



STATE OF GEORGIA
OFFICE OF THE GOVERNOR
ATLANTA 30334-0900

Nathan Deal
GOVERNOR

June 14, 2013

Virginia Simmons
Attn: PATH Formula Grant (SM 12-F2)
Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health Services Administration
One Choke Cherry Road, Room 7-1091
Rockville, Maryland 20850

Dear Ms. Simmons:

The Georgia Department of Behavioral Health and Development Disabilities (DBHDD), through its Division of Mental Health, has applied for the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant for federal fiscal year 2013. It is my understanding that DBHDD is Georgia's leading agency for the administration of these funds.

Georgia will continue to utilize the PATH funding as required in the Public Health Service Act as authorized under Section 521 through 535; to provide assertive outreach for individuals with serious mental illnesses designed to end homelessness. Staff at the Department's Division of Mental Health will continue to monitor fund utilization to assure maximum benefit to the citizens of Georgia impacted by homelessness and mental illness.

We appreciate the opportunity to submit this application, and look forward to a continuing cooperative relationship with SAMHSA and the Center for Mental Health Services.

Sincerely,

A handwritten signature in black ink that reads "Nathan Deal".

Nathan Deal



DBHDD

Frank W. Berry, Commissioner

OFFICE OF BUDGET AND FINANCE

Georgia Department of Behavioral Health and Developmental Disabilities
Two Peachtree Street, NW • Suite 25.394 • Atlanta, Georgia, 30303-3142 • 404-657-1664

DBHDD

Grant Application Approval Form
DBHDD Transmittal Review Cover Document

Filing Deadline: June 14, 2013
Application: New Continuation X
State Review Needed: Yes No

I. Grant Information:

Division: Mental Health Grantor: Center for Mental Health Services

CFDA# 93-150 Application Title: Projects for Assistance in Transition from Homelessness

Contact Person: Charley Bliss Phone #: 404.657.2141

Funding Request:

Federal –	State –	In-kind –	Other –	Total –
\$1,421,000	\$574,000			

Explanation of State/In-kind/Other Funds:

DBHDD Future Obligation: No X Y

Request for Indirect Cost: No X Y

II. Division/Department Approval:

[Signature] 5/20/13 DBHDD Program Director Date [Signature] 5/20/13 DBHDD Executive Director Date [Signature] 5/22/13 DBHDD Budget Officer Date

[Signature] 2/21/2013 DBHDD Fin Ops Grants Manager Date [Signature] 5/24/13 DBHDD Commissioner Date



DBHDD

DBHDD

Frank W. Berry, Commissioner

OFFICE OF BUDGET AND FINANCE

Georgia Department of Behavioral Health and Developmental Disabilities
Two Peachtree Street, NW • Suite 25.394 • Atlanta, Georgia, 30303-3142 • 404-657-1664

III. Grant Description:

Purpose: These federal funds provide non-traditional mental health support for homeless individuals who have serious mental illness and do not seek traditional services on their own, thereby linking them to mainstream services and resources.

Background/Need: In Georgia, as many as 72,000 persons with mental illness may experience homelessness, and as many as 15,000 may experience chronic homelessness. In FY12, a total of 3,584 homeless adults with SM received benefit from PATH funded services. Of those outreached, 1,756 individuals received ongoing support services, and 1,069 adults successfully accessed housing and mainstream services

Activities: These funds are primarily used to purchase street outreach and case management services in those areas of the state with the largest homeless population concentration (Atlanta, Cobb, Columbus, Augusta, and Savannah).

Collaborators with Project Roles (explain and indicate proposed contract amounts, if any):

Anticipated Outcomes: It is projected for FY2013 that more than 3,000 homeless adults with SMI will receive benefit from these services, ending homelessness for more than 1,000 adults by linking them to housing and mainstream services.

Comments (if any):

2013 PATH Federal Grant Funding Application Summary

The Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD), through its Division of Mental Health, is submitting the annual application for the Projects for Assistance in Transition from Homeless (PATH) Program for federal fiscal year 2013. This application is made on behalf of Georgia to the Director of the Center for Mental Health Services, within the Substance Abuse and Mental Health Services Administration (SAMHSA) requesting the award of \$1,421,000 in federal funds with a state match of \$574,000. Each year, this funding is provided to each state following the submission of the application.

Contained within this application is an overview of the activities that the State proposes to support through the PATH Formula Grant Program. In addition, an Intended Use Plan for each PATH-funded organization is included. Those regions that present the greatest need for homeless supports use these federal funds to contract with mental health providers for the provision of outreach and case management services. The goal of these services is to end the homeless cycle for the chronic homeless population through engagement and linkage to mainstream services and resources.

Georgia will continue to use these PATH federal funds to support assertive outreach for homeless individuals with serious mental illness who need assistance and are not pursuing mental health treatment and other entitlements on their own. The State PATH Contact and the staff in the DBHDD, Division of Mental Health will continue to monitor fund utilization to assure maximum benefit to the citizens of Georgia impacted by homelessness and mental illnesses.

In order for Georgia to receive this award, the application must be received by Center for Mental Health Services through SAMHSA no later than June 14, 2013. Those states submitting grant applications after June 14, 2013 will be deemed ineligible to receive the award and those funds may be reallocated to other states.

June 14, 2013

Virginia Simmons
Attn: PATH Formula Grant (SM 12-F2)
Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health Services Administration
One Choke Cherry Road, Room 7-1091
Rockville, Maryland 20850

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We appreciate the opportunity to submit this application, and look forward to a continuing cooperative relationship with SAMHSA and the Center for Mental Health Services.

Sincerely,

Nathan Deal

Application for Federal Assistance SF-424		
*1. Type of Submission: <input type="checkbox"/> Pre Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): *Other (Specify)
*3. Date Received:	4. Applicant Identifier:	
5a. Federal Entity Identifier		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION		
*a. Legal Name: GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3473160	*c. Organization DUNS: 965736635	
d. Address		
*Street1:	2 PEACHTREE STREET, NW, SUITE 23.415	
Street2:		
*City:	ATLANTA	
County/Parish:	FULTON	
*State:	GEORGIA	
Province:		
*Country:	UNITED STATES	
*Zip/Postal Code:	30303-2117	
e. Organizational Unit		
Department Name: Depart. Behavioral Health & Developmental Disabilities	Division Name: Division of Mental Health	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	*First Name: Charley	
Middle Name: William		
*Last Name: Bliss		
Suffix:		
Title: Policy & Program Specialist		
Organizational Affiliation: State Employee		
*Telephone Number: 404.657.2141	Fax Number: 404.463.7149	
*Email: cbliss@dhr.state.ga.us		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

SAMHSA

11. Catalog of Federal Domestic Assistance Number

93-150

CFDA Title:

Projects for Assistance in Transition from Homelessness (PATH)

***12. Funding Opportunity Number:**

PATH FORMULA GRANT SM-13-F2

*Title:

FY2013 PATH RFA

13. Competition Identification Number:

Title:

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

Fulton, DeKalb, Richmond, Chatham, Muscogee, Cobb, Douglas counties

15. Descriptive Title of Applicant's Project:

Georgia's PATH Formula Grant

Attach supporting documents as specified in agency instructions

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:

*a. Start Date: b. End Date:

18. Estimated Funding(\$):

*a. Federal	<input type="text" value="\$1,421,000"/>
*b. Applicant	<input type="text" value="\$574,000"/>
*c. State	<input type="text"/>
*d. Local	<input type="text"/>
*e. Other	<input type="text"/>
*f. Program Income	<input type="text"/>
*g. TOTAL	<input type="text" value="\$1,995,000"/>

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

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach.

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

**** I AGREE**

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

a. Authorized Representative

Prefix: Mr. *First Name: Frank

Middle Name: W.

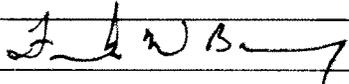
Last Name: Berry

Suffix:

*Title: DBHDD Commissioner

*Telephone Number: 404.657.2273 Fax Number: 404.463.7149

*Email: FwBerry@dhr.state.ga.us

*Signature of Authorized Representative: 

Date Signed: 5/24/13

TABLE OF CONTENTS

		Page
I.	Application Face Sheet	1
II.	Table of Contents	4
III.	Budget Forms	5
IV.	Program Narrative and Supporting Documentation	7
	Section A: Executive Summary	8
	Section B: State-Level Information	9
	State MAP of PATH Providers	18
	Section C: Local Provider Intended Use Plans & Budgets	21
	Serenity.....page21 Fulton DeKalb.....page48	
	First Step.....page27 St. Joseph Mercy Cares...page53	
	Community Friendship....page33 Cobb.....page59	
	Travelers Aid.....page38 New Horizons.....page65	
	United Way.....page43 Chatham-Savannah.....page70	
V.	Assurances	77
VI.	Certifications	79
VII.	Agreements	82
	Charitable Choice Provisions	
VIII.	Disclosure of Lobbying Activities	87
IX.	Checklist	88

BUDGET INFORMATION - Non- Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. PATH	93.150	\$	\$	\$ 1,421,000	\$ 574,000	\$ 1,995,000
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 1,421,000	\$ 574,000	\$ 1,995,000

SECTION B - BUDGET CATEGORIES

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$	\$	\$	\$	\$	\$ 0.00
b. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0.00
c. Travel	\$ 3,000	\$	\$	\$	\$	\$ 3,000
d. Equipment	\$	\$	\$	\$	\$	\$ 0.00
e. Supplies	\$	\$	\$	\$	\$	\$ 0.00
f. Contractual	\$ 1,418,000	\$	\$ 574,000	\$	\$	\$ 1,992,000
g. Construction	\$	\$	\$	\$	\$	\$ 0.00
h. Other	\$	\$	\$	\$	\$	\$ 0.00
i. Total Direct Charges (sum of 6a -6h)	\$ 1,421,000	\$	\$ 574,000	\$ 0.00	\$	\$ 1,995,000
j. Indirect Charges	\$	\$	\$	\$	\$	\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 1,421,000	\$	\$ 574,000	\$ 0.00	\$	\$ 1,995,000
7. Program Income	\$	\$	\$	\$	\$	\$ 0.00

SECTION C - NON-FEDERAL RESOURCES

(e) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$ 574,000	\$	\$	\$ 574,000
9.	\$	\$	\$	\$ 0.00
10.	\$	\$	\$	\$ 0.00
11.	\$	\$	\$	\$ 0.00
12. TOTALS (sum of lines 8 and 11)	\$ 574,000	\$ 0.00	\$ 0.00	\$ 574,000

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
13. Federal	\$ 0.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
14. Non-Federal	\$ 0.00	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(e) Grant Program	FUTURE FUNDING PERIODS (Years)							
	(b) First	(c) Second	(d) Third	(e) Fourth	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$	\$	\$	\$	\$
17.	\$	\$	\$	\$	\$	\$	\$	\$
18.	\$	\$	\$	\$	\$	\$	\$	\$
19.	\$	\$	\$	\$	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

FY 2013
State of Georgia
PATH Grant Application:
Projects for Assistance in Transition from
Homelessness

Project Narrative:
Sections A through C

Section A.

