madison County)	Community mental health center	Huntsville Region	\$76,106	\$25,369	200	33	7	2
Grand Total			\$605,830	\$201,944	1,050	410	19	22

Footnotes:

Planning Period From 10/1/2016 to 9/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 112,323 \$ 19,680 \$ 132,003

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 22,500	0.30	\$ 6,750	\$ 0	\$ 6,750	
Case Manager	\$ 23,250	1.00	\$ 23,250	\$ 0	\$ 23,250	
Case Manager	\$ 23,250	1.00	\$ 23,250	\$ 0	\$ 23,250	
Case Manager	\$ 24,000	0.10	\$ 2,400	\$ 10,000	\$ 12,400	
PATH Administrator	\$ 48,000	0.25	\$ 12,000	\$ 0	\$ 12,000	
Peer Support Specialist	\$ 30,000	0.50	\$ 15,000	\$ 0	\$ 15,000	
Psychiatrist	\$ 179,700	0.09	\$ 16,173	\$ 9,680	\$ 25,853	
Social Worker	\$ 30,000	0.45	\$ 13,500	\$ 0	\$ 13,500	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 7.66 % \$ 10,117 \$ 17,672 \$ 27,789

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 5,326 \$ 0 \$ 5,326

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 5,326	\$ 0	\$ 5,326	

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 0 \$ 761 \$ 761

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 0	\$ 761	\$ 761	

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

No Data Available

g. Construction (non-allowable)

h. Other \$ 4,000 \$ 0 \$ 4,000

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 3,000	\$ 0	\$ 3,000	
Staffing: Training/Education/Conference	\$ 1,000	\$ 0	\$ 1,000	

i. Total Direct Charges (Sum of a-h) \$ 131,766 \$ 38,113 \$ 169,879

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 0 \$ 5,809 \$ 5,809

k. Grand Total (Sum of i and j) \$ 131,766 \$ 43,922 \$ 175,688

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 200 Estimated Number of Persons to be Enrolled: 100

Estimated Number of Persons to be Contacted who are Literally Homeless: 80

Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 2

11. **Budget Narrative for AltaPointe Health Systems, Inc.**

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total PATH Funded
Program Manager	\$48,000	.25	\$12,000	
Clerk	\$22,500	.30	\$6,750	
Psychiatrist	\$179,700	.09	\$16,173	
CRNP	\$90,000	.00	\$0.00	
Therapist	\$30,000	.45	\$13,500	
Case Manager	\$23,250	1.00	\$23,250	
Case Manager	\$23,250	1.00	\$23,250	
Case Manager	\$24,000	.10	\$2,400	
Peer Specialist	\$30,000	.50	\$15,000	
Salaries Total				\$112,323.00
Fringe Benefits				\$10,117.00
Travel				\$5,326.00
Supplies				
Housing Support Services (Rental)				\$1,000.00
Admin. Expense				
Staff Training		3.69		\$3,000.00

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

PATH INTENDED USE PLAN – 2016-17

AltaPointe Health Systems, Inc. (AltaPointe)

1. Local 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 Alabama's largest regional, comprehensive, community behavioral healthcare provider, with over 1,300 clinical and non-clinical staff serving Mobile, Washington and Baldwin Counties by promoting the wellness and recovery of people living with mental illness, substance abuse, and intellectual disability. The three counties have an estimated combined population of 635,908 according to the US Census (2015 estimate), with Mobile County having 415,395 persons and 19.6% estimated below the poverty level.

AltaPointe's comprehensive behavioral healthcare continuum provides outpatient, day treatment, residential, inpatient, and case management services for children, adolescents, and adults with mental illness, substance use disorders, and intellectual disabilities. In FY2015, 25,211 individuals in these populations were served by AltaPointe Health Systems, Inc. Of the total served, 22,032 individuals received outpatient services; 2,384 received inpatient services; 795 received residential services; 16,234 were adult consumers; and 7,589 were adults with an SMI. AltaPointe provides more than 50 programs and services, including assistance for our area's mentally ill homeless population, in part through PATH funds.

Amount of PATH Funds:

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

Based on the 2016 Point-in-Time (PIT) count, as well as the 2015 PATH Annual Report, we project that we will make contact with approximately 200 PATH-eligible individuals and 100 of those will become enrolled. Of the consumers we will assist, we project that 80% will be literally homeless.

2. Collaboration with HUD Continuum of Care Program:

Our area's Continuum of Care (CoC AL-501), recently renamed to the Homeless Coalition of the Alabama Gulf Coast, serves Mobile and Baldwin Counties in Alabama. Housing First, Inc. functions as the lead agency and coordinates the planning and resource development process for the CoC. Currently, there are 13 active projects under CoC funding, including 5 Permanent Housing (PH) projects; 4 Transitional Housing (TH) projects; 2 Supportive Services Only (SSO) projects; 1 HMIS project; and 1 CoC Planning grant. These CoC projects are designed to provide the resources needed to help individuals and families escape homelessness or receive the supportive services needed to remain housed.

One PATH staff member representing AltaPointe Health Systems, Inc. serves on the CoC Board of Directors, and participates in subcommittees which help steer the services

provided for the area's homeless. The PATH team supervisor is an active member of the CoC, and four PATH staff members participated in this year's annual Point-in-Time (PIT) count. The data collected from the local count is used to provide a picture of homelessness in Mobile and Baldwin counties in order to evaluate gaps in housing and services and to foster community plans on ending homelessness. The data is also used to drive new and continued funding sources for affordable housing and homeless services in our community. Additionally, PATH staff members and other AltaPointe representatives participate in events such as Project Homeless Connect, a one-day, one-stop event where dozens of volunteers and non-profit medical and social service providers come together to provide on-site services to people experiencing homelessness or who are at risk of homelessness. In just a few hours, guests can apply for benefits, enroll in Medicaid, get a state photo ID, receive medical, psychiatric, dental, and vision screenings, consult with an attorney on legal issues, receive information about housing and shelter programs, have their bikes tuned up, get haircuts, and have a meal.

During FY2015:

- CoC projects served a total of 5,274 clients
- The 3rd Annual Project Homeless Connect even on 01/28/16 served 345 clients
- The Community Connections Network (Centralized Intake & Assessment) completed intakes on 2,264 clients
- The 2016 annual Point in Time (PIT) count identified 625 homeless individuals, including 95 children
- The consolidated Application included two new projects:
 - **Rapid Re-Housing for Families** to rapidly rehouse literally homeless families with children for up to 24 months, using rental assistance based on household income.
 - **CCN Expansion** to fill in the budget shortfall for the current Coordinated Entry project "Community Connections Network", which includes the operation of 15 Place as the system's central entry site.

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

Comparatively, the numbers of reported homeless in our community from 2006 to 2016 are higher than the 456 reported homeless in 2005. Since 2005 the homeless population in our area reached an all-time peak of 883 in 2010 at the height of the economic downturn. The total homeless counted in January's 2016 Point-in-Time (PIT) count was 623, reflecting an approximate 7% increase from last year.

2016 (PIT) Key Findings for Mobile and Baldwin counties:

- Of the 623 total persons counted as homeless, 215 self-reported as female and 406 as male. Of the total, 236 (38%) were unsheltered and 387 (62%) were sheltered.

- The largest percentage of the counted homeless defined their race as Black or African American (51%) and the largest age cohort was over 24 years of age (80%).
- A total of 80 individuals met the HUD definition of “chronically homeless” when counted, and the number of unsheltered chronically homeless totaled 50 (63%) of the counted, chronically homeless population.
- The HUD disability subpopulation of self-reported adults with a serious mental illness was 69 (11%), and self-reported adults with a substance use disorder was 59 (9%).

Through the implementation of new programs and improved coordination of existing services, the member agencies of the CoC serve our community’s homeless population, with the ultimate goal of ending homelessness. AltaPointe and the PATH team are aligned with, and an essential component of, accomplishing these goals, including having reached “functional zero” for both the chronic and veteran homeless populations. AltaPointe Health Systems, Inc. continues to provide supportive housing units dedicated to the homeless population and PATH outreach services to improve accessibility of mental health services and supportive housing programs.

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

- *Increasing street outreach and documentation of homeless camps* - The PATH team identifies and regularly monitors camps and their activities and records any changes. Currently, AltaPointe Health Systems, Inc. has the most robust street outreach program in the local area and our knowledge of camps was a major player in outreaching to the homeless population in order to serve them at the January, 2016 Project Homeless Connect event.
- *Visiting local day and night shelters to identify those who can benefit and qualify for PATH services* - When those who qualify are identified, the PATH team quickly provides support and links them through wrap-around services, ensuring identified needs are met.
- *Engaging law enforcement and judicial bodies* - Most of the deputies and corrections officers of the local Sheriff’s Office have been trained in mental health basics. The Mobile Police Department has sent delegates to several of AltaPointe’s Mental Health First Aid courses and their training department is working with that information to revamp their internal mental health education regimen. During the course of the AltaPointe trainings, the homeless mentally ill community is covered through discussions, role play and question and answer periods. Additionally, AltaPointe Health Systems, Inc. operates a Jail Diversion team, which assists in identifying the mentally ill who are incarcerated. The Jail Diversion staff appear in court and advocate for the consumers who are involved with the criminal justice system due, in large part, to mental illness and accompanying psychiatric and behavioral symptoms. These staff also assist with any factors that may have contributed to the incarceration and work with the

consumers to avoid further jail time. Jail Diversion staff regularly assist the PATH team in locating the homeless mentally ill in jail and both teams work together to identify and resolve consumer needs. This collaborative process allows the legal, mental health and housing needs to be addressed concurrently. Additionally, most of the Corrections Officers have participated in a mental health basics course which educates them in early identification and intervention of individuals in need of mental health treatment while in jail. As a result, AltaPointe may obtain referrals for consumers in need while they are still in jail and, in many cases, begin our intervention before the consumer is even released.

- *Providing additional housing and service infrastructure* - AltaPointe Health Systems, Inc. operates a twenty-nine person capacity Permanent Housing program that provides leasing assistance and wrap-around services focused on factors that may contribute to homelessness. As the consumer progresses through the program, we work toward the final goal of program discharge with the consumer having adequate skills and income to obtain and maintain an independent lease. It is notable that in addition to these beds, AltaPointe also operates a forty-six person capacity Shelter Plus Care program, serving homeless individuals with serious mental illness. Our infrastructure is capable of assisting most participants in maintaining their housing or graduating to independent, permanent housing. Our programs do not have a set length of stay, thus allowing flexibility in meeting each individual participant's needs and reducing barriers and deficits before discharge to independence. Our wrap-around services include: case management, referrals, training in basic living skills, transportation assistance, benefits exploration, as well as linkage to psychiatry services and other mental health assistance, including therapy.
- *Utilizing case management service manuals, training, and directories to facilitate intervention* - Our staff utilize the community directory, which is provided to area agencies through our 2-1-1 network. Our case managers are trained and certified through the State of Alabama and receive additional local training specific to the scope of their work demands. PATH team members are provided with manuals that outline our agency's expectations as well as those that are outlined in the grant. These manuals contain referral steps, contact information to other commonly called upon agencies as well as active maps of current and historical homeless camps in our area. Staff also receive companion training that includes the SAMSHA Street Outreach Training video modules.
- *Developing a comprehensive opportunity center* - The PATH team maintains office space at 15 Place, our local homeless multi-service center, contacting and engaging people who are disconnected from mainstream resources. AltaPointe provides an array of needed services at this location at least 5 mornings per week, and these services include: case management, referrals, training in basic living skills, transportation assistance, benefits exploration, as well as linkage to psychiatry services and other mental health assistance, including therapy. PATH staff recognize the utmost importance of developing rapport and credibility with

individual clients in order to assist in identifying what recovery means to them. Outreach (and inreach) is a process and not an outcome, and the process begins with simply meeting the consumers where they are and begin helping them from there to move toward a life of greater health and personal stability.

3. Collaboration with Local Community Organizations:

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

- 15 Place
- Alabama Department of Vocational Rehabilitation (Contracted with the Alabama Department of Rehabilitation to provide supported employment for those with disabilities, including mental illness.)
- Department of Veterans Affairs
- Dumas Wesley Center/Sybil Smith Family Village
- Franklin Primary Health Center/ Healthcare for the Homeless
- Government Street Presbyterian Church (Breakfast Club)
- Housing First, Inc.
- Mobile Police Department
- Mobile County Sheriff's Office
- Mobile Housing Board
- Penelope House Domestic Violence Shelter
- Salvation Army
- SOMI House – Drop in center for the mentally ill
- South Alabama CARES (AIDS, Alabama)
- McKemie Place
- University of South Alabama – Department of Nursing and Department of Psychiatry
- Volunteers of America
- Waterfront Rescue Mission
- Wings of Life
- Other formal and informal providers serving our community's homeless population

AltaPointe acknowledges that a special focus is being given to military families and veterans through the strategic plan to end homelessness which supports SAMHSA's strategic initiatives. At 15 Place, our community's local homeless multi-service center, PATH staff work closely with staff from Community Connections Network (CCN; centralized intake and coordinated assessment), Veterans Affairs, University of South Alabama, and the Career Center, linking homeless veterans or military families to appropriate care.

During times of disaster, the efficiency of service delivery is dependent on a well-coordinated and integrated response. AltaPointe Health Systems has developed an Emergency Operations Plan (EOP) and an Emergency Management/Preparedness Plan (EM/PP) to ensure adequate disaster management and service provision necessary to optimize personal health and safety of AltaPointe consumers, visitors and staff.

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

- Mobile Police and Fire Departments
- Daphne Police and Fire Departments
- Mobile County Emergency Management Agency
- Baldwin County Emergency Management Agency
- Local hospitals through the Gulf Coast Hospital Engineers Association
- Emergency Preparation Group in addition to ESF-8 participation
- Foley Emergency Responders
- Robertsdale Emergency Responders
- Bay Minette Emergency Responders
- Fairhope Emergency Responders
- Area 9 and 11 HERC (Healthcare Emergency Response Coalition)

AltaPointe completes Hazard Vulnerability Analysis (HVA) annually for all sites and the results of the HVA are used to develop the EOP. For 2015/2016, the highest scoring vulnerability was 'Hurricane.' The HVA is also used to define mitigation activities and define preparation activities that will organize and mobilize essential resources

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

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

The EM/PP addresses preparation and response activities for both natural and man-made disasters. Natural disasters include, but are not limited to severe weather, tornados, and hurricanes. External disasters include, but are not limited to fire, bomb threats, industrial accidents and other potential risks related to the Mobile area industries, war and other catastrophic disasters. This plan is reviewed/revised annually and monitored and evaluated periodically to assure identification of real or potential risk and vulnerabilities.

In outpatient programs, designated staff members, including PATH staff, are responsible for identifying and contacting all high risk consumers to assess current functioning and determine plans for coping during the emergency. Consumers will be contacted regarding

appointments/medication needs and post disaster protocol. Immediate needs will be assessed and refills for prescriptions obtained and filled as appropriate per specific program standards. In addition, medications will be provided as indicated. Consumers should be instructed to call (911) for emergency assistance if necessary.

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

4. Service Provision:

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

AltaPointe Health Systems, Inc. stations staff at 15 Place, the community's homeless multi-service center. At this location, PATH staff interact with homeless individuals and coordinate services with other partner agencies housed at 15 Place or in the downtown area. Through in-reach and outreach (street and other) activities, PATH staff identify consumers in need of mental health and/or substance abuse services, healthcare services, housing, and other basic needs. Consumer needs are reviewed with AltaPointe's PATH program supervisor, psychiatrist, housing project managers, and therapists to engage the consumers in appropriate mainstream services including outpatient, day treatment, alcohol and drug treatment, and case management, and to promote a smooth transition into permanent housing upon discharge from PATH. Services are aligned with SAMHSA's Recovery Support Strategic Initiative to promote individual, program, and system-level approaches that foster health and resilience; to increase housing to support recovery; to reduce barriers to employment, education, and other life goals; and to secure social supports in our local communities.

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

- Outreach
- Screening and assessment
- Habilitation and rehabilitation
- Community mental health services
- Substance use treatment
- Case management
- Supportive and supervisory services in residential setting;
- Referrals for primary health services, job training, educational services, and relevant housing services
- Assistance with identifying and securing appropriate housing.

Through our outreach efforts we are currently working in more than 20 active camps with homeless individuals in need of PATH services, and we have extended our in-reach efforts to include churches and shelters that provide meals and shelter to the homeless population. We have also increased our work with other organizations that are providing services to this population. Our mapping system keeps track of known and suspected

camp areas in all parts of Mobile County, and we plan to add additional geographic areas during this fiscal year. Through collaboration with the University of South Alabama Department Of Psychiatry, field psychiatric services are available to provide psychiatric care in camps, at 15 Place, and in other non-traditional venues, allowing our homeless consumers the services they need to build stability and rapport prior to working with a more traditional psychiatric treatment team in a more traditional environment. This collaboration has allowed us to assist and house consumers this past fiscal year, who otherwise might not have agreed to services.

b. Grant funds maximize leveraging:

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

c. Gaps in current service system:

Current gaps in services for our area include limited shelter space for women, limited shelter facilities for families, and lack of affordable housing. At the present time, no Single Room Occupancy (SRO) type low cost housing is available and our boarding home system is often comprised of lackluster accommodations, with proprietors charging extremely high rents. Service barriers include a lagging local economy, high unemployment resulting in home loss, as well as an inadequate public transportation system. These and additional gaps in services and barriers are addressed through ongoing interactions with staff and community agencies, including those represented in the Continuum of Care (CoC AL-501).

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

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

- Evidence-based or evidence-informed programs and practices for individuals and/or groups – Examples include: Illness Management and Recovery, Wellness Self-Management, Dialectical Behavior Therapy, Motivational Interviewing, case management, dual programs, methadone treatment, and outpatient substance abuse treatment.
- Housing assistance - PATH consumers may access housing through AltaPointe's Shelter Plus Care and Permanent Housing programs. Other housing options within the AltaPointe continuum include: adult foster homes,

Arbor Court semi-independent homes, evidence-based Supportive Housing, as well as Volunteers of America (VOA) apartment housing. Additionally, case management services assist with applications for Section 8 housing and coordinate services with other local agencies, such as Salvation Army, Catholic Social Services, Waterfront Rescue Mission, Wings of Life, Mobile Housing Board, Department of Veterans Affairs, Volunteers of America, and Housing First, Inc., many of which have multiple housing and residential treatment programs available to the homeless population of the Gulf Coast area.

- Supported Employment - AltaPointe works in conjunction with the Alabama Department of Rehabilitation Services-VRS and the Department of Mental Health to provide two Supported Employment programs for all eligible consumers, including PATH participants, as needed and appropriate. PATH staff share offices with AltaPointe's Supported Employment staff.
- Jail Diversion - PATH participants with legal issues due to drug charges or other misdemeanors may also qualify for assistance with drug court and/ or AltaPointe's Jail Diversion program.
- Peer Specialist – PATH participants may be linked to an AltaPointe Peer Specialist, whose lived experience helps provide peer-to-peer support to individuals struggling with homelessness, mental illness, substance use, family problems, or incarceration.

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

PATH funding supports staff attendance at in-state conference trainings, e.g., the Housing Works! 2015 conference sponsored by the Low Income Housing Coalition of Alabama, Alabama Alliance to End Homelessness, and Collaborative Solutions, as well as PATH supervisor attendance at a national conference, e.g., the National Alliance to End Homelessness' annual conference. In addition to these training opportunities, PATH funding supports staff attendance at other agency trainings on evidence-based practices including, but not limited to: Integrated Treatment for Co-Occurring Mental Illness & Substance Use Disorders; Supported Employment; Illness Management and Recovery; Assertive Community Treatment; Consumer Operated Services; Family Psychoeducation; and Permanent Supportive Housing. PATH staff regularly receive HMIS training through our local HMIS lead agency, Housing First. PATH staff are trained in outreach techniques (utilizing in part, SAMSHA's Outreach Video Series) and in-service trainings are offered periodically throughout the year on a variety of topics (including Social Security Benefits, Vocational Rehabilitation). Additionally, a PATH staff supervisor is a Mental Health First Aid trainer certified through the National Council for Behavioral Health.

5. Data:

The PATH module in HMIS (Bowman Systems' Servicepoint) is in transition and Bowman, HUD/PATH Senior Technical Specialists, Housing First, and AltaPointe's PATH project supervisor, continue to work collaboratively on PATH/HMIS integration to help ensure data collection and workflow support the goals of the Government

Performance Results Act (GPRA), and report outcome measures for SAMHSA, including: number of persons referred to and attaining housing; number of persons referred to and attaining mental health services; and number of persons referred to and attaining substance abuse services. As an HMIS participating agency, AltaPointe operates in accordance with the AL-501 Mobile and Baldwin Counties Continuum of Care Operating Policies and Procedures as well as its own AltaPointe board approved Confidentiality Policy governing HMIS Privacy and Security Standards, supporting compliance with 42 CFR Part 2.

During this transition period, PATH staff are entering client data into HMIS as well as continuing to capture PATH data, in a specific PATH area of AltaPointe's full spectrum, ONC certified Electronic Health Record. HUD and SAMHSA encourage the reduction of duplication where possible, and once PATH/HMIS integration is complete with full reporting capabilities to ensure client care coordination and to generate the PATH Annual Report, we will reconcile both databases and transition fully to HMIS with a target date of 09/30/2016.

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

The SOAR trained staff at AltaPointe are available to assist consumers with benefit-eligibility applications with the Social Security Administration, and one of these staff has historically served most of the consumers working with the PATH team. Our two current, full-time PATH case managers have now each completed SOAR training, providing them with valuable information regarding what types of consumer information and documentation will be useful in assisting consumers to obtain benefits, regardless of who the benefits specialist may be. PATH staff utilize SOAR's Online Application Tracking (OAT) system to directly enter and track data, and they are currently assisting two consumers with their SSI/SSDI applications. Other PATH consumers may be assisted by additional AltaPointe benefits specialists, and some specify they have secured legal representation for a disability appeals process.

7. Access to Housing:

AltaPointe Health Systems, Inc. has researched and obtained training for front line and supervisory staff in the evidence-based practices found to be most effective in achieving recovery. Illness Management and Recovery as well as Wellness Self-Management have been adopted for use in daily work with consumers to increase resilience and recovery. These evidence-based practices are proven and expected to enhance the consumer's transition to being more traditionally housed as well as being expected to increase the consumer's success and tenure in the housing situation. By identifying and prioritizing consumer needs and then joining with the consumer to link them to programs and agencies that meet long term goals, we anticipate the consumer will become traditionally housed sooner and maintain the housing situation longer. Although our community's affordable housing continues to be limited, the various partner agencies of our local CoC have multiple housing efforts underway.

PATH eligible individuals can access housing through AltaPointe's Shelter Plus Care and

Permanent Housing programs. Other housing options within the AltaPointe continuum for which a PATH consumer may qualify include: adult foster homes, Arbor Court semi-independent homes, evidence-based Supportive Housing, as well as Volunteers of America (VOA) apartment housing. Additionally, case management services assist with applications for Section 8 housing and coordinate services with other local agencies, such as Salvation Army, Catholic Social Services, Waterfront Rescue Mission, Wings of Life, Mobile Housing Board, the Department of Veterans Affairs, Volunteers of America, and Housing First, Inc., many of which have multiple housing and residential treatment programs available to the homeless population of the Gulf Coast area.

8. Staff Information:

a. Demographics of staff serving clients:

The staff serving PATH consumers is between the ages of 23 and 62, and is mixed in gender and racial/ethnic background, reflecting the target population. PATH funded personnel positions (with FTE %) include 2 case managers (100%), 1 case manager (10%), 1 therapist (45%), 1 program manager (25%), 1 clerk (30%), and 1 psychiatrist (9%), and 1 peer specialist (50%).

b. Cultural Sensitivity:

AltaPointe Health Systems, Inc. is sensitive to the age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, socioeconomic, and cultural needs and preferences of our target population. Live interpreter services (both spoken language and sign language) are arranged for multi-linguistic consumers, and LinguaLinx provides on demand over-the-phone interpretation 24 hours a day, 7 days a week in over 100 languages. AltaPointe provides mandatory, annual training on cultural sensitivity. All staff members who provide good customer service and who show exemplary sensitivity to cultural needs of consumers are regularly recognized and rewarded through our 5 Star Customer Service program. AltaPointe Health Systems, Inc. measures our performance in this area through Consumer and Family Satisfaction surveys that are collected regularly.

c. Cultural Competency Training and Health Disparity Strategies:

AltaPointe Health Systems, Inc. has a culture and expectation that every staff member provide excellent customer service. When initially employed, and annually thereafter, all AltaPointe employees are required to attend training in gender/age/cultural competence. This training is provided by multi-cultural staff who are well trained in effectively communicating cultural differences relevant to the target population. Upon completion of the mandatory training, an assessment is administered to ensure employees have retained knowledge of cultural diversity and competency. This training is used to ensure that services are provided in a manner sensitive to the differences, if any, of those served. All community mental health centers participate in and are evaluated on performance satisfaction using a state wide consumer and family satisfaction survey.

National CLAS Standards:

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

- **Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.**
- **Governance, Leadership and Workforce**
 - a. AltaPointe staff members are trained upon hire and participate in follow-up training on a regular basis and as needed for each individual.
 - b. Further, AltaPointe's 5 Star Customer Care program rewards and recognizes those who exemplify the guidelines for good customer service. The Five-Star CARE standard (Compassionate, Accountable, Respectful, Encouraging) includes guidelines concerning cultural and linguistic sensitivity.
 - c. AltaPointe's leadership team and Board of Directors are diverse with men and women of various ages, races, and ethnicities
- **Communication and Language Assistance:**
 - a. AltaPointe has a system in place to provide complimentary interpretive services for those who do not speak English as a first language. This includes both spoken languages as well as American Sign Language for those who have limited hearing or deafness. This information is provided to each consumer upon intake. Additionally, our staff are trained and expected to recognize a need and offer these services to anyone for whom it might be appropriate.
 - b. Our interpretive services are provided by trained professionals.
- **Engagement, Continuous Improvement, and Accountability:**
 - a. AltaPointe's Performance Improvement Department regularly conducts consumer surveys in which the consumers may advise about any policies or procedures that are not helpful or received poorly. In this way, we can best monitor the evolution of our consumers' needs.
 - b. Demographic data is collected in our Electronic Health Record through the intake process and through ongoing treatment updates. This information is compiled and disseminated as needed and appropriate. Newly recognized trends would prompt several departments to evaluate our current procedures.
 - c. AltaPointe has a formal grievance policy that is communicated to the consumers both in print, poster and verbally as needed.

9. Client information:

According to the US Census Bureau's 2015 estimated census, the population of Mobile County, Alabama, was 415,395. Of these, approximately 60.1% were White, 35.3% were Black or African American, 2.0% were Asian, 1.0% were categorized as American Indian and Alaska Native, and 0.1% as native Hawaiian and other Pacific islander. Approximately 2.8% identified as Hispanic or Latino origin, a number consistent with the

previous year's estimated census.

a. Demographics of clients:

As described in our FY2015 PATH Annual Report, of the 533 FY2015 PATH consumers, including persons outreached/contacted and persons currently enrolled, the following self-identified demographics were reported:

- Age - 48% ages 31-50, 31% ages 51-61, 11% ages 24-30, 5% ages 18-23, 2% 62 and over, 1% ages 17 and under, and 2% didn't know or report their ages
- Gender - 53% male and 47% female
- Race and ethnicity - 52% as White, 45% as Black or African American, 1% as American Indian or Alaskan Native, 1% as Asian, , and 1% didn't know or report their race. 95% self-identified as non-Hispanic/non-Latino, and 3% as Hispanic/Latino.
- Veteran Status – 89% non-veteran, 6% veteran, and 5% unknown
- Co-occurring substance use issues – 49%

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

In January, 2016, 623 homeless individuals were identified in Mobile and Baldwin counties by the annual HUD Point-in-Time count. Based on this number, as well as the 2015 PATH Annual Report, we project that we will make contact with approximately 200 PATH-eligible individuals and 100 of those will become enrolled. Of the consumers we will assist, we project that 80% will be literally homeless. These numbers closely align with last year's estimates.