EXECUTIVE SUMMARY

(Table 1)

Organization Name:	Organization Type:	PATH Federal Funding Amount	PATH State Match Funding Amount	PATH Total Funding Amount	Service Area Counties:	PATH Funded Service(s)	# Proposed Outreached # Literally Homeless	# Proposed Enrolled
Serenity Behavioral Health Services	Public, non-profit, mental health agency	\$ 119,000	\$41,320	\$160,320	Richmond	-Outreach -Case Mgt	285 200	200
First Step Staffing, Inc.	Private, non-profit	\$ 180,000	\$61,285	\$241,285	Muscogee, Richmond, Fulton/DeKalb Cobb/Douglas, Chatham	-SOAR -Training	120 96	120
Community Friendship, Inc.	Private non-profit, mental health agency	\$126,000	\$59,298	\$185,298	Fulton/DeKalb	-Outreach -Case Mgt	330 300	200
Travelers Aid of Metro Atlanta	Public, non-profit	\$129,000	\$56,298	\$185,298	Fulton /DeKalb	-Outreach -Case Mgt	330 230	145
United Way Metropolitan Atlanta	Public, non-profit, mental health agency	\$136,000	\$64,000	\$200,000	Fulton/DeKalb	-Outreach -Case Mgt	170 150	135
Grady Health Systems	Public, non-profit, health care agency	\$100,000	\$45,400	\$145,400	Fulton/DeKalb	-Outreach -Case Mgt	260 230	182
St. Joseph Mercy Cares	Private, non-profit, health care agency	\$225,000	\$107,000	\$332,000	Fulton/DeKalb	-Outreach -Case Mgt	590 440	415
Cobb Community Service Board	Public, non-profit, mental health agency	\$120,000	\$40,000	\$160,000	Cobb/Douglas	-Outreach -Case Mgt	285 250	200
New Horizons Community Service Board	Public, non-profit, mental health agency	\$147,000	\$51,900	\$198,900	Muscogee	-Outreach -Case Mgt	350 280	244
Chatham-Savannah Authority for the Homeless	Public, non-profit local governing authority	\$136,000	\$47,500	\$183,500	Chatham	-Outreach -Case Mgt	328 295	229
GA DBHDD, Division of Mental Health	State Government	\$3,000	\$0	\$3,000	Statewide	-Admin.	NA	NA
2013 PATH Funding	Public/ Private & Non-Profit	\$1,421,000	\$574,000	\$1,995,000	10 Counties	-Outreach -Case Mgt	3,048 2,471 (80%)	2,100

1. State Operational Definitions-

a. Homeless Individual – An individual who lacks fixed, regular, and adequate nighttime residence; or whose primary nighttime residence is a shelter designed to provide temporary living accommodations; or an institution that provides temporary residences for persons intended to be institutionalized; or a place not designed for human beings to live.

b. Imminent Risk of Becoming Homeless – Persons who are about to be evicted from or lose a housing arrangement and have no resources or supports, or are about to be discharged from a psychiatric or substance abuse treatment facility without any resources or supports for housing.

c. Serious Mental Illness – The operational definition of serious mental illness is included in the DBHDD, Division of Mental Health definition of consumer eligibility, which is based on disability and diagnosis. The disability criterion includes behavior leading to public demand for intervention; or substantial risk of harm to self or others; or substantial need for supports to augment or replace insufficient or unavailable natural resources. The diagnosis element for adults with mental illness excludes personality disorders and V-Codes.

d. Co-occurring Serious Mental Illness and Substance Abuse – The term co-occurring is a common, broad term that indicates the simultaneous presence of two independent medical disorders. Within the fields of mental health, psychiatry, and addiction medicine, the term has been popularly used to describe the coexistence of a mental health disorder and alcohol and other drug (AOD) problems. Substance Abuse is defined as an individual who has been diagnosed as having substance disorder and/or substance dependence according to the ASAM Patient Placement Criteria, and as defined in the DSM IV.

2. Alignment with SAMHSA's Strategic Initiative #3: Military Families-

When selecting a PATH provider, the Request for Proposal (RFP) includes a technical requirement that the company demonstrates work experience and background in working with veterans. Mental Health America and the Department of Veterans Affairs estimates that 25% to 40% of all adult males who are homeless are veterans. The outreach components of PATH funded projects identify, assess, treat, and support veterans who have a mental illness and are homeless. Outreach staff work closely with case managers from the Veterans Administration to engage homeless veterans in services. Regional gatherings of PATH providers and VA providers have resulted in greater collaboration to serve homeless veterans. During the routine PATH site visits, each provider is reminded of the special consideration regarding veterans as specified in Section 522 (d) of the Public Health Service Act.

3. Alignment with SAMHSA's Strategic Initiative #4: Recovery Support-

PATH services support the guiding principles of recovery. PATH funded Peer Outreach supports Georgia's overarching philosophy of Hope and Recovery and the movement toward more consumer directed and operated services. PATH services target literally homeless adults with mental illness who are unable or unwilling to seek services on their own. Through Outreach, Peer Specialists share their personal stories of recovery from homelessness, mental illness, and substance use disorders. Homeless individuals learn that recovery is possible and

consider change toward health and wellness. Each PATH Team includes a peer specialist. Employing a mental health consumer with homeless experience as a Peer Specialist to provide Peer Outreach has had a positive effect on the engagement process. As someone “who has been there”, they are better able to relate in a more experiential and relevant manner. Peer Specialists serve as a role model of “recovery”, a living demonstration that it is possible to escape the streets and regain a meaningful life in the community. Offering this hope fosters motivation to change. The consumer is empowered to drive the treatment process, and PATH interventions focus on the integration of the individual in their community.

Many PATH agencies offer multiple services, creating shortcuts for PATH clients to access these services internally. With agreements and partnerships among PATH providers and local organizations, PATH clients gain expedited access to key services including primary health, mental health, substance abuse, housing, and employment. The Department identifies individuals who are homeless as a priority population for services. Timeliness for providing these services is set within the agency contract agreement. Partnerships are established between PATH and ACT agencies to ensure rapid referrals and smooth transition into this intensive multi-disciplinary service.

Housing barriers are minimized with the use of PATH funded Benefit Specialists to obtain SSI/SSDI and medical insurance for eligible individuals. Using SOAR strategies, these Benefit Specialists increase access to SSI/SSDI benefits by using high outcome practices that dramatically expedite the application process and reduce the disability determination period.

4. Alignment with PATH Goals-

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness or co-occurring disorders to permanent housing opportunities. Therefore, 100% of PATH funds are used for Outreach and Case Management services. Both services must be delivered in accordance with the Department’s service guidelines.

Table 1 data illustrates Georgia’s increased reliance on Case Management as a priority service to access both housing and mainstream services and end homelessness for PATH clients. Other PATH service specifications such as Supervision in a Residential Setting are considered less cost effective and not readily purchased with PATH funds. In 2011, 100% of those enrolled in an ongoing PATH funded service received case management.

Utilization Rate of PATH Funded Case Management (Table 1)

PATH Annual Report	Table B (B4)	Table B (B3)	Table C (g1)	
Year	Total Receiving PATH Services	Total Enrolled in a PATH Service	# Enrolled in PATH Case Management	Case Management Utilization
2001	1776	514	403	78%
2002	1367	733	564	77%
2003	1726	830	322	39%
2004	3043	1355	630	46%
2005	3262	1287	837	65%
2006	2812	1109	928	84%
2007	3223	1289	969	75%

2008	3,071	1,741	1,415	81%
2009	2,795	1,221	1,163	95%
2010	2,563	1,385	1,340	97%
2011	2,406	1,272	1,272	100%
2012	4,053	2,320	2,320	100%

5. Alignment with State Comprehensive Mental Health Plan-

The State Mental Health Plan incorporates PATH funded services in response to Criterion 1 for a Comprehensive Community-Based Mental Health Service System providing for the establishment and implementation of an organized community based system of care; Criterion 4 for Targeted Services to Homeless Populations with outreach to and services for individuals who are homeless; and Criterion 5 for Management Systems that support training for mental health providers.

a. Criterion 1: Comprehensive Community-Based Mental Health Service System: Non-traditional mental health services specifically designed for the homeless mentally ill, such as intensive case management and assertive community treatment, have been shown to be successful in engaging this group. The backbone of the PATH program is easy access and face to face contact to help obtain services and resources needed by homeless people with serious mental illness. Case Management provides an assigned and accountable professional or paraprofessional staff person who is known to that consumer and who serves as point of contact and advocates in obtaining services he or she needs within or outside the agency. By providing active treatment with ongoing contact between consumer and staff person, the likelihood decreases for a homeless individual to drop out of service prior to transitioning into mainstream resources.

b. Criterion 4: Targeted Services to Homeless Populations: As illustrated in Table 6, the Department has increasing numbers of homeless individuals enrolled in PATH services since 2001. As more homeless individuals are identified and engaged, more are linked to mainstream services and resources that end the homeless cycle. Local service providers use multiple outreach strategies to identify and engage those consumers who resist intervention and need extended contacts over time to develop trust and acceptance of more traditional social and mental health services. These multiple outreach approaches include mobile outreach to streets, parks, and homeless gathering sites, fixed outreach to shelters, soup kitchens, and indigent health care clinics, and referral and walk-in outreach at the agency.

c. Criterion 5: Management Systems: Using PATH funds to provide Peer Outreach supports the State Mental Health Plan as well as Georgia’s overarching philosophy and vision of the mental health system focus on Hope and Recovery for the people who receive service. Hope and Recovery are embraced in the movement toward more consumer directed and operated services. The state developed a training and certification program for Peer Specialists to assure a qualified consumer workforce. The training curriculum includes two 4-day sessions followed by a written and oral certification testing session. The program addresses issues specific to recovery, self-help, employment, and peer support. In FY12, 55 consumers successfully completed the Peer Specialist training and certification process, totaling a workforce of more than 650 Certified Peer Specialists (CPS) since 2002. Currently, 9 of the 10 PATH Programs employ Peer Specialists as equal members of the PATH Team to deliver direct care.

6. Alignment with State Plan to End Homelessness-

The Georgia State PATH Contact is a member of the Interagency Homeless Coordination Council which is charged with the review and implementation of Georgia's Plan to End Homelessness.

Goal 1: "Expand access to and use of Federal mainstream housing and support service programs by homeless families and chronically homeless individuals."

Action Step 1.2: "Decrease the average amount of time it takes homeless individuals to obtain disability benefits (SSI/SSDI)."

2012 Accomplishments:

- Georgia's PATH funded SOAR Project conducted 6, 2-day *Stepping Stones to Recovery* trainings for 150 participants.
- Georgia SOAR Providers filed 680 SSA applications with 503 approvals. This is a 74% approval rate within an average of 118 days to decision.
- Georgia PATH Programs Outreached 4,053 homeless individuals in Atlanta, Columbus, Augusta, and Savannah, enrolled 2,320 into PATH funded Case Management and discharged 1,756 or 76% when linking these PATH clients to both housing and mainstream mental health services.

7. Process for Providing Public Notice-

The PATH Grant Application is posted annually on the Department of Behavioral Health and Development Disabilities website www.DBHDD.Georgia.Gov for public viewing. The PATH State Contact email address is included and viewers are encouraged to submit comments or suggestions regarding the use of PATH funds by email. This ensures direct communication between stakeholders and the PATH State Contact.

A description of Georgia's PATH services is included each year in Georgia's Annual Report on Homelessness published by the Department of Community Affairs. This publication is widely distributed within the state as an overview of how Georgia addresses homelessness. A copy of this publication can be located at www.DCA.Ga.Gov.

8. Programmatic and Financial Oversight-

State Office Oversight: the State PATH Contact conducts a minimum of one (1) annual site visit with each PATH funded program in order to evaluate compliance with the agreements required under DBHDD and PATH. This site visit includes a interviewing the program administrator, direct care PATH funded staff, observation of the provision of PATH services, and may include a focus group with clients served. The site visit also includes a review of randomly selected PATH client records. Through the site visit, the State PATH Contact in partnership with the DBHDD Regional Office attempts to accomplish the following objectives:

- To provide technical assistance in reporting PATH data in the annual report;
- To monitor the performance of the agreed upon PATH funded services as stated in the Intended Use Plan and Proposed Budget;
- To evaluate compliance with the agreements required under the program including the Public Health Service Act and Terms and Conditions of the Award;
- To review PATH client records;
- To ascertain strengths of the PATH program; and

- To determine opportunities for improvement related to the PATH Program and service delivery at the National, State, and local levels.

The PATH Site Visit Monitoring Tool developed by the PATH Administrative Workgroup (AWG) in 2004 is used to gather information prior to the site visit related to personnel and staff development, policies/procedures/quality assurance and improvement activities, services, fiscal management, cultural competency, consumer involvement, and service processes. Additional information is gathered during the on-site visit when meeting with the PATH Team Lead, Team Members, and the PATH Administrator. Using the Five (5) Performance Goals for an Effective PATH Program developed by the AWG, discussions focus on:

1. Targeting services to literally homeless individuals;
2. Provision of active management and oversight;
3. Use of Quality Data and Reporting;
4. Use of Exemplary Practices; and
5. Transition to Mainstream.

A written report summarizing the site visit with findings and recommendations is submitted to the related DBHDD Regional Office and PATH provider.

Georgia uses a performance based PATH Contract Annex with monthly performance expectations that includes a minimum number of outreach contacts, minimum number of clients to be enrolled, and a minimum number of PATH enrolled clients transitioned into mental health/substance use services and housing upon discharge. Providers must submit monthly performance reports to the State PATH Contact which are reviewed prior to provider payment. Those providers that fail to meet the PATH monthly performance expectations receive an adjusted payment reflecting only those PATH clients who were enrolled.

The PATH State Contact developed standardized client record documents to improve the quality of the PATH program documentation and ensure all programs consistently comply with programmatic and documentation guidelines. The standardized components of a PATH record include the Eligibility Screening & Needs Assessment, Individualized Recovery Plan, Progress Notes, and a Discharge Summary. In January 2011, the PATH TA Center posted Georgia's standardized program documents on PATH's website www.pathprogram.samhsa.gov for review and download by other states.

9. Selection of PATH Local-Area Providers-

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is charged by law to: 1) provide adequate mental health, developmental disabilities and addictive diseases to all Georgians; 2) provide a unified system which encourages cooperation and sharing among government and private providers; and 3) provide service through a coordinated and unified system that emphasizes community-based services. The governance of Georgia's public mental health system operates using a six (6) regional authority design that includes both the hospital and community service management. Each of the six DBHDD regions assumes the responsibility for resource allocation by contracting for services through a network of local providers. The decision to expand or support new services using PATH funds is based upon a demonstration of need, provider experience, program compliance with PATH legislative

guidelines, availability of funds, and may be triggered by an interested provider, the DBHDD regional office, or the State PATH Contact.

An interested provider of homeless service may trigger this decision by requesting consideration of PATH funding based upon the submission of an Intended Use Plan and related budget describing the PATH funded activities they propose to offer. The DBHDD regional office reviews all submitted proposals and forwards those that comply with regional planning and PATH legislative guidelines to the State PATH Contact for further funding consideration.

The DBHDD regions may trigger this decision by contacting the State PATH Contact and request regional consideration for PATH funding based upon presented need.

The State PATH Contact may trigger this decision issuing a notification of funds available to the DBHDD regional offices and request support information for PATH funding, including provider availability.

Once a region with the greatest service need is established, the competitive Request For Proposal (RFP) bidding process is used to select and award a contract to the PATH provider within that region. Both the regional staff and State PATH Contact jointly participate in the application review and selection process. Service Contracts may be renewed on an annual basis as long as the provider continues to meet annual performance indicators set forth by the State. When the outcomes are not met or when there is need for a new project, the State PATH Contact initiates the competitive bidding process to select a new PATH vendor by releasing a written request for proposals (RFP).

Each year, the PATH Grant Application is posted on the Department's website at www.dbhdd.georgia.gov for public viewing and comment regarding the use of PATH funds and the availability of new funding opportunities. In addition, the regional offices annually announce the availability of PATH funds and invite public comment through local forums regarding regional PATH funding utilization and local homeless service needs.

Allocation Based on Assessed Need: According to the 2010 US Census Bureau, Georgia has a population of 9,687,653 with a 20% population growth since 2000. Table 2 identifies the nine (9) counties in Georgia with the largest population, including prevalence estimates for need of mental health services. Georgia's PATH funding allotment is based on an urban population formula, and funding priority goes to those urban locations with the greatest concentration of homeless individuals noted by **. As supported by Table 2, these priority locations include Atlanta/Fulton and DeKalb Counties; Cobb County; Augusta/Richmond County; Columbus/Muscogee County; and Savannah/Chatham County. The State also uses data generated by the Statewide Performance Management System (Table 5) to identify service needs by region.

County Ranking Prevalence Estimate by Age for Need of Mental Health Services (Table 2)

#	Places	Youth Population < 18 years of age		Adult Population > 18 years of age		Total Population	
#	County	Population	MH Prev Est	Population	MH Prev Est	Population	MH Prev. Est
All	Georgia	2,491,552	7.40%	7,196,101	6.43%	9,687,653	6.69
1	Fulton** (Atlanta)	219,686	7.48%	700,895	5.82%	920,581	6.23%
2	Gwinnett	234,707	6.80%	570,614	5.55%	805,321	5.90%
3	DeKalb** (Atlanta)	165,136	7.38%	526,757	5.58%	691,893	6.03%
4	Cobb**	176,487	6.80%	511,591	5.40%	688,078	5.76%
5	Chatham** (Savannah)	60,007	7.73%	205,121	6.37%	265,128	6.71%
6	Clayton	74,979	7.38%	184,445	6.28%	259,424	6.61%
7	Richmond** (Augusta)	49,305	7.85	151,244	6.74	200,549	7.04
8	Muscogee** (Columbus)	48,598	7.78	141,287	6.81	189,885	7.07
9	Bibb	40,119	7.92	115,428	6.78	155,547	7.09

10. Location of Individuals with SMI who are Experiencing Homeless-

Historically, few definitive counts of the homeless population existed at the local, state, or national level. Homeless data was tabulated using many different methods. These methods may have included prevalence estimates using the quantitative data collected from several resources providing a baseline to begin an estimate of need. Currently, homeless data includes the tracking of administrative data as part of a statewide performance management system; the tracking of service usage through a computerized homeless provider communication system (HMIS); and through the use of homeless shelter, street, and institutional census counts. These efforts to estimate the number of individuals in the state who are homeless with a serious mental illness (SMI) have proven beneficial in the service planning and resource allocation process.

- a. Point-in-Time Homeless Census Survey: A homeless “point-in-time” count is conducted every two years and serves as the primary source of data to understand and track homeless trends. Even though Georgia conducted its first count in 2003, more consistent and reliable practices for counting sheltered and unsheltered homeless began in 2007. Table 3 offers a homeless census comparison between the seven (7) HUD C of C jurisdictions from 2003 through 2012. The 2011 Report on Homelessness published by the Georgia Department of community Affairs estimated 62,172 people experienced literal homelessness in Georgia in 2011. According to the 2012 point in time count, there were 459 fewer homeless individuals in Georgia on any given day when compared to 2011.

The “1996 National Survey of Homeless Assistance Providers and Clients” indicates that 45% of homeless individuals have mental health needs. Substance Abuse and Mental Health Services Administration indicates 20 to 25% of the homeless population in the United States suffers from some form of severe mental illness. Based on the 2012 homeless census count of 20,516, there is an estimated range of 4,100 to 9,240 Georgians who are homeless with mental health needs on any given day. Results continue to confirm the ranking density of homeless population concentration by city/county as Atlanta/Fulton & DeKalb counties

followed by Savannah/Chatham County, then Augusta/Richmond County, Columbus/Muscogee County, Cobb County, and Athens/Clarke County.

Point-In-Time Homeless Census Survey (Table 3)

Year	Athens	Augusta	Cobb	Columbus	Savannah	Atlanta	Bal. of State	Total
2003	NA	NA	NA	NA	NA	6,956	NA	
2004	307	1,082	661	413	NA	NA	NA	
2005	436	700	555	959	1,093	6,832	1,809	12,384
2007	464	491	660	540	659	6,840	10,255	19,990
2008	462	605	660	618	1,095	6,840	9,340	19,095
2009	454	556	480	458	1,452	7,019	9,941	20,360
2010	496	556	470	468	1,077	7,019	9,750	19,836
2011	407	497	370	486	1,242	6,805	11,168	20,975
2012	361	396	392	333	1,118	6,811	11,105	20,516

Table 4 compares 2008 through 2012 Homeless Census Subpopulation Count for Severely Mentally Ill. The 2012 data demonstrates an increase of 36 more homeless individuals with severe mental illness compared to 2011.

Point-in-Time Homeless Census Survey-SMI Subpopulations (Table 4)

Year	Athens	Augusta	Cobb	Columbus	Savannah	Atlanta	Bal. of State	Total
2008								1,756
2009	148	77	89	46	73	1,736	765	2,934
2010	146	77	126	30	84	1,736	760	2,959
2011	127	81	35	63	125	3,093	1,151	4,675
2012	130	0	57	26	174	3,080	1,244	4,711

- b. Homeless Management Information System (MHIS): The Department of Community Affairs (DCA) operates as the state housing authority and supports the Homeless Management Information System (HMIS) known as PATHWAYS. Since its beginning in 2002, PATHWAYS has tracked services provided to over 207,946 homeless or at-risk Georgians by its more than 386 HMIS members statewide. All PATH providers actively participate in Pathways, entering clients into HMIS upon enrollment in PATH funded services. Discussion has begun regarding collaboration between PATH and HMIS for greater client data integration.
- c. Statewide Performance Management System: As illustrated in Table 5, the State DBHDD information system tracks the number of mental health consumers who self-report their living situation as homelessness when authorized for community mental health services. The Mental Health Planning and Advisory Council tracks this data quarterly as a part of their state monitoring responsibilities. It is interesting to note that 46% of the adults reporting their living condition as homeless when authorized for mental health services are located in Region 3 which includes Atlanta/Fulton and DeKalb Counties. Therefore, Georgia dedicates

nearly 50% of PATH funds to provide Outreach and Case Management services in Atlanta/Fulton and DeKalb Counties.

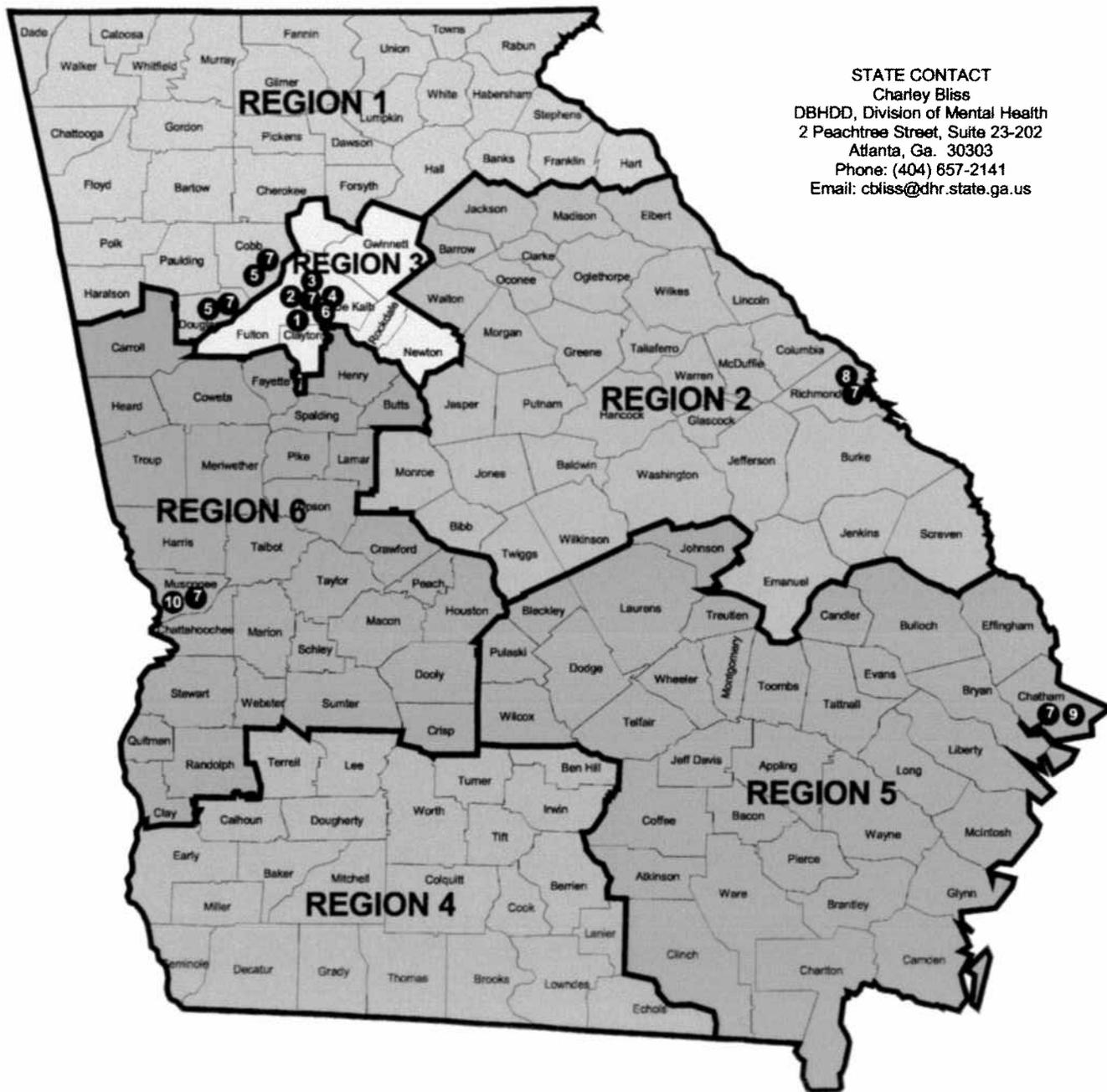
*Number of Adults with Serious Mental Illness Reporting Homelessness by Region, Gender, Age
SFY 2011 From July 1, 2010 through June 30, 2011 (Table 5)*

Geographic Region	Region 1		Region 2		Region 3		Region 4		Region 5		Region 6		Total		
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
9-17	0	0	0	1	1	0	0	0	2	1	0	0	3	2	
18-20	14	9	8	16	44	49	7	6	14	8	9	10	96	98	
21-30	95	100	58	112	178	285	38	47	53	53	39	64	461	661	
31-40	125	108	75	136	258	370	43	44	44	53	41	76	586	787	
41-50	133	177	98	205	306	604	51	58	64	72	86	120	738	1236	
51-60	92	102	67	145	249	465	33	33	38	56	47	113	526	914	
>60	13	12	7	20	24	66	8	4	5	7	3	18	60	127	
Sub Total	472	503	309	627	1055	1824	180	191	220	249	223	399	2459	3793	
FY12 Total	975 [16%]		936[15%]		2,879[46%]		371[6%]		469[7%]		622[10%]		6,252 [100%]		
FY11 Total															5,718
FY10 Total															7,093
FY09 Total															6,402
FY08 Total															5,229
FY07 Total															2,373