10. Consumer Involvement:

Consumers and family members are welcomed and encouraged to attend all homeless coalition meetings and in-services. This year, one previous consumer of homeless services has been an extremely active member of the CoC board and her input has been invaluable in the CoC's decision making process.

Currently, one-third of the AltaPointe Board of Directors are family members of consumers. Homeless consumers continue to be engaged as participants in the Consumer Council, a consumer-run advisory panel that meets every two months and provides feedback on AltaPointe programs and services. There is also a consumer run drop-in day center near AltaPointe where consumers are referred and participate. Additionally, all AltaPointe consumers and family members are asked to complete an annual survey that monitors their satisfaction with services being provided. AltaPointe Health Systems, Inc. employs a team of six Certified Peer Specialists, and one reports being formerly homeless. Peer Specialist staff are available to all consumers in need of peer mentoring and assistance, and PATH added a peer specialist position to its own core team during 2015. Although there have been fluctuations with this position, the PATH team benefits from the peer specialist staff utilizing unique personal experiences of recovery to encourage consumers' self-determination and engagement in meaningful community integrated activities, offering them support and restoring hope.

2. Indian Rivers Mental Health

2209 Ninth Street

Tuscaloosa, AL 35404

Contact: Cheryl DeBose

Contact Phone #: 205-391-3131

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: AI-002

State Provider ID: st1001

Geographical Area Served: Tuscaloosa Region

Planning Period From 10/1/2016 to 9/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 50,314 \$ 9,158 \$ 59,472

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 22,880	1.00	\$ 22,880	\$ 0	\$ 22,880	
PATH Administrator	\$ 48,000	0.08	\$ 3,840	\$ 9,158	\$ 12,998	
Peer Support Specialist	\$ 40,000	0.50	\$ 20,000	\$ 0	\$ 20,000	
Psychiatrist	\$ 179,700	0.02	\$ 3,594	\$ 0	\$ 3,594	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 16.57 % \$ 9,856 \$ 6,109 \$ 15,965

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 1,290 \$ 3,640 \$ 4,930

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 1,290	\$ 3,640	\$ 4,930	

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 1,000 \$ 2,366 \$ 3,366

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 1,000	\$ 2,366	\$ 3,366	

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

No Data Available

g. Construction (non-allowable)

h. Other \$ 7,680 \$ 0 \$ 7,680

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 5,000	\$ 0	\$ 5,000	
Staffing: Training/Education/Conference	\$ 2,680	\$ 0	\$ 2,680	

i. Total Direct Charges (Sum of a-h) \$ 70,140 \$ 21,273 \$ 91,413

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 0 \$ 2,107 \$ 2,107

k. Grand Total (Sum of i and j) \$ 70,140 \$ 23,380 \$ 93,520

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 100 Estimated Number of Persons to be Enrolled: 52
 Estimated Number of Persons to be Contacted who are Literally Homeless: 40
 Number Staff trained in SOAR in Grant year ended in 2014: 1 Number of PATH-funded consumers assisted through SOAR: 2

11. FY16 Budget Narrative for Indian Rivers:

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Program Manager	\$48,000	.08	\$3,840.00	
Clerk	\$17,680	.00	\$0.00	
Psychiatrist	\$179,700	.02	\$3,594.00	
LPN/RN	\$31,200	.00	\$0.00	
Therapist	\$30,000	.00	\$0.00	
Case Manager	\$22,880	1.0	\$22,880.00	
Peer Specialist	\$40,000	0.5	\$20,000.00	
Case Manager	\$21,840	.00	\$0.00	
Case Manager	\$21,840	.00	\$0.00	
Salaries Total				\$50,314.00
Fringe Benefits				\$9,856.00
Travel				\$1,290.00
Supplies				\$1,000.00
Housing Support Services (Rental)				\$5,000.00
Admin. Expense				
Staff Training		1.6		\$2,680.00

Total PATH-Funded Expenses: \$70,140.00

Total PATH Match Expenses: \$23,380.00

Total PATH Expenses: \$93,520.00

INTENDED USE PLAN 2016-2017

Indian Rivers Mental Health Center

1. Local Provider Description:

Indian Rivers Mental Health Center is the commonly used name for a private, non-profit agency with the formal name of Mental Health Board of Bibb, Pickens and Tuscaloosa Counties, Inc. This agency serves as the 310 Board for Bibb, Pickens, and Tuscaloosa Counties. In the 2014 Census Report, it showed that the three counties served by Indian Rivers have a combined population of 245,083. Bibb County has a total population of 22,506 with 18.1% below the poverty line. Pickens has a total population of 20,365 with 25.0% below the poverty line. Tuscaloosa County has a total population of 202,212 with 18.0% below the poverty line.

Indian Rivers is a community mental health center organized to provide comprehensive mental health and substance abuse services to individuals/families, children and adolescents with mental/behavioral health problems in these three counties. The agency partners with other human service and community entities to assess, plan, and implement efforts to address the needs of this population. Primary services provided to clients with mental illness, substance abuse/dependence and intellectual disabilities include assessment, care planning, psychiatric treatment, medication administration/monitoring, crisis intervention, individual/family/group therapy, residential programs, case management, day programming and pre/post hospital screening. In FY 2015 Indian Rivers served a total of 4,245 clients in the Mental Illness Division, of those 3,286 were adults and 959 of the total amount were through Children's Services. Of the MI Adults served, 456 of those were serviced through our Residential Programs and 936 obtained services from the Substance Abuse Division as well.

The PATH Program serves consumers from 19 years of age through adulthood that are literally homeless or at risk of becoming homeless. In FY15, Indian Rivers served a total of 126 individuals with 25% being literally homeless.

The amount of PATH funds to be received is **\$70,140.00**. No federal PATH funds are distributed to other local organizations

The primary business address and spokesperson contact are:

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

2. Collaboration with HUD Continuum of Care Program:

The West Alabama Coalition to End Homelessness (WACEH - formerly known as CHALENG) is the official Advisory Council to the mayor of the city of Tuscaloosa and to the Chair of the Tuscaloosa County Commissioners on issues of Homelessness. This organization is recognized by HUD as Tuscaloosa's Continuum of Care Group for homeless funds. It is made up of representatives from all human service agencies serving

homeless consumers as well as churches, volunteers, business and political representatives and consumers themselves. Indian Rivers' PATH case manager is an active member and participants in this group to continuously work towards identifying and addressing needs. Council meetings are held monthly with sub-committees meeting held more often for training, planning and development. Indian Rivers' PATH case manager participates with the coalition in community outreach meetings at least monthly and partners with the coalition once a month to conduct street outreach as well. Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. The local CoC is compliant with HUD requirements for coordinated entry and utilizes the HMIS for its coordinated entry process. Indian Rivers is committed to the CoC's goal of ending homelessness in Tuscaloosa.

As published in the 2015 PIT survey Tuscaloosa accounted for 235 homeless persons. Of these 235 persons, 130 persons were sheltered and 105 were unsheltered. There were 50 chronically homeless, 81 veterans, 139 with an SMI, 132 chronically abusing substances, and 52 that were victims of domestic violence.

The Tuscaloosa Mental Health Alliance is a group of representatives from human service agencies, concerned citizens, business professionals, churches and consumers groups who have come together to organize the assessment, planning and advancement of services for seriously mentally ill consumers and their families. **The Housing Subcommittee** is responsible for the partnership between Indian Rivers and Community Service Programs (CSP) in studying the options for applying for HUD monies for supportive housing projects. This committee and the Task Force have formally partnered by vote with WACEH of Tuscaloosa to advocate for programs for MH consumers and to strengthen the Continuum of Care. Indian Rivers Executive Director and Clinical Director participate in the Task Force activities as well as other assigned Indian Rivers' staff.

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

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

- Tuscaloosa Community Planning Department – a Community Planning and Development agency which provides leadership to all local agencies in development and application for grants for homelessness housing and support services.
- Maude Whatley Health Services – A medical health center for low income individuals in Indian River's catchment area. Maude Whatley Health Services has on staff a homeless case manager in addition to medical outpatient services and medications. They will accept Medicaid and Medicare and will defer fees for PATH clients without funds and will provide medication samples and patient assistance programs for medications to PATH clients.

This agency has already partnered with Indian Rivers in outreach efforts and works with Indian Rivers' staff to provide services to clients in residential programs for MI, ID, and SA. Many of these clients meet the criteria for homelessness.

In addition, Maude Whatley provides medical and psychiatric services in the Tuscaloosa County Jail and collaborates with Indian Rivers to provide services and medication to those Indian Rivers clients who have been incarcerated. A large portion of these clients meet criteria for homelessness.

- 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 case management and social services to homeless individuals in Tuscaloosa but will serve other Indian River's counties if PATH providers bring consumers to Tuscaloosa. They also provide vocational referrals. They operate a Transitional Housing Program for 8 Veterans, some of whom have SMI and/or SA Diagnoses. The Salvation Army's Transitional Housing Program provides shelter and intensive case management to homeless families. Services include an initial assessment and assistance establishing goals, referrals for education, vocational opportunities, job placement, budgeting skills, parenting skills and assistance in locating decent, affordable housing. While the April 27, 2011 tornado destroyed the Salvation Army's previous drop-in shelter which was a loss of 70 shelter beds, the newly built site was able to reopen in February 2016. The new shelter has a capacity of 73 beds in 4 wings and provides housing to men, women, veteran, and family populations.
- 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 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.

- Indian Rivers' A Woman's Place – This is a 14-28 day program for women with SA abuse or dependence. Many of the women accepted into this program are either “literally” homeless or at risk of homelessness at the time of their admission.
- Community Service Programs, Inc. – a community action program offering temporary emergency services of utility and rental assistance, funding for medications, clothing closet and food boxes as well as several low income housing options.
- Many local Churches offer programs of clothes closets, food boxes, rental and utility assistance and transportation.
- Alabama Department of Rehabilitation Services – offers vocational evaluation, training and placement as well as linkages to Easter Seals. Indian Rivers' Supportive Employment Program's services which are part of ADRS serves homeless consumers.
- Focus on Senior Citizens offers payee services for many seriously mentally ill or intellectually disabled consumers. In addition, transportation and day programming for elderly consumers is offered.
- Easter Seals – offers job placement, transportation, evaluation and training. Payee services are provided to many seriously mentally ill and intellectually disabled clients.
- The Good Samaritan Clinic – free clinic 1 ½ days a week available for homeless individuals. The clinic provides general health care with referral to specialists and limited medication assistance.
- Alabama Department of Human Resources- provides Medicaid, subsidies, income, and food stamps for eligible consumers.
- The Jesus Way Mission – a faith-based group providing housing for 8 homeless individuals and supportive services as well as outreach to homeless living in the abandoned houses in the West end of Tuscaloosa.
- Alabama Community Care - a Medicaid funded program to provide case management to Medicaid clients to assist with accessing services in the community.
- University of Alabama in collaboration with Indian Rivers will provide psychological testing and treatment as indicated with a sliding scale fee for services.
- North Harbor Pavilion and DCH Hospital – provides psychiatric in-patient,

emergency room medical and psychiatric assessment and in-patient medical treatment.

- Tuscaloosa ONE Place (a family resource center) – a non-profit organization providing educational training, case management, and advocacy.
- Friendship House – a consumer-run drop-in site that provides socialization and educational/advocacy services.
- Justice Involvement - working in collaboration with Tuscaloosa County Jail, Indian Rivers is sponsoring a **Mental Health Court Team** that will allow for provisional release of clients with behavioral health needs into the community. These individuals are assisted with housing and other community needs by an Indian Rivers' case manager. Their behavioral health needs are assessed and services planned by an Indian Rivers' therapist. Most needs assessments are completed at the Tuscaloosa County Jail while individuals are still incarcerated. Approximately 44% of current PATH clients have past legal issues; however, none have pending legal issues at this time. The efforts of the mental health court team assists PATH clients with resolve of legal issues that could potentially pose barriers to housing needs. **House of Hope** is a local a faith-based housing and work program for 8 men, coming from prison, that are homeless. This local residential aftercare assists with food, shelter, and clothing for those that had charges requiring jail/prison time but are looking to reintegrate into the community. **Indian Rivers Mental Health Center** frequently has meetings with community service providers such as local MD's, DCH Health Systems staff, Public Health Department, local legal entities and community members about mental health treatment and IRMHC services and contact information. We are currently in the process of getting IRMHC staff trained as an instructor for Mental Health First Aid and plan to facilitate trainings for the local law enforcement, courts, emergency response personnel, community providers and the community at large.
- Veterans - within Tuscaloosa, Bibb, and Pickens Counties, Veterans are provided with medical, dental, vision services, psychiatric consults and counseling, medical/psychiatric medications, vocational development and job placement services, homeless services of housing placement and crisis intervention as well as community coordination, and some on-campus lodging services to homeless veterans all through the Tuscaloosa Veterans Administration Hospital. Indian Rivers PATH case manager in partnership with WACEH participates in the Stand Down offered by the VA annually in an effort to provide services to homeless veterans. This event provides services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling and referrals to a variety of other necessary services such as housing, employment and substance abuse treatment.

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

4. Service Provision:

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

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

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

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

- Screening and Diagnostic treatment services
- Psychiatric evaluation and medication
- Individual and group therapy
- Rehabilitation Services
- Alcohol and Drug Treatment services
- Case Management services to ensure the provision of community mental health services

- Basic living skills training to address independent living skill deficits
- Medication administration, medication monitoring, and medication acquisition
- Referral to inpatient mental health or substance abuse programs if indicated
- Referral for primary health services, job training, educational services, and relevant housing services
- Crisis response therapist available after hours, weekends, and holidays.
- Mental Health Court Team response to help those in jail
- Diversion In Home Team – to assist with services for clients that are in jeopardy of state hospital admission
- Family Support and Education services to help develop and strengthen clients' support systems
- Weekly dual diagnosis groups to address co-occurring MI and SA disorders
- Housing Services - PATH funds will be utilized to assist clients with up-front costs needed to get them into housing (e.g. security deposits, first and last months' rent, utilities assistance, and household set-up costs). Funds will also be used to assist those with one time funding who may be in jeopardy of losing their housing due to inability to pay their rent.

Indian Rivers will provide services to individuals in the military consistent with SAMHSA's focus on serving veterans. Military behavioral health services within the Tuscaloosa area are provided by the VA Hospital. Indian Rivers' employees participate in the programs offered by the VA hospital as members of the coalition. Indian Rivers routinely works with VA staff when military clients need to be committed to in-patient treatment. Indian Rivers also serves on **The Tuscaloosa Mental Health Alliance** crisis sub-committee. In this committee there are participants from the VA. The purpose is to provide crisis services to all community clients including those involved in the military. Veterans and their families will have full access to services at Indian Rivers if they are not covered by VA health care. This would include case management services as well as psychiatric evaluation and treatment, individual and group therapy, dual diagnosis services, SA services, temporary housing and nursing supports.

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

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

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

These programs include:

- ACT Team—this is an intensive team comprised of a Bachelor’s level case manager, a Master’s level therapist (Coordinator), and a LPN. There is also a psychiatrist assigned to this team and the clients served. The staff visits the clients in their homes, providing services on-site. These clients are usually those with a serious mental illness who have a long history of non-compliance and decompensation resulting in frequent hospitalizations. The goal is to keep the client stable, in their community, and out of the hospital.
- Bridge Team (Adult In-Home Team)—this is an intensive services team comprised of a Bachelor’s level case manager and a Master’s level therapist. They provide services to clients who are at a high risk for decompensation, are currently in an acute crisis, or have recently been discharged from an inpatient or residential type setting. They provide a full array of mental health services in order to assist the client in resolving any current crisis, meeting their basic needs, developing illness management and recovery skills, and maintaining stability in the community.
- Mental Health Court Team—this intensive services team is comprised of a Bachelor’s level case manager and a Master’s level therapist who will see clients in the jail who have a history of mental health treatment or are demonstrating symptoms while in jail. The team will evaluate the clients to see if they are eligible for conditional release. If the client is approved through legal processes for admission into Mental Health Court, the team will facilitate intake and provision of a full array of mental health services in order to assist the client in resolving any current crisis, meeting their basic needs, developing illness management and recovery skills, maintaining stability in the community, and maintaining the conditions of the court order of their release.
- Diversion Team – this intensive services team is comprised of 4 Bachelor’s level case managers, 1 Master’s level Coordinator, and 1 Licensed Practical Nurse. This team is responsible for accepting referrals on individuals in crisis from multiple sources, including Indian Rivers’ staff, hospitals, and the community. The team provides an array of services to assist in crisis resolution and linkage to additional resources to assist in crisis resolution with the goal of preventing Involuntary Commitments to State Psychiatric facilities.
- Housing assistance is provided by the offering of Shelter + Care vouchers for appropriate individuals with supporting case management. In addition, Indian Rivers has funds for 12 EBP Supportive Housing beds that provide for financial assistance in acquiring permanent housing and intensive case management supports to successfully transition into the community. Indian Rivers also has access to 49 apartment beds which provide for on-site staff that provides observation, medication assistance and basic living skills to promote independent living.

- Case Management in all programs, MI and SA, focus on getting clients connected to programs and services that will assist in gaining and maintaining stability within the community. Bachelor's level case managers assist clients in accessing community resources, developing basic living skills, developing skills in managing their illness, identifying and developing vocational goals and strengths, and monitoring for response to and compliance with recommended services and treatments.
- Indian Rivers has Peer Support Specialists that work with clients to help them apply for benefits, apply for medication assistance, and access services in the community.

b. Agency Maximizes use of PATH funds:

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

- Catholic Social Services – provides expenses for 1st month rent assistance or deposit, food, clothing, household supplies, utility deposit or payment, emergency lodging assistance (hotel payment assistance).
- Salvation Army - provides expenses for 1st month rent assistance or deposit, food, clothing, household supplies, utility deposit or payment.
- Christian Ministries & Wings of Grace– provide assistance with clothing and food.
- Forest Lake Baptist Church – provides a percentage of rental assistance and a percentage of utility assistance.
- Presbyterian Church & Central Church of Christ – provide food assistance only.
- Christ Episcopal Church – provides a percentage of rental assistance or a percentage of utility assistance.

c. Gaps in service:

- Affordable housing continues to be somewhat limited in Tuscaloosa due to the tornado in 2011 when many low-income housing complexes were lost. Those that remain available are often in high crime areas.
- The Salvation Army has reopened its shelter with 73 total beds, but after a stay of 14 days there is a fee of \$10 per day, which poses a problem for those with little to no income.

- Public transportation is limited to the city limits of Tuscaloosa only. Tuscaloosa County is large and much of the population served and many of the homeless are outside the city limits.
- Medical and dental services are extremely limited for those who have little or no income.
- Acute care and crisis psychiatric beds are limited. Those that acquire these beds are often unable to stay until a level of stability is noted.
- Section 8 vouchers – waiting list is sometimes 2 years long.
- Too often individuals are often denied housing placements due to strict background-check clearances.
- Transitional Housing with support services is limited.
- Supportive permanent housing opportunities are limited.

d. Services for dually diagnosed clients include:

- Indian Rivers provides dual diagnosis programming that will include assessment, case management, psychiatric services, crisis intervention, individual and group therapy, medication monitoring and administration if indicated.
- Clients who are in need of more intensive services for either mental illness or substance abuse services are assessed for and referred to inpatient and residential services as clinically appropriate. Indian Rivers also has a Crisis Stabilization Unit with a typical length of stay being 14 days.
- Indian Rivers offers A Woman's Place residential facility for women with SA issues that maybe complicated by the diagnosis of a serious mental illness.
- Bradford Health Services, a private, for-profit company offers limited free services to non-insured clients and are very supportive of community wide efforts to serve individuals who are dually diagnosed. Free services include assessments, referral to in-patient programs, free support groups and free consultations to other SA programs.
- Phoenix House – a half-way house community program has 25 transitional beds for homeless SA clients and is now accepting more SMI /SA clients.
- Maude Whatley/West Alabama Aids Outreach - offer free HIV/AIDS testing, education, temporary housing, permanent housing, placement in half-way houses and hospices for individuals with HIV/AIDS -some of whom have SA/SMI issues.

- North Harbor will admit, stabilize and link dually diagnosed clients with follow-up services.
- Tuscaloosa VA Medical Center offers a PACT Team, in-patient, outpatient, vocational, case management, supportive group therapy and boarding home programs to dually diagnosed veterans.
- There are a host of AA, NA and ALANON programs available in the community.
- Hannah Home, Turning Point, House of Hope and Jesus Way shelter all refer SMI/SA clients to services and provide transportation and support.
- Salvation Army has an 8 bed Transitional Housing Program for Veterans with SMI/SA and offer rehabilitation and support groups, along with vocational training and placement.

e. Funding and Support for Evidenced Based Practices, Training for PATH funded staff, HMIS-PATH data collection:

Indian Rivers supports staff by funding and allowing educational leave to attend conferences that provide them with the appropriate information to treat our entire population, many of whom meet PATH criteria. The PATH case manager attends various conferences and certification trainings targeting evidenced based practices and to expand skills and knowledge base that will facilitate providing services and resources for homeless individuals. The PATH case manager works hand in hand with the Tuscaloosa City social worker who manages the HMIS system. The PATH case manager routinely collects data for every individual enrolled that translates directly to HMIS data. The PATH case manager has access to and direct data entry capabilities with the HMIS system. Below are a few of the programs they attend:

- Alabama Council of Community Mental Health Boards Annual Conference
- Alabama Alliance to End Homelessness
- SSI/SSDI Outreach, Access, Recovery Training
- Annual In-services: Target Population, Consumer Rights, Crisis Intervention
- A National Homelessness Conference

Indian Rivers has utilized evidence-based programming/curriculum (Illness Management and Recovery) in outpatient services and utilizes the MEE Journals curriculum in SA Intensive Outpatient and SA residential programs.

Indian Rivers is currently utilizing an evidence-based housing program (EBP Housing). This evidence based program has been sponsored or supported by the Alabama Department of Mental Health.

5. Data:

Indian Rivers initiated the HMIS in Tuscaloosa in 2009. This has since been transferred to the City of Tuscaloosa to manage. The Indian Rivers case manager currently assigned to the PATH program is fully trained and directly inputs data into HMIS and collaborates with the Tuscaloosa City HMIS Administrator/Case Manager, who is also the Co-Chair of the HUD Continuum of Care Program, in the management of that information. Upon initiation of PATH services, releases of information (client consent forms) are signed by the client for HMIS & HUD, which allows for sharing of information and communication to assist in housing needs and data recording. The purposes of these consents are presented to the client prior to obtaining their signature, the consent remains valid for one year – and is updated yearly, and releases can be revoked at any time by the client. The Indian Rivers PATH case manager consistently updates records in HMIS and is fully trained to capture all requested data. The City of Tuscaloosa social worker, who is also the CoC Co-Chair, provides ongoing monthly training and supervision to the PATH case manager regarding HMIS data entry and updates.

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

HMIS data entered by the PATH case manager, along with data from Indian Rivers EMR, will capture data for GPRA outcome measures: number of persons referred to and attaining housing; the number of persons referred to and attaining mental health services; and the number of persons referred to and attaining substance abuse services in addition to other vital information and statistics. In addition, the Outcome Measures identified in the PATH Annual Report will also be captured: number of clients assisted with housing, income benefits, earned income, medical insurance or coverage plans, and primary medical care. There are a number of indicators that are captured manually including residence prior night to enrollment, Length of time living outdoors, referrals provided, and other street outreach information. We are currently collecting all required data for the annual report either through EMR or manually transcript.

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

It is regular practice that any case manager assigned to our homeless (PATH) program is SOAR trained as was the previous PATH case manager. The PATH case manager has been certified through SOAR since 2014. Since then, she has been able to assist two clients in successfully attaining benefits through complete utilization of SOAR. Consent for Release of Information forms are signed to allow for contact with the local SSA and outcomes are reported through the Online Application Tracking (OAT). The 2015 Annual Report for PATH records income assistance referrals were made for 4 people, of which all 4 persons were assisted, and attained the income assistance. Although the SOAR

method was not utilized in each situation, referrals to and assistance from the local Social Security Administration was often utilized for effective measures in providing reinstatement of funds that were once received by clients. Our collaboration with the local Social Security Administration has been effective in reinstating funds for clients who have previously received benefits that may have been terminated due to lack of information being received, lack of communication (with the client and social security or the client and their payee), or no address being provided. At times, clients enrolling in PATH are already in appeals for disability benefits or have begun the process of applying for benefits and receiving assistance through local agencies that offer payee assistance like Easter Seals, Breaking Bread, or Debrick.

7. **Access to Housing:**

Tuscaloosa Housing Authority receives a grant for Shelter Plus Care housing vouchers from HUD. Only three local agencies have access to these vouchers, Indian Rivers, the V.A. Medical Center, and West Alabama Aids Outreach. Annually there are 68 vouchers in total available to provide for 5 years of Section 8 housing assistance for Homeless SMI clients. The strategy is that THA will continue with this process and the CoC will continue to make permanent housing its # 1 priority.

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

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

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

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

8. Staff Information

a. Staff Demographics:

PATH Staff- Race	
• African American	- 33.3%
• Caucasian	- 33.3%
• Middle Eastern	- 33.3%
PATH Staff – Age	
• 18-34 years	- 66.6%
• 35-49 years	- 33.3%
• 50-64 years	- 0%
• 65-74 years	- 0%
PATH Staff –Sex	
• Male	- 0%
• Female	- 100%

b. Cultural Sensitivity:

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

c. Cultural Competency Training and Strategies to Address Health Disparities:

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

Indian Rivers also reviews and updates all staff, including PATH, yearly with trainings to address health disparities among the population serviced to ensure the provision of fair, comprehensive, and respectful quality care for diverse cultural beliefs, languages, and needs. As previously mentioned, the efforts of Indian Rivers are monitored through questionnaires and ongoing feedback to create processes for addressing disparities that are effective in meeting needs and resolving conflicts or complaints. Health disparities

can lead to barriers in accessing or receiving needed treatment services and assistance. By reinforcing methods for guidance, reassurance, and overall responsiveness to identified client needs, these disparities are significantly decreased or eliminated. PATH staff members also participate in the Annual Housing Works Conference, during which training and information sessions are offered to address health disparity issues. Staff are also provided with the opportunity and participate in community training sessions, such as the HIV Integrated Treatment Training, presented through The Alabama Department of Mental Health.