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Mental Health

PATH Providers



STATE CONTACT
 Charley Bliss
 DBHDD, Division of Mental Health
 2 Peachtree Street, Suite 23-202
 Atlanta, Ga. 30303
 Phone: (404) 657-2141
 Email: cbliss@dhr.state.ga.us

- | | | | |
|--|--|--|--|
| <p>1. Community Friendship, Inc.
 85 Renaissance Pkwy, NE
 Atlanta, Ga. 30308
 Phone: (404) 875-0381</p> <p>2. Fulton DeKalb Hospital Authority (Grady)
 250 Auburn Avenue
 Atlanta, Ga. 30303
 Phone: (404) 616-9239</p> <p>3. Travelers Aid of Metro Atlanta
 75 Marietta St, Suite 400
 Atlanta, Ga. 30303
 Phone: (404) 817-7070</p> | <p>4. United Way of Metro Atlanta
 100 Edgewood Avenue NE
 Atlanta, Ga. 30303
 Phone: (404) 527-7237</p> <p>5. Cobb Community Service Board
 3830 S. Cobb Drive
 Smyrna, Ga. 30080
 Phone: (404) 429.5000</p> <p>6. St. Joseph's Mercy Care
 424 Decatur Street
 Atlanta, Ga. 30312
 Phone: (404) 880-3550</p> | <p>7. First Step Staffing, Inc.
 302 Decatur Street SE
 Atlanta, Ga 30312
 Phone: (404) 577-3392</p> <p>8. Serenity Behavioral Health Systems
 3421 Mike Padgett Hwy
 Augusta, Ga 30906
 Phone: (706) 829-4681</p> | <p>9. Chatham-Savannah Authority
 for the Homeless
 2301 Bull Street
 Savannah, Ga. 31412
 Phone: (912) 790-3400</p> <p>10. New Horizons CSB
 2100 Comer Avenue
 Columbus, Ga 31906
 Phone: (706) 596-5717</p> |
|--|--|--|--|

11. Matching Funds-

Georgia remains committed to serving individuals who have a serious mental illness and are homeless. The State PATH Contact participates in Georgia's Interagency Homeless Coordination Council to oversee the implementation of the State Action Plan to End Chronic Homelessness.

In 2012, Georgia received \$25.4 million from the HUD Continuum of Care grants program and \$6.4 million through the Emergency Solutions Grant (ESG) Program for local homeless projects. In metro Atlanta, the Regional Commission on Homelessness as led by United Way, continues to collaborate between providers, federal, state, local governments, and the business and faith communities to end homelessness in City of Atlanta, Fulton, DeKalb, Cobb, Douglas, Gwinnett, Rockdale, and Clayton counties.

The State of Georgia agrees to comply with the maintenance of effort by making available state contributions toward homeless services in an amount that is not less than \$1 for each \$3 of Federal PATH funds provided in the FY 2012 allocation, which are available at the beginning of this grant period. The State of Georgia will maintain state expenditures for services specified in Section 521 of the Public Health Service Act at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period proceeding this fiscal year.

12. Other Designated Funding-

- a. Mental Health Block Grant (MHBG) Funds: Georgia's MHBG funds are used to finance Peer Support Services and Supported Employment. No MHBG funds support PATH services.
- b. Substance Abuse, Prevention and Treatment Block Grant (SAPTBG) Funds: In 2003, MHBG funds were matched with SAPTBG funds to develop the first consumer-operated PEER Centers for consumers with co-occurring disorders. These services provide structured activities within a peer support model that promotes socialization, recovery, self advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, and assist individuals in living as independently as possible. This service is available to assist and support any homeless person with co-occurring disorders with acquiring skills needed to manage their illness and access community resources.
- c. State General Revenue Funds: Any adult with a behavioral health diagnosis on Axis I or Axis II in accordance with the DSM IV with a significantly affected level of functioning due to mental illness and/or addictive diseases and financially unable to pay for all or part of the needed service and has no third party source of payment is deemed eligible to seek assistance and receive any service available within the public delivery system. Individuals who are homeless are identified in mental health provider contracts as a priority population to receive State funded mental health services, and shall be seen immediately in compliance with their needs.

Additional state funds are used to support residential programming for the homeless or formerly homeless. Self-help groups for those with co-occurring disorders, called Double

Trouble in Recovery are funded in multiple DBHDD regions and provide an excellent social network for homeless consumers with both mental health and substance use disorders.

13. HMIS Data Migration-

The Department of Community Affairs (DCA) funds Pathways Community Network to operate Georgia's Homeless Information Management Information System (HMIS) known as PATHWAYS COMPASS. The current status on HMIS includes: Georgia has a single state HMIS system called PATHWAYS that includes the PATH HMIS Universal Data Elements. More than 343 agencies are members of PATHWAYS and enters client information into PATHWAYS to connect them to a homeless provider network. The majority of PATH agencies are members of PATHWAYS and many actively enter client data when enrolling a homeless individual into PATH supported services.

Beginning FY12, the State PATH Contact joined the HMIS Steering Committee led by DCA to develop a 2-4 year plan to migrate PATH data into PATHWAYS. All PATH providers are members of HMIS, have completed HMIS training, and are beginning to enter client data into HMIS upon enrollment in PATH. The State PATH Contact is working with PATHWAYS to implement an HMIS redesign to allow PATH providers to enter monthly PATH data into PATHWAYS to generate the PATH Annual Report.

14. State Supported Training for PATH-funded Staff-

Georgia recognizes the importance and value of training. Multiple approaches offering technical assistance and programmatic improvement are in place through the use of the DBHDD held PATH funds. Training is made available on an individual basis through routine site visits, on a regional basis through local forums, and offered statewide. More and more training opportunities are coming available through technical advancement.

- a. Individual PATH Provider Training: The State PATH Contact visits each PATH Program annually, providing individualized training based upon program performance and assessed need. In addition to the annual visits, the State PATH Contact is readily available to all PATH funded staff throughout the year for telephone or email consultation. Information regarding national teleconferences, funding opportunities, and continuum of care information are relayed by listserv to all PATH providers and regional coordinators. Scholarships are made available to PATH funded staff to attend state and national training conferences. Providers may use PATH funds to send Peer Specialists to Certification training to build a competent consumer workforce. In previous years, PATH funds were used to send individuals to the 4-day SOAR Train-the-Trainer programs to build state training capacity. Regional Commission on Homelessness (RCOH) created the Case Management Training Academy as the apex of a comprehensive case management system that enables the uniform delivery of quality services to the homeless population. This academy consists of a series of monthly 3 to 6 hour workshops to train case managers on topics that will improve their skill sets and give them a broader understanding of issues affecting the homeless population. PATH Team members are encouraged to complete the CMTA.
- b. Regional PATH Provider Training: In Region 3, the State PATH Contact conducts bi-monthly Metro PATH Collaborative meetings with the seven (7) PATH programs to discuss

cases, share information, and organize outreach events. Training and local presentations is a part of the collaborative meetings. In FY2012, PATH funds were used to provide 6, 2-day SOAR Regional Trainings for 200 participants.

- c. Statewide PATH Provider Training: Each year, the State PATH Contact either organizes a statewide PATH training, or engages PATH programs into DBHDD Training symposiums.
- In 2009, the PATH TA Center provided statewide technical assistance to Georgia PATH providers to increase access to housing for PATH enrolled consumers.
 - In 2010, PATH providers participated in the SAMHSA HRC & PATH Webcast Series “Motivational Interviewing in Action” and incorporated the PATH Street Outreach Video Series into their local training and team supervision.
 - In 2012, PATH sponsored a statewide training on conducting Vulnerability Index Surveys to identify and prioritize those homeless individuals most at risk.
 - In 2012, the State PATH Contact leads a statewide SOAR Steering Committee to implement SOAR strategies within each department. The SOAR Network provides statewide TA and training to providers assisting with SSA application.
 - In 2013, PATH Teams attended the DBHDD Statewide 2-Day Training Symposium and participated in a multitude of workshops and presentations.

Section C.

2013 LOCAL PROVIDER INTENDED USE PLAN

**Serenity Behavioral Health Systems
3421 Mike Padgett Hwy
Augusta, GA 30906
(706) 432-7923**

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and the amount of PATH funds the organization will receive.

Serenity Behavioral Health Systems (SBHS) is a public, nonprofit organization governed by the Community Service Board of East Central Georgia. We are a comprehensive provider of mental health, addictive diseases and developmental disability services, accredited by CARF. We provide services under contract with the Department of Behavioral Health and Developmental Disabilities (DBHDD). Our service area covers 7 counties in east central Georgia: Richmond, Columbia, McDuffie, Wilkes, Lincoln, Warren and Taliaferro. We have clinics located in Augusta, Thomson and Washington.

Serenity BHS will provide PATH funded services in Augusta/Richmond County located in DBHDD Region 2.

This PATH program shall receive \$119,000 in PATH Federal funds and \$41,320 in State Match funds totaling \$160,320 to support PATH services. A detailed program budget is attached.

2. Participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

PATH staff attend scheduled meetings of the Continuum of Care. This meeting allows us to network with other providers of service to the homeless in a formal manner. We, along with other member agencies, serve on the Mayor's Council on Homelessness. We also participate each year in the Department of Veterans Affairs annual "Stand Down" program for the homeless.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

The PATH team attends scheduled meetings of the Continuum of Care (CoC) where contact is made to strengthen partnerships with the supporting agencies that serve people who are homeless. PATH team members also participate in various housing and outreach committees.

PATH coordinates services with the following supporting agencies:

Augusta Task Force for the Homeless, Salvation Army, Garden City Rescue Mission, Augusta Rescue Mission, Lots Ministry, Mercy Ministry, Hale House, Augusta Urban Ministries, Augusta Housing Authority, Richmond Summit Apartments, Maxwell House Apartments, Bon Air Apartments, Glenwood Apartments, Augusta Area Ministries Council, Antioch Ministries, First Baptist Church of Augusta, Beulah Grove Baptist Church Community Center, Caring Together and More, Inc., Catholic Social Services, Church of the Good Shepherd, Serenity Behavioral Health Systems, Behavioral Health Link, Faith Outreach Christian Center, Georgia Legal Services, Golden Harvest Food Bank, Goodwill Industries, GAP Ministries, Interfaith Hospitality Network, Neighborhood Improvement Project, Saint Paul's Church, Saint Vincent DePaul Health Clinic, Department of Public Health, EDA, St. Stephen's Ministries of Augusta, United Way of the CSRA, Department of Veterans Affairs Homeless Service Program, Walton Community Service, Department of Family and Children Services, East Central Regional Hospital, Georgia Health Sciences Health Services, University Hospital, Augusta Richmond County Government, Georgia Department of Labor.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including.

a. Alignment with PATH goals to target adults who are literally homeless:

Georgia regards Outreach and Case Management as priority services and limits the use of PATH funds to these two (2) services in order to maximize the benefit of PATH funds with increased access to housing. These services must be delivered in accordance with the Department's defined service guidelines.

OUTREACH:

The average number of outreach contacts per consumer, prior to enrollment, is 1-3 contacts. The contact time may range from 15 minutes up to an hour or more depending on the individual and presenting issues. Outreach is the beginning step of case management. Problems and needs are identified and initial linkages to resources to address those needs are made. Outreach is the first step in establishing trust and hope for engaging the individual in treatment to improve their physical and mental health. The Serenity PATH Team uses four (4) outreach approaches to maximize contact with individuals who are PATH eligible which include:

Mobile outreach, which includes face-to-face interactions with literally homeless people in the streets, under bridges, in shelters, and other nontraditional settings, is intended to identify individuals who are unable or unwilling to seek services on their own. The team as a whole will engage individuals with a personal connection that encourages a desire to change. The Team

Lead will utilize motivational interviewing skills to stimulate readiness to change. This may be accomplished by identifying current risks and problems related to homelessness and/or mental health issues. The Housing Specialist will assist by focusing on what the individual identifies as their wants and needs, offering immediate housing options, obtaining emergency contact information and setting up another meeting with the individual, preferably the following day. The Peer Specialist will share her story of recovery, remain consumer-focused and address their requests, provide helpful resource information that can be easily accessed, and provide a program brochure with contact information.

Fixed outreach is provided by the team and includes having a routine schedule for visiting shelters, soup kitchens, day labor and other homeless services. The team is located at Master's Table, the soup kitchen, daily from 11:00 until 12:30. They are located at Garden City Rescue Mission every Monday, Wednesday, and Friday from 2:30-4:00.

Referred outreach is the availability of another agency to make a referral of a person experiencing homelessness by telephone. It consist of supporting agencies making contact with the PATH team on behalf of the consumer, or the consumer making contact with PATH because they were given information about the PATH program. All of the shelters, health clinics and hospitals have PATH program brochures with contact information.

Walk-in outreach provides assistance to those persons who self present at a fixed outreach location in the community. The individual is connected to the PATH team and outreach begins.

CASE MANAGEMENT:

The purpose of case management is to engage with individuals to develop a plan to end their homelessness and access mental health and/or substance abuse services, medical services and entitlement benefits. Case management services are designed to address directly the issues of consumer access to housing and service integration into mainstream mental health and substance abuse services. The team members, along with the individual, identify what is important to the individual and then develop a realistic plan for achieving the goals. The recovery plan identifies these needs and contains strategies that will be used to end the homeless cycle. The Team Lead will assist with financial planning, provide psycho-education, provide interventions for the development of interpersonal, community coping, and independent living skills. The Peer Specialist will assist with development of a Wellness Recovery Action Plan and development of symptom monitoring and self-medication strategies. Supports provided by the Peer Specialist will include empowering the individual to have hope for and participate in her/his own recovery. The Housing Specialist will identify with the individual his/her preference for housing and assist with obtaining emergency shelter and utilizing homeless resources in the community. This may include subsidized off-the-street (motel) housing, Supportive Housing Programs and Shelter Plus Care housing. The Housing Specialist may also assist with family reunification if the individual is agreeable. Case management services are provided to eligible homeless individuals involved in PATH and their recovery plans are reviewed at least once every 3 months.

Discharge planning begins at enrollment via identifying specific goals the individual wants to achieve and the time frame needed to achieve these. Once the goals have been substantially reached, discharge can occur. Other reasons for discharge include transitioning to mainstream mental health services, such as Community Support Services, where the individual will receive ongoing case management services. Discharge can occur if the individual is unwilling to participate in the program, if he/she needs services not available with the PATH program, or if

the individual asks to be discharged. Every effort is made to secure housing and mental health/substance abuse services prior to discharge.

Whether the service is outreach or case management, the team will assist the individual to access needed services by arranging transportation when possible, providing transportation, accompanying them to appointments, and assisting with completing applications for housing, benefits, food stamps, etc. The PATH program utilizes a dedicated van in order to have access to potential and current individuals involved with PATH. The team is able to use the van to locate potential consumers, transport to and from any appointments they may have, obtain emergency food, clothing, shelter, etc, until the individuals are able to access these resources on their own. Individuals who are being linked to community resources may or may not have knowledge of the location of the resources. Having available transportation can be used as a teaching tool for demonstrating where community resources are located. Being able to provide transportation to appointments also encourages adherence to prescribed treatments.

b. Gaps that exist in the current service system:

- Housing for homeless persons with sex offenses and/or felonies is very limited.
- Shelters for females (non-domestic violence) are limited.
- Employment opportunities suitable for those with disabilities still have gaps.
- Transportation services still have gaps.

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

Individuals who have both a serious mental illness and substance related disorder are referred to Serenity Behavioral Health Systems for treatment, as we operate an integrated, dual diagnosis-specific treatment program. Outpatient treatment (ASAM Level 1) is provided daily. Substance Abuse Intensive Outpatient (SAIOP ASAM Level II.1) is also available 5 days per week. In addition to outpatient services, the Crisis Stabilization Unit is also available for medical detoxification.

Veterans are referred to the Veterans Affairs Homeless Program.

In addition, the PATH program provides information to individuals about community based self-help recovery options such as Double Trouble, AA and NA.

d. Agency supported evidenced-based practices, trainings and HMIS activities:

The PATH team supports the following EBP practices:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs.

PATH Staff have received training on how to use Georgia's HMIS, known as PATHWAYS.

5. Data and Provider’s status on HMIS migration in the next 1 to 3 years.

This PATH provider is a user of HMIS. All individuals enrolled in Case Management are entered into HMIS and instantly connected to the homeless provider network. PATH team members participate in HMIS webcasts and training to learn how to facilitate migration of PATH data into HMIS within 1-3 years.

This agency will explore flexible uses of PATH administrative funds to support HMIS activities.

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

The Serenity PATH Team refers PATH clients identified as eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, Serenity PATH Team referred 27 individuals to First Step resulting in 14 SSI/SSDI filed claims. For 2013, Serenity plans to refer approximately 30 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hire PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

Those eligible for housing will be linked to the following housing programs:

EOA Transitional Housing, Bon Air Apartments, Augusta Housing Authority, Richmond Villa Apartments, Richmond Summit, Glenwood Apartments, Villa Marie Apartments, Mount Zion Apartments, Old Towne, Inc., and Trinity Manor. We will also utilize the Georgia Housing Voucher Program if the individual meets the requirements for participation in that program.

In addition, Maxwell House Apartments has 44 units allocated for individuals with mental health needs. Serenity currently provides ongoing support and case management to those individuals. We will also utilize the Georgia Housing Voucher Program if the individual meets their requirements for participation

8. Staff information: (a) demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (c) the extent to which staff receive periodic training in cultural competence.

a. The agency employs a racial/ethnic diverse staff to serve homeless clients. Recognizing that the team is comprised of 3 females, the PATH administrator is male and provides male sensitivity to the outreach and case management process. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Black African/Am.	# MH Consumers
Serenity BHS	3	3	0	1	2	1

b. This agency uses staff training via Essential Learning; language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. Serenity Behavioral Health Systems promotes cultural diversity and provides cultural competency training to all employees. Free interpreter services, as well as our language line, are available for those who do not speak English. This organization

evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation in the program design with employed mental health consumers operating as direct care staff.

- c. Serenity Behavioral Health Systems promotes cultural diversity and offers cultural competency training to all employees.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

a. Characteristics of the homeless population served in Augusta by the PATH program in FY 2012 was 71% males and 29% females; 69% African American, 28% White, and 3% other races; 33% between the ages 18-34, 44% between the ages 35-49, 21% between the ages 50-54; 64% living outdoors or in short term shelters upon first contact; the principle mental illness diagnosis was affective disorder, with 62% having co-occurring substance use disorders.

b. Projected Service Expectations for SFY 2014 - 7/01/13 through 6/30/14:

1) Contractor shall identify and have contact with at least **285** individuals who are homeless and mentally ill in PATH funded Outreach services during the contract period.

2) Contractor shall enroll at least **200** individuals who are homeless and mentally ill in PATH funded Case Management services and we shall transition enrollment of at least **150** individuals from PATH funded Case Management services into community mental health services during the contract period.

- c. A minimum of 70% of the unduplicated total will be “literally” homeless (living outdoors or in an emergency shelter.).

10. Consumer Involvement, how persons who are homeless and have serious mental illnesses and family members are involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

It is the mission of this organization to promote self-sufficiency and to reflect the value of involving consumers and family members in order to improve the outcome. The Board of Directors includes family members of consumers and they help shape program policy and procedures. Serenity Behavioral Health Systems employ Certified Peer Specialists who actively participate in program planning and implementation of services. A Certified Peer Specialist is a member of the PATH funded Team. Two previous PATH recipients are currently employed with SBHS. This agency places a strong emphasis on consumer satisfaction and seeks ongoing program evaluation of services through the use of a consumer satisfaction survey. PATH consumers will continue to be involved in identifying and planning for services.

11. Proposed State FY 2014 Annual PATH Budget.

1. Personnel Costs				
Positions	Annual Salary	PATH FTE	PATH Salary	Total
Mental Health Professional	\$52,000	1.0	\$52,000	
Housing Specialist	\$25,000	1.0	\$25,000	
Certified Peer Specialist	\$24,000	<u>1.0</u>	\$24,000	
		3.0 FTE		
				\$101,000
2. Fringe Benefit Costs @28%				\$28,280
3. Transportation Costs				
Vehicle Operation & Personal Mileage:		\$6,000		
Bus Passes:		\$400		\$6,400
4. Training Costs				\$800
5. Housing Coordination Costs				
Rental Assistance & Emergency Housing:		\$17,405		
Emergency Food Assistance:		\$300		
Security Deposits:		\$2,100		
Household Items:		\$300		\$20,105
6. Administrative Costs				\$3,735
GRAND TOTAL:				\$160,320

Section C. 2013 LOCAL PROVIDER INTENDED USE PLAN....continued
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First Step Staffing, Inc.
203 Auburn Avenue NE, Suite 203
Atlanta, GA 30303
404.577.3392

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and the amount of PATH funds the organization will receive.

First Step Staffing, Inc. is a 501 (c) 3, registered in the State of Georgia as a non-profit organization. First Step's mission is to end homelessness by assisting people to secure income sufficient to maintain housing. For persons able to work, we operate an employment agency that places people in contract and permanent jobs. For persons with a disability that prevents employment, we use the SOAR method to expedite access to Social Security disability benefits (SSI/SSDI) and Medicaid. Over 90% of clients who are approved for SSI/SSDI are placed in housing within 60 days of the decision.

First Step Staffing currently serves homeless men and women in Atlanta/Fulton and DeKalb Counties, North Georgia/Cobb and Douglas Counties, Augusta/Richmond County,

Columbus/Muscogee County, and Savannah/Chatham County. First Step is the PATH funded single provider of SOAR services to all PATH programs located in DBHDD Regions 1, 2, 3, 5, and 6.

First Step will receive \$180,000 in Federal PATH funds and \$61,285 in State match funds totaling \$241,285 annualized to provide assistance for eligible individuals enrolled in Georgia's PATH services to file SSI/SSDI claims. A detailed budget is attached.

2. Participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

First Step has a strong partnership with metro Atlanta's Regional Commission on Homelessness led by United Way. First Step management actively works on several committees dedicated to mental health, substance abuse, and employment. Additionally, we participate in the metro Atlanta Tri-Jurisdiction Continuum of Care that includes the City of Atlanta, Fulton and DeKalb Counties. Strong collaboration with providers in the HUD Continuum of Care program is a necessity for successful outcomes. First Step's partners with CoC agencies to support health care, housing and supportive service providers by offering services focused on obtaining income and insurance coverage through employment and SSA entitlement benefits.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

First Step maintains partnerships with key agencies as a homeless provider network to serve PATH clients which include:

Atlanta- St Joseph's Mercy Care, Grady Hospital, Georgia Regional Hospital, Community Friendship, Hope Atlanta/Travelers Aid, Gateway, Regional Commission, CaringWorks, Georgia Rehabilitation Outreach, Atlanta Outreach, PCCI, Crossroads Community Ministries, the Atlanta Children's Shelter, New Hope Enterprises, Georgia Justice Project, MUST Ministries, Intown Collaborative Ministries, the Atlanta Center for Self-Sufficiency, City of Refuge, Decatur Cooperative Ministries, Rainbow Village, and Trinity Community Ministries.

Augusta-Serenity Behavioral Health Systems, Action Ministries, Garden City Rescue Mission, Friendship Community Center, Augusta Rescue Mission, Lot's Ministry, Mercy Ministry, Hale House, Augusta Housing Authority, Augusta Area Ministries Council, Catholic Social Services, Goodwill Industries, University Hospital, and Augusta Task Force for the Homeless.

Columbus -Columbus Alliance for Battered Women, Columbus Regional Healthcare System, Goodwill, Open Door Community House, New Horizons, The Salvation Army, the United Way of Chattahoochee Valley, and the Valley Healthcare System.

Savannah -University Medical Center, Union Mission, Hope House, Inner City Night Shelter, Old Savannah City Mission, J.C. Lewis Health Care Center, and Sojourner of Savannah Women's Shelter.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients including:

a. Alignment with PATH goals to target adults who are literally homeless:

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illnesses or co-occurring disorders to permanent housing opportunities. PATH funds support Case Management services to assist PATH eligible

individuals to obtain income support by applying for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) to help meet their basic housing and treatment needs as a foundation on which to build their recovery. Three Benefit Specialists will be dedicated to file SSI/SSDI applications for PATH eligible consumers in Atlanta and Savannah prior to linking consumers to mainstream mental health services. Additional Benefit Specialists will be available to file SSI/SSDI application for PATH eligible individuals in Augusta and Columbus on a referral basis. A Program Coordinator will be the primary contact between First Step management, staff contractors and the State. They will be responsible for the oversight of the program, reporting, and quality control. An Administrative Coordinator will be responsible for gathering medical evidence, arranging consultative exams, and for following up with partner agencies.