9. Client Information:

a. Client Demographics:

<p>Indian Rivers PATH Annual Report Survey, 2015 (Actual Number)</p> <p>African-American: 34</p> <p>Caucasian: 18</p> <p>Hispanic: 0</p> <p>Other: 0</p>
<p>PATH - Ages (PATH Annual Report Survey, 2015)</p> <p>Less than 13 years: 0</p> <p>13-17 years: 0</p> <ul style="list-style-type: none"> • 18-23 years: 3 • 24-30 years: 7 • 31-50 years: 27 • 51-61 years: 10 • 62 and over: 5 • Unknown: 0
<p>PATH - Sex (PATH Annual Report Survey, 2015)</p> <ul style="list-style-type: none"> • Female: 28 • Male: 24 • Transgendered: 0 • Other: 0
<p>PATH Co-Occurring Substance Use Disorders (PATH Annual Report Survey, 2015)</p> <p>Co-Occurring Substance Use Disorders: 18</p> <p>No Co-Occurring Substance Use Disorders: 34</p> <p>Unknown if Substance Use Disorder: 0</p>

<p>PATH Veteran Status</p> <p>(PATH Annual Report Survey, 2015)</p> <p>Veteran: 0</p> <p>Non-Veteran: 52</p> <p>Unknown: 0</p>
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b. Projected number of adult clients to be contacted, enrolled, and % homeless:

In January of 2015, W.A.C.E.H., completed a Point-In- Time Survey that identified 61 homeless individuals that endorsed “severe mental illness” and 52 homeless individuals that endorsed “chronic substance abuse.” Based on the Indian Rivers 2014 Annual Report Survey 105 homeless individuals were contacted and of those 52 were enrolled in PATH services. It is estimated that Indian Rivers will make contact with at least 100 individuals with approximately 40% of those being literally homeless. It is projected that of those persons contacted approximately 50% will become enrolled in PATH services. Indian Rivers expects to serve an approximate total of 100 individuals during FY15 and of those enrolled in PATH services 26% will be literally homeless.

10. Consumer Involvement:

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

- NAMI representatives are present during State Monitoring visits.
- Clients are assessed for all needs and satisfaction with available services in a yearly MHSIP.
- Clients, some of whom may have been formerly homeless, attend the monthly West Alabama Coalition to End Homelessness meetings and Housing Sub-Committee meetings. Clients involved in the PATH program are also encouraged to attend.
- Volunteers, including current and prior homeless clients involved in the PATH program, will be invited to assist with the yearly PIT/MHSIP homeless survey.
- PATH (and all) clients are invited and encouraged to attend the yearly client-centered conference – Alabama Institute for Recovery. Scholarships are available to assist with costs of registration, and Indian Rivers provides transportation, registration assistance, and monitoring (if needed) for those who agree to attend from Tuscaloosa, Bibb, and Pickens Counties. Clients are able to gain so much from attendance and participation in this conference, including: demonstrating and sharing their growth in treatment, sharing talents, networking for employment opportunities and assistance, gaining insight on continued treatment, and forming support groups.
- PATH has allocated funds for Certified Peer Specialists with a Severe Mental Illness (SMI) to be added to the Team since 2014. Although this position on the PATH team is currently vacant at Indian Rivers, we are actively pursuing

candidates for the position. The Certified Peer Specialist will be an asset to the PATH case manager by assisting with outreach efforts, in being able to relate to clients and potential clients that are otherwise guarded in participation, and sharing the benefits of receiving assistance.

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

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

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

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

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

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

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

3. JBS Mental Health Authority

940 Montclair Road, Suite 200

Birmingham, AL 35213

Contact: Robin McCarty

Contact Phone #: 205-279-1979

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: AI-003

State Provider ID: st1001

Geographical Area Served: Birmingham Region

Planning Period From 10/1/2016 to 9/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 157,859	\$ 31,235	\$ 189,094	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 31,392	0.80	\$ 25,114	\$ 6,278	\$ 31,392	
Case Manager	\$ 31,392	0.80	\$ 25,114	\$ 6,278	\$ 31,392	
Peer Support Specialist	\$ 27,040	0.80	\$ 21,632	\$ 5,408	\$ 27,040	
Psychiatrist	\$ 179,700	0.12	\$ 21,564	\$ 5,000	\$ 26,564	
Registered Nurse	\$ 51,120	0.40	\$ 20,448	\$ 0	\$ 20,448	
Social Worker	\$ 54,984	0.80	\$ 43,987	\$ 8,271	\$ 52,258	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	16.79 %	\$ 31,752	\$ 18,763	\$ 50,515	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 14,104	\$ 6,417	\$ 20,521	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 14,104	\$ 6,417	\$ 20,521	

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 5,500	\$ 5,660	\$ 11,160	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 5,500	\$ 5,660	\$ 11,160	

f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

g. Construction (non-allowable)				
h. Other	\$ 7,700	\$ 2,700	\$ 10,400	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 5,000	\$ 0	\$ 5,000	
Staffing: Training/Education/Conference	\$ 2,700	\$ 2,700	\$ 5,400	

i. Total Direct Charges (Sum of a-h)	\$ 216,915	\$ 64,775	\$ 281,690	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 7,530	\$ 7,530	

k. Grand Total (Sum of i and j)	\$ 216,915	\$ 72,305	\$ 289,220	
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Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 350 Estimated Number of Persons to be Enrolled: 175

Estimated Number of Persons to be Contacted who are Literally Homeless: 68

Number Staff trained in SOAR in Grant year ended in 2014: 7 Number of PATH-funded consumers assisted through SOAR: 14

FY16 Budget Narrative for JBS:				
			PATH	
Personnel	Annual	Funded	PATH	Total PATH
Positions	Salary	FTE	Funded	Funded
Psychiatrist	\$ 179,700	0.12	21,564	
Registered Nurse	\$ 51,120	0.4	20,448	
Therapist	\$ 54,984	0.80	43,987	
Case Manager	\$ 31,392	0.80	25,114	
Case Manager	\$ 31,392	0.80	25,114	
Peer Specialist	\$ 27,040	0.80	21,632	
Salaries Total				\$ 157,859
Fringe Benefits				\$ 31,752
Travel				\$ 14,104
Supplies				\$ 5,500
Staff Training				\$ 2,700
Housing Support Services				\$ 5,000
Admin Expense				0
Total PATH Funded				\$ 216,915
Total PATH Match				\$ 72,305
Total PATH Expenses				\$ 289,220
		3.72		

2016 PATH Application

Alabama Department of Mental Health

PATH INTENDED USE PLAN 2016-2017

Jefferson Blount St. Clair (JBS) Mental Health Authority Homeless Services Program (HSP)

1. Local Provider Description:

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

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

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

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

In FY15 2015, JBS HSP served 173 persons who were enrolled in the Program and 458 persons received PATH funded services. The program is restricted to adults only with the age requirement of 19 or older to qualify for services.

2. Collaboration with HUD Continuum of Care Program:

Birmingham has a coalition of local service providers for the homeless – **One Roof**, formerly known as M.B.S.H. - Metropolitan Birmingham Services for the

Homeless. JBS 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. Collaboration with One Roof has resulted in a community Super-NOFA which has brought more funding and services to the community and One Roof member agencies.

During 2009, the City of Birmingham has gathered together a multi-faceted group of persons to develop a 10 Year Plan to End Homelessness. The plan has been finalized, but funding has restricted full implementation. 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.

In the last year, One Roof has developed coordinated assessment for the Birmingham area. Policies were recently implemented and HSP is working with One Roof staff to refer clients to get assessments completed as well as the Street Outreach team are receiving referrals on individuals who have been assessed to assist with get them connected with services.

All calls related to homelessness or homeless prevention are referred to the One Roof office number and staff will go through a brief assessment with callers to determine level of homelessness. If the client appears to be eligible for any service available in the CoC, Coordinated Assessment staff goes through a more extensive assessment including some pieces of a Vulnerability Index. Clients will then be referred to the appropriate resource according to resource availability and level of vulnerability.

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

On February 27 2016, Birmingham's 8th Annual "Project Homeless Connect" was held from 8 am until 3 pm. 572 homeless and at risk of homelessness individuals were served. 88 agencies participated in the event. A focus on ending homeless for veterans was a part of the event. 87 of the people attending the event were veterans and 35 of those veterans met the chronic homeless definition. "Homeless Connect" is a national best practice model of a 1 day, 1 stop event where community service providers and volunteers are mobilized in one setting to assist homeless individuals with real-time

access to direct services and on-the-spot results. Activities include: medical, dental, eye exams, substance abuse & mental health services, housing assistance, legal services, employment services, benefit enrollment and personal care services such as haircuts, massages, spiritual counseling and a hot meal. Of the 572 participants of the program, 182 met the chronically homeless criteria. For six years in a row, The Alabama Department of Public Safety was present and 60 participants were able to obtain, renew a driver's license or state ID and 63 received CoC ID's. The HSP program staff and JBS volunteers participate in the program by providing a booth for mental health referral and information as well as assistance with the HMIS data entry for admittance to the event.

The data from the *2016 Point in Time Survey* has been compiled and listed below. The survey, in which the JBS street outreach staff participated as data collectors, included counts of consumers staying in shelters that night, and also included efforts to count other homeless individuals spending the night in "street" locations such as alleys, under overpasses, in doorways, abandoned buildings, and other known sleeping places. A total of 1,228 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. 345 persons who are homeless and who identify self as mentally ill is developed as an estimate of 29% applied to the surveyed total of 1228 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. Results of the *2016 Point in Time* survey include the following:

- 1228 individuals were identified as homeless.
- Our total population of homeless persons is up from 1130 to 1228
- The population of chronically homeless persons is down from 241 to 92.
- The number of Serious Mentally ill who was sheltered was 217 and unsheltered was 128.

3. Collaboration with Local Community Organizations:

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

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

- Three-community mental health centers - (Comprehensive mental health services)
- Local hospitals (medical and psychiatric care)
- Birmingham Health Care and M-Power (medical care, substance abuse, treatment, dental care, Veteran's program)
- Alethia House, Alcohol Recovery Center, Fellowship House, Salvation Army Adult Rehabilitation Center, Pearson Hall (substance abuse treatment)
- Local Health Department - (medical services, housing inspectors)
- Local boarding homes, domicilaries, Local Housing Authority, Local apartments, JBS Residential Care Homes, JBS 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)
- VA Services
- Birmingham Alliance for the Mentally Ill - (volunteer services)
- Social Security Administration, Food Stamp Office (entitlements)
- Crisis Center (payee ship service)
- UAB/EAB Medical Clinic—Medical student primary care clinic to provide comprehensive medical care to individuals with no insurance.
- Summit Program –Provides housing and intensive substance abuse/mental illness day treatment.
- Cooper Green Outpatient Medical Clinics

- Project Help—“Homeless Court”—monthly court held in local shelter to resolve City of Birmingham misdemeanors
- Birmingham Bar Volunteer Lawyer Program—Pro bono legal services for individuals who are homeless.
- Dannon Project--Program that provides employment and support services for previously incarcerated individuals re-entering society.

Justice involvement is addressed through case management services by referral to Project, the Birmingham Bar Volunteer Lawyer Program, the Dannon Project and Project Homeless Connect as well assistance with addressing specific legal issues as they come up on an individual basis. Coordination with other services occurs through case management services provided by PATH supported staff.

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

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

Through street outreach, the program tries to engage people who are veterans and link them with VA services as quickly as possible to potentially get disengaged veterans connected with the services offered to them by the local VA this includes homeless case management services, VASH housing, and medical and mental health services. A veteran will also qualify for case management and psychiatric services through the HSP until the veteran is fully receiving services from the VA and no longer needs HSP

services. The HSP program also accepts referrals from the VA homeless services case managers to provide psychiatric services for those not eligible for VA benefits.

Disaster Response: The Authority's Homeless Program Director will attend meetings of the regional Emergency Management Agency to participate in disaster response planning activities. The Homeless Program staff members will assist the Jefferson County EMA and Red Cross in staffing the main disaster recovery site and will direct the deployment of other JBS employees to assist in the initial recovery effort as led by FEMA. The Program Director will also lead discussions during meetings of the COC providers to help them become aware of how they can assist with a disaster response. The Authority will draw upon its experience in managing several FEMA disaster recovery grants, including management of the 2011 state-wide mental health recovery effort, to help educate the COC members about assisting in a disaster response.

4. Service Provision Plan:

Services to be provided, using PATH funds:

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

The HSP consists of a full-time master level Program Director, two full-time case managers, three-four part time peer specialists, a registered nurse, part-time, an accountant, part-time (for billing purposes) and a psychiatrist, part-time (not supported by PATH funds). Services described below and included elsewhere are particularly in keeping with SAMHSA's strategic initiative Recovery Supports.

a. Outreach Services: The focus of the peer support specialists or Street Outreach Team is to conduct street outreach to homeless individuals who are disengaged from services. They work toward getting the homeless contacts connected with services including the outreach psychiatric clinic, case management services, medical, substance abuse, VA services and housing. The goal of the team is to be the eyes and ears of the street for the program as well as building trusting relationships with the people living on the streets and to use their own life experiences with mental illness and homelessness to connect with them.

JBS participated in State Alabama PATH Site Visit on July 20-22, 2011. The site visit team visited the programs "home base" located at the First Light Shelter in downtown Birmingham and also went on a tour of the homeless hotspots in the city

with one of the case managers. The report sighted the Homeless Services Program as a model program. Some of the recommendations from the site team were to do more outreach and have more consistent means of tracking those numbers for the report. Due to the recommendations from the site visit, JBS has implemented the use of peer specialists to provide street outreach. The outreach team started engaging homeless people in October 2013. The team engaged 204 individuals on the street during last fiscal year which was an increase of 84 from the previous year.

- b. Case Management Services:** The case managers spend most of their time in the community - area agencies, homeless shelters, soup kitchens, "on the street" which includes frequently visiting the Southside Fountain area, Linn Park and known urban camp sights - - providing outreach services, monitoring consumers, linking individuals with services, assisting individuals with accessing services, advocating for clients with other service providers, sponsoring for the HUD Continuum of Care Program (formerly Shelter Plus Care) and assisting individuals with the intake process. Case managers assist clients with accessing services for substance abuse treatment, medical treatment, counseling, housing (permanent supportive, emergency, transitional), legal services, benefits (Social Security, Food Stamp), vocational services, transportation, utility/furniture assistance. Case managers develop a consumer driven case plan to meet the client's individual needs with the ultimate goal of the client being psychiatrically stable and housed.
- c. Screening and diagnostic/Psychiatric Clinic:** The HSP provides a community based psychiatric clinic, which has been extremely important to the success of our program. Our psychiatrist sees patients weekly at our clinic. The R.N. provides clinical nursing care on-site at our community based clinic each week and provides crisis intervention as directed by the psychiatrist. The master level therapist provides mental health assessments and screenings for eligibility for the program as well as clinical supervision for the case managers and street outreach staff. The three community mental health centers have four to six week waiting lists for appointments and some mental health centers will not schedule intake appointments for individuals who do not have a permanent address. The HSP clinic on average will have the client scheduled to see the psychiatrist within 1-7 days of the client being admitted to the program. Therefore, this clinic provides more timely and accessible mental health services for homeless individuals who have a serious mental illness.

The office for the HSP was recently moved to the Cooper Green Mercy Health Services Building. The previous location for the program needed the office space for family rooms in the shelter. Although the street outreach team and case managers still meet

clients in the community, the clinic is now held in the new space. The building provides outpatient medical services for residents of Jefferson County with no insurance. One Roof and Veteran's Services are also located on the same floor as the HSP. The location is in heart of the city and since the building is a former inpatient hospital, the HSP office space has showers available which can be offered to individuals by the street outreach team they are trying to engage.

JBS participated in State Alabama PATH Site Visit on July 20-22, 2011. The site visit team visited the programs "home base" located at the First Light Shelter in downtown Birmingham and also went on a tour of the homeless hotspots in the city with one of the case managers. The report sighted the Homeless Services Program as a model program. Some of the recommendations from the site team were to do more outreach and have more consistent means of tracking those numbers for the report. Due to the recommendations from the site visit, JBS has implemented the use of peer specialists to provide street outreach. Additionally, working with One Roof's HMIS administrator has resulted in creating a tracking system for those individuals who will be followed by the peer specialist outreach team. The outreach team started engaging homeless people in October 2013. They are currently engaging 121 individuals (an increase of 60 individuals from last year) on the street.

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

JBS projects serving 350 persons via the PATH funds in 2016. 100 percent of these individuals will meet the definition of "Homeless Individual or Imminent Risk of Becoming Homeless".

e. *Specific examples of how JBS maximizes use of PATH funds are as follows.* The HSP clinic is operated out of a building owned by Jefferson County and The PATH grant is not charged for any rent or operating costs (utilities, maintenance, etc.). Clinical services are provided to PATH clients one day per week out of this facility and the estimated cost for rent and operating costs is \$12,000 annually.

Federal Medicaid revenues of \$24,000 annually are earned from services provided to PATH clients and are a source of leverage for the PATH program.

Additionally, JBS earns funding from the Alabama Department of Mental Health for its efforts in reducing the census at Bryce Hospital, the state psychiatric hospital, and draws upon these funds as leverage for PATH client services.

- f. *Overall the region has several gaps in current service system.* These 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. There is also gap in services for preventive/medical care.

There is very little to no permanent supportive housing that is accessible for individuals living on the street using the Housing First Model. Currently, the most accessible housing program is Shelter Plus Care. JBS does sponsor individuals for this program, however, there are many barriers to getting accepted into the program and it usually takes several months to access a voucher.

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

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

- g.** *Services available for consumers who have both serious mental illness and substance use disorders* include the HSP case managers referring individuals in need of substance abuse treatment to appropriate treatment facilities/agencies such as 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), the Summit Program and local hospitals. The above programs also refer individuals who meet our target population definition to HSP.

JBS has also partnered with The Summit Program formally UAB EARTH Program to provide intensive housing based treatment for consumers with both mental illness and substance abuse issue. The HSP staff provides referrals to the program and psychiatric care and case management for clients enrolled in the program. The clients attend an intensive day program that addresses both mental illness and substance abuse issues. It also provides vocational training. The program is focused on goal setting and recovery. This program aligns with SAMHSA's Strategic Initiative Recovery Supports.

- h.** *JBS provides match funding to cover evidenced-based practices and trainings for PATH-funded staff.* This includes attendance to the Alabama Coalition for Ending Homelessness Annual Conference, the Alabama Community Mental Health Boards Annual Conference (held in May), and the National Homeless Conference (held in the summer). Staff also receives training in SSI/SSDI Outreach, Access, and Recovery Training, annual in-services training in target population, consumer rights, and crisis intervention. The case managers are trained in SOAR. JBS also provides support to licensed staff in maintaining continuing education units as required by their licensing administrators.

The staff also has received PATH outreach training in the past. Clinical staff/administrator also participated in the SAMHSA training "Recruiting and Sustaining a Vibrant Workforce and involving Persons in Recovery as Colleagues" in preparation for hiring and working with Peer Specialists. The staff participated in the SAMHSA web based training "Advance Principle in Trauma Informed Care" to develop a better understanding of impact trauma has in the lives of individuals who are homeless. Clinical staff attended the SAMHSA training "Housing Focused Outreach and Engagement" and participates in the PATH technical assistance with

HMIS data collection and implementation. Last year staff attended several webinars provided by SAMHSA and other agencies. They include “Housing First for People Experiencing SMI and COD”, “Privacy and Confidentiality in HMIS”, “Improving Health through Trauma Informed Care” and “Pillars of Supervision for Peer Support Specialists”. JBS continues to support staff in continuing education for subjects that are relevant to providing services such as trauma informed care and suicide prevention as well as takes advantage of SAMHSA web trainings that can improve service delivery.

5. Data

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

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

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

The HSP is working closely with One Roof PromisSE administrators to improve data collection that is consistent with GPRA. With the implementation of the peer street outreach team we saw an increase in the number of homeless persons contacted. With the team gaining exposure and building trusting relationships within the homeless

community, we anticipate those relationships leading to an increase in the percentage of enrolled homeless into the program.

In regards to data collection of the three outcome measures, manual collection was done for last year's report. The HSP is continuing to consult with One Roof PromisSE administrators to capture that data from PromisSE. Defining the type of service transaction was added to the program which will allow the staff to capture the number of persons being referred for housing, mental health, and substance abuse. The plan is to verify the accuracy of the collection of services by comparing HMIS data with administrative charts reviews in EMS system. All of the outcome measures should be collected directly through HMIS report for the next report.

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

At the end of the grant year 2015, both case managers were trained in SOAR. Additionally, through involvement with the continuum, the One Roof program offers a SOAR trained case manager who solely focuses homeless individuals with accessing benefits through SOAR, our staff uses this resource regularly and has had several clients access benefits through the program. The number of clients assisted by SOARS in the grant year for 2015 was 14. At this time there is a total of 7 JBS staff members that are trained in SOARS and of those 7, 4 are actual trainers for SOARS.

7. Housing:

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

The HSP staff work closely with the JBS Mental Health Authority team assigned to work with the employees of the Communal Living Facilities with our local Health Department, this has afforded many boarding home residents a higher standard of living. Case managers continue to report unlicensed, substandard boarding homes to the Department of Health Communal Living Inspectors and when appropriate, the case managers also assist the Department of Health staff and the JBS Health Department Program in the relocation of these individuals to a safer, more supportive placement.

The Jefferson-Blount-St. Clair Mental Health Authority along with other homeless services agencies applied for the HUD Continuum of Care Program formerly Shelter Plus Care grant. This region was awarded \$3,353,040.00 in Department of Housing and Urban Development Shelter Plus Care funding in 1993. The 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. The Continuum of Care Program grants provide a total of 350 program slots to serve this population. The Authority served 61 individuals through the Shelter Plus Care program in 2015.

The Jefferson-Blount-St. Clair Mental Health 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. JBS was awarded \$243, 791 in 2003, 2004 and 2005. JBS was annual funding for 2006 in the amount of \$234,751.00 and 243,751.00 for 2007 JBS was awarded \$234, 751 in annual funding for 2008, 2009 and 2010. For 2014, JBS was awarded 238,439. 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 CoC is currently working on developing a Housing First approach to supportive permanent housing. One Roof recently provided technical training on this model that

JBS staff working in these housing programs attended. JBS plans to continue to work closely with On Roof staff in using the coordinated assessment to make this housing more accessible to the most vulnerable homeless people and also move toward applying the principles of the Housing First Model to these programs.

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

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

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

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

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

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

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

- **Carson Road**

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

- **Woodlawn Home**

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

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

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

- **HUD Supported Housing Grant**

– provides apartments to individuals who 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.

8. Staff Information:

a. *Demographics of PATH staff are as follows:*

PATH Staff- Race/ethnic

African American 33% (3)

Caucasian 67% (5)

PATH Staff – Age

18-34 33% (3)

35-49 33% (3)

50-64 33% (3)

65-74 0%

PATH Staff- Gender

Male 44% (4)

Female 56% (5)

HSP was successful in replacing a case management position with 4 peer specialists to do street outreach. The program plans to continue to hire individuals of different demographic backgrounds.

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

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

c. *Cultural Competency:* JBS implemented Cultural Diversity training as part of its' annual in-service training for all outreach staff during 2004. In past years, JBS

partnered with the University of Alabama at Birmingham to provide the annual cultural diversity training. This year training was provided through Relias Learning webinar and all staff received completion certificate. 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.

- d. *Health Disparity:* JBS is working toward focusing on the health disparity among the population and recognize the obstacles subpopulations dealing with that impact their health. HSP attended trauma informed care training offered by SAMHSA to improve awareness. The program plans to continue to attend trainings when offered by SAMHSA. The HSP program continues to take advantage of SAMHSA trainings offered that are specific to addressing health disparities. JBS is also working on providing Motivational Interviewing trainings to staff. These trainings are used to ensure that services are provided in a manner sensitive to differences, if any, of those they serve. JBS participates in and is evaluated on performance satisfaction using a statewide consumer and family satisfaction survey.

9. Client Information:

a. Demographics of Clients:

The HSP PATH client population for reporting year 2015 from the Annual PATH report was as follows:

Race/ethnic:

- 88 African-American persons
- 84 Caucasian persons
- 0 American Indian
- 2 Hispanic
- 1 Other

Gender:

- 107 males
- 64 females
- 2 Transgender

Age

- 0-17 age range 0
- 18-23 age range 8

23-30 age range	16
31-50 age range	96
51-61 age range	50
62&older	3

Veteran Status:

7 Veterans
166 Non-Veterans

Co-Occurring SA Disorders:

92 Co-Occurring Substance Use Disorders
81 No Co-Occurring Substance Use Disorders

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

Based on 2015 PATH Annual report, JBS projects serving 350 persons via the PATH funds in 2016. The program projects to have contact with 350 individuals for which 50% (175) will likely become enrolled in the program. Of those enrolled, it is expected 68% will be literally homeless and 32% will be in imminent risk of becoming homeless.

10. Consumer and Family Involvement:

HSP currently has 4 peer specialists who work a combine total of 40 hours a week or 1 full time employee position to focus on the street outreach portion of the program. They began working in October 2013. JBS currently employs 35 peer specialists and peer bridges to assist in the transition from long term hospitalization to community living. HSP plans to follow this model to employ individuals who deal with mental illness and have been homeless in the past to engage those people who are not seeking services and living on the street.

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

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

Additionally, over the past 15 years, JBS's Consumer and Family Council Program have met on a monthly basis. This council is composed of family members or consumers that reside in the Jefferson-Blount-St. Clair region. This council is consumer/family driven and meets at the direction of the council members. JBS continues to find consumer and family member input invaluable to the planning process of services and programming and will continue to actively encourage consumer and family involvement in the planning process of services. Annually consumers are also invited to participate in a survey evaluating services and programming provided by the Mental Illness Outreach and Supportive Services program. The survey results are carefully studied and programmatic changes are implemented based on the survey results. Also, the Mental Illness Outreach and Supportive Services program, which includes the HSP, hosts an annual meeting to answer questions, explain services and receive input from the program's consumers.

4. Montgomery Area Mental Health Authority

2140 Upper Wetumpka Road

Montgomery, AL 36107

Contact: Alice Wilder

Contact Phone #: 334-279-7830

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: AL-005

State Provider ID: st1001

Geographical Area Served: Montgomery Region

Planning Period From 10/1/2016 to 9/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 86,212	\$ 14,360	\$ 100,572	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 29,240	1.00	\$ 29,240	\$ 0	\$ 29,240	
Case Manager	\$ 27,920	1.00	\$ 27,920	\$ 0	\$ 27,920	
PATH Administrator	\$ 57,200	0.16	\$ 9,152	\$ 7,360	\$ 16,512	
Peer Support Specialist	\$ 27,920	0.50	\$ 13,960	\$ 0	\$ 13,960	
Psychiatrist	\$ 179,700	0.01	\$ 1,797	\$ 7,000	\$ 8,797	
Registered Nurse	\$ 41,433	0.10	\$ 4,143	\$ 0	\$ 4,143	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	18.34 %	\$ 18,446	\$ 12,543	\$ 30,989	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 3,750	\$ 5,885	\$ 9,635	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 3,750	\$ 5,885	\$ 9,635	

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 0	\$ 3,000	\$ 3,000	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 0	\$ 3,000	\$ 3,000	

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Construction (non-allowable)				
h. Other	\$ 2,495	\$ 0	\$ 2,495	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Staffing: Training/Education/Conference	\$ 2,495	\$ 0	\$ 2,495	

i. Total Direct Charges (Sum of a-h)	\$ 110,903	\$ 35,788	\$ 146,691	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
j. Indirect Costs (Administrative Costs)	\$ 0	\$ 1,180	\$ 1,180	

k. Grand Total (Sum of i and j)	\$ 110,903	\$ 36,968	\$ 147,871	
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Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	200	Estimated Number of Persons to be Enrolled:	50
Estimated Number of Persons to be Contacted who are Literally Homeless:	90		
Number Staff trained in SOAR in Grant year ended in 2014:	2	Number of PATH-funded consumers assisted through SOAR:	2

11. FY16 Budget Narrative for Montgomery Area:

Personnel Positions	Annual Salary	PATH Funded FTE	PATH Funded	Total Path Funded
Program Manager	\$57,200.00	.16	\$9,152.00	
Clerk	\$21,274.00	.00	\$0.00	
Psychiatrist	\$210,500.00	.05	\$1,797.00	
LPN/RN	\$41,433.00	.10	\$4,143.00	
Therapist	\$48,000.00	.00	\$0.00	
Case Manager	\$29,240.00	1.0	\$29,240.00	
Case Manager	\$27,920.00	1.0	\$27,920.00	
Peer Specialist	\$ 27,920.90	.50	\$13,960.00	
Salaries Total			86,212.00	
Taxes/ Benefits			18,446.00	
Travel			3,750.00	
Supplies				
Housing Support Services (Rental)				
Admin. Expense				
Staff Training		2.81	2,495.00	

Total PATH-Funded Expenses: \$110,903.00

Total PATH Match Expenses: \$36,968.00

Total PATH Expenses: \$147,871.00

PATH INTENDED USE PLAN FY17

Montgomery Area Mental Health Authority, Inc. (MAMHA)

1. Local Provider Description:

Montgomery Area Mental Health Authority, Inc. is a public, non-profit corporation authorized under legislation ACT 310. This community mental health center is certified to provide mental health services to individuals in both metropolitan and rural areas. These areas are Montgomery, Autauga, Elmore, and Lowndes Counties with a total estimated population of 373,860 according to the 2014 (estimate) U.S Census data. The most populated county is Montgomery with a census of 226,189 with an estimate of 19.0% of the population below poverty. The target population includes children and adolescents with serious emotional disturbances as well as adults with serious mental illness and/or co-occurring disorders. The agency is certified to provide mental health services such as outpatient, psychiatric, day treatment, residential, and case management. The total number of consumers receiving services for FY14 was 7,326. That total includes 983 consumers in the category of children/adolescent and 6,343 consumers in the category of adults.