Consultative exams will be used to expedite approvals for SSI. First Step will arrange and pay for exams when appropriate. In addition, First Step will transport and accompany consumers to appointments. Engagement tools will be used to ensure that consumers remain engaged in the process of securing SSI. Consumers must be present for and adhere to the requests by the Social Security Administration. Tools such as snacks and food coupons keep them in touch with their Benefits Specialist. Bus tokens are provided for consumers to provide access to transportation for appointments and access to service locations.

b. Gaps that exist in the current service system:

- A primary gap in the current service system is the shortage of trained and dedicated SOAR staff and a significant backlog of disability cases in Georgia. First Step fills this gap by dedicating a trained workforce of SOAR Benefit Specialists to actively work with the Social Security Administration (SSA) and Disability Adjudication Services (DAS) to ensure that consumers move expeditiously through the application process. In Atlanta, they are fast-tracked in DAS' homeless unit.
- A second gap in the service system is a time lag with accessing substance abuse and mental health treatment. First Step addresses this gap by maintaining a partnership with local PATH providers to coordinate the care of consumers while linking to mainstream services.
- A third gap is not reaching SSI/SSDI-eligible individuals prior to release from jails or prisons. Compared to other states, Georgia has the highest percentage of its population under the supervision of the criminal justice system. Nearly 22,000 prisoners are released back to the community every year. The statistics for FY 2010 are as follows: more than 6,900 in metro Atlanta; 1,012 in Chatham County; and 586 in Richmond County. The Georgia Department of Corrections reports that about 16% of inmates have a mental disability and another 1% a physical impairment, which means that there is a potential SOAR pool of some 1,200 just among released inmates in metro Atlanta, Savannah, Augusta, and Columbus. While First Step does not have an active process in place to coordinate with the criminal justice system, we will continue to try to build a deeper partnership with jails and prisons throughout the State.

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

A close working relationship between First Step and the PATH team will enable clients to access treatment for both serious mental illness and substance use disorder during the application

process for Disability benefits. Access to Disability benefits, and the accompanying approval for Medicaid, opens additional doors for treatment and medication. Upon approval for benefits, providers are reimbursed by Medicaid for retroactive expenses incurred by the consumer. When providers realize the high rate of approval for clients represented using SOAR techniques, they are encouraged to serve those clients even prior to approval.

d. Agency supported evidence-based practices, trainings, and HMIS activities:

First Step uses SOAR strategies to file SSI/SSDI applications that include:

1. Meet with consumer to complete SSA application and all related assessments.
2. File 1696 to assume consumer representation.
3. Obtain collateral information and medical evidence to support disability determination.
4. File on-line applications and provide additional paper documents to SSA as needed.
5. Attend scheduled SSA appointment with consumer, if required.
6. Contact DAS and follow each application to determination.
7. Complete medical summaries (when needed).
8. Schedule and/or attend Consultative Exams (when needed).
9. Link to Payee Service (when needed).
10. Partner with Path teams and participate in outreach initiatives as appropriate.

First Step is trained and uses the SOAR national data tracking system called OAT (Online Application Tracking) to track SOAR applications. In addition, First Step leads the effort to train other members of the Georgia SOAR Coalition to use the SOAR national data tracking system.

All PATH funded Benefit Specialists have been trained to use Georgia's HMIS, called PATHWAYS.

First Step dedicates PATH funds to provide 4, 2-day SOAR Seminars to train direct care case managers on how to expedite the application process and reduce the disability determination period. Two trainings will be conducted in the metropolitan-Atlanta area and two in locations to be determined.

5. Data and Provider's status on HMIS migration in the next 1 to 3 years:

First Step is an active user of Pathways, a widely accepted HMIS system utilized by the network of homeless service providers. Pathways is designed to help providers share information to ensure that the services that consumers obtain are appropriate and effective. It also is used to generate data that can be used to monitor the long term impact of these services. First Step uses Pathways primarily to maintain records and to coordinate services. PATH team members participate in HMIS webcasts and training to learn how to facilitate migration of PATH data into MHIS within 2-4 years.

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

Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in all PATH services statewide. In 2012, First Step received a total of 288 SOAR referrals, filed 248 SSI/SSDI claims, resulting in 106 SSI/SSDI approvals. For 2013, First Step anticipates to file SSI/SSDI claims resulting in more than 115 SSI/SSDI approvals.

In addition to filing SSI/SSDI applications, First Step conducts 4, 2-Day SOAR Training Workshops using SAMHSA's *Stepping Stone to Recovery* curriculum attended by more than 120 homeless agency staff statewide.

7. Access to housing and strategies to make suitable housing available to PATH clients:

The Georgia Department of Community Affairs estimates that there is a need for housing for 2000+ chronically homeless individuals in Atlanta; 220 in Augusta; and 100 in Savannah. Despite the shortage, First Step has been highly successful in locating housing for clients once they have income.

Generally, housing is in supportive units. In Atlanta, we work with partners such as CaringWorks and GRO who provide stability for clients. Over 90% of First Step clients who are approved for disability benefits are placed in housing within 60 days. Given the high rate of approval of First Step clients, some housing providers are willing to house clients prior to approval.

Solid housing partnerships currently exist in metro-Atlanta. We have developed good housing partners in Augusta and Savannah. We will need to develop housing partners in Columbus. We will work closely with the PATH teams in each of the areas to help coordinate this effort. In addition, to establish relationships, we will approach the local United Way, Regional Commission, or other organizations with access to housing. We would expect the same results we experienced in Atlanta - once the likelihood of approval for income is known, numerous doors to housing open up.

Potential housing partners in each location are included in item 3 above.

8. Staff Information: (a) demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (c) the extent to which staff receive periodic training on cultural competence.

- a. The agency employs staff that represent the gender and racial/ethnic diversity of the homeless clients served. First Step's staff is currently 81% female; 65% African American; 35% White; ages range from 20s – 60s. Additionally, we have three AmeriCorps members who work in Benefits.
- b. All of the staff are either social workers or have extensive experience working with this population. In addition, First Step staff is organized into teams so that they continue to learn from each other.
- c. Staff attends a weekly clinical meeting to talk about specific cases. It is led by an MSW and insights into culturally-appropriate practices are shared. In addition, First Step employs several formerly-homeless people. Their experience, plus ongoing agency training, keeps staff sensitive to age, gender, racial/ethnic differences, and ability differences.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. First Step's Benefits' clientele is currently 66% male; 98% African American; 100% with severe disabilities.

- b. Projected number of clients to be served in SFY2014 from 7/01/13 to 6/30/14:
 (1) Provider shall file SSI/SSDI applications for at least **120** individuals who are homeless and mentally ill and enrolled in PATH funded Case Management.
 (2) Provider shall receive an SSI/SSDI approval determination for **100** individuals within 120 days who are homeless and mentally ill and in PATH funded Case Management.
 (3) Provider shall train at least **100** case managers to use SOAR strategies to expedite access to SSI/SSDI for homeless individuals with disabilities.
- c. This Provider projects that 80% of the total clients served with PATH funds will be “literally” homeless.

10. Consumer Involvement, how persons who are homeless and have serious mental illnesses and family members are involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

Several staff members are formerly homeless. One Board member was also homeless and had a substance use disorder. He serves on our Program Committee to ensure that services address the needs of our clients. We also provide a consumer satisfaction survey that helps us determine how we can improve our service delivery.

11. Proposed Annual State FY 2014 Budget

1. Personnel Costs

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Benefit Specialist-Atlanta	\$38,000	2.0	\$76,000	
Benefit Specialist-Savannah	\$38,000	1.0	\$38,000	
Benefit Specialist-Contracted	\$36,000	1.0	\$36,000	
Program Coordinator	\$45,000	0.5	\$22,500	
Administrative Coordinator	\$35,000	<u>0.25</u>	<u>\$ 8,750</u>	
		4.75		\$181,250
2. Fringe Benefit Costs @ 20%				\$29,050
(No fringe for contracted Benefit Specialists)				
3. Staff Transportation Costs				\$4,210
Vehicle Operation & Personal Mileage:			\$3,670	
Parking			\$540	
4. Supervisory Costs				\$2,580
Vehicle Operation & Personal Mileage:			\$1,260	
Hotel for Supervisor (6 nights @ \$100/night):			\$600	
Per Diem (18 days @ \$40/day):			\$720	
5. SOAR 2-Day Workshops				\$2,470
Vehicle Operation & Personal Mileage:			\$670	
Hotel for Trainers (6 nights X 2 @ \$100/night):			\$1,200	
Per Diem (4 days X 2 people @ \$40/day):			\$320	

SOAR Training Supplies	\$280	
6. Consumer Coordination Funds		\$6,625
Consultative Exams (15 exams @ \$250):	\$3,750	
Engagement Tools (food coupons)	\$1,000	
Bus Tokens (125 consumers X \$5 X 3)	\$1,875	
7. Program Supply & Equipment Costs		\$8,100
Office Supplies:	\$2,000	
Equipment:	\$3,600	
3 Blackberries & Service Plans:	\$2,500	
8. Administrative Costs (3%)		\$7,000
	GRAND TOTAL	\$241,285

Section C.	2013 LOCAL PROVIDER INTENDED USE PLAN....continued
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Community Friendship, Incorporated
85 Renaissance Parkway, NE
Atlanta, GA. 30308
(404) 875-0381

1. Description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and the amount of PATH funds the organization will receive.

Community Friendship, Inc. (CFI) is a comprehensive provider of recovery-based services assisting adults in metropolitan Atlanta. Incorporated in 1971, CFI is a non-profit organization that has been nationally accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) International for over 30 years. Our mission is to provide a supportive community for people whose mental illness prevents them from participating in community life, employment and relationships. Services provided include intensive case management, homeless outreach, skill teaching services, vocational services, supported employment as well as a broad range of residential options to persons with psychiatric disabilities, many of whom have been homeless.

CFI will provide PATH services in metro Atlanta serving Fulton and DeKalb Counties which are located in DBHDD Region 3.

CFI will receive \$126,000 in Federal PATH funds and \$59,298 in State Match funds totaling \$185,298 to support PATH services. A detailed budget is included with this application.

2. Participation in the HUD Continuum of Care program and any other local planning coordinating or assessment activities.

The Homeless Mental Health Team coordinates services within a network of regional providers by utilizing their services to stabilize and maintain the physical health, mental health and substance abuse issues of the consumer served. By working closely with these and other agencies, consumers are assisted in reaching their maximum level of successful community living. The team plays an intricate part of Atlanta's continuum of care by providing emergency housing and case management services to consumers who are referred by jails, shelters, and area hospitals.

The case managers of the HMHT participate in planning and coordinating services with local agencies to assist PATH consumers in obtaining needed services. For instance, the case managers might assist a consumer in obtaining mental health treatment services from Grady Health System and medical services from St. Joseph's Mercy Care Services while working with the Regional Commission on Homelessness to secure housing resources.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

The Team works in coordination with other providers of community services, such as Grady ACT Team, Auburn Recovery Center, Open Door Community, First Presbyterian Church, Women's Day Shelter, Lady of Lourdes Catholic Church, Veterans Empowerment Organization (VEO), Central Presbyterian, First Step Staffing, Inc. and the Homeless Outreach Collaboration Committee. The PATH case managers communicate and coordinate as needed with the above agencies to assist PATH consumers in obtaining needed services. For instance, the case manager might assist a consumer in obtaining mental health treatment services from Grady Health System, Fulton County Mental and other private providers. In addition, the PATH case managers collaborate with Welcome House, VEO, Seven Bridges for housing.

Other collaborating agencies include: Fulton County Community Mental Health Centers, Grady Health System, Northside Community Mental Health and Substance Abuse Center, St. Joseph's Mercy Care Services (healthcare), AUM (My Sisters House), Georgia's Mental Health Consumer Network (consumer support), Traveler's Aid and area shelters, hospitals, and jails.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including.

a. Alignment with PATH goals to target adults who are literally homeless:

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness or co-occurring disorders to permanent housing opportunities. Therefore, 100% of PATH funds are used for Outreach and Case-Management services. Both services must be delivered in accordance with the Department's service guidelines. This PATH team includes two (2) Case Managers and one (1) full-time Peer Support Case Manager (mental health consumer) to provide street outreach and visits various shelters located in downtown Atlanta. The Team targets those homeless individuals whose mental illness has remained untreated. Typically this population has a multitude of complex needs including food, clothing, housing, mental health services, health services, and income to name a few. Some clients are best served through Outreach. This service focuses on establishing a trusting relationship, building rapport, assessing immediate need, providing referral information, and coordinating linkages to resources. CFI's Homeless Mental Health Team has adjusted its schedule to do morning outreach starting at 6:00am. The team has also participated in the early morning outreach with the Atlanta Homeless Outreach Collaborative. Moreover, when consumers have early morning or late afternoon appointments or emergencies, the team can address this need. Due to the variety of consumer needs, services range from only needing the coordination of mental health services to full array of bio-psycho-social needs. One PATH staff has completed the SOAR training to learn strategies to expedite disability benefit applications. Assisting homeless individuals with filing claims will be a major focus for the PATH Team this year. It is the goal of PATH Case Management team to successfully transition clients into

mainstream mental health services. For some, the enrollment process takes an extended period of time and is considered an important first step as the individual begins the recovery process.

b. Gaps that exist in the current service system:

Gaps in service to PATH eligible clients continue to be a lack of affordable housing, lack of supported housing, lack of available housing for individuals with mental illness who are elderly (geriatric needs), a lack of specialized services for adults aged 18 to 21, limited case management services, poor access to quality medical care/treatment and limited transportation support. Limited affordable housing with support makes it difficult for individuals to maintain successful community integration. Case Management is important and significant to properly assess and link consumers to mental health, medical and community services. Case Management will ensure that the needs of consumers are addressed from a holistic perspective and can provide needed support in making and keeping appointments. Although public transportation is available, many individuals need help in utilizing the MARTA system and/or need financial assistance to purchase Breeze cards. Physical health issues for this population are often ignored or go untreated.

c. Services available for individuals who have both a serious mental illness and co-occurring substance use disorder:

Consumers are provided support and encouragement to maintain sobriety and are supported in treatment participation, self-help programs and compliance with mental health service recommendations. Consumers are referred to dual diagnosis programs such as Auburn Recovery Center. The Georgia Mental Health Consumer Network provides Double Trouble peer support self-help groups to individuals with co-occurring mental illness and substance abuse.

d. Agency supported Evidence-Based Practices, training, and HMIS activities:

The PATH team supports and incorporates into practice the following EBP practices:

- 1) Motivational Interviewing techniques to move individuals through stages of change;
- 2) Peer Supports to develop a wellness recovery action plan (WRAP);
- 3) Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- 4) Supportive Housing by linking individuals to permanent housing with attached support services;
- 5) SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- 6) Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs. The PATH Team co-case manages for a 30 day period to ensure a successful transition.
- 7) Integration of health care services via partnership with St. Joseph's Mercy Care mobile medical coach.

The Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) Division of Mental Health offers a Minimum Standard Training Requirement courses for Paraprofessionals online titled Georgia's Essential Learning. The subject areas consist of Case Management, Cultural Competence, Documentation, Mental Illness – Addictive Disorders, Professional Relationships, Safety/Crisis De-escalation, and Service Coordination. A total of 29 hours of online training is necessary to fulfill the training requirements. All CFI's Homeless

Mental Health Team members are required to complete the curriculum. The Peer Case Manager has completed the Department’s Peer Specialist training and certification process.

5. Data and Provider’s status on HMIS migration in the next 1 to 3 years.

This agency is a member of Georgia’s HMIS known as PATHWAYS, but is not an active user. This provider plans to participate in HMIS training activities to learn more about becoming an active user of HMIS and learn how to migrate PATH data into HMIS within 3-5 years. Also, this agency plans to explore the use of PATH funds to support HMIS activities.

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

The CFI PATH Team refers enrolled individuals eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, CFI’s PATH Team referred 17 individuals to First Step resulting in 15 SSI/SSDI claims filed. For 2013, the PATH Team plans to refer approximately 20 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

CFI’s Homeless Mental Health Team (HMHT) has access to the residential services using the Ponce Hotel for 30 – 90 days (dependent on available resources and client’s situations) as short-term alternatives until more permanent options become available. The Ponce Hotel is utilized often due to the good working relationship that we have with management staff there. Management staff is able to provide a report of how a client functions and interacting with other hotel guests and staff while staying at the hotel. The HMHT also initiates housing referrals to CFI’s own residential programs. CFI’s residential programs includes, supervised group homes, HUD supervised-apartments, semi-independent apartments, O’Hern House and Phoenix House. In addition, the HMHT refers clients to Welcome House Shelter Plus Program, Positive Outlook, Living Room (if they are HIV positive), Atlanta Housing Authority, Georgia Rehabilitative Outreach, Travelers Aid, and boarding houses. All referrals are dependent on client’s income. For clients that have SSI, all the above options are available to them. As for clients who have only General Assistance and Food Stamps, they would qualify for Phoenix House, Welcome House, Atlanta Housing Authority, and HUD apartments. Clients who do not have an income, their only options are O’Hern House, Positive Outlook, and Seven Bridges.

8. Staff Information: (a) the demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (c) the extent to which staff receive periodic training in cultural competence.

a. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	# Caucasian	# Asian	# Black African/Am	# MH Consumers
CFI	3	2	1	0	0	3	1

b. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the

differences of those they serve. CFI promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

- c. Cultural sensitivity is a critical part of the CFI new hire orientation training. All employees receive annual diversity training in order to reiterate the importance of respecting individual differences. DBHDD includes cultural competence performance standards in all service contracts and requires that provider staff match the population served.

9. Client Information: (a) the demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. CFI is located in downtown Atlanta which is the largest city in the most densely populated county in the State. The client population is 65% male and 35% female; 86% African American; 67% between the ages of 35-49; 87% living on the streets or short-term shelter upon initial contact; primary diagnoses including 29% schizophrenia, 28% affective disorders, 35% other SMI; and 29% reporting co-occurring substance use disorders.

b. Projected Service Expectations for SFY 2014- 7/01/13 to 6/30/14:

- 1) Contractor shall identify and have contact with at least **330** individuals who are homeless and mentally ill in PATH funded Outreach.
- 2) Contractor shall enroll at least **230** individuals who are homeless and mentally ill in PATH funded Case Management.

- c. This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.

10. Consumer Involvement, how persons who are homeless and have serious mental illnesses and family members are involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

A Board of Directors requires consumers and family membership to participate in program planning decisions. CFI’s Board includes both consumer and family representation. Consumer participation is a vital part of the planning, implementation and evaluation of the quality of service programming. Consumer Satisfaction Surveys are used to obtain PATH client feedback related to the provision of PATH services, seeking input, feedback, and suggestions for improvement. Agency wide, approximately 20% of the employees are consumers and a member of the PATH Homeless Mental Health Team is a Peer Specialist with homeless experience.

11. Proposed Annual State FY 2014 PATH Budget

1. Personnel Costs

Positions	Annual Salary	PATH FTE	PATH Salary	Total
Program Director	70,400	0.1	7,040	
Asst Program Director	42,500	1.0	42,500	
Case Manager	36,000	1.0	36,000	
Peer Outreach	21,000	<u>1.0</u>	<u>21,000</u>	
		3.1 FTE		\$106,540
2. Fringe Benefit Costs (@ 25%)				\$26,220
3. Transportation Costs -Vehicle Operation & Personal Mileage:				\$5,700
4. Client Transportation Cost -Marta				\$3,900
5. Housing Coordination Costs -Rental Assistance & Emergency Housing				\$37,060
6. Office Supplies/Expenses				\$1,378
7. Administrative Costs				<u>\$4,500</u>
				GRAND TOTAL: \$185,298

Section C. 2013 LOCAL PROVIDER INTENDED USE PLAN...continued

Travelers Aid of Metropolitan Atlanta
75 Marietta Street, Suite 400
Atlanta, GA 30303
(404) 817-7070

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

In 1917, Atlanta Travelers Aid assisted traveling servicemen and their families with displacement caused by war as well as national migration caused by the Great Depression of 1930's. Since that time, Travelers Aid has adapted its services to include not only assisting stranded travelers but also to assist those in Atlanta who experience homelessness. Travelers Aid has played a significant role in the Metro Atlanta response to major crises such as September 11, 2001 and hurricanes Katrina and Rita. This non-profit agency provides multiple services which include housing, outreach, homeless prevention, and emergency assistance to victims of domestic violence, HIV/AIDS, and families experiencing homelessness.

Travelers Aid will provide PATH funded services in metro Atlanta serving Fulton and DeKalb Counties located in DBHDD Region 3.

Travelers Aid will receive \$129,000 Federal PATH funds and \$56,298 State Match funds totaling \$185,298 annualized to support PATH services. A detailed budget including direct and indirect costs is included with this application.

2. Participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Travelers Aid is actively involved in the Atlanta Tri-Jurisdiction Continuum of Care, and receives HUD funding for supportive housing. Travelers Aid is also an active member of the Regional Commission on Homelessness and participates in the planning and coordination of housing for organized Street-to-Home outreach initiatives.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

The Homeless Mental Health Team collaborates with other key service organizations to increase access to an array of needed services and resources for enrolled clients. These key organizations include:

Community Friendship for access to supportive housing resources;
Behavioral Health Link for access to crisis and emergency services;
St. Joseph Mercy Cares for access to healthcare;
Grady Health Systems for access to mental health and ACT services;
Regional Commission on Homelessness as leading Metro Atlanta's Blueprint to End Homelessness;
Gateway 24/7 Homeless Service Center for providing programs and services for chronically homeless individuals.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goals to target adults who are literally homeless:

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness or co-occurring disorders to permanent housing opportunities. These two services must be delivered in accordance with the Department's service guidelines and available to homeless individuals and families living in places not meant for human habitation in both Fulton and DeKalb counties. The target population may be referred by the general population, police, community courts, or upon discharge from jail. A Homeless Mental Health Team consisting of three full-time staff includes an Outreach Coordinator, licensed Mental Health Professional (LCSW), and Certified Peer Specialist.

The Outreach Coordinator oversees outreach activities including establishing daily performance targets, site locations, engagement tactics, and identify resources for homeless consumers. Types of resources used for engagement include food coupons and MARTA tokens to assist with transportation. The team uses the HUD definition of homelessness and is trained to recognize mental illness and co-occurring substance use disorders in order to determine if an individual is PATH eligible. Outreach contacts are entered into the HMIS system (Pathways).

Case Management provides intensive support to assist clients enrolled through Outreach to access housing and transition into mainstream mental health treatment. Each new client enrollment receives an eligibility screening and a needs assessment by the licensed Mental Health Professional (LCSW) that includes housing, SSI/SSDI, employment, veteran status, substance abuse, mental health, and medical. An Individualized Service Plan is developed in partnership with the consumer to identify goals and strategies to promote change and end homelessness. The Certified Peer Specialist assists by helping the consumer articulate personal goals for recovery and setting objectives for achieving goals. The Peer Specialist models recovery, teaches illness self-management, and connects the consumer to self-help groups including NA, CA, and DTR.

b. Gaps that exist in the current service system:

The Homeless Mental Health Team is responsible for filling gaps in services or bringing any gaps to the attention of the Regional Commission on Homelessness. The main gap in the system is the need for case managers to support clients as they transition from homeless to “being housed”. The Regional Commission has great success in creating new supportive housing in metro Atlanta. The PATH funding provides the attached supports needed to successfully transition clients into housing and access ongoing services and entitlement benefits to ensure self-sufficiency.

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

Each person enrolled in case management is evaluated for co-occurring mental illness and substance use disorders and through Georgia’s Access Line, the individual is linked to local providers of addictive and mental health services. PATH consumers are also linked to self-help groups including Double Trouble in Recovery (DTR) meetings which occur 7 days a week at various sites throughout Atlanta.

d. Agency supported Evidence-Based Practices, training, and HMIS activities:

The PATH team supports and implements the following EBP practices into practice:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to a continuum of emergency, transitional and permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs.

Each member of the PATH Team attends a Case Management Training Academy and receives HMIS training.

5. Data and Provider’s status on HMIS migration in the next 1 to 3 years.

This PATH agency is an active user of Georgia’s HMIS known as PATHWAYS. All individuals enrolled in Case Management are entered into HMIS and instantly connected to the homeless provider network. PATH team members plan to participate in HMIS webcasts and training in order

to learn how to facilitate migration of PATH data into HMIS within 2-4 years. This agency will explore the flexible use of PATH administrative funds to support HMIS activities.

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

The Travelers Aid PATH Team refers enrolled individuals eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, Travelers Aid PATH Team referred 18 individuals to First Step resulting in 18 SSI/SSDI claims filed. For 2013, the PATH Team plans to refer approximately 20 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

Travelers Aid receives HUD funding and project based vouchers through the Atlanta Housing Authority to operate a “housing first” program in metro Atlanta for homeless men, women, and children. Using scattered apartment communities, each client receives on-site case management support while enrolled in the program. These housing programs include:

- Sylvan Hills Apartments;
- The Pavilion Place Apartments;
- Woods at Glenn Rose Apartments;
- Columbia Tower Apartments; and
- Park Commons.

PATH clients also receive assistance locating appropriate housing using the Department of Community Affairs’ (DCA) affordable housing database at www.georgiahousingsearch.com .

8. Staff Information: (a) the demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic difference of clients; and (c) the extent to which staff receive periodic training in cultural competence.

a. The agency supports staff diversity. The following represents the PATH Team:

Provider	# PATH Staff	# Females	# Males	#Caucasian	# Black African/Am	# MH Consumers
Travelers Aid	4	1	3	0	4	1

b. Staff is experienced in this field and has participated in diversity training.

c. Staff must participate in the Regional Commission on Homelessness Case Management Training Academy through a series of monthly 3 to 6 hour workshops based on specific curricula to improve skills to engage consumers and impact their homelessness. This includes routine sessions on cultural competence.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. Of those served in 2012, 53% were female; 81% African American; 45% between ages 35-49; 63% with estimated schizophrenia; 28% with estimated co-occurring substance use disorder; and 75% living outdoors or in a short-term shelter upon initial contact.
- b. Projected Service Expectations for SFY 2014 - 7/01/13 to 6/30/14:
 - 1) Contractor shall identify and have contact with at least **330** individuals who are homeless and mentally ill in PATH funded **Outreach**.
 - 2) Contractor shall enroll at least **145** individuals who are homeless and mentally ill in PATH funded **Case Management**.
- c. This provider projects that 70 % of the unduplicated total will self-report as “literally” homeless.