The PATH Formula Grant fund supports services for adults age 19 and over who are homeless and have a serious mental illness. The PATH program at MAMHA recognizes PATH funds promote street outreach and case management as priority services and that these services focus on adults who are literally homeless as a priority population. PATH funds are expected to serve 100 individuals in FY16.

Amount of PATH Funds:

The federal portion of PATH funds amount to **\$111,408.00**. The Center receives the federal PATH funds directly from the State Department of Mental Health via contract. No federal PATH funds are distributed to other local organizations.

2. Collaboration with HUD Continuum of Care Program:

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

MAMHA's PATH program works closely with the Coalition for conducting the HUD Point In Time Counts annually. The 2015 Point-in-Time (PIT) count tabulated a Total of 441 homeless of that number 108 were family, 333 were individuals and 26 were identified as Chronically Homeless. Additional Homeless Subpopulations included counts of Adults with SMI- 120, Adults with Substance Use Disorder-38, and Adults with HIV/AIDS-3, Victims of Domestic Violence 46, and Veterans-2.

MAMHA works closely with The Mid- Alabama Coalition where they are piloting Coordinated Assessment with MACH's Housing Assistance Program, and they have a task force to work toward fully implementing it among all HUD- funded providers. MACH's has adopted the order of priority in HUD's Notice CPD-14-012: Notice of Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable

Homelessness Persons in Permanent Supportive Housing and Record- Keeping Required for Documenting Chronic Homeless Status. PATH Case Managers are able to provide assistance to PATH Consumers which allows:

- Participation in 2-1-1, a centralized phone hotline that can provide Information on resources immediately to the individual and link them to the point (s) of contact.
- Data collection input into HMIS.
- All consumers who utilize PATH services receives an intake assessment as well as a Sun Assessment that quickly and efficiently assesses eligibility and the needs of each individual. Consumers that are enrolled in PATH also assist the Case Manager with establishing a service plan which identifies goals, and un-met needs to work towards. This plan is reviewed every three months.

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

- Providing awareness and education related to Alabama’s landlord-tenant laws to tenants and landlords
- Identifying subpopulations of homeless persons being discharged to the streets or emergency shelters and strengthen the relationship between homeless service providers and those agencies implementing discharge planning policies.
- Developing a community resource directory for services to homeless persons including the “Rapid Re-housing Program.”
- Establishing “211 Connects” as a point of first contact for persons who are homeless in order to determine service needs and referral contacts to appropriate services.

In 2006 the City of Montgomery and the Mid-Alabama Coalition for the Homeless partnered together to create “The Montgomery Area’s Blueprint towards Ending Chronic Homelessness.” The planning process for this plan consisted of a series of focus groups where a total of 102 homeless and formerly homeless people participated in the sessions. The Strategic plan aims to end homelessness by 2014 and is centered on four recommendations, each with action steps and responsible agencies. The four recommendations include:

1. Improve methods to prevent homelessness
2. Improve Outreach Services
3. Improve access to services
4. Expand permanent housing options

Plans are on the way to implement a new 10 year process to aim at ending

homelessness in the Montgomery Area.

3. Collaboration with Local Community Organizations:

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

- Socialization and recreational needs are met through referral to the Friendship Club, Montgomery Mental Health Association support groups, local adult day care centers, the Therapeutic Recreation Center, and local churches.
- Specific vocational needs are met through programs such as the Montgomery Area Mental Health Authority Supported Employment Program and CHOICES Program, Vocational Rehabilitation Services and Goodwill Industries.
- Transportation needs in the Montgomery County area are served through the City Bus Lines, Special Citizens Area Transportation and Voluntary Action. In the rural areas of Autauga and Lowndes Counties, transportation is provided by rural transportation systems. Elmore County Medicaid 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 in most cases of persons with mental illness concerning financial issues and needs.
- Veterans: The Veterans Administration is use as a resource for Veterans who are experiencing homelessness. The PATH Case Manager will also assess and determine what additional community resources are needed, and then the appropriate referral will be made. Veterans experiencing homelessness has received housing through Montgomery Area Mental Health Supportive Housing Program and through our local Housing Authority.
- Medical services are provided through the County Department of Public Health as well as private hospitals. The Lister Hill Clinic and Montgomery County Primary Health Center provide medical care to indigent clients. There are physicians available throughout the catchment areas that provide services to Medicaid consumers. The Lions Club provides eyeglasses to consumers free of charge for which PATH consumers are eligible. Dental care is accessed through a local

dentist who provides services on a payment plan basis. In addition, Donated Dental provides exceptional services to our consumers which are discounted or free. Each of these services is integral in maintaining the vision and dental needs of our consumers. Path consumers can also be referred to Health Services Incorporated for both Medical and Mental Health needs.

- Support groups primary consumer led are provided through the Mental Health Association.
- State supported inpatient psychiatric treatment is provided by Bryce Hospital. Montgomery Area Mental Health has a crisis residential facility located at 2140 Upper Wetumpka Road and 3948 Beth Manor Drive. We also Have a nine bed assessment center available at 917 Olive Street.
- MAMHA provides medication to qualified, seriously mental ill individuals through its Patient Assistance Program. Medication assistance is also provided through the VA Hospitals, local hospital emergency rooms, Catholic Social Services and doctor/pharmacies accepting Medicaid reimbursement.
- MAMHA provides Intensive Day treatment services, Rehabilitative Day services by CHOICES and Career Development.
- MAMHA utilizes Wings Across Alabama, a program that promotes positive change through recovery, education, peer support, and self-help strategies. PATH consumers are referred to their programs as a way to encourage socialization, self-advocacy and motivation to be change agents.
- Justice: About 25 percent of the PATH consumers have had some type of involvement with law enforcement. When at all possible PATH consumers are diverted to treatment instead of jail. PATH Case Managers provide assessments as well as outpatient services if a consumer end up in jail. PATH staff are working closely with different community leaders such as Probate Judges, Parole Officers, and Police Officers to coordinate a plan to triage consumers to needed services rather than placing them in jail. MAMHA provides ongoing training when requested to the local; police academy. In the event that a consumer who is enrolled in PATH does end up in jail, one of the PATH Case Managers will work with them to resolve the issue. PATH Case Managers continue to work with PATH clients who may have been in jail or prison and have felony charges on their record, which a very big barrier to qualifying for public is housing. PATH Case Managers work with the different housing agencies to locate shelter until suitable housing can be located.
- Disaster Response: Disaster Response is provided by MAMHA according to center Policies and Procedure which states the response of the Montgomery Area Mental Health authority to disaster occurring within its catchment area will be coordinated by the Executive Director or his designee in consultation with

appropriate government agencies. In case of disaster, specifically as it impacts homeless individuals who are made homeless by the disaster. MAMHA is available to provide services to aid individuals to include to include counseling, case management where indicated, shelter and housing whenever possible. Disaster preparation training is provided to MAMHA staff through the Alabama Department of public health.

4. Service Provision:

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

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

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

- In order to successfully reach the literally and chronically homeless, PATH case managers have developed a strategy to identify and connect with consumers who have never been provided services. This strategy includes the following:
- PATH case managers making contact with the local providers of all soup kitchens and shelters to discuss times of feeding and additional services provided to the poor/chronically homeless.
- Making visits to the soup kitchens and shelters during feeding and non-feeding times to encourage “newly” identified persons to consider mental health services.
- Conducting street outreach in areas that are highly populated with persons who are homeless –living in abandoned buildings and vehicles.
- Make contact with local churches that are known to provide assistance to persons who are chronically homeless or poor. This allows PATH case managers to

follow-up on an individual basis to determine any need for services.

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

Due to the increase of returning Veterans and their needs to access services, and in keeping with SAMHSA's strategic initiatives, PATH Case Managers make referrals to Veterans Administration attempting to link them to additional homeless services. Other case managers at MAMHA will also offer services to the homeless seriously mentally ill when appropriate. Case management services will include preparing a plan for the provision of services, reviewing the case plan every three months; providing assistance in obtaining and coordinating social and maintenance service for the individual; providing assistance to the individual in obtaining income and support services; and referring the individuals for other services. Case managers will also provide services to individuals living in supervised apartments, therapeutic group homes, discharged from crisis inpatient beds and state hospitals, and living in group/foster home arrangements. All of these outreach PATH services allows the consumer multiple opportunities to work toward his or her own recovery goals.

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

b. PATH Funds Leverage/Maximize other Funding Sources:

PATH funds are used to support staff who provide a variety of PATH services including Outreach and Case Management services. These PATH funded staff members assist in linking enrolled consumers with community non-PATH funded resources and services or which they may not have immediate or ready access. Since this PATH program is embedded in a larger Community Mental Health Center, PATH consumers are eligible to

receive other mental health services provided by the parent agency which are often funded by State General Funds and Mental Health Block Grant Funds.

c. Gaps in Current Service Systems:

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

The Salvation Army and Faith Mission provide limited temporary housing to homeless mentally ill individuals. Housing is also provided by the Montgomery Area Housing Authority and the Elks Memorial Center. Low-cost apartments, primarily in Montgomery County, area available for individuals receiving Social Security Disability Income or Supplementary Security Income, however, there are often waiting lists. Therapeutic group homes foster homes are used for community and post-hospitalization referrals and placements. In situations where an individuals is considered to be in need of protective services, the Department of Human Resources provide special housing support, The HUD apartment complex operated by the MAMHA is specifically designed to serve the seriously mentally ill population and houses up to twelve consumers. The MAMHA also supervises fifty eight HUD apartment units in Montgomery for imminent risk and homeless seriously mentally ill individuals.

d. Prevention of Substance abuse and Mental Illness:

MAMHA provides a full range of mental health treatment for the community in the county catchment area. Services provided are: Outpatient and Residential Services for adults and substance abuse services are referred to an outside agency. In addition to services offered, outpatient counseling for children and referrals for inpatient services are made to other children inpatient agencies in the area. There are a multitude of services for consumers at MAMHA. These services include the following:

- Group Therapy – Concentrates on the therapeutic process regarding consumer interaction, topic disclosure and enhancing each individual’s conceptual process to allow participation.
- CHOICES - Consumer service designed to offer basic living skills, money management, wellness, medication education that assists each individual with day to day coping skills. We also offer each consumer group strategies to personally grow and become self-sufficient. CHOICES also offers personal tools to learn and accept their mental health diagnosis with classes.
- ACT Team - Acronym for Assertive Community Team is a program designed to monitor high-risk consumers that reside in the community. Support services are provided in a non-traditional manner and include being seen by a case manager, a nurse and a substance abuse therapist for those consumers who are co-occurring.

- Residential Services – Consumers are screened for appropriate housing needs. At the end of the screening process, consumers are placed in a community setting that meets the needs on an individual basis.
- IDTX – Consumers are encouraged to maintain their step by step personal goals in order to prepare to enter the residential component of this program. Each consumer is motivated to discuss their own personal struggles and lived experiences.

e. Funding & Support for Evidenced Based Practices, Training for PATH funded staff, HMIS-PATH data collection:

MAMHA provides multiple homeless programs to PATH consumers that include the Cornerstone Program, an evidenced based program that focus on educating on Illness, Management and Recovery. Additional training provided by MAMHA include consistent information regarding webinars focusing on the services for chronically homeless persons, in-service trainings that provide information on co-occurring disorders, mental health wellness and the success from psychotropic medication regimens. PATH case managers educate the “street community” by continuously providing information on wellness, housing, medication access, food, clothing and how to access mental health services. PATH staff attends trainings through the HUD Continuum Care and Alignment with Plan to End Homelessness. Training has taken place and PATH data is being monitored in HMIS. PATH Case Managers utilize this system on a daily basis to log in services provided. Mid Alabama Coalition staff implemented this HMIS system and is providing support to PATH staff as needed. All of the HMIS system will be fully implemented by October 2016, as required. We are currently able to run our own HMIS reports in-house as needed.

PATH funds are also used to train PATH staff during the Annual Board Meeting, The ALAEH Conference, The Alabama Council for Community Mental Health Boards Annual Conference, The National Alliance to End Homelessness which is held in Washington D.C. PATH Case Managers are required to attend a training in Birmingham where they become certified to work with Mentally Ill and Homeless people. This training will include the following:

- How to identify the mentally ill in regards to symptoms and early warning signs to detect when there may be a potential problem.
- How to identify referral sources for the target population to assist with meeting their individual needs.
- The steps to follow when making referrals to identified resources. This step is crucial in being executed and ensures that all services needed for each individual are being accessed. One of the key areas for identifying and capturing services is Homeless Management Information System (HMIS). MAMHA has trained and implemented HMIS. PATH data is being monitored as required by the PATH Case Managers.

5. **Data:**

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

The following outcome measures will be collected by PATH staff.

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

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

Yes, Currently MAMHA is participating in the Electronic Health Record certification program through the office of National Coordinators, EHR certification program.

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

Montgomery Area Mental Health Authority is dedicated to providing training to PATH Case Managers regarding SOAR. Two staff were trained in 2015. They have offered assistance to three PATH eligible consumers with disability applications for the 2015 reporting period. None have been approved thus far. Additional information includes the concept of recovery and how managing their mental illness is based upon more education, income increase and strategies to maintain a healthy lifestyle, regardless of their housing status. Chronically homeless persons are targeted in hopes to encourage and assist them in obtaining benefits. Additional SOAR training will be scheduled for PATH staff. All other

PATH staff has been given access to the SOAR online training program. As clients are assisted with obtaining disability benefits the PATH Case Manager will utilize the OAT system to report the outcome.

7. **Access to Housing:**

PATH utilizes many strategies to match and link individuals who are homeless to suitable

housing. Permanent and temporary housing have been identified as a need, or gap, in the current continuum of care for the homeless seriously mentally ill. PATH Case Managers have access to PATH Housing Support Funds and to Department of Mental Health Housing Support Funds. These funds can be obtained and used to help a PATH client with moving into a home or to help with preventing eviction. 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 Mental Health Authority through HUD Supported Housing Grant that provides apartments to individuals who are homeless and mentally ill. These one and two bedroom apartments are at scattered sites in Montgomery with approximately 60 beds.
- The special needs of homeless persons with co-occurring severe mental illness and alcohol/drug disorders will be assessed by the case managers and the Outreach Director. These homeless individuals will be referred for mental health services and substance abuse services simultaneously. The case manager and Outreach Director will attempt to bridge the gap between professional services and other necessary services.
- The Outreach Director and case managers will coordinate housing and supportive services for PATH eligible individuals. The case manager will assess the housing needs of individuals and refer individuals to appropriate housing. The Outreach Director and case managers will coordinate housing and supportive services.

8. Staff Information:

a. Demographics of staff:

PATH Staff-[Race/Ethnic

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

PATH Staff - Age

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

PATH Staff - Gender

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

b. Cultural Sensitivity:

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

c. Cultural Competency and Health Disparities Training:

Each outreach staff member will receive culture diversity training on an on-going basis. This training is used to ensure that services are provided in a manner that is sensitive to the differences, if any, of those they serve. This CMHC also participates in and is evaluated on performance satisfaction using a state wide Consumer and Family Satisfaction Surveys. PATH staff works closely with the local Health Department, 211 Healthy steps Alabama, and different local political officials to reduce health disparities among Racial and ethnic minorities.

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

9. Client Information:

According to the 2014 Census estimate, there are some 373,860 individuals residing within the catchment area of these, 40.2% are white, 55.8% are black, 3.5% are Hispanic. The remaining 10% are cumulatively American Indian /Native Alaskan; Asian, Hawaiian/ Pacific Islander, 52.5% of the population are female; 54% are 19 – 64 years of age, 12.4% are over 65 years old. The remaining 24.5% is 18 years of age or younger.

a. *Demographic of clients:*

The PATH consumers make up approximately 10% of the case management program with this agency Demographics as reported in MAMHAs’ 2016 PATH Annual Report, our PATH case managers had contacted through outreach and in-house services with approximately 200 PATH eligible clients from this number 34 were enrolled for federally funded PATH services. In addition to the newly enrolled 34 consumers, there are 45 already enrolled clients for a total of 79.

Gender		Ethnicity					
Male	Female	African American	Caucasian	Hispanic	Asian	Other	
37	42	47	31	0	1	0	

Age ranges of those served are as follows:

Age	Number served
13-17 yrs	0
18-34 yrs	13
35-49 yrs	30
50-64 yrs	20
65-74 yrs	16
75 yrs and older	0
Unknown	0

Mental Illness Diagnosis

Diagnosis	Number served
Schizophrenia and Related Disorders	40
Other Psychotic Disorders	9
Affective Disorders	25
Other Serious Mental Illness	5
Unknown or undiagnosed	0

There are a few homeless consumers in our area that are Veterans. Co-occurring disorders are highly matched with Veterans. This occurs as a result regarding a combination of trauma and drug-use to “self-medicate.” This pattern has led many to a lifestyle change and the final result has been homelessness. On average, at a National level there are over 22 Veterans daily that commit suicide or self-inflict injuries. It is our hope that if early intervention is conducted to identify these consumers, PATH case managers can provide assistance to link them with services in the community.

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

The 2015 Point-in-Time (PIT) count, there approximately 441 total homeless individuals/families of which 68 unsheltered. Based on the 2015 PIT count as well as the 2015 PATH Annual Report, it is projected that MAMHA will have contact with approximately 200 homeless individuals through both in-reach and outreach contacts, of that number; we anticipate enrolling about 50 for services, from the projected enrollment number, 90% of these clients will be literally homeless. PATH funding will be used for both in-house and outreach services. The projected total enrolled to be served in FY17 100.

10. Consumer Involvement:

PATH consumers make-up approximately ten percent of the case management within this agency. Consumers input are 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 Satisfactory Survey. The mission of the Montgomery Area Mental Health Authority, Inc is to provide quality mental health services within our service areas, to the extent resources will allow, with the assurance that these services will be provided in a manner that respects individual dignity, promotes recovery, and enhances consumers, family and provider partnerships. MAMHA has a full-time Peer Specialist who has worked very closely with the PATH clients since April 2105. All consumers to include PATH consumers are offered sponsorship to attend the Annual Statewide Recovery Conference in Shocco Springs, Alabama. This conference offers opportunity on recovery and leadership. Meetings with PATH consumers are held to discuss any issues, concerns, or barriers that the consumer may be facing. PATH case management staff does staff entire caseload to gauge where system improvements are needed.

4040 S. Memorial Parkway, SW
Huntsville, AL 35801

Provider Type: Community mental health center

Contact: Maxie Kirk

PDX ID: AI-001

Contact Phone #: 256-533-1970

State Provider ID: st1001

Geographical Area Served: Huntsville Region

Planning Period From 10/1/2016 to 9/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 67,752 \$ 0 \$ 67,752

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 24,473	0.60	\$ 14,684	\$ 0	\$ 14,684	<input type="text"/>
Case Manager	\$ 24,300	0.30	\$ 7,290	\$ 0	\$ 7,290	<input type="text"/>
Case Manager	\$ 23,553	0.30	\$ 7,066	\$ 0	\$ 7,066	<input type="text"/>
PATH Administrator	\$ 43,308	0.30	\$ 12,992	\$ 0	\$ 12,992	<input type="text"/>
Peer Support Specialist	\$ 8,675	0.10	\$ 868	\$ 0	\$ 868	<input type="text"/>
Psychiatrist	\$ 179,700	0.09	\$ 16,173	\$ 0	\$ 16,173	<input type="text"/>
Registered Nurse	\$ 46,115	0.10	\$ 4,612	\$ 0	\$ 4,612	<input type="text"/>
Social Worker	\$ 40,673	0.10	\$ 4,067	\$ 0	\$ 4,067	<input type="text"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 0.00% \$ 0 \$ 18,708 \$ 18,708

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 116 \$ 6,661 \$ 6,777

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 116	\$ 6,661	\$ 6,777	<input type="text"/>

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 800 \$ 0 \$ 800

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 800	\$ 0	\$ 800	<input type="text"/>

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

No Data Available

g. Construction (non-allowable)

h. Other \$ 7,438 \$ 0 \$ 7,438

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 4,438	\$ 0	\$ 4,438	<input type="text"/>
Staffing: Training/Education/Conference	\$ 3,000	\$ 0	\$ 3,000	<input type="text"/>

i. Total Direct Charges (Sum of a-h) \$ 76,106 \$ 25,369 \$ 101,475

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0

k. Grand Total (Sum of i and j) \$ 76,106 \$ 25,369 \$ 101,475

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	200	Estimated Number of Persons to be Enrolled:	33
Estimated Number of Persons to be Contacted who are Literally Homeless:	50		
Number Staff trained in SOAR in Grant year ended in 2014:	7	Number of PATH-funded consumers assisted through SOAR:	2

11. Provider #4 Wellstone Behavioral Health

PERSONNEL POSITIONS	ANNUAL SALARY	PATH Funded FTE	Total PATH Funded
Outreach Service Manager	\$43,308.50	0.3	12,992.55
Supportive Staff	\$27,205.20	0	0.00
Priscilla Magee	\$27,205.20		0.00
Psychiatrist	\$179,700.00	0.09	16,173.00
Outreach Registered Nurse	\$46,115.43	0.1	4,611.54
Outreach Therapist	\$40,672.32	0.1	4,067.23
Residential Case Manager	\$23,553.18	0.3	7,065.95
Outreach/Street Case Manager	\$24,300.02	0.3	7,290.01
Hospital Tracking/Street Case Manager	\$25,007.85	0	0.00
Trecina Cole	\$25,007.85		
Hospital Liaison	\$27,179.46	0	0.00
Outreach Case Manager	\$24,473.03	0.6	14,683.82
Lamont Waters	\$24,473.03		
Peer Specialist/Street Outreach	\$8,675.87	0.1	867.59
Sheila Townsend	\$8,675.87		
	TOTAL SALARIES	1.89	67,751.69

Travel			116.31
Equipment-Laptop for field use			
Supplies: Staff/Client supplies			800.00
Housing Support Services			4,438.00
Staff Training			3,000.00
		Total	8,290.05

Total PATH-Funded Expenses:	76,106.00
Total PATH-Match Expenses:	25,369.00
Total PATH- Expenses:	101,475.00

INTENDED USE PLAN 2016-2017
WellStone Behavioral Health

1. Local Provider Description:

WellStone Behavioral Health (formally the Mental Health Center of Madison County-MHCMC) is a public, non-profit Community Mental Health Center which was established under Act 310 of the 1967 Alabama Legislature. The services provided by WellStone Behavioral Health to seriously mentally ill (SMI) adults' age 19 yrs. and older include: psychiatric clinic, day treatment, residential services, outreach case management and outpatient substance abuse treatment. In addition, we also provide outpatient clinical services, outreach community case management, day treatment and substance abuse treatment to adolescents and children, from age 3 yrs. to 18 yrs. Our service area is Madison County, Alabama and has a population of 353,089 with an estimate of 14.2% below poverty level per www.census.gov . Madison County's veteran population is 34,196 per www.census.gov .

The Center provides services to a total of 8,622 unduplicated numbers of people served. Of that number, 4,180 are adult. Nova Center, our children services, provides services to 4,442 children below the age of 17 years. Of our total census, 49.6% are male and 50.3% are female.

Amount of PATH funds to be received: \$102,037.56.

Wellstone 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.

Using the PIT 2015 count documented as 420 total number of individuals sheltered and unsheltered homeless individuals as well as the PIT 2016 count noted as 385, it is projected that Wellstone will have contact with approximately 200 homeless individuals through both in-reach and outreach efforts. We anticipate 65 adult contacts will fit the criteria of PATH due to our continuous partnership with community shelters, hospitals, and other community stakeholders. Of this number, we anticipate enrolling approximately 50% of adults for PATH program. From the projected enrollment number, 50% will be literally homeless adults. PATH funding will be used for both in-reach and outreach services.

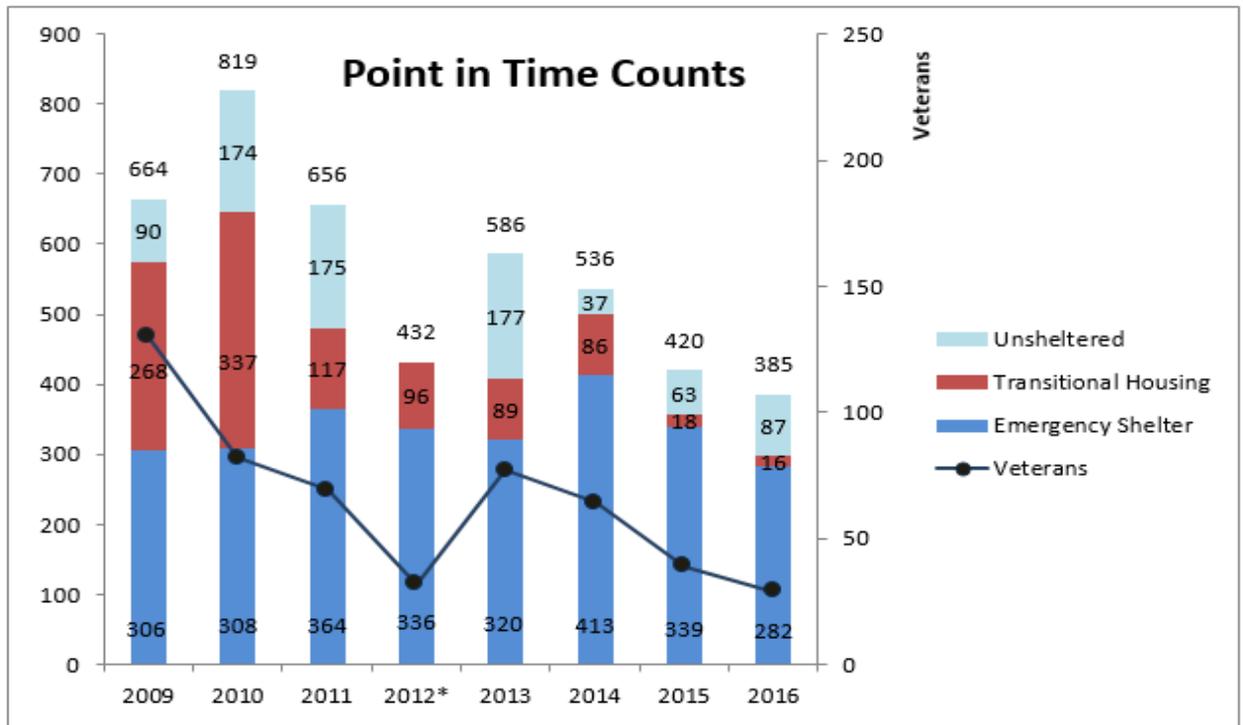
2. Collaboration with HUD continuum of Care Program:

WellStone is an active member of the North Alabama Coalition for the Homeless (NACH), our North Alabama Continuum of Care. "The mission of the North Alabama Coalition for the Homeless (NACH) is to educate the public regarding homelessness, and to coordinate and facilitate the efforts of agencies, communities and concerned citizens into a seamless Continuum of Care (CoC) to affect positive solutions to homelessness in Madison, Morgan and Limestone counties of North Alabama." In keeping with NACH's mission statement and the NACH Strategic Plan, the Center continues to work toward

assisting SMI homeless clients by coordinating services with the goal of permanent housing. Active community stakeholders include: mental health providers, community leaders, religious groups, local shelters, veterans, consumers and concerned citizens.