10. Consumer Involvement, how persons who are homeless and have serious mental illnesses and family members are involved at the organizational level in the planning, implementation, and evaluation of PATH funded services.

A Board of Directors includes consumers and family members to participate in programming decisions and implementation. Travelers Aid hires consumer practitioners. One member of the PATH Homeless Mental Health Team is a consumer in recovery with homeless experience. Consumer Satisfaction Surveys are used to obtain PATH client feedback related to the provision of PATH services, seeking input, feedback, and suggestions for improvement.

11. Proposed Annual State FY 2014 PATH Budget:

1. Personnel Costs

Positions	Annual Salary	PATH FTE	PATH Salary
Team Lead (LCSW)	46,000	1.00	\$46,000
Case Manager	37,000	1.00	\$37,000
Peer Specialist	30,000	<u>1.00</u>	<u>\$30,000</u>
		3.00 FTE	
			\$113,000

2. Fringe Benefit Costs (@ 23%) **\$25,990**

3. Transportation Costs **\$8,120**

Vehicle Operation & Personal Mileage

4. Supplies

a. Telecommunications:

\$5,700

- 1 Supervisor cell phone @ \$75/month
- 2 Staff cell phones @ \$50/month each
- 2 Wireless Cards @ \$75/month each
- 3 Office Phones @ \$50/month each

b. Equipment:

\$3,000

- 3 Laptops @ \$700 each (includes setup and software)
- Copier operations & maintenance @ \$75/month

c. Office Supplies	\$900
5. Staff Training	\$2,602
6. Housing Coordination Costs	\$20,986
Emergency Rental Assistance	
Emergency Food Assistance	
Security Deposits	
Household Items	
7. Administrative Costs	<u>\$5,000</u>
GRAND TOTAL: \$185,298	

Section C.	2013 LOCAL PROVIDER INTENDED USE PLAN...continued
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United Way of Metropolitan Atlanta
100 Edgewood Avenue, NE
Atlanta, GA 30303
(404) 527-7237

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

United Way of Metropolitan Atlanta is a non-profit organization that provides support and funding for community-based programs and services in a thirteen-county Atlanta metropolitan area.. It acts as convener and fiscal agent for the work of the Regional Commission on Homelessness. United Way will use the monies generated by this contract to fund a Collaborative PATH Team which will accomplish two goals: 1) Provide active, face-to-face outreach to homeless persons who have mental illnesses; and 2) Provide short-term case-management and community linkages for these persons. The goal of the Collaborative PATH Team will be to target and engage homeless persons who are not receiving needed services to improve their mental and physical health and to create linkages to community resources in order to continue and maintain services as needed. More information is provided in #3 below.

United Way PATH Team will provide PATH funded services in Atlanta/Fulton and DeKalb Counties located in DBHDD Region 3.

United Way will receive \$136,000 in PATH Funds and \$64,000 in PATH State Match Funds totaling \$200,000 in annualized PATH funding. A detailed budget including direct and indirect costs is enclosed.

2. Participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The United Way Regional Commission on Homelessness, Hope Atlanta/Travelers Aid, the Gateway 24/7 Center, City of Refuge, and First Step all coordinate closely with Atlanta's Tri-Jurisdiction

Continuum of Care. All three programs that comprise the HUD CoC are utilized by the Collaborative PATH Team for housing clients: Supportive Housing Program; Shelter Plus Care; and Single Room Occupancy apartments.

Key CoC leaders participate in the Regional Commission on Homelessness quarterly meetings including Directors from: Cobb/Douglas Community Service Board; DeKalb Community Service Board; Gateway Center; City of Refuge; Caring Works; First Step; Hope Atlanta/Traveler's Aid; and numerous others.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

Numerous community organizations will be engaged as partners with this Collaborative PATH Team. The following is a partial list of community partners:

- Primary **shelters** from which clients will be identified include: City of Refuge, Gateway 24/7 Center, and Atlanta Mission (Shepherd's Inn and My Sister's House).
- Primary **jail/prison re-entry partnerships** which will assist in identifying clients include: DeKalb Diversion Treatment Court, Gwinnett Re-Entry Intervention Program, Fulton County Probation, and Fulton County Public Defender.
- Primary **health care providers** include: St. Joseph's Mercy Care, Grady Healthcare System, Atlanta Medical Center, DeKalb Medical Center, and Emory University Hospitals
- Primary **mental health care providers** include: Grady Healthcare System, Atlanta Medical Center, County Community Service Boards, Behavioral Health Link, and Metro Atlanta Assertive Community Treatment Teams.
- Primary **substance abuse assistance providers** include: Recovery Consultants of Atlanta, St. Jude's Addiction Services; Hope House, County Community Service Boards, and Café 458.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goals to target adults who are literally homeless:

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness to permanent housing. The Georgia State PATH Contact limits the use of PATH funds to these two (2) services which must be delivered in accordance with the service guidelines and utilization criteria set forth in the PATH Program. The contractors comprising the PATH team are experienced in identifying and engaging individuals who are literally homeless with mental health issues.

Outreach activities: The PATH team will identify individuals in the Atlanta area who are homeless and who have mental illness and who are not currently receiving sufficient care and support services; establish trusting relationships with these clients; accompany clients to and facilitate relationships with care providers for these clients' immediate and basic needs; and reach agreements with these clients to accept supportive case management services. The PATH team will engage in outreach via face-to-face interaction with homeless people primarily in shelters but also in other non-traditional settings such as in streets and under bridges.

Case management activities: The PATH team will provide intensive, time-limited (under 90 days) support to assist PATH clients to end their homelessness through direct intervention and transition into services including housing, mental health and substance abuse services, medical services, entitlement benefits assistance, and supported employment services. PATH case managers will assist clients to develop an Individualized Recovery Plan (IRP), which identifies client needs and strategies for meeting these needs. Case Managers will also assist clients in accessing needed services by arranging transportation, accompanying clients to appointments, and assisting with applications. Case Managers will provide direct assistance with and/or linkage to services and resources available in the community, which may include healthcare, housing, employment, mental health and substance abuse treatment, independent living skills, medications, payee services, psycho-education, and others as needed for individual clients.

b. Gaps that exist in the current service system:

The PATH team members will fill gaps in services or bring identified needs to the attention of the Regional Commission. The funding for the PATH team fills many existing gaps including:

- Outreach to homeless consumers suffering from untreated mental illnesses;
- Case management services not only to provide referrals but also to accompany consumers to their appointments for services, which will result in linkage to services such as medical care, housing, mental health treatment, and income streams.
- Monies for client benefits including MARTA cards, client medications, and client household supplies.

Additional gaps that continue to exist in the service system include: 1) lengthy wait for community mental health and substance abuse services for individuals without medical insurance; 2) lack of housing options for individuals without income; and 3) lack of transitional and supportive housing resources to meet existing housing needs.

c. Services for clients who have both a serious mental illness and substance use disorder (strategy for meeting the treatment needs of co-occurring)

Each person enrolled via the Collaborative PATH Team will be evaluated for co-occurring disorders. All evaluations will be done by a mental health case management professional. These clients will be enrolled in both addictive and mental health programs available in the community. Case Managers will assist PATH clients to identify local mental health and substance abuse service providers using the Georgia Crisis & Access Line. PATH consumers are also provided information on local peer led self-help groups including Double Trouble in Recovery (DTR) meetings which occur 7 days a week at various sites throughout Atlanta.

d. Agency supported Evidence-Based Practices, training, and HMIS activities:

The PATH team supports and implements the following EBP practices:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;

- Assertive Community Treatment (ACT), Intensive Case Management (ICM), Community Support Individual (CSI), and/or Core Mental Health Service linkages for those discharged from PATH with varying levels of mental health treatment needs.

United Way provides a Case Management Training Academy for PATH staff using a series of monthly 3 to 6 hour workshops to teach outreach skills that engage homeless individuals and impact their homelessness. In addition, each member of the PATH team receives HMIS training.

- 5. Data and Provider’s status on HMIS migration in the next 1 to 3 years.**
 This PATH agency is an member and active user of Georgia HMIS called PATHWAYS. All individuals enrolled in Case Management are entered into HMIS and instantly connected to the homeless provider network. PATH team members plan to participate in HMIS webcasts and trainings in order to learn how to facilitate migration of PATH data into HMIS within 1-3 years. This organization will explore the flexible use of PATH administrative funds to support HMIS activities.
- 6. SSI/SSDI Outreach, Access, Recovery (SOAR).**
 The United Way PATH Team refers enrolled individuals eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, United Way PATH Team referred 113 individuals to First Step resulting in 105 SSI/SSDI claims filed. For 2013, the United Way PATH Team plans to refer approximately 60 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.
- 7. Access to housing and strategies to make suitable housing available to PATH clients.**
 The Collaborative PATH Team implements two “housing first” strategies called “street –to-home” and “shelter-to-home”. These strategies move literally homeless individuals directly into permanent housing first and then link them to services and resources needed to remain housed.

 - Housing options for PATH Clients **without income** include: Sound Landing, URDC, County Community Service Boards, Caring Works, Georgia Housing Voucher Program, and Anticipation Project (Clients agree to reimburse for funds expended on their behalf when they begin to receive income).
 - Housing options for PATH Clients **with income** include: Caring Works, URDC, Georgia Housing Voucher Program, Baptist Towers, County Community Service Boards, and affordable apartment/duplex housing options identified using DCA’s housing data base at www.georgiahousingsearch.com
 - Housing options for PATH Clients with **HIV** include: The Living Room, AID Atlanta, and HOPWA housing providers
- 8. Staff Information: (a) demographics of staff serving the clients; (b) how staff providing services to the target population will remain sensitive to age, gender, and racial/ethnic differences; and (c) the extent to which staff receive periodic training on cultural competence.**

- a. The Collaborative PATH Team will comprise both males and females, and at least half of the team members will be African-American. The team will utilize the services of peer support individuals who have experienced homelessness and mental illness. Nearly all the service providers expected to participate in this program have minorities in upper level positions and substantial minority representation throughout their staff. The following is a representation of the PATH Team:

Provider	# PATH Staff	# Females	# Males	#Caucasian	# Black	#MH Consumers
United Way-Atlanta	4	2	2	2	2	2

- b. All team members and most of our community partners are experienced in the field of diversity/cultural competency.
- c. PATH team members will receive training in cultural competency at least annually, and partner agency staff members are expected to receive cultural competency training at least annually as well.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. In 2012, the demographics of those receiving PATH services include: 50% male; 70% African-American; 35% estimated schizophrenia, 33% estimated affective disorder; 47% self-report co-occurring substance use disorders; 76% living outdoors or in short term shelters upon initial contact.
- b. Projected Service Expectations for SFY 2014 - 7/01/13 through 6/30/14:
- 1) Contractor shall identify and have **Outreach** contact with at least **170** unduplicated individuals who are homeless and suspected of having a serious mental illness during the contract period.
 - 2) Contractor shall enroll in PATH funded **Case Management** at least **135** unduplicated individuals who are homeless and mentally ill during the contract period. At least **101** (75%) enrolled PATH clients will link to housing and/or community mental health services upon discharge from PATH funded Case Management.
- c. This provider projects that 90% of the unduplicated total will self-report as “literally” homeless, noted as living outdoors or in an emergency shelter.

10. Consumer Involvement, how persons who are homeless consumers and have serious mental illnesses and family members are involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

The PATH team will include at least two peer support individuals who have experienced homelessness and serious mental illness. Persons who are PATH-eligible are expected to participate in advisory boards for the various providers of services. Consumer Satisfaction Surveys are used to obtain PATH client feedback related to the provision of PATH services, seeking input, feedback, and suggestions for improvement.

11. Proposed SFY14 PATH Annual Budget

1. Personnel Costs

Positions	Function	PATH FTE	PATH Salary
MHP SW	Team Lead	0.5	\$20,000
Outreach	Outreach Coordinator	1.0	\$35,020
Case Manager	BS or BA	1.0	\$35,020
Case Manager	BS or BA	1.0	\$35,020
Peer Specialist	CPS	<u>0.5</u>	<u>\$13,000</u>
		4.0	
			\$138,060
2. Fringe Benefit Costs @25% (excluding part-time CPS employee)			\$31,265
3. Transportation Costs Vehicle Operation & Staff Mileage:			\$7,000
4. Training Costs Local and Out of State Training			\$2,300
5. Housing Coordination Costs Rental Assistance & Emergency Housing: Emergency Food Assistance: Security Deposits: Household Items:			\$12,000
6. Supplies & Equipment			\$6,375
7. Administrative Costs			<u>\$3,000</u>
			GRAND TOTAL: \$200,000

Section C. 2013 LOCAL PROVIDER