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

The January 2016, Point in Time (PIT) count conducted by our CoC, indicated there were 385 homeless individuals sheltered and unsheltered compared to PIT count in 2015 at 420, a difference of minus 35. Those literally characterized as “street” homeless/unsheltered for 2016 total was 87 compared to 2015 PIT count that indicated 63 with a difference of minus 24. The count for transitional housing indicated for PIT count 2016 was 16 compared to PIT count 2015 at 18 with a difference of minus 2. PATH funds will be used to provide outreach/street case management services to SMI homeless consumers who may not use traditional routes of seeking services. Below is a graph describing the PIT counts for Madison County over the last eight years:



*No unsheltered count was conducted in 2012.

Through our CoC, the 2016 Point in Time (PIT) primary objective was to obtain an

accurate estimate of Madison County sheltered and unsheltered homeless population which included street tent encampments.

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

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

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

3. Collaboration with Community Organizations:

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

- Downtown Rescue Mission (DTRM)—provides temporary emergency shelter for homeless individuals and/or families. Social Services are available. They provide residential substance abuse treatment. In addition to the above, breakfast and dinner is served daily. WellStone's case manager provides weekly site visits to provide support and education to shelter staff on SMI and to offer services to those individuals identified with possible SMI diagnoses.
- Salvation Army—provides temporary emergency shelter and case management to homeless individuals and/or families. They provide short-term residential substance abuse treatment. They also provide breakfast, lunch and dinner daily to homeless individuals within the community. In addition to providing meals, they also operate a mobile soup kitchen which WellStone's case managers and residential staff assist with on a monthly rotation. As part of our partnership with this shelter, WellStone provides weekly site visits from a certified case manager to provide support and

education to shelter staff on SMI diagnosis and to offer services to those individuals identified with possible SMI illness.

- Huntsville Hospital—provides medical and psychiatric care. Our partnership includes WellStone providing a certified case manager on the psychiatric ward and medical units during center’s business hours. The certified case manager acts as a liaison between the hospital and WellStone and provides data to WellStone on admitted patients hospitalized to assist in establishing and/or maintaining continuity of care as well as assist with planning for discharge which may include referral for partial hospitalization services, outpatient commitment or outpatient services.
- Crestwood Medical Center—provides medical and psychiatric care. WellStone works with Crestwood staff to address the recovery needs of those identified with an SMI diagnosis. WellStone’s Access to Care Department assist with discharge planning of individuals admitted in this setting.
- Local medical facilities such as Central North Medical Center, University of Birmingham (UAB) located in Huntsville, Madison County Health Department, Free Clinic just to name a few —provides medical and dental care on a sliding fee scale or free to eligible homeless clients. Certified case managers provide linkage and assistance to these facilities to ensure medical needs are addressed.
- Justice Involvement and Legal System---WellStone Behavioral Health continues to maintain a positive working relationship with jail staff who informs us of clients who meet the definition of homeless as well as exhibits behavior that could be identified as a mental illness. Through our Mental Health Court Program, we work closely with judges, defense attorneys, prosecutors, and families to ensure SMI and Veteran clients receive the necessary mental health services to help reduce further involvement in the criminal justice system. Both, Licensed Professional Counselor (LPC) and certified case manager provide education to jail and legal staff on mental illness, case management interventions, and other community linkage. Moreover, the center works in conjunction with the Federal Probation office with individuals who are on Federal Probation. Services provided are paid for by the Federal Probation Department. Not all clients are literally homeless. Services may either be for Substance Abuse or for more traditional mental illness services. The clients may see the MD or receive other medical services (i.e. injections.) Some of the clients reside out of county (to include Jefferson County). Wellstone re-applies for the contract every three years.
- First Stop — a grant-based, not-for profit organization whose primary goal is to reduce homelessness in the Madison County area. First Stop provides outreach to the homeless in local encampments. Services provided include individualized case management support and placement into permanent housing. WellStone unremitting partnership with First Stop to educate, offer and provide recovery services for those

street homeless SMI individuals residing in encampment areas to include intensive outreach case management. WellStone provides a certified case manager and certified peer specialist to accompany and support first stop outreach team on site visits to individuals literally homeless in tent cities. Weekly staffing between First Stop staff and the center staff to reduce duplication of services.

- North Alabama Community Care (NACC) – developed and posted through AL Medicaid for a medical home program. This program includes the establishment of regional “patient care networks” with the primary mission to improve health, welfare and efficiency of care provided to North Alabama Eligible Medicaid Residents. NACC works to develop and implement patient centered care plans and improve quality of care and quality of life for individuals who frequently use emergency services. WellStone Behavioral Health has available office space to provide opportunities for case collaboration and ensure patients are provided appropriate mental health services while addressing their physical health needs.
- My Care – As mentioned above as NACC, My Care was established for Alabama Medicaid beneficiaries for an in-home medical home follow up program. This program includes the establishment of “patient care networks” with the primary mission to improve overall health. Target populations include individuals who frequently utilize emergency services. WellStone Behavioral Health has available office space to provide opportunities for case collaboration and ensure patients are provided appropriate mental health services while addressing their physical health needs.
- Alabama Department of Veteran Affairs (VA) provides focus on individuals who have earned state and federal benefits. Specifically, the WellStone’s PATH certified case managers link homeless veterans to Alabama Homeless Veteran Program as needed. Services in this program includes: case management, health care, housing assistance, employment training just to name a few. This year WellStone hosted a training session for SMI veterans and staff to learn more about programs offered for in the department.
- Huntsville Housing Authority (HHA) provides low-income housing, rental assistance, and housing counseling to homeless consumers. Through the HHA, the WellStone operates a 55 bed shelter plus care program that assists with housing SMI, co-occurring, and HIV/AIDS diagnosis.
- Aids Action Coalition-- provides outreach case management and medical care to those individuals diagnosed with HIV/AIDS. WellStone has partnered with the Aids Action Coalition to provide housing services through the shelter plus program.
- Local boarding homes, local apartments and residential care homes—provide housing. Certified case managers and certified peer specialist have developed working relationships with several of the above mentioned placements which allows for housing fast-track assignments if consumer meets eligibility.

- Hope Place—a domestic abuse shelter, provides emergency safe housing for victims of domestic violence. In addition to emergency housing, eligible clients receive counseling, case management services and housing assistance to establish permanent housing. Wellstone’s case managers often refer consumers to this agency. Staffing cases are regular to eliminate duplication of services.
- Several local churches —provide clothes closets, food boxes, rental and utility assistance. Certified case managers are able to link and assist consumers with access by identifying churches for needed resources.
- Social Security Administration (SSA) and Alabama Department of Human Resources (ADHR)—provide entitlement assistance such as Medicaid, disability income, food stamps and unemployment benefits for eligible clients. Certified case managers often link and assist consumers with accessing SSA and ADHR.
- Alabama Department of Rehabilitative Services (ADRS) –provides specialized employment, education-related services and training to assist adults and teens with disabilities in becoming employed. Center staffs refer to ADRS.
- Residential substance abuse services are referred to both local and non-local agencies. Local agencies are: Downtown Rescue Mission Residential Substance Abuse Treatment, Salvation Army Residential Substance Abuse Treatment, Bradford, and Pathfinders, Inc.

Wellstone Behavioral Health Disaster Contingency Plan

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

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

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

Veterans

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

- Veteran Court – is a structure court setting that provides mandatory treatment options for veterans. Services available to PATH veterans are: substance abuse treatment, outpatient services, case management, crisis intervention, medical clinic and much more. The primary provider is a licensed professional counselor and certified case manager. Without this intervention for veterans, it is highly likely to reoffend and remain in the criminal justice system without treatment. WellStone's Veterans Court is able to ensure those serve meet their treatment obligations with less restrictive legal and treatment interventions.
- Operation Stand Down – this is a community event that focus on assisting North-Alabama Veterans to re-establish community ties and promote re-integration back into their community. Stand Down is a grassroots intervention designed for North Alabama homeless population estimated as 1,000 per <http://www.osdh.org> . PATH and non-PATH clients are encourage to attend this event.

It is noteworthy to mention the challenges of providing services to homeless Veterans. As the following:

- Insight into mental illness
- Feelings of isolation due to stigma
- Limited Income
- Legal Issue/Felonies
- Long wait times
- Expensive medications and treatment
- Lack of support

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

screening as well as other services that encourage recovery. Wellstone will continue to work with our local Veteran Affairs office and local housing authority to assist homeless veterans with accessing funds set aside for permanent housing.

4. Service Provision:

The primary mission of Wellstone Behavioral Health PATH funded services is to provide recovery support for those SMI adults who are street homeless and at imminent risk of homelessness through in-reach and outreach. Individuals receiving PATH funded services range in age from 19 years and older. In keeping with the WellStone's policy, those clients receiving PATH funded services must be within the Madison County service area. In alignment with SAMHSA's Strategic Initiative for Recovery Supports and in an effort to improve and increase service delivery, WellStone provides an array of services to promote levels of care that foster health and resilience while reducing the barriers of access to care. Service include but not limited to: outreach and street case management, intensive individual and/or group sessions, employment-skills training, free GED classes, crisis intervention, basic living skills (BLS) training, screening and diagnostic treatment, referral services, alcohol/drug treatment access, and housing support services to capture both PATH and non-PATH eligible clients.

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

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

a) *PATH funded services to be provided to the individuals identified in the vulnerable adult population of "literally and chronically homeless":*

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

Mental Health Officer. This dialogue also ensures that clients are better serve within the local jail system to access mental health services;

- Wellstone Behavioral Health continues to partner with our two largest homeless shelters to provide in-reach services. As part of this partnership, a PATH certified case manager is assigned to serve as our liaison. Services provided include but is not limited to crisis stabilization, medication monitoring, assistance with locating community resources and obtaining permanent housing with basic living skills training. The in-reach services provided continues to be invaluable not only to PATH participants but it supports shelter staff to educate on understanding symptoms and behaviors of consumers diagnosed with substance abuse/dependence and severe mentally illness;
- PATH funds are used to provide in-reach services in partnership with a local homeless shelter's operation of a mobile soup kitchen. Through the mobile soup kitchen, certified case managers, therapists and certified peer specialists each month are able to make an initial contact with individuals that are literally and chronically homeless. The mobile soup kitchen provides an opportunity for certified case managers to offer hot meals and information about the center's services to include residential services;
- Another in-reach partnership that provides service as a mechanism to prevent homelessness is with Alabama State psychiatric hospitals and local hospitals. Certified hospital tracking case managers and/or therapist are notified upon clients discharge to identify and plan needs for discharge recovery follow up for PATH and Non-Path consumers;
- Although PATH funds are not utilized, WellStone has expanded in-reach efforts within Region I-state psychiatric hospitals and various psychiatric-focus community agencies with the position of a Utilization Review Coordinator. The Utilization Review Coordinator primary focus is to facilitate housing placement for literally homeless severe mentally ill consumers in appropriate residential setting. In addition, the Utilization Review Coordinator provides education and training to mental health professionals and community at large on the importance of ideal residential placement according to an individual's functionality that fosters least restrictive setting;
- PATH and non-Path funds support initial screening and diagnostic treatment services;
- PATH and non-PATH funds will be utilize to referral for primary health services, veteran services, vocational services, educational services and other relevant housing services;
- In addition to existing community mental health services, these services will be provided with requested PATH fund and in-kind match:

1. 24 hour hotline for after-hours needs;
 2. Walk-in crisis and triage capacity to identify clients in need of immediate treatment;
 3. Mobile outreach for dealing with crisis in the identified targeted population;
- Supportive and supervisory services in residential settings. Residential Supervisor and staff continues to work with PATH and Non-PATH to help reintegrate back into the community while gaining their independence;
 - Alcohol or drug treatment services;
 - Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who experience homelessness require services;
 - Community mental health services including recovery support services, such as peer specialist/recovery coaches;
 - Case management/Street Outreach services includes the following:
 1. Prepare an individual service plan for PATH eligible clients based on a needs assessment, and review of plan completed quarterly;
 2. Facilitating BLS to include abstinence from all tobacco products, peer support services, personal financial planning, transportation services, habilitation and rehabilitation services; prevocational and vocational services;
 3. Continue to assist homeless consumers with applying for disability benefits utilizing the SOAR program;
 4. Assistance to eligible homeless clients in obtaining income support services to include housing assistance, food stamps, and supplemental security income benefits;
 5. Referring homeless consumers to community services as appropriate;
 6. Anyone enrolled in PATH will receive Case Management;
 - Another service provided to SMI homeless clients that aligns with SAMHSA's Strategic Initiative for Recovery Supports to promote an individual's financial life goal is Representative Payee Services. This program is in accordance with Section 1.6.3.1(a) (2) of the Social Security Act. The individual is a recipient under Title XVI of such act. Payee program is necessary to assist individuals who are identified as incapable of budgeting, paying their bills consistently, and keep track of financial affairs. Certified case managers and certified peer specialist provide individual and/or group training sessions to collaborate, develop and implement budgets to pay monthly expenses from month-to-month under the supervision of Social Security Administration.

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

b. WellStone Maximizes use of PATH funds to Leverage other Funds

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

Gaps in current service systems

- Affordable Housing—Lack of affordable low-income housing that is not located in higher crime areas.
- Background checks—Many PATH eligible clients often cannot pass a background check to access low income housing.
- Transportation—Metropolitan area of Huntsville continues to be limited due to insufficient routes and hours of the Public Transportation System.
- Availability and access to health care—Madison County area has several factors that contribute to client health disparities which includes but not limited to inadequate access to care with scaled back fees, and federal and state budget cuts of mental health services. WellStone has widened our awareness in local, state-wide, and national health disparities initiatives to include disparity-focused provisions such as the Affordable Care Act. In an effort to address health care needs within Madison County, WellStone is currently exploring and researching modes of services to close the gap of health disparities among general population and subpopulations (i.e. racial, ethnic, limited English speaking, chronic disease) to ensure the healthy functioning of Path and Non-Path clients.

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

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

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

Care Connect professional staff members provide:

- Confidential, individual telephone screenings
- Hospital referrals
- Hospital aftercare appointments
- Linkage to and information on external community resources
- Crisis intervention services
- Coordination within and between services and levels of care
- Insurance and financial resource verification

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

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

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

- WellStone's New Horizon Recovery Center (NHRC) offers an intensive outpatient substance abuse treatment, certified substance abuse peer support, and case management services for those clients diagnosed with a substance abuse/dependence disorder. The staff members of NHRC are trained to offer recovery and illness management to those clients who have been diagnosed with a co-occurring diagnosis. Referrals for residential treatment is made as needed and/or accepted by the client.

- Although PATH funds are not utilized, WellStone has established “Connections” Program. This program is tailored for those diagnosed with an SMI with no health insurance and/or income. The purpose is to provide access to high quality behavioral health care and assist with active clients with gaining health insurance and income. Staff includes: 2 master-level therapists and 1 Mental Health Technician. SOAR will be initiated for clients seeking disability.
- It is worth mentioning that all NHRC co-occurring therapists are state certified as substance abuse counselors and at least two are trained in case management.
- WellStone’s NHRC staffs often refers homeless and veteran individuals dually diagnosed individuals to the following local residential treatment programs: Downtown Rescue Mission Residential Substance Abuse Treatment Program, Salvation Army Residential Substance Abuse Treatment Program, State of Alabama Homeless Veteran Program and Pathfinders Inc. A referral to these programs is two-fold: (1) immediate for temporary housing and treatment and (2) allows case management time to begin process of identifying other needed resources for more permanent housing.
- Although PATH funds are not utilized; WellStone operates a 16 bed secure co-ed inpatient crisis stabilization unit facility named WellStar. This intensive treatment provides structured, clinical treatment with the goals of acute symptom remission, state hospital avoidance, and/or reduction of inpatient length of stay. This location accepts involuntarily individuals committed for treatment under court order within the Department of Mental Health Region I. This program offers 24 hour medical staff with a nurse on duty at all times. Services are provided to co-occurring patients.
- WellStone offers a GED program to serve PATH and Non-PATH clients. This program was established to prepare clients to take the state approved GED test. WellStone has teamed up with Drake Technical College to offer classes at WellStone at least 2 times a week and facilitated by state certified educators and mental health technician.
- WellStone facilitates evidenced-based specialty groups which are vital to PATH and Non-PATH clients in their recovery process. These groups assist with illness management, prevent and/or decrease re-hospitalization, and increase recovery skills. A notable accomplishment is that WellStone employs the only two Wellness Recovery Action Plan (WRAP) clinical facilitators. It should be noted that this year our certified peer specialist will be trained to facilitate this program via WINGS organization.
- WellStone Assertive Community Treatment (ACT) offers a weekly group sessions which focus on dually diagnosed clients.
- It is also noteworthy to mention the two largest homeless shelters in Madison County

provides short-term residential substance treatment. With the relationship WellStone maintains with these organizations, certified case managers continue to screen, link and refer individuals diagnosed with severe mental illness to WellStone for treatment of their mental illness.

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

It is the WellStone's intent that these above mentioned services will help promote sustained recovery which could also assist with reducing the risk of homelessness.

d. Provider evidenced based practices and other training for PATH funded staff and HMIS data collection.

- PATH funded certified case managers, therapist, certified peer specialist and support staff continue learning opportunities in HMIS that include training on program updates. HMIS is used to record and track homeless individuals to prevent service duplication from other agencies/organization, thereby improving resource management. This PATH year, the HMIS licensure holders attended several on/off-site and one-on-one training from our CoC-NACH.
- WellStone provides oversight for State Funded Evidence-Based Supportive Housing Program which provides 12 scattered housing units within the community. This program continues to prove effectiveness by making housing affordable for the SMI population which historically is plagued by homelessness. The intensive case management component of this program also offers and provides wrap around services that support independence in the community. PATH funded staff oversee this program and collect data for HMIS. PATH and Non-PATH clients are referred to this program.
- PATH funded residential certified case management participated in 2015 Housing Works Conference and facilitated a "Share My Resources" learning session with PATH and Non-PATH providers. It is the goal for PATH funded staff to participate in the 2016 Housing Works Conference which provides the opportunity for providers to share ideas on housing resources that improve case managers' ability to develop more resources.
- PATH providers receive regular SOAR eNews updates. This allows PATH and Non-PATH staff to read about treatment trends, SOAR application process, learn about resources and tools, success stories, upcoming trainings, and much more.
- PATH funded staff providers participated in PATH reporting Webinar hosted by SAMHSA. These webinars focused on the new online system developed for reporting annual PATH data.

- PATH funded and Non-PATH providers attended off/on-site and online HMIS training and/or learning opportunity to ensure users are secure navigating the HMIS newly revised database at least 1 time a quarter.
- WellStone continues to provide every opportunity to train PATH and Non-PATH staff in SOAR. Within the 2015-2016 PATH year, at least 7 staff members participated in SOARS online training. Staff included: Access to Care staff, certified case managers, and day treatment providers. All 7 staff members received a certificate after successful completion. The center predicts at least 2 PATH or Non-PATH providers will be trained in SOARS when the opportunity arises in this upcoming PATH year.
- Path funded staff certified case manager facilitated a refresher session on PATH HMIS purpose and process of HMIS.
- PATH funded staff attended SOAR Webinar: Representing Immigrants and Non-Citizens with the Social Security Administration.
- PATH funded supervisor initiated dialogue with WellStone's PATH providers and Non-PATH providers on 2015 SOAR Outcomes Summary via SAMSHA's report. Information discussed included: implementation of critical components, working to Veterans, homeless programs, cost savings, employment, hospitals, SOAR initial application outcome, SOAR assisted appeals outcomes and much more. It should be noted that Alabama successfully ranked in the top states in the following areas: top approval rates and Most Improve Capacity, and Most Improve Days to Decision.
- PATH funded supportive staff and certified case manager attended a session that provided guidance on the process of entering PATH client data in Homeless Management Information Systems (HMIS) and obtaining client consent to share information for service coordination. Wellstone's PATH program utilization of HMIS is progressive; our PATH program has accomplished the dual goals of maximizing care coordination to benefit clients while protecting client confidentiality. Trainings provided by our CoC highlighted the attendees to build client relationships during the outreach process, collect data in HMIS, ensure informed client consent to share data, and facilitate connection to coordinated entry and prioritization for housing.
- PATH funded staff attended a SOAR webinar focused on HMIS online Walk-Through and Tips. This session focused on demonstrating the process of HMIS data entry.
- WellStone is hopeful to participate in National Alliance in Ending Homeless Conference in Washington D.C. This is an effort to increase knowledge of national trends in the U.S. towards ending homelessness and WellStone welcome any opportunity to assist with this mission.

5. Data Collection and Performance Measurement:

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

Wellstone Behavioral Health continues to maintain two licenses for PATH funded staff that are assigned to access and input data into HMIS. The HMIS system is overseen by the North Alabama Coalition for the Homeless (NACH). At present, NACH is responsible for the training of PATH support staff, case managers, and therapist to have privileges to access and input data into HMIS. The identified staff participates in a continuous training process to increase service delivery to clients contacted and served. Wellstone has adopted the NACH via HMIS following privacy and confidential policies guidelines as the following:

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

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

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

that include the HMIS data collection.

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

- a) To provide or coordinate services to a client;
- b) For functions related to payment or reimbursement for services;
- c) To carry out administrative functions such as legal, audit, personnel, planning, oversight and management functions;
- d) For creating de-personalized client identification to be used in unduplicated counting;
- e) Where disclosure is required by law;
- f) To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public;
- g) To report abuse, neglect, or domestic violence as required or allowed by law

Client data sharing of information with our CoC provides information only with client approval with signature. The following is WellStone's data sharing occurrence with Coc/HMIS system:

- a) All routine data sharing practices with CoC will be documented and governed by a Partnership Agreement.
- b) Agency defaults within the HMIS system will be set to "open" except for agencies serving high risk clients.
- c) A completed HMIS Client Release of Information (ROI) Form is required prior to any electronic information sharing.
 - i) The HMIS release lists all HMIS partnering agencies to inform the client what information is to be shared and with whom it is to be shared.
 - ii) The client accepts or rejects the sharing plan.
 - iii) If the client rejects the sharing plan, staff will close the record and inform the System Administrator for client record duplication monitoring.
- e) Clients will be informed about and understand the benefits, risks, and available alternatives to sharing their information prior to signing an ROI, and their decision to sign or not sign shall be voluntary.
- f) Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

- g) All Client Authorization for ROI forms related to the HMIS will be placed in a file to be located on premises.
- h) HMIS-related Authorization for ROI forms will be retained for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
- i) No confidential/restricted information received from the HMIS will be shared with any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
- j) Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other participating Agencies without the client's written, informed consent as documented on the Agency-modified Authorization for Release of Confidential Form.
 - i) Sharing of restricted information is not covered under the general HMIS Client ROI.
 - ii) If a field that normally contains non-confidential information discloses confidential information, the following steps shall be taken.
 - iii) The staff will complete an Authorization to release Confidential Information.
 - iv) If the client refuses to authorize the release, the staff will close the Assessment/Screen by clicking the lock on the screen and removing any exceptions.
- k) If a client has previously given permission to share information with multiple agencies beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the affected agency/agencies will be contacted accordingly, and those portions of the record which are impacted by the revocation will be locked from further sharing.
- l) All client ROI forms will include an expiration date, at which time a new ROI must be signed by the client.

The above is documented from the NACH WellStone's website: <http://www.nachcares.org> .

Through continuous staff trainings and system updates, HMIS continues to be an invaluable tool. This tool allows tracking and gathering of homeless data within the Madison County area in one system. In addition to the HMIS tool, the WellStone's electronic health record allows for concurrent updating of consumer contacts, referrals made for housing, mental health and substance treatment services. PATH year 2015, CoC has urged and continued to train PATH staff to utilize the full HMIS tool as the newest process. This process provide information essential to use the HMIS software and

complete the PATH annual report.

At this time Wellstone's EHR and HMIS systems cannot integrate. Most recently, the center and CoC has discussed ways to integrate the HMIS and our EHR system. This is a process that WellStone and our CoC will continue to work together to develop.

It is noteworthy to note that WellStone has fully transitioned to utilize the entire HMIS system.

The center recognizes that SAMHSA has implemented an outcome measurement reporting that stems from Government Performance and Results Modernization Act of 2010 (GPRA) to report performance data.

The following GPRA measures are reported:

- Increase the percentage of enrolled homeless persons in PATH program who receive community mental health services
- Number of homeless persons contacted
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services
- Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits

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

Currently there are 7 PATH funded staff trained on SOAR and 2 Non-PATH staff trained on SOAR. Wellstone will continue to provide SOAR training opportunities to all case management staff in the hope of increasing SSI/SSDI approvals for disability applications. The center estimates at least 2 more staff members will be trained in the upcoming PATH year. .

For 2015 PATH grant year, the estimated number of clients assisted through SOAR were 24 PATH and Non-PATH clients. PATH program manager is awaiting user identification to start online tracking for approved SSI/SSDI applications.

Wellstone will continue to increase the number of disability applications approved. With disability income, clients will have the needed financial resource to obtain and maintain housing.

7. Access to Housing:

In an effort to reduce homelessness of SMI clients, WellStone operates and/or contracts with the following housing/residential programs:

- WellStone owns and operates 3 residential group homes with a total capacity of 24 beds, 2 apartment complexes known as Meals-Observation-Medication supportive housing established in 2016, and 2 foster care facilities with capacity of 19 beds. Residential placement is offered to homeless individuals who may require 24 hour

supervision while receiving basic living skills training to reintegrate back into the community for independent living.

- WellStone operate a 55 bed Shelter-Plus Care Program. This program allows for placement of homeless SMI clients into 1 or 2 bedroom apartments. Although this program receives funds via grant from the Huntsville Housing Authority (HHA), PATH eligible clients are given priority placement. Clients in this program are referred to HHA to complete application for low income housing within the community. It is also noteworthy to mention, the Center will use our partnership with the HHA to utilize set aside funding which has been earmarked for housing of homeless veterans. This partnership and earmarked funds aligns with SAMHSA's Strategic Initiative focus Recovery Support.
- WellStone works in conjunction with the Huntsville Housing Authority and several local apartment managers to utilize Section 8 Vouchers for apartments which have been set aside for eligible SMI consumer.
- WellStone owns and operates an 8 bed Supportive Housing Program known as Sunrise Gardens. This is an independent living environment in which 2 clients share an apartment. Follow up is provided by a PATH funded case manager.
- WellStone provides oversight for State Funded Evidence-Based Supportive Housing Program which provides for 12 scattered housing units within the community. A case manager provides follow up to residents.
- WellStone maintains a partnership with Volunteers of America South East (VOASE) which operates 19 bed supervised apartment program for independent living. The Center is able to make referrals as appropriate.
- Certified case managers refer to various shelters/missions for temporary lodging while certified case manager link and refer to the Huntsville Housing Authority, local realtors and landlords to provide long-term housing solutions to the "street" and chronically homeless.

8. Staff Information:

a. Demographics of staff

PATH Staff- Race/ethnic	
• African American	- 63% (7)
• Caucasian	- 9% (1)
• Pacific Islander	- 9% (1)
• Middle Eastern	- 9% (1)
• Hispanic	- 9% (1)

PATH Staff – Age			
•	18-34 years	-	45% (5)
•	35-49 years	-	27% (3)
•	50-64years	-	27% (3)
•	65+years	-	00% (0)
PATH Staff –Gender			
•	Male	-	18% (2)
•	Female	-	81% (9)

b. Cultural Sensitivity:

WellStone promotes client’s welfare and inform them of their protections while enforcing their rights. Cultural sensitivity training to staff members providing services to those we serve. WellStone continues to provide training that focus on sensitivity related to age, gender, disability, lesbian, gay, bisexual and transgender, and racial/ethnicity.

The following cultural sensitivity trainings were facilitated for staff and public:

- Cultural Competence in Clinical Practice
- Providing Cultural Sensitive Services for LGBT (“Free 2 Be”)
- Sensitivity Training with Residential Staff
- Cultural competence in Substance Abuse and Mental Health Services
- Cultural and Spiritual Concepts of Psychiatric/Mental Health
- Mental Health First Aid (it should be noted 10 classes within 1 year)

The WellStone’s policy and procedure for Deaf and Hearing impaired by providing services that empower Deaf people to live independent and productive lives, with full access to the rights, privileges, and opportunities available to WellStone’s services. In addition, the Alabama Institute for the Deaf and Blind will be used as a resource when needed for deaf and/or hard of hearing clients. WellStone has access to a live interpreter and has secured office space for a telecommunication for deaf interpreter, client and staff.

C. Wellstone strategy for competency training and addressing health disparities:

WellStone’s encourages and support SAMHSA’s vision on addressing health disparities to reduce inequalities to access to care and diverse populations. In support, WellStone collects the following data:

1. subpopulations (i.e. racial, ethnic, limited English speaking, sexual/gender, HIV/AIDS/other chronic diseases, impairments)
2. explore strategies to diminish access to care and outcomes both within subpopulations and in comparison to general populations

WellStone’s leadership per Culturally and Linguistically Appropriate Services (CLAS)

includes participation in on-going discussions with local agencies from a range of community stakeholders to identify needs and barriers of vulnerable populations. As discussions continue, Wellstone is motivated to increase opportunities for engaging community stakeholders in wellness and prevention for persons with disabilities as well as keep providing cultural sensitivity trainings in order to increase insight into understanding cultural differences among the community and employees alike.

Training is done formally and informally thru clinical supervision and the use of on-line learning opportunity known as Relias Learning. This online service is a contracted internet training site that Wellstone uses for all employees.

Wellstone promotes the use of Customer's Satisfaction Surveys which is completed by clients and/or family members. These surveys are conducted and reviewed quarterly.

The goal of Wellstone's Community Education Division is to promote mental health practice and concepts while reduce stigma within the community. WellStone has invested in an ongoing educational process to maintain employees' professional license/requirement criteria. Externally, Wellstone's staff is committed to educating the public. Most notable community educations are: town hall meetings with media present and hosting grassroots meeting with local and state representatives. Wellstone is committed to the following community services/activities:

- **Mental health First Aid for Adult and Youth** is an 8-hour course that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps participants identify, understand, and respond to signs of addictions and mental illnesses. WellStone has dedicated a master-level clinician to offer the public these courses.
- **WellStone Labyrinth** is located adjacent to the main offices and is a circuitous walking path that leads to the center. Its various twist and turns provide a metaphor for life and walking the labyrinth provides the opportunity to clear your mind, find peace, manage stress and make decisions. The labyrinth is available to the public 7 days per week during daylight hours and is free of charge. Donations are accepted to keep grounds.
- **Meeting Spaces** are available to the community. Theses spaces include an indoor community room that seats 100 people and has access to a kitchen and audio-visual equipment.
- WellStone offers an outdoor **Community Pavilion** that is adjacent to the main offices that is available 7 days per week during daylight hours.
- **WellStone Ropes Challenge Course** is located adjacent to the main offices and is used by individuals and groups to stretch potential, discover ability, and inspire growth within each participant.

9. Client Information:

Huntsville is one of the fastest growing cities in Alabama.

a. Demographic of clients

As reported in the 2015 PATH Annual Report, Wellstone’s PATH providers and non-providers contact through outreach and in-reach services with approximately 430 PATH eligible clients. From this number 45 were newly enrolled to PATH services. Of 45 newly enrolled in PATH, 26 had co-occurring substance abuse use disorders and Zero had a Veteran status. Housing status included the following for individuals’ residence prior night to PATH enrollment:

- Emergency Shelter - 74
- Non-habitation – 23
- Lived with someone else – 4
- Hotel, boarding house, SRO – 2
- Psychiatric hospitals/institutions – 28
- Correctional/Jail facilities – 1
- Safe Haven – 2
- Foster care home or foster care group home – 1
- Long term care facility (e.g. boarding or nursing home) –1

The following table highlights the demographics of the 106 PATH eligible enrolled clients:

Gender		Ethnicity				
<i>Male</i>	<i>Female</i>	<i>African American</i>	<i>Caucasian</i>	<i>Hispanic</i>	<i>Asian</i>	<i>Other</i>
101	35	64	71	0	0	1

Age ranges of those served are as follows:

Age	Number served
13-17 yrs.	0
18-23 yrs.	11
24-30 yrs.	48
31-50 yrs.	62
51-61 yrs.	13
62 yrs. and older	2
Unknown	0

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

The January 2016, Point in Time (PIT) count conducted by our CoC, indicated there were 385 homeless individuals sheltered and unsheltered compared to PIT count in 2014 at 420, a difference of minus 35. Those literally homeless-unsheltered for 2016 PIT total were 87 compared to 2015 PIT total that indicated 63 with a difference of plus 24. The 2016 PIT count for transitional housing indicated 16 compared to PIT count 2014 at 18 with a difference of minus 2. PATH funds will be used to provide outreach/street case management services to SMI homeless individual who may not use traditional routes of seeking services.

Through our CoC, the 2016 Point in Time (PIT) primary objective was to obtain an accurate estimate of Madison County sheltered and unsheltered homeless population which included street tent encampments.

Using the PIT 2015 count documented as 420 total number of individuals sheltered and unsheltered homeless individuals as well as the PIT 2016 count noted as 385, it is projected that Wellstone will have contact with approximately 200 homeless individuals through both in-reach and outreach efforts. We anticipate 65 adult contacts will fit the criteria of PATH due to our continuous partnership with community shelters, hospitals, and other community stakeholders. Of this number, we anticipate enrolling approximately 50% of adults for PATH program. From the projected enrollment number, 50% will be literally homeless adults. PATH funding will be used for both in-reach and outreach services.

9. **Consumer and Family Involvement:**

Wellstone embraces consumer involvement by maintaining employment of 3 Certified Peer Specialist (CPS) who work in various capacities. Each CPS worker serves as a consumer advocate, support consumers in articulating personal goals for recovery and wellness as well as provide peer support for consumers in a variety of settings—Day Programs, Payee Program/Residential Services, and street outreach. It should be noted that CPS has worked at WellStone in the status of employment, trainee and volunteer for an estimated 10 years. The CPS performs a wide range of tasks to support their peers in living and directing their own recovery and wellness process, tasks include: co-facilitate group/individual sessions, co-facilitate BLS, co-facilitate outreach efforts, secretarial/clerical duties, and much more. The CPS optimal functionality is to model competency in recovery and wellness. WellStone has encouraged at least 2 WellStones' clients to attend Certified Peer Specialist Training in this upcoming PATH year. PATH participants are encouraged to seek support of CPS staff.

Wellstone employs a Licensed Clinical Social Worker who resides on the National Alliance of Mental Illness of Huntsville (NAMIH) board. This group is a non-profit, organization whose primary mission is to help families in Huntsville and surrounding areas, including members of the Redstone military community, who have one or more

family members with mental illness. The goal is to support family members dealing with the recovery process of their loved one. It is noteworthy to mention, 1 master-level clinician and 2 certified peer specialist are certified in NAMIH Family-to-Family 12 week program.

WellStone host an Advisory Committee which meets quarterly to discuss service delivery issues, client rights, client satisfaction, and strategic planning and program evaluation. The Committee is composed of consumers, NAMI members, and other stakeholders. Recipients of PATH services are invited to participate in all survey options and provided assistance from PATH staff if requested.

Wellstone's Board of Directors is a twelve person team appointed by city and county government. It should be noted that a few board members support family members of people who experience mental illness and homelessness.

Consumers, PATH and Non-Path, attend *Aquarius Club* at a local church. This community-oriented club provides social and recreation activities to adults recovering from mental illness and homelessness. This setting cultivates appropriate social skills and promotes friendship to decrease social isolation. Activities include: group activities, volunteering opportunities, recovery celebrations to name a few. Free meals are provided on a weekly basis. United Way, Wellstone and local churches fund this program. No PATH funds are utilized for this event.

WellStone supports and encourages PATH and Non-PATH clients to visit a community consumer-driven *Our Place*. It is a safe environment where adults recovering from mental illness and/or homelessness are able to interact with peers who have shared similar experiences, such as hospitalizations, medications, homelessness, etc. One of the main reasons individuals come to *Our Place* is for its powerful support. No PATH funds are utilized for this event.

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	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.
Imminent Risk of Becoming Homeless:	Imminent risk of becoming homeless- pertains to 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.
Serious Mental Illness:	<p>Serious mental illness- pertains to individuals satisfying one diagnostic criterion from Category A and two criteria from Category B below:</p> <p>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 the Diagnostic and Statistical Manual of Mental Disorders.</p> <p>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.</p>
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	Co-occurring serious mental illness and substance use disorders - pertains to 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 Diagnostic and Statistical Manual of Mental Disorders.
Footnotes:	

III. State Level Information

B. Veterans

Narrative Question:

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

Footnotes:

B. Alignment with SAMHSA's support of Veterans

The Alabama Department of Mental Health (ADMH) supports special consideration for the use of PATH funds to be given to entities demonstrating effectiveness in serving homeless veterans who have serious mental illness and/or co-occurring substance use disorders. According to US Department of Veterans Affairs' statistics, the Alabama's population of Veterans is estimated at 409,996 or 8.54% of the state's overall population. The state is aware of the 2009 National Coalition for the Homeless: Homeless Veterans Data which indicates homeless veterans represent approximately ¼ to 1/5 of all homeless people in the nation, thus comprising one of the largest demographics of homelessness. Department of Defense data reveal nearly 6,300 service members identified Alabama as their home after separating from the military in 2014. This represents an increase from nearly 5,800 in 2013. Extrapolated, these data suggest some 2,400-3,025 Veterans in Alabama could be homeless with as many as 3,630 in need of mental health and/or substance abuse treatment and related services.

In 2011, the Alabama Department of Veterans Affairs (ADVA) contracted with Research Strategies, Inc., to conduct the Alabama Department of Veterans Affairs' Alabama Homeless Veterans Program Feasibility Research study. The purpose of the research was to ascertain the need for establishing a formal Alabama Homeless Veterans program for meeting the unmet needs of homeless veterans in Alabama and determining the budgetary impact on the State of Alabama for providing those needs. In 2012, the ADVA published the Alabama Homeless Veterans Program Feasibility Research Report: Alabama Homeless Veterans Hard Count Research Results Executive Summary. Findings revealed the densest Alabama Homeless Veterans' populations are found in the following 8 counties 5 of which are PATH sites: Houston, **Jefferson**, Macon, **Madison**, **Mobile**, **Montgomery**, **Tuscaloosa**, and Russell. Of the reasons cited for being homeless, 25% reported job loss/unemployment, 23% reported alcohol and drug addiction, 16% family problems/conflict, 8% medical problems/accidents, 2% incarceration, and 26% reported "other." In response to this need, ADVA created a new position for a Homeless Veterans Coordinator in 2014. This position works closely with HUD CoCs and homeless service providers throughout the state in order to enhance Veteran's access to services and benefits. In 2015, the lead CoC agency declared a functional zero status for Veterans in City of Mobile. Great strides have been made bringing all resources to bear with most remaining metropolitan areas of the state approaching functional zero.

Serving Veterans is a state priority. The Department enjoys a longstanding collaborative partnership with the Alabama Department of Veterans Affairs. The Commissioners of ADMH and ADVA both serve as the Co-Chair for the Alabama Executive Network for Service Members, Veterans and Their Families (AlaVetNet) with cabinet membership from other state agencies. AlaVetNet was created through an executive order issued by Governor Bentley in December 2013. AlaVetNet is charged with improving behavioral health and support services for service members, veterans, and their families through the development of a strategic plan for the Governor's review. There are six priority areas to be addressed in the plan including: behavioral health, education, employment, family services, **homelessness** and legal. Committees have been developed for each of the six priority areas. The Homeless Committee is co-chaired by the ADVA Homeless Veterans Coordinator and the AL Rural Coalition for the Homeless Executive Director.

The Alabama Veterans Network Homeless Committee work collaboratively with homeless service providers, to advance the services, compile information, and communicate ideas to help expand resources of emergency shelter, affordable housing and appropriate services for the improvement of life for Military members, Veterans and their families. The Homelessness committee is composed of representatives from nonprofit homeless providers, government stakeholders, private businesses, community advocates, public housing agencies, hospitals, universities, affordable housing developers, law enforcement, and homeless and formerly homeless persons. Our long-term commitment is to serve as a planning, coordinating, and advocacy committee that develops recommendations for programs and services to fill needs within Alabama for homeless Military members, Veterans and their families. Thereby, **Bridging the Gap** while working to expand available programs and services. The State PATH Contact is a member of the AlaVetNet Homeless Committee.

PATH outreach remains a critical component for bridging veterans who are homeless to any needed housing and services. PATH Providers take measures to link veterans to appropriate services and organizations to include the state and federal level VA offices for financial assistance and health care. Also, veterans are referred to community agencies for support services as are other homeless individuals. Three of the five PATH catchment areas include VA Hospitals: Birmingham (JBS); Tuscaloosa (Indian Rivers); and Montgomery (MAMHA). Tuscaloosa and Birmingham based VA hospitals employ Homeless Service Coordinators to specifically address issues around veteran homelessness. PATH providers have the ability to link with these Coordinators. The PATH programs in Madison, Mobile, Tuscaloosa counties participate in local VA Operation Stand Down events. The Madison County based PATH program also participates in the local VA specialty mental health court when needed, and utilizes special housing funds specific for supporting homeless veterans. Tuscaloosa and Birmingham based PATH programs are able to access set-aside housing units and/or vouchers specifically earmarked for veterans.

AlaVetNet is customizing a web portal to assist veterans, their families, and providers, including PATH outreach case managers, with finding resources about veterans' services and support within the state. PATH staff also utilizes the Veterans Service Organizations-National Resource Directory.

Additional information about services for veterans who are homeless is further described in the Local Intended Use portion of this application.

III. State Level Information

C. Recovery Support

Narrative Question:

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

Footnotes:

C. Alignment with Strategic SAMHSA’s Initiative for Recovery Support

ADMH Focus:

ADMH leads the statewide effort “to enhance the health and well-being of individuals, families and communities impacted by mental illnesses, developmental disabilities, substance abuse and addiction.” ADMH desires a system that is consumer driven, evidence based, recovery focused, outcome oriented, and easily accessible. It is the hope that, with the necessary supports, consumers can overcome disabling conditions, **achieve to the highest degree possible independent living in safe and decent housing**, be meaningfully employed/engaged, and be actively involved in social interaction with friends and family. This view is consistent with the SAMHSA’s Strategic Initiative for Recovery Supports and promotes recovery by attending to issues of Health, Home, Purpose, and Community. All providers certified and contracted with ADMH, to include PATH programs, are expected to embrace this focus.

Alabama’s Definition of Recovery: In 2007, the Department’s Office of Consumer Relations published a “white paper” outlining consumer perspectives of what a “Consumer Driven, Recovery Focused Mental Health System” should look like and what the concepts, principles, key components, strategies, goals, and recommendations driving the system should be. People with lived experience, served by the public mental health system within Alabama, officially voiced their wishes and desires to have “a job, a home of our own, a social life, and to contribute to society.” Alabama consumers defined recovery as “an individual process in which a person with mental illness reclaims a sense of who they are in mind, body, and spirit.” This definition, and the specifics of the white paper publication, are in keeping with SAMHSA’s working definition of recovery: “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” The Department has dedicated efforts towards creating an effective community based service system necessary to meet the needs and desires of consumers while reducing reliance on traditional hospital based treatment. It is through this strategy that ADMH has been able to fund the expansion of services and enhance supports within tightening budgetary constraints.

The Department is also aware of the commitment posed by the Public Health Services Act to achieving health promotion and disease prevention objectives described in the Healthy People 2020 document. Issues of primary and mental health care integration, housing and homelessness, supported employment, and peer support services are only but a few initiatives of which the Department is actively addressing in the state of Alabama. PATH Providers utilize a number of strategies and practices to access housing and to reduce barriers in attaining effective services that achieve and sustain recovery for homeless individuals with mental illness and/or co-occurring substance use disorders. These are further described below.

Cultural and Linguistic Sensitivity:

PATH providers are expected to reduce health disparities in access, services provided, and behavioral health outcomes among diverse subpopulations. The Department’s Cultural Diversity Task Force is co-lead by the Director of the Office of Deaf Services and the Director of Development and Training both of whom participate in the CLC Network and disseminate information to ADMH and providers. The Office of Deaf Services ensures linguistically and culturally appropriate services for deaf consumers in the state of Alabama and provides

internationally recognized intensive mental health training for skilled ASL interpreters. These state level resources are available for consultation and technical assistance by all providers to include PATH providers. PATH providers are strongly encouraged to incorporate the recently revised national Culturally and Linguistically Appropriate Services (CLAS) Standards into their training milieu and to utilize the enhanced standards as a blueprint for service delivery.

Employment:

ADMH is proactively pursuing ways to strengthen state policies for Employment First through technical assistance provided through national partners such as Vision Quest and Office of Disability Employment Policy. Once the outcomes of these pursuits are realized, supports and services will assist service recipients with purposeful meaningful day alternatives and role recovery. To date, a few mental health centers contract to operate Vocational Rehabilitation Employment programs of which two are by providers in Mobile and Tuscaloosa. PATH programs in these areas can link PATH eligible consumers to these programs within the same agency. PATH providers in Madison, Montgomery, and Birmingham work cooperatively with ADRS service providers to link individuals who express interest in employment to vocational assistance. ADMH was awarded Transforming Lives through Employment: SAMHSA's Supported Employment Grant. This 5 year grant will pilot evidence-based supported employment designed to meet the unique vocational needs for individuals with serious mental illness diagnoses. The PATH host agency in Mobile is participating as one of the grant pilot sites and, as such, offers traditional vocational rehabilitation services as well as the evidence-based model Individual Placement and Supports (IPS).

Income Benefits:

According to the 2015, Annual PATH Report, 32 PATH Enrolled participants **attained** some form of income assistance. In-state training offered through the SOAR-Alabama Initiative and is extended to all homeless service providers throughout the state including PATH program staff. All PATH programs have access to online SOAR training information. PATH outreach workers also have access to SOAR Trainers in three PATH catchment areas (Madison, Birmingham, and Mobile). PATH programs are strongly encouraged to utilize SOAR methodologies. (Additional information about AL-SOAR may be found in subsection O of this application)

Evidence-based/Best Practices:

Several evidence-based and best practices are utilized by PATH provider host agencies such as Permanent Supportive Housing, Assertive Community Treatment teams, Individual Placement and Supports, Mental Health First Aid, and Peer Support Specialists. All sites have access to HMIS within their agencies and all have implemented the use of electronic medical records. Many PATH providers have Representative Payee Programs or arrange for such as needed. PATH providers have been invited to participate in technical assistance provided by the PATH TA center presenting topics on Assessing Health and Promoting Wellness for Homeless populations, Motivational Interviewing, Critical Time Intervention, Effective Data Collection and Reporting, Outreach Strategies, and HMIS data standards and PATH reporting.

Mainstream Mental Health Services:

In Alabama, mainstream mental health services are fairly accessible for PATH eligible individuals as 4 of the 5 PATH programs are outreach extensions of mental health centers.

These sites primarily link to mental health services within the same agency. Unique to Birmingham, individuals are initially provided psychiatric and mental health services through JBS's homeless services program and then later transitioned to mainstream mental health services at one of three community mental health centers (CMHC) in the JBS catchment area. PATH providers continue to follow consumers for 3 to 6 months after transitioning to ensure individuals remain stable and housed. In less populous regions of the state not receiving any PATH funds, CMHC's offer case management support to individuals with mental illness who are homeless.

Peer Services:

The Department has long valued the power of peers to support fellow consumers and promote recovery. In 1990, ADMH established the Office of Consumer Relations (OCR). The Director and staff for this office are individuals with lived experience. The Office of Consumer Relations is the lead agent in Alabama for training and certification of Peer Support Specialists. All PATH provider parent agencies employ peer specialists and all have funding for peer specialist positions to serve as members of PATH outreach teams. PATH case managers also have access to local consumer-operated independent drop-in centers. Of the five consumer **drop in centers** within the state, one is located in each PATH service area with the exception of Montgomery. These centers are accessible to any consumer including PATH eligible consumers. Within the city of Montgomery, people who are PATH eligible have access to the drop-in centers hosted by the Mental Health America in Montgomery.

Primary Care:

ADMH has collaborated with the Alabama Department of Public Health for local integration pilots between FQHC's and CMHCs. The dire importance of addressing the 25 year earlier mortality rate for consumers with serious mental illness is a message that rings loud and clear from the Commissioner's office throughout the service continuum to the footpath of PATH Outreach workers. PATH providers are particularly aware of the increased vulnerability, not only of consumers with serious and chronic mental disease, but for those who are homeless with a mental illness. Concern is especially heightened for those who are chronically homeless. Training for Effective triaging is critical in addressing the most immediate and pervasive health issues which so commonly plague this population and is strongly encouraged. The PATH provider host agency located in Montgomery had collaborated with local FQHC's to provide integrated primary care services onsite.

Housing:

All PATH providers have access to PATH funds to assist in matching qualifying PATH eligible participants to appropriate housing situations and to assist with deposits and application fees. CMHC's operating PATH programs have an array of residential services ranging from various group home configurations to a variety of independent and semi-independent living arrangements. Many PATH provider agencies have access to HUD housing grant projects. (More information about Housing may be found in subsection L of this application)

Substance Abuse / Co-Occurring Disorders:

The Division of Mental Health and Substance Abuse desires every contracted provider be certified as co-occurring "capable" or "enhanced". PATH programs located in Madison, Mobile,

and Tuscaloosa have substance abuse services provided by their parent CMHC. Substance abuse programs are typically accessed through a referral process, however access can be limited. Specific to Birmingham, individuals with co-occurring disorders have access to a specialty program which offers housing along with a comprehensive day program. Specialty drug courts are available in some areas and are further described below.

Specialty Courts; Trauma and Justice:

There has been an emergence of specialty courts in Alabama to address the unique needs of special populations. Almost every county within the state has access to **drug courts** which integrate alcohol and other drug treatment services within the justice system. PATH participants who have legal issues due to drug charges or other misdemeanors may also qualify for assistance from drug court programs. AltaPointe (Mobile) provides a Jail Diversion program of which PATH eligible consumers may participate. (Further details of Justice Involvement is described in section Q of this Grant Application).

PATH catchment areas in Birmingham, Madison and Montgomery counties have **mental health courts** in operation based on the popularity and successes of the drug court model. Mental health agencies within these areas have traditionally worked in cooperation with court personnel providing expertise these courts do not typically possess in house. Mental health offered in support of these courts ranges from basic referral serves to in home team services.

One of the newest variations of mental health courts is the development of a **veteran court**. This project stemmed from the partnership between the local VA service provider and the local mental health providers in Madison County. This court specializes in addressing mental health needs specific to the veteran population. Through this court process, the PATH program in Madison County may be activated to assist with the issues around homelessness for court participants.

In the past, many mental health agencies which operate PATH programs have participated in local law enforcement trainings as a means to educate patrol and correctional officers about basic mental health issues and resources. AltaPointe (Mobile) employs **Mental Health First Aid** trainers. This training is not only available to law enforcement and correctional officers, but to non-law enforcement personnel as well such as teachers and emergency first responders. Mental Health First Aid training events allow for opportunities to discuss issues affecting homeless populations and to educate non-mental health providers and the community at large.

Veteran Services:

As part of the Alabama Executive Network for Service Members, Veterans and Their Families (AlaVetNet), the Behavioral Committee is partnering with the Tuscaloosa VA and the AL Council for Community Mental Health Boards for the integration of mental health services for veterans through co-location of VA Staff within the local community mental health center (CMHC) and by placing a CMHC staff in local federally qualified health clinics (FQHC). The Tuscaloosa VA has an existing partnership with FQHCs, which provides reimbursement for the provision of mental health services. It is the desire that replication of this model will occur in partnership with other VA services throughout the state. (Further details of Veterans' Initiatives are described in Section B).

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

Footnotes:

D. Alignment with PATH Goals

Alabama is aware the goal of PATH is to reduce or eliminate homelessness for individuals with serious mental illness and/or with co-occurring mental illness and substance use disorders. PATH grant funds permit providers to offer an assortment of specialized services, primarily through outreach methods and case management for individuals who are PATH eligible with the end goal of securing stable housing and transitioning them into mainstream services and supports. PATH outreach workers/case managers are charged with assisting individuals eligible for PATH by creating a person-centered plan to obtain and coordinate needed services including those related to daily living activities, peer support, personal finance and benefits acquisition, transportation, habilitation and rehabilitation services, prevocational and employment services, housing assistance and referrals necessary to promote full recovery.

In Alabama, there is an increased focus for PATH outreach workers/case managers to prioritize and engage unsheltered homeless individuals who are often the most vulnerable of homeless populations because they are less likely to access homeless service establishments at fixed site locations. According to PATH Annual Report Data, in fiscal year 2015, of the providers who reported the total number of persons who were outreached/contacted, over **47% of those contacted were identified as literally homeless**. The Department projects that 1,050 individuals will be contacted through PATH outreach in fiscal year 2015 through the use of PATH funded services. Of those contacted, 70% are anticipated to meet the definition of literally homeless and 410 are anticipated to become new enrollees into PATH services.

Alabama PATH Providers have developed strategies for how the number of contacts with literally and chronically homeless individuals could be increased. Some of the strategies identified by PATH providers include: training all PATH case managers in SOAR methodology, supporting flex-schedules for PATH staff to increase engagement opportunities at short term shelters where guests are required to leave during day hours, promoting PATH's presence at "VA Stand Down for Homeless" events and HUD CoC "Homeless Connect" events, increasing visit rotation schedules at places frequented by homeless individuals, partnering with local police force in addressing needs of homeless individuals at risk of incarceration, and increasing deployment of existing mobile health clinics operated by local-PATH parent organizations. Providers are encouraged to actively seek out and engage unsheltered persons in unoccupied buildings, lowland meadows, creeks, woodlands, as well as city parks, streets, underpasses, and other frequented areas.

PATH Outreach case managers are often the first point of contact homeless citizens experience for linking to services designed to promote recovery. This is especially true in cases of individuals who are living in unsheltered settings. More often than not, the thread of hope and assistance offered through purposeful direct street outreach is often the initial step towards weaving the intricate patchwork of various community supports, services, and linkages necessary in addressing primary care, mental health, employment and housing needs. Without the critical function of direct outreach, recovery supports, and services, individuals who are seriously mentally ill and literally homeless will likely face difficulty in achieving goals around Health, Home, Purpose, and Community.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

Footnotes:

E. Alignment with State Comprehensive Mental Health Services Plan

The State Mental Health Authority role in Alabama is carried out by the Alabama Department of Mental Health. Created under the ACT 881 of the 1965 legislature, the Alabama Department of Mental Health (ADMH) is charged with the responsibility of establishing a public mental health system to provide mental illness, intellectual disability, and substance abuse services to Alabama citizens. The Department's Mental Health and Substance Abuse Division is responsible for operating state psychiatric inpatient hospital facilities, for establishing standards of care for community based programs for inclusion in the Alabama Code and for certifying said programs, and is empowered to contract for the provision of services to meet the needs of target populations.

Description of Public Mental Health System:

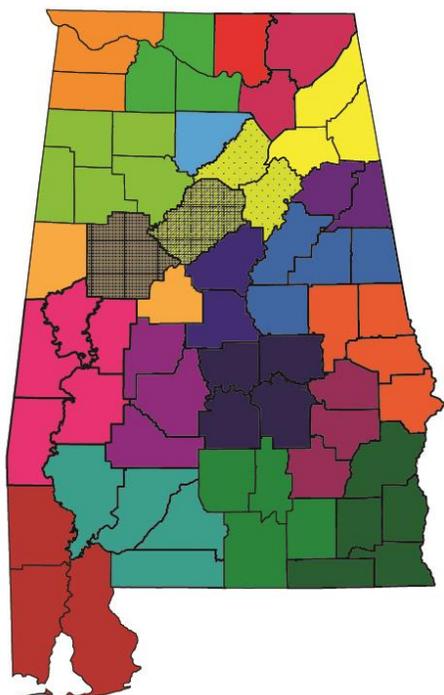
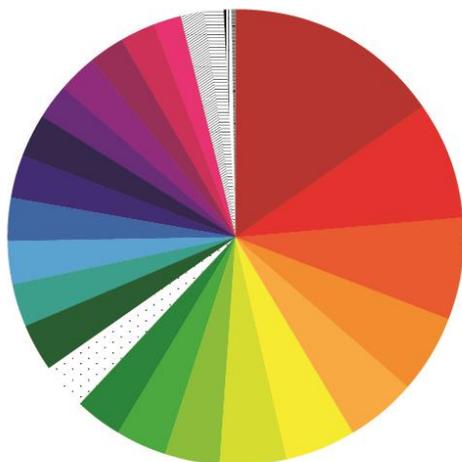
Specifically, Alabama's public community mental health services system is based upon 21 service areas to cover all 67 counties. Currently, there are 21 public, non-profit regional mental health boards called 310 Boards based on ACT 310 of the 1967 Regular Session of the Alabama Legislature. Within the 21 service areas, 24 community mental health centers provide a continuum of mental health services to all ages with an emphasis on adults with serious and persistent mental illness and children who have severe emotional disturbance mental health services. Additionally, there are two specialty providers serving children exclusively.

According to the 2014 U.S. Census Bureau (estimate), the population of Alabama is 4,849,377 (48.5% male; 51.5% female) with 68.5% Caucasian, 26.2% African American, and 5.3% designated as other. US Census Bureau projections reflect the Hispanic/Latino population as 3.9%. According to the Kaiser Family Foundation, Alabama also ranks as the 4th highest in the nation for infant mortality rates and is the 10th lowest in per capita state spending. Forty seven percent of the state's population is at 200% or below the Federal Poverty Level. Moreover, the Literacy Council of West Alabama reported in 2012 that 1 of every 4 Alabama residents is functionally illiterate which equates to approximately 1.2 million individuals.

Based on national prevalence rates (SAMHSA, 2012), an estimated 4% (191,040) of adult Alabamians are diagnosed with a serious mental illness. In 2015, The Department served a total of 101,102 people statewide through community programs. Of that number 73,732 were adults and 27,370 were children and adolescents. Out of the adult population, 13.1% were employed, 19.1% unemployed, and 67.9% were not in the labor force. Of the total population served, approximately 1,461 people self-reported as living in a shelter or as homeless at time of admission to community mental health services. The following map reflects the service areas for community mental health providers and the total adults and children who received mental health services in FY 2015.

MAP A

Community Providers Breakdown



Number of people that received MI services in the community during FY15.

Providers operating PATH Programs identified by white text on black background.

*Not a 310

AltaPointe Health Systems	16,046
Wellstone Behavioral Health	8,630
East Alabama MH Board	7,636
Riverbend Center for MH	5,727
Indian Rivers	5,227
CED MH Board	5,175
JBS MH Authority	4,849
Northwest AL MHC	4,054
MHC of North Central AL	3,756
Eastside MHC*	3,580
South Central AL MH Board	3,473
Spectracare Health Systems	3,392
Southwest AL MH/MR Board	3,278
Cullman Area MH Authority	3,199
Cheaha Regional MH/MR Board	3,195
MH Board of Chilton-Shelby	3,189
Montgomery Area MH Authority	2,979
Calhoun-Celburne MH Board	2,814
Cahaba Center for MH/MR	2,798
East Central MH/MR	2,651
Mountain Lakes	2,492
West AL MH Board	2,024
Western MHC*	1,730
UAB*	1,547
Glenwood*	671
Brewer Porch Children's Center*	44
Total	104,156

Federal, State, and Local Drivers: The Alabama Department of Mental Health is actively transforming the topography of mental health services delivery system within this state which is being shaped by many federal, state, and local influences some of which are discussed below:

Consumer Voice:

ADMH values consumer and family members as vital partners in creating an effective service delivery system. Consumers and their families play a crucial role in policy development, system transformation, and program implementation within every level of the service delivery network. **The Directions Councils'** membership organizations captured **Alabama consumers' official statement on Recovery** in a 2007 statewide publication- Consumer Driven Recovery Focused Mental Health System: A Consumer Perspective. This document has proven an invaluable guide, leading the planning and development of mental health services and supports to promote and sustain the stated wishes and desires of "a job, a home of their own, a social life, and to contribute to society" voiced by Alabamians with lived experience.

Influential Litigation:

In 1970, Alabama faced a lawsuit, **Wyatt vs. Stickney**, which brought the "right to treatment" for state psychiatric hospital patients into the foreground. This litigation significantly influenced fundamental changes in architectural features of the States' mental health service delivery system. Upon the filing of the suit, the longest running mental health lawsuit in US history, DMH started shifting focus from providing mental health treatment within the confines of large- scale institutions towards creating a new vision and thus, constructing the foundation necessary for community based mental health treatment. In Alabama, the 1999 **Olmstead** "integration mandate" further inspired the pursuit of building more appropriate and effective mental health service models within the community mental health landscape.

Community Integration:

Since 1971, the census at the oldest psychiatric hospital in Alabama dropped from over 5,000 patients to less than 400 in 2004. To meet the requirements of the Wyatt settlement, ADMH worked towards shifting hospital based funds to community based care. Through the dedicated efforts of state psychiatric hospitals and community partners, ADMH can boast nearly a 50% statewide reduction in total state operated psychiatric hospital census from FY09 to September 2014. This clearly illustrates the steady migration towards less reliance upon state psychiatric inpatient services by shifting funding to less costly, but more effective, community services and supports. It is through this strategy ADMH was able to fund the expansion of services within tightening budgetary constraints. Four remaining state psychiatric hospitals are currently in operation providing acute care, forensic, nursing home, and extended care beds. Alabama's most historic psychiatric hospitals, Bryce Hospital, closed its' original doors during the summer of 2014. Operations were shifted to a smaller more state of the art facility. PATH programs are pivotal in assisting with proper discharge planning, mental health service linkages, and diversionary measures which guard against discharges to shelters.

Medicaid Managed Care: Alabama is presently redesigning its' Medicaid service delivery system through the establishment of Medicaid Managed Care and implementation of Regional Care Organizations. Some of the ADMH services have been carved into this process and others

are exempt. Mental Illness programs will be included as part of the Managed Care System. The target date for phase one of this initiative is October 2016.

The Alabama Department of Mental Health has clearly articulated three primary areas of **STATE PRIORITY**. As outlined in the FY15-17 Mental Health Block Grant application, they are as follows:

ITEM #	STATE PRIORITY	STATE PRIORITY DESCRIPTION/GOAL
1	Self-Directed System of Care	Design a comprehensive system of care that promotes access, choice, and satisfaction of consumers with SMI and SED, and their families, by providing effective treatment and care that is person-centered, consumer driven, and family-guided with a focus on recovery and resiliency.
2	Community Integration	Building on Olmstead and Wyatt decisions, transition or divert consumers from state psychiatric inpatient care settings to integrated community settings by using effective treatment and recovery support services designed to promote Home, Health, Purpose, and Community .
3	EBP's/Best Practices	Develop strategies to increase <u>capacity, implementation, and sustainability</u> of recovery supports and evidence-based/best practices.

The Mental Health Services Block Grant (MHSBG) serves as the State’s Comprehensive Mental Health Service Plan. PATH is a program administered within the Department’s MHSA Division, Office of MI Community Programs. The State PATH Contact (SPC) reports directly to the Director of MI Community Programs who reports directly to the Associate Commissioner of MH/SA Division who in turn reports directly to the Commissioner. The Director of MI Community Programs is responsible for the coordination of the Mental Health Services Block Grant (MHSBG) with input of the Planning Council and is a key participant in the planning and development of services for the seriously mentally ill including those defined as homeless. The State PATH Contact, the Director of MI Community Programs, and other stakeholders, assure PATH services are consistent with Alabama’s comprehensive state mental health plan. PATH Formula Grant Funds play an integral role in the development and sustainability of specialized services to persons with a serious mental illness and who are homeless within the most metropolitan areas of the state.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

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

Footnotes:

F. Alignment with State Plan to End Homelessness

In 2015, HUD's Continuum of Care Homeless Assistance Programs Point-In-Time Counts reflected 3970 individuals and families were identified as homeless statewide with 74.1% in shelters and 25.9% unsheltered. Of this total population, 15.3% were identified as chronically homeless, 26% identified as seriously mentally ill, 19.2% as having a chronic substance use condition, 2.3% with HIV/AIDS, 12.84% as victims of domestic violence, and 11.9% as veterans.

The Department understands system-wide partnerships are necessary to effectively end homelessness in Alabama and remains committed to supporting increasing affordable housing and minimizing homelessness. Governor Robert Bentley assumed office January 2011. The following serves as a summary of State activities related to Homelessness:

Foreclosure Prevention:

In February 2011, the Governor announced the creation of Hardest Hit Alabama (HHA), a program providing \$162 million to the Alabama Housing Finance Authority to provide targeted assistance for Alabama's unemployed homeowners for the prevention of foreclosures. This program is considered an important step in the prevention of homelessness due to widespread unemployment and risk of foreclosures in Alabama.

Disaster

Response:

In 2011, Alabama was hit by two devastating tornado outbreaks within a span of thirteen days with the latter being the largest natural disaster in the state's history. Over 5,800 homes were destroyed and 1,233 individuals unemployed due to the disaster. Assistance from the Federal Emergency Management Agency was critical in addressing the needs of individuals and families made homeless by the disaster.

The Functional and Access Needs Disaster Task Force (FAND) is a state level group of individuals and agencies, both government and non-government, as well as private sector partners, who have come together for the common purpose of ensuring Alabamians with functional and accessible needs are not only considered, but included in all phases of emergency management. This organization is pursuing multiple actions to address the needs of emergency access in the event of a disaster. Some of these activities include, but are not limited to, Trainings, MOU's with shelters, multi-agency planning, and development of information and publications.

To coordinate *disaster preparedness and emergency planning*, the Department works in conjunction with the SAMHSA's Disaster Technical Assistance Center (DTAC), the Alabama Emergency Management Agency, the Alabama Department of Human Resources, the Governor's Office of Faith Based and Community Initiatives (ServeAlabama) and other disaster response entities. ADMH staff actively participate in Public Health's Medical Needs Shelter Advisory Council Meetings as well as the Governor's Sheltering and Mass Care Task Force. The aforementioned agencies, as well as Alabama 211 Connects online and call

service, jointly operate as community public resources for disaster education. PATH programs are encouraged to pursue emergency coordination with local emergency planners.

In the event of a disaster, a network of Disaster Response Centers, Volunteer Organizations Active in Disaster (VOADS), and disaster hotlines are activated statewide to ensure access to emergency services and supports. The Department's State Disaster Response Coordinator to assess a disaster's impact and the subsequent need of community mental health service agencies, state operated facilities, and the individuals they serve. This action includes the involvement of PATH programs, HUD CoC's and the homeless service population.

Alabama Housing Trust Fund:

In May 2012, Governor Bentley signed into law House Bill 110 (HB 110) which established a state housing trust fund. This trust fund is meant to be a flexible source of funding for use in developing and maintaining safe and decent rental and ownership options for families, elderly, persons with disabilities, and others who cannot afford housing. The Low Income Housing Coalition of Alabama (LICHHA) observed that Alabama has historically relied solely on federal funding for the development of affordable housing and that public funding is critical for the future development of affordable housing. Alabama is one of six states to have created housing trust funds legislatively which does not currently have public revenues committed to the funds. LICHHA championed the passage of the bill; however, the public and political will needed to secure dedicated funding has been lacking.

Veteran Initiatives:

In 2012, the Alabama Department of Veterans Affairs published the Alabama Homeless Veterans Program Feasibility Research Report: Alabama Homeless Veterans Hard Count Research Results Executive Summary. This document has informed state and local stakeholder agencies of demographic information relative to veterans who are homeless, where they congregate within the state, and the most common reasons veterans give for being homeless.

In December 2013, Governor Bentley signed an Executive Order creating Alabama Executive Network for Service Members, Veterans and Their Families (**AlaVetNet**). There are six priority areas to be addressed in the plan including: behavioral health, education, employment, family services, **homelessness** and legal. Committees have been developed for each of the six priority areas. The State PATH Contact is a member of the AlaVetNet Homeless Committee. AlaVetNet is **co-chaired by the Commissioner of Alabama Department of Mental Health** and the Commissioner Alabama Department of Veterans Affairs.

In 2014, the ADVA Commissioner was a featured speaker at the Alabama Alliance to End Homelessness' (ALAEH) Conference presenting on issues pertaining to veteran's homelessness. These activities illustrate the Departments' dedication towards supporting members of the military, both active duty and veterans, in all aspects of care including those issues specific to homelessness and mental health. (See subsection B for further details about veterans' homelessness)

Governor's Statewide Commission on Homelessness & Housing:

Since Bentley assumed office, the Governor's Statewide Interagency Council established under Executive Order #31 signed in 2005 under previous administration, has remained inactive. The Alabama Alliance to End Homelessness (ALAEH) steadfastly pursued Executive Order (#43) for the purposes of reestablishing an organized statewide effort in the areas of homelessness and housing. The draft order articulated the hope that "the prior Governor's Statewide Interagency Council would be reestablished as the new *Governor's Statewide Commission on Homelessness & Housing* (*"the Commission"*). Upon the establishment of the Commission, the 2007 Blueprint towards a Ten-Year Plan to End Homelessness in Alabama would be revisited. However, due to a limited resources, the Governor's office is unable to support Executive Order #43. The Governor's Director and Deputy Director of ServeAlabama proposed establishing active representation of ServeAlabama at ALAEH Board Meetings. ALAEH Bylaws were amended for inclusion of Governor's Office representative.

HUD Continua of Care and Local Plans to End Homelessness:

The Department is supportive of all 8 Alabama based Continua of Care in Alabama. Lead agencies for the CoC's are stationed in Montgomery, Mobile, and Birmingham and have published plans to address homelessness. The Department supports all plans for addressing homelessness and for increasing affordable housing opportunities. PATH providers are expected to participate with their local HUD Continuum of Care in order to coordinate housing, services, and supports. All PATH providers are also expected to collaborate with local HUD CoC's in planning and coordination activities regarding HMIS, the Coordinated Assessment/Entry, veteran services, and disaster planning and response. (Details about the Coordinated Entry process can be found in Section P of this application and in PATH provider Intended Use Plan)

The State PATH contact serves on the Boards for the **Alabama Rural Coalition for the Homeless** (ARCH) and for the **Alabama Alliance to End Homelessness** (ALAEH). As an ARCH board member, state level coordination of homeless services targeted for individuals in rural areas can be accomplished. State Path Contact representation on the ALAEH Board assures that statewide planning and policies pertaining to homelessness consider the needs of those individuals with serious mental illness. ALAEH holds membership from all Continua of Care and the Alabama HUD Field Office affiliates. The SPC currently holds the position of ALAEH Board President.

Alabama Housing Works! Conference:

ALAEH, LICHA, and Collaborative Solutions, Inc. co-sponsor an annual statewide conference pertaining to housing and homelessness. Through application, the PATH technical assistance center has partnered with the Department and ALAEH to conduct training for PATH providers and others serving the homeless population. (Specialty PATH training and technical assistance are further described in other sections of this application to include Section N of this application).

SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative:

The SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative in Alabama has been instrumental in providing the PATH outreach case managers and other providers serving the homeless populations. Engaging people who are literally and chronically homeless, assisting them with accessing financial resources, and arranging for community supports are essential in achieving state and local plans to end homelessness as well as the state's mental health services plan. (Further details about SOAR are described in subsection O of this application)

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Footnotes:

G. Process for Providing Public Notice

The Alabama Department of Mental Health provides opportunities for public comment and input through ongoing partnerships with family members, consumers, advocacy groups, stakeholders, other state agencies, and community providers to include PATH providers. The Department has a long standing inclusionary planning process. The State Plan is reviewed by the Alabama Mental Illness Planning Council, as described earlier. The Planning Council, Management Steering Committee, and Mental Illness Coordinating Subcommittee are informed of PATH grant activities as a matter of course through staff reports, updates and announcements. All planning bodies are comprised of consumers with serious mental illness and/or co-occurring disorders as well as family members. Ongoing participation is encouraged in all aspects of the mental health planning process specific to target population, including PATH eligible consumers as defined within the State Plan. Services for individuals with co-occurring mental health and substance use disorders are coordinated with the Substance Abuse executive staff and the Substance Abuse Services Block Grant through the Management Steering Committee and MHSA Division meetings. The MI Planning Council receives notification of public comment opportunities and is provided the means to view and comment on PATH draft plans. Draft PATH applications are posted on the Department's website (<http://mh.alabma.gov>).

PATH providers maintain consumer and family member involvement through various activities such as representation on Consumer Councils and Advisory and Planning Boards which allow for ongoing comment and recommendations relative to local-PATH activities. PATH Providers are encouraged to distribute draft Intended Use Plans throughout local networks for public comment during the PATH application process.

The final PATH annual application is available for viewing on the Department's website throughout the year by consumers, providers, advocates, family members, and the general public. Public comments and questions relative to the application and preceding drafts are directed to the State PATH Contact for review.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., County agencies or regional behavioral health authorities), describe how these organizations monitor the use of PATH funds.

Footnotes:

H. Programmatic and Financial Oversight

PATH is a program administered directly by staff within the Alabama Department of Mental Health Division of Mental Illness & Substance Abuse Services, Office of Community Mental Illness Programs. ADMH has been a recipient of PATH funds since 1992. Alabama currently funds five (5) programs with a range of Federal funding awards from \$ 70,140 to \$216,915.

The State PATH Contact (SPC) has been in her role for 10 years. Her title is Coordinator of Adult Mental Illness Services for the Office of Mental Illness Community Programs and, as such, assists in the preparation of the Mental Health Block Grant Application, arranges and/or provides technical assistance and training for best and evidence-based practices as it pertains to adult target populations. She serves as Olmstead Coordinator, is the state SOAR co-lead and a SOAR Trainer, and monitors several clinical and housing programs. At present, she serves as a board member for two organizations: the Alabama Rural Coalition of the Homeless, and the Alabama Alliance to End Homelessness, for which she occupies the position of President. She is supervised by the Director of MI Community Programs and collaborates with the former SPC, now the Director of Policy and Resource Development, around the SOAR Alabama Initiative, veteran behavioral health initiatives, and Disaster Response.

The Alabama SPC uses a number of strategies to manage the PATH program such as conference calls and desk audits of programmatic reporting which includes routine reviews of PATH provider service data. The MI Community Programs Certification Team provides annual to biannual site visits to evaluate all programs and services provided by Community Mental Health Centers. Services supported by PATH funds are subject to the same certification standards that apply to all community provider programs and services. The State PATH Contact makes every effort to join with the certification team to assist in conducting on site evaluations of current PATH programs pending no restrictions in travel. The SPC oversees process for the annual application, the annual data reporting process, arranges for provider participation in state and nationally based conferences for on housing and homelessness, promotes other ADMH provided training opportunities available to individual PATH program staff, and utilizes technical assistance from state and national sources to include PATH technical assistance. The SPC has been awarded PATH TA on multiple occasions. Previous technical assistance topic areas included healthcare for the homeless, permanent supportive housing, motivational interviewing, data tracking, street outreach techniques, and Critical Time Intervention (CTI). The SPC sets aside a portion of funds to support training, provider meetings, technical assistance and special projects.

The Office of MI Community Programs not only provides programmatic oversight to the local PATH programs, but assists with the financial oversight as well. The SPC works closely with the Financial Systems Analyst responsible for preparing contracts with PATH providers and approving vouchers for payment. Annual audits are required to be conducted for each agency providing PATH services. These audit results are submitted to the State Board of Examiners and to the Alabama Department of Mental Health.

Active evaluation of current PATH data collection and reporting procedures is ongoing. Effective PATH service delivery, accurate reporting, and appropriate fiscal management of

PATH funds continue to be areas of focus and monitoring. At present, routine monitoring of performance and contract compliance includes reviews and evaluation of PATH provider service data uploaded monthly to the Central Depository Reporting (CDR) system for the state. The SPC is currently exploring additional monitoring tools/ platforms to enhance monitoring efforts and improve the tracking of PATH program outcomes. Such platforms include to use of PATH PDX site to establish routine tracking of specific PATH data elements.

HMIS Coordination efforts have led to increased contact between the SPC and the lead HMIS system administrator. This has produced fertile ground for the possible expansion of PATH provider monitoring through the use of PATH specific HMIS Individual Program and State Summary reports. The 2014 HMIS Data Standards and the 2014 HMIS Data Dictionary are being used to guide local PATH providers and local HMIS system administrators for data collection, sharing and monitoring if PATH programs.

The SPC accesses many sources for information to share with and to direct PATH providers. This includes participation in quarterly Grant Project Officer conference calls, national grantee meetings, PATH-HMIS Learning Community, PATH Definitions Committee, former participation in the PATH Data Advisory Workgroup, and former chair a workgroup for New PATH Provider Orientation which debuted 5 years ago at the national SPC meeting. The National Resource Center on Homelessness and PATH websites provide a myriad of resources utilized by the SPC. Resources include the State PATH Contacts Welcome Manual, the PATH Government Performance and Results Act measures, Effective PATH Programs criteria, Outreach video series, and various webinars to name a few.

The last Federal PATH Site Visit for the State's performance in the administration function of the PATH program, included Mobile (via video-conference), Huntsville-Madison, and Birmingham. The Site Visit Report and on-site consultation provided invaluable guidance to the Alabama PATH Initiative.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

Footnotes:

I. Selection of PATH Local-Area Providers

PATH Grant funds are distributed to PATH Providers on a **Needs Based Allocation**. The primary data sources used for consideration in determining the selection of eligible PATH providers include the most recent available HUD Continuum of Care Point-In-Time surveys, current US Census Data, and the infrastructure and capacity to serve the target population.

Due to the limited PATH resources, the community mental health providers serving the most urban areas of the state, and have the highest reported numbers of individuals homeless concentrated within a geographic service area, are invited to participate in the PATH application. Thusly, PATH funds are allocated through contractual agreements with the mental health centers located in the most populous service areas. Each community mental health provider is an active participant in local continuum of care groups and report the greatest numbers of homeless individuals based on Point-in-Time surveys. Other less populous regions of the state would have more difficulty sustaining PATH activities and would not likely obtain sufficient numbers of PATH eligible contacts to justify PATH funding. Considerations for additional PATH funds, when available, are typically awarded based on competitive responses to Request for Proposals.

III. State Level Information

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

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Footnotes:

J. Location of Individuals with SMI Experiencing Homelessness

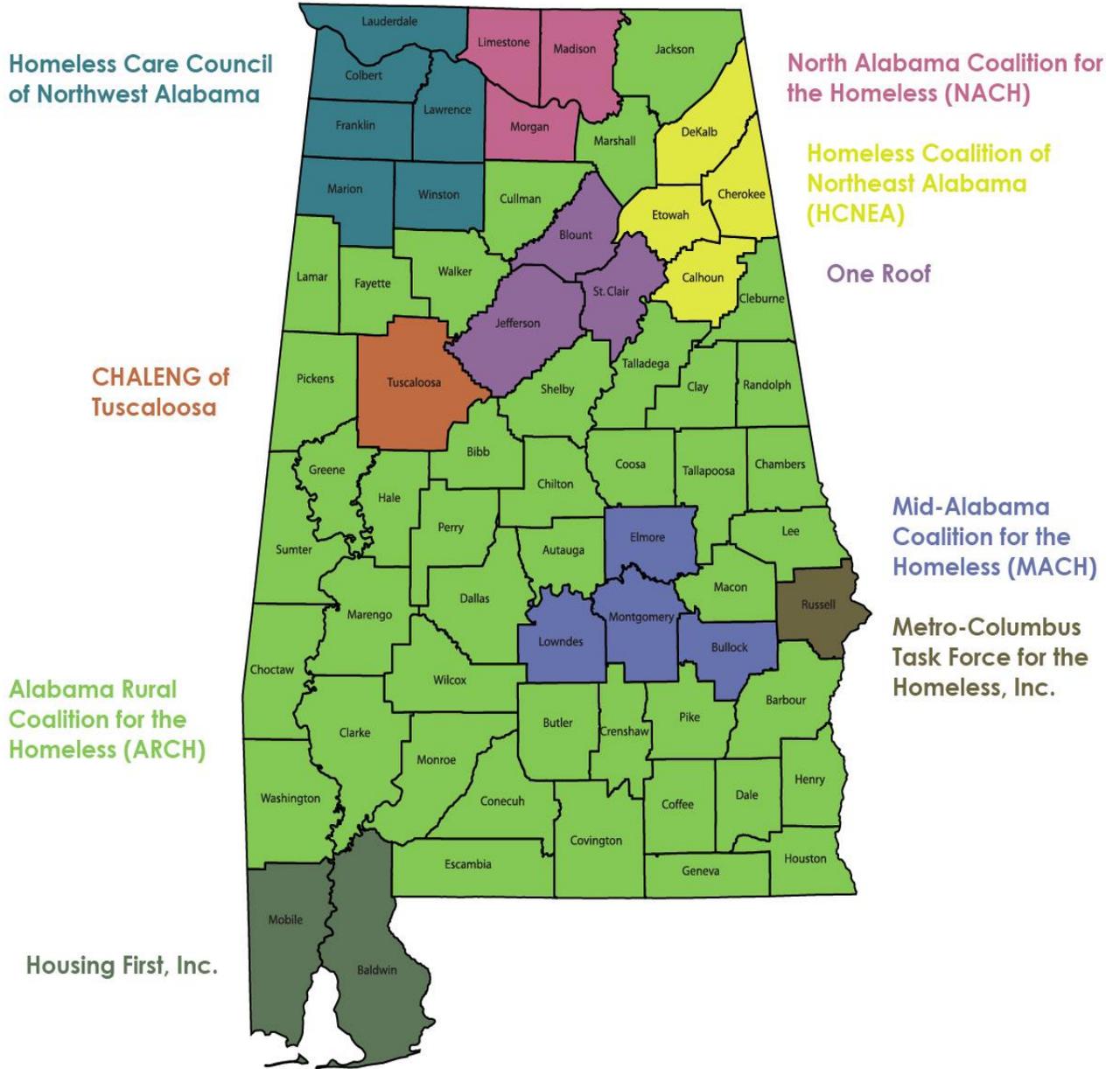
Statewide Number of Homeless Individuals with SMI by Geographic Area (see Map A)

Continuum of Care Groups {CMHC}	Region	Estimated # of Homeless Individuals w/SMI	Methodology
Homeless Coalition of Northeast AL	Calhoun and Etowah	5	January 2015 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	238	January 2015 Point in Time survey and estimate
West Ala. Coalition to End Homelessness (formerly C.H.A.L.E.N.G.) {Indian Rivers MHC}*	Tuscaloosa County	139	January 2015 Point in Time survey and estimate
One Roof (formerly Metropolitan Birmingham Services for the Homeless) {JBS MHC}*	Jefferson, Blount, Shelby and St. Clair counties	345	January 2016 Point in Time survey and estimate
Housing First, Inc. (formally Homeless Coalition of the Gulf Coast) {AlaPointe}*	Washington, Mobile, Baldwin County	69	January 2016 Point in Time survey and estimate
Mid-Alabama Coalition for the Homeless {Mont. Area MHC}*	Elmore, Lowndes, Montgomery counties	120	January 2015 Point in Time survey and estimate
North Alabama Coalition for the Homeless {Wellstone Behavioral Health}*	Limestone, Morgan, Madison counties	78	January 2015 Point in Time survey and estimate
Homeless Care Council of Northwest AL	Colbert, Franklin, Marion, Lawrence, Winston counties	50	January 2015 Point in Time survey and estimate

* Designates a PATH Provider

Map B

ALABAMA HOMELESS CONTINUUMS OF CARE



III. State Level Information

K. Matching Funds

Narrative Question:

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

Footnotes:

K. Matching Funds

Non-federal matching funds will be available at the beginning of the grant period sufficient to support PATH activities. The Department is aware of the requirement specified in Section 523 (a) of the PHS Act that cost sharing is required through match directly or through donations towards the cost in an amount not less than \$1 for every \$3. Matching and in-kind funds may be received from local municipalities and commissions through local provider catchment areas, allowable charitable donations from private or public entities to local providers, local provider fees for eligible CMHC services, and revenue. General State ambulatory funds are also available for use by community service providers by means of annual contracts and dispersed on a one twelfth basis. These and other funds previously described are sufficient to meet PATH grant matching obligations. Amounts provided by the government, or services assisted or subsidized to any significant extent by the federal government, will not be included when determining the amount of non-federal contributions.

III. State Level Information

L. Other Designated Funding

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Footnotes:

L. Other Designated Funding

Community mental health services are funded through a mix of resources including federal MH Block Grant funds, other grants, state funds, Medicaid (Rehab Option; Targeted Case Management), Medicare, other third party insurance, local government, donations, and client fees generated using a sliding fee scale. No Mental Health Block Grant, Substance Abuse Block Grant, or General Revenue Funds are specifically designated to serve homeless individuals. All services, programs, and projects supported by these various funding streams are available to any consumers with a disabling diagnosis of a serious mental illness and/or co-occurring disorders regardless of living arrangements or homelessness status. Individuals, who are homeless and have a serious mental illness and/or co-occurring disorder, qualify for the full continuum of services.

Beginning in 2009, the Alabama Department of Mental Health suffered budget cuts and has incurred cuts every year up until 2015 when ADMH was level funded and has been since. Continued reductions in financial resources promise to further stress the public service delivery systems and present challenges in expanding and enhancing community mental health services. PATH Grant funds ensure some protection of services designed for the most disenfranchised citizens whose needs would otherwise remain unaddressed.

Alabama has a population of 4.8 million (2014 Census estimate) and is the 9th poorest state in the nation according to 24.7 Wall St. publication September 2011. One in six lives below the federal poverty level. According to the National Low Income Housing Coalition 2014 State Housing Profile, Alabama has a shortage of over 90,000 available and affordable homes for extremely low income earners and 72% of them spend more than half of their income on housing alone. Nearly 1 in 6 Alabamians live below the federal poverty line as cited in the Poverty and Shared Households by State: 2011 American Community Survey Briefs. Moreover, if an Alabama resident's sole income is SSI in the amount of \$698 per month, then 81% would be required to afford a 1-bedroom apartment at Fair Market Rent as reported in Priced Out in 2012: The Housing Crisis for People with Disabilities. The 2014 Out of Reach report states that about 8.3 million individuals receive SSI nationwide because they are elderly, blind, or have another disability, and have few other economic resources.

The Department acknowledges the lack of adequate housing stock for Alabama residents and the need for a statewide policy and strategy to address this issue. Although the state provides no supplemental funding specifically for PATH services, some ADMH sponsored housing resources are available to augment support for individuals who are homeless.

HOUSING INITIATIVES:

ALHousingSearch.org:

October 2012, ALHousingSearch.org, Alabama's premier housing locator service, was launched statewide resource created to help people list and find safe and decent affordable and accessible housing, in addition to emergency housing across the state. This web-based service with toll-free support call center, provides information for the general public as well as for housing

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professionals seeking vital resources for clients. This project was initially funded by the Alabama Council on Developmental Disabilities, but is now supported with Alabama Department of Mental Health funds.

Low Income Housing Coalition of Alabama:

The Department holds Board and general membership in the Low Income Housing Coalition of Alabama (LIHCA). LIHCA is a statewide coalition consisting of housing advocates, elected officials, banking institutions, nonprofit service providers, legal services groups, and low income persons. LIHCA's mission is to increase housing opportunities for individuals with the greatest financial need and campaigned for the establishment of an **Alabama Housing Trust Fund** as previously mentioned (subsection F). LIHCA recently released **LIHCA's 2014 Red Book** which includes a series of county housing profiles identifying housing affordability, housing availability, number of homeowners/renters, available housing units and various community, household, and special needs factors. The special needs category includes the number of individuals living with a disability, HIV/AIDs, and serious mental illness.

Collaborative Solutions, Inc. (CSI):

LIHCA is supported by Collaborative Solutions, Inc. (CSI), an approved technical assistance consultant of the Alabama HUD Field Office. CSI works as a co-sponsor with LIHCA and ALAEH to organize an annual statewide training event around housing and homelessness. ADMH has served as a sponsor for this event in the past to support attendance of PATH providers as well as other mental health providers from around the state. ADMH has partnered with CSI in the past for a Rural Housing and Economic Development (RHED) program resulting in a peer network of community-based organizations interested in the development of rural housing.

Housing Needs Assessment:

The Housing Advisory Council (HAC), established by the Department, is made up of housing stakeholder and advocacy group representatives. This Council served as an advisory body to the Department around the areas of housing and strategies for development. Based on HAC recommendations and the efforts of ADMH contracted housing consultants, needs assessment was conducted in 2007 specifically for the needs of the seriously mentally ill population. Over 8600 units were identified to meet the housing needs of this population. As a result, the Department developed a Supportive Housing Plan which clearly laid out objectives and guiding principles and also identified needs. The housing needs assessment has been updated and reflects a need for approximately 11,000 units to meet the housing needs of the service population.

Alabama Housing Finance Authority (AHFA):

The Department continues a partnership with the Alabama Housing Finance Authority (AHFA) to focus attention on the housing needs of persons the Department serves. AHFA established HOME and Low Income Tax Credit 490 set-aside units with reduced rental rates. Housing is also available at reduced rental rates through USDA Farmers Home developments. The Office of Advocacy monitors set-asides to ensure priority for vacancies are given to individuals with serious mental illness, developmental disabilities, or substance abuse disorders.

Housing and Urban Development (HUD) Partnership:

HUD has remained a dedicated supporter of the Department in an effort to expand housing options for the individuals we serve. In 2011, upon hearing of the plan to close state facilities, the Alabama HUD Field Office located in Birmingham, of which Michael German is the Director, graciously extended an offer to assist the Department in efforts to transition persons from institutions. As a result, a series of meetings transpired with key leadership from HUD, Fair Housing, and Public Housing Authorities. In March 2012, the Department participated in HUD's Community Planning and Development Statewide panel discussion as a first step of many to create a framework from which to build collaborations at the local and state level. ADMH is the grantee for two **HUD Grants**. One is based in Mobile and the other supports rural housing in 4 rural counties. The Mobile based HUD grant provides a valuable resource to the PATH program serving that region.

ADMH Housing Support Fund:

The Department currently dedicates \$250,000 of state funds towards Housing Support. This is the only dedicated Departmental funding resource for the prevention of homelessness or assistance with initial housing set up costs. The fund is available statewide to all providers to access in order to assist consumers with obtaining and maintaining more independent and stable housing. This is a critical funding source especially for individuals who are homeless and receiving mental health services from non-PATH funded sites.

Mental Illness Community Residential Placement System (MICRS):

In 2006, the Department developed a housing inventory of all ADMH certified and contracted residential programs. MICRS serves as a mechanism in which to monitor residential service bed vacancies across the state. Currently, the Department contracts roughly 49.6 million dollars with the community mental health provider network to provide approximately 2,765 beds for various living arrangements for adults such as group homes, semi-independent apartments and supportive housing. A preliminary comparison of 2007 and 2013 data listed in MICRS, reveals significant changes in the number and type of community living alternatives for persons with mental illness to include those who are homeless. Although some types of housing programs historically used within the mental health continuum, such as foster homes and therapeutic group homes, have decreased, overall housing programs have increased by 35.6%. This represents an increase in 750 community beds of various types. Most notably, evidence based permanent supportive housing, first adopted in 2007, has increased significantly and further described immediately following (see below).

Permanent Supportive Housing –evidence based:

Alabama participated as a pilot site for SAMHSA's Permanent Supportive Housing Toolkit and provided training around supportive housing principles. To date, there are 324 permanent supportive housing units in operation consistent with the evidence based model. The original 108 pilot units are directly supported by ADMH funds. The remaining numbers of units are supported by "bridge funds" obtained from the 2009 downsizing project and, most recently, the hospital closure project in which funds used to support hospitals were transferred to expand

community services. All five PATH Providers offer this housing model: Wellstone (Huntsville), Indian Rivers (Tuscaloosa), AltaPointe (Mobile), and JBS (Birmingham).

Departmental representatives will continue to work in all venues to access new housing resources for individuals who are homeless and have a serious mental illness and/or co-occurring disorder.

III. State Level Information

M. Data

Narrative Question:

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

Footnotes:

M. Data

The Department supports the PATH goal that by October 2016 all PATH programs will be participating in collection of PATH data into the Homeless Management Information System (HMIS). To date, all PATH programs within Alabama are on track to meet the data collection and reporting targets by October 2016. The SAMHSA's Homeless and Housing Resource Network and PATH HMIS Learning Community training has proven invaluable for assisting the State PATH Contact and PATH providers in Alabama with the implementation of HMIS. PATH providers fully understand the value and importance of capturing accurate data for the purposes of care coordination, funding, and demonstrating impact and effective outcomes. They are all committed to the goal of using Homeless Management Information System.

In 2014, three of the five PATH providers in Alabama completed the PATH Provider HIMS Assessment. Assessment results indicated that, for those who responded, "PATH users feel moderately comfortable with HMIS." The assessment also revealed that 33% of the Providers desired additional training. In response to this need for training, the State PATH Contact was able to obtain onsite training and technical assistance for all PATH Case Managers and staff who attended the annual conference on housing and homelessness (Housing Works! Conference). The agenda was expanded to include an additional track on data and performance measures which focused on the new HMIS Data Standards. Presenters Chris S. Pitcher and Michael Lindsey of ICF International were available to provide technical assistance for the duration of the conference. Details of current use, progress in implementation, target dates for training, and projected readiness dates are described in more detail within local PATH Provider Intended Use Plans.

Alabama has one statewide HMIS implementation called Program Management Information Systems of Alabama (PromisAL) that utilizes Bowman Systems' ServicePoint software. PromisAL is a shared project made up by all 8 of the participating CoCs and the 8 HMIS Lead Agencies designated within each CoC. PromisAL is governed by a Steering Committee that is made up by one voting representative from each CoC and each HMIS Lead Agency. As a statewide system that provides live data, PromisAL offers participating agencies the ability to reverse any duplication of client files statewide and avoid duplicative services. As independent entities, each local HMIS Lead Agency has the ability tailor questionnaires and workflows to satisfy local (or agency specific) requirements and needs. All PATH providers are presently working with their local HUD Continua of Care and local HMIS System Administrators for the purposes of training new staff and attainment of licensure. All PATH program parent agencies have HMIS connectivity and are using HMIS for PATH.

The State PATH Contact is in communication with the HMIS Lead System Administrator and works in partnership for the coordination of PATH program implementation of HMIS. The HMIS Lead oversees the process for updating data elements as prescribed by the latest HMIS Data Standards and ensures PATH training needs and remedies any reporting issues. The HMIS Lead is aware of PATH grant expectations and targets relative to HMIS. Since the release of the [2014 HMIS Data Standards](#) and [2014 HMIS Data Dictionary](#), the HMIS Lead Administrator is directing HMIS updates for AL-PATH and oversees trainings for PATH providers. (Details of

PATH Provider use of HMIS and preparations of the October 2016 deadline are further described in Intended Use Plans).

III. State Level Information

N. Training

Narrative Question:

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

Footnotes:

O. Training

PATH funds are set aside to allow the State PATH Contact to attend state and national training opportunities pertaining to homelessness, housing, and related activities. Each PATH provider will receive funds in their budget to use towards training which supports PATH's mission and goal. Other local, State and Federally sponsored trainings are available to all contracted providers which includes PATH. Some of them have been included in the listing below.

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

Homeless Resource Center (HRC), PATH websites, and SAMHSA websites and webinars offer a plethora of training materials available for use by PATH providers. Topics of focus have been HMIS, housing, and outreach.

SSI/SSDI, Outreach, Access, and Recovery Training (SOAR): Trainings are routinely scheduled and upon special request. Leadership of community mental health providers, PATH programs, and HUD Continuum of Care providers are notified of training opportunities for each event. The Department is committed to using SOAR as a strategy for helping people experiencing homelessness overcome barriers to accessing needed services. PATH providers have been notified on online SOAR training options.

ALHousingSearch.org: Statewide training and demonstrations for this resource have been provided at the 2012 Housing Works Conference and the 2013 Consumer Recovery Conference. Information about this service has been disseminated to providers.

Housing Works! Conference: ALAEH, LICHA and Collaborative Solutions, Inc. co-sponsor this statewide annual conference to provide statewide training, networking opportunities, and resource information for providers serving homeless populations. This conference is held in the October/November of each year.

Alabama Council of Community Mental Health Boards This annual conference attracts participants from state hospitals and community mental health providers. This conference focuses on statewide issues pertaining to planning and reshaping the mental health service delivery system.

Annual Alabama Institute for Recovery Conference was held for the 24th year in April 2015. This annual consumer conference attracts consumers and providers from throughout the state and boasts over 800 participants. The conference is planned by consumers for consumers. ADMH presented on Housing for which the State PATH Contacts were invited to attend. Evidence-based Supported Employment was a topic of focus.

Annual Alabama School of Alcohol and Other Drug Studies (ASADS) conference was held for the 41th year March 2015. ASADS is a 4 day conference in order to foster and maintain the integrity of alcohol and substance abuse related services for consumers and provide

continuing education and educational programs for professionals working with populations affected by alcohol and substance abuse.

AL HUD Office quarterly training programs are publicized and offered to grantee agencies to include those which house PATH. Both the AL HUD Office and the AL Housing Finance Authority (AHFA) provide technical assistance in the application of housing funds.

Department's Cultural Diversity Task Force are available to provide technical assistance to ADMH personnel as well as contracted providers.

Person-centered Treatment Planning Manual: has been adopted as the philosophy for the ADMH 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. Community mental health providers are expected to provide ongoing training on person-centered treatment planning and consumer directed services.

Alabama Association for Persons in Supported Employment (AL-APSE) Conference is held annually in June. The mission of the Alabama Chapter of APSE is to enhance innovative individualized employment opportunities, promote careers, and improve the quality of life for individual with significant disabilities by providing education, technical assistance and training, advocacy and support to people, family members, employers, and employment specialists. Evidence-based supported employment will be a topic of focus in 2016.

AL Executive Network for Service Members, Veterans and their Families (AlaVetNet) The Behavioral Committee routinely provide training in military culture to behavioral health professionals throughout the state with a goal of expanding treatment capacity.

III. State Level Information

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

Narrative Question:

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

Footnotes:

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

In 2007, the Department partnered with Governor's Office to implement the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative in Alabama. As previously reported in section F, SOAR has been instrumental in providing the PATH outreach case managers and other providers serving the homeless populations with the skills needed to directly impact homelessness. Engaging people who are literally and chronically homeless, assisting them with accessing financial resources, and arranging for community supports all serve to move the state forward in achieving state and local plans to end homelessness as well as the state's mental health services plan.

Several in-state trainings have been provided and information about the online training option has been disseminated to mental health providers and PATH programs statewide. All PATH providers currently have staff trained in SOAR. To date, statewide 19 PATH accessible staff have been reported trained in SOAR and 22 PATH enrolled consumers have been assisted with SSI/SSDI applications using SOAR methodologies. Although the online training is accessible, information about in-state SOAR training opportunities are dispersed to all PATH providers.

In 2015, the Alabama Rural Coalition for the Homeless was one of 5 Coc's selected, out of a total of 22 applicants, for the SOAR Technical Assistance Award. As the HUD Balance of State Continuum of Care, ARCH is working to provide refresher training to everyone who completed an in-person training and follow-up training to all completing the online course

III. State Level Information

P. Coordinated Entry

Narrative Question:

Describe the state's coordinated entry program and role of key partners.

Footnotes:

P. Coordinated Entry

In Alabama, Coordinated Assessment or Coordinated Entry system is being spearheaded by Continuum of Care lead agencies. As articulated in the recent Coordinated Entry Policy Brief (February 2015), “an effective coordinated entry process is a critical component to any community’s efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.” Therefore, the characteristics of an effective coordinated entry process is essential. Provisions in the CoC Program interim rule at 24 CFR 578.7(a) (8) require that CoCs establish a Centralized or Coordinated Assessment System. HUD’s primary goal is that resources be able to be effectively and efficiently readily accessed by those most in need.

The Alabama Department of Mental Health acknowledges and supports the following Qualities of Effective Coordinated Entry:

- Prioritization based on need
- Low screening barrier
- Housing First approach
- Person-centered and choice driven
- Fair and Equal Access
- Emergency Services assessable
- Standardized Access and Assessment
- Inclusive of all subpopulations to include people experiencing chronic homeless
- Referral to projects
- Referral to protocols
- Outreach
- Ongoing planning and stakeholder consultation
- Informing local planning
- Leverage local attributes and capacity
- Safety planning for people fleeing domestic violence
- Using HMIS and other systems for coordinated entry
- Full Coverage

PATH Providers are all strongly encouraged to be active members of their local CoC’s and to work cooperatively with the CoC lead agencies in the development of the coordinated entry process. This is of particular importance as individuals who are prioritized for PATH services have the most severe service needs and degree of vulnerability such those experiencing chronic homelessness. PATH program participation with the Coordinated Entry process ensures the most appropriate use of limited resources. (Further details of local CoC efforts around Coordinated Assessment/Entry may be found in PATH Provider Intended Use Plans).

III. State Level Information

Q. Justice Involved

Narrative Question:

Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history such as jail diversion and other state programs, policies and laws. Indicate the percent of PATH clients with a criminal history.

Footnotes:

Q. Justice Involvement

The Alabama Department of Mental Health has been in collaborative partnerships across several agencies related to justice and criminal involvement at both state and local levels. These agencies include the Alabama Department of Corrections, the Administrative Office of the Courts, and Pardons and Parole as well as law enforcement entities.

ADMH is aware of the vulnerability factors associated with justice involvement. As reported in the November 2013 issue of *In Focus* publication titled *Incarceration & Homelessness: A Revolving Door of Risk*, incarceration and homelessness are mutual risk factors for each other. Data from research cited in this document are detailed below:

Researchers generally estimate that Nationwide, 20-50% of the homeless population has a history of incarceration. Moreover, sub-groups within the homeless population, such as individuals with mental health issues, veterans, and youth, have even a more widespread incarceration history. Nearly one million adults with serious mental illness are booked to jails annually and many have histories of homelessness. Severe mental illness is prevalent among the homeless population and is correlated to increased risk of justice system involvement. Runaway/homeless youth also experience high rates of incarceration. An estimated 20-30% of unstably housed young people have arrest histories which equates to 150,000 entering into the justice system

A “history of homelessness is 7.5 to 11.3% times more prevalent among inmates than the general population. Furthermore, individuals without stable housing are already at greater risk for incarceration than the general population. Also, unstably housed veterans present disparate rates of incarceration when compared to the general population.

In addition to contributing to risk of homelessness, incarceration can also have significant effects on health due to overcrowded conditions, high-risk sexual behaviors, and shared needles for drug use and tattoos create conditions for infectious disease outbreaks. Incarceration also has even greater adverse effects on addiction and mental illness following release. Furthermore, even though care is provided during incarceration, continuity of care is disrupted upon release, particularly for those returning to unstable housing situations. Sudden discontinuation of medications and services, paired with lack of access to services, puts previously incarcerated individuals at risk to cycle among the streets, shelters, emergency rooms, and criminal justice system.

PATH Providers are encouraged to work with local law enforcement agencies, jails, and the courts in an effort to divert individuals who are homeless from becoming unnecessarily incarcerated. Also PATH Case Managers work with PATH enrolled consumers with criminal backgrounds or current legal charges in an effort to remove barriers to accessing housing and other needed services. Given the estimates cited above, of the 3,970 Total Homeless Persons reported in Alabama’s 2015 Point-In-time counts, **800 to 1985 individuals have a history of incarceration**. Based on those projections, of the 1050 persons estimated to be contacted by PATH providers in FY17, 210 to 525 are expected to have a history of incarceration and of the 410 projected to be enrolled, 82 to 205 will as well. (More details are further described in PATH Provider individual Intended Use Plans).

Terms and Conditions of Award for Behavioral Health Disparity for Alabama PATH Grant for FY17

DISPARITY IMPACT STATEMENT

1. Proposed number of individuals to be served by subpopulations in the grant service areas.

The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in Alabama’s Projects Assisting in the Transition from Homelessness (PATH) grant service area. The PATH service areas in Alabama are urban and include the cities of Birmingham, Huntsville, Mobile, Montgomery, and Tuscaloosa. Respectively, the PATH provider agencies are Jefferson-Blount-St. Clair (JBS) Mental Health Authority, Wellstone Behavioral Health, AltaPointe Mental Health Systems Inc., Montgomery Area Mental Health Authority, and Indian Rivers Mental Health Center.

Path Catchment Areas	PATH Outreach Projections	PATH Enrollment Projections
Number to be served in FY17	1050	410
<i>By Race</i>		
African-American	41.89%	50.13%
Hawaiian / Pacific Rim	0.8%	0.0%
White (non-Hispanic)	45.67%	48.56%
Asian	0.24%	0.26%
American Indian	0.16%	0.39%
More than one race reported	0.72%	0.26%
Race Unknown	11.24%	0.39%
<i>By Gender</i>		
Female	43.74%	42.41%
Male	55.22%	57.20%
Transgender	0.32%	0.39%
<i>By Ethnicity</i>		
Hispanic or Latino	1.2%	1.18%

Alabama has a population of 4.7M (U.S. 2010 Census) residing in a wide range of urban, suburban, and rural communities. The overall statewide total homeless population in Alabama reflects a decreasing trend steadily for the past 6years as reflected by HUD Point-In-time Count data. Persons in households without children have decreased but overall use of Emergency Shelters have increased. In a national report that looks at the number of homeless children in each state, Alabama is considered the worst of all ranking 50th.

Alabama is largely a rural state with 55 out of 67 counties being designated as rural. Among Alabamians over 24 years of age, 30.3% living in rural areas and 20.2% in urban areas have less

than a high school education. According to the Kaiser Family Foundation, Alabama also ranks as the 4th highest in the nation for infant mortality rates and is the 10th lowest in per capita state spending.

The overall population of the US Census (2013 estimates) for the 5 urban cities served by PATH programs totals an estimated 889,932 adults and children. The population is 52.6% female and 47.4% male, 52.4% African-American, 42% Caucasian, 1.8% Asian, 0.3% American Indian, 3.8% Hispanic or Latino, and 1.5% of two or more races. On average the population in these areas live 23% below the poverty rate.

The majority of people of Hispanic origin in Alabama live in urban areas (May 2012 Auburn University at Montgomery's Center for Demographic Research). In 2010, the top three places of residence for Alabama's Hispanics were Huntsville with 10,512, Montgomery with 7,998; and Birmingham with 7,704. About half of the Hispanics in Alabama are US Citizens, but English language remains a major obstacle to social integration. According to the 2007 American Community Survey, about half of the Alabama Hispanics indicated that they speak English well and 17% indicate that they do not speak English at all.

2. Quality Improvement Plan

ADMH is responsible for providing leadership for the implementation of the Cultural and Linguistic Competent community services for target populations specifically individuals with serious mental disorders, substance use disorders, and intellectual disabilities. It is the Department's expectation that services be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The State PATH Contact will collaborate with the ADMH Cultural Diversity Taskforce and local community mental health providers in planning the design and implementation of activities to ensure the cultural and linguistic needs of grant participants are effectively addressed, particularly disparity populations.

A continuous quality improvement approach will be used to analyze, assess and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Data and GPRA measures will be used to monitor and manage program outcomes to include a review of consumer demographics within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across program domains. All providers are required to conduct annual consumer satisfaction surveys for the use of developing more effective service delivery.

A primary objective of the data collection and reporting will be to monitor/measure PATH activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis. For example, outreach and enrollment data will be reported in Alabama's Homeless Management Information System. This information, in addition to PDX data and ADMH's Central Data Repository, will be reviewed as a means to identify successes and barriers encountered while implementing PATH specific outreach activities and services. Outcomes for all services and supports will be monitored across age, gender, race and ethnicity, hearing status and language of preference to determine the grant's impact on behavioral health disparities.

3. Adherence to the CLAS Standards

Through requirements as outlined in provider contractual agreements and programmatic certification standards, ADMH promotes National CLAS principles and drives policy and practices that services are to be delivered in a culturally and linguistically competent manner sensitive to the ethnic and gender needs of the community. All providers, to include PATH providers, are encouraged to support the reduction of disparities in access, services provided, and behavioral health outcomes among diverse subpopulations.

The Department's Cultural Diversity Task Force is co-lead by the Director of the Office of Deaf Services and the Director of Development and Training both of whom participate in the CLC Network and disseminate information at state and local levels. ADMH procedures have been implemented for mental health providers to have access to foreign language interpreters and American Sign Language interpreters.

Our PATH Cultural and Linguistic Competency planning will continue to promote the adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to:

- a. **Diverse cultural health beliefs and practices** - Training and hiring protocols will be implemented to support the culture and language of all subpopulations.
- b. **Preferred languages** -Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English, but prefer materials in their primary language. Key documents will be translated.
- c. **Health literacy and other communication needs of all sub-populations identified.** – Tailoring of service programs to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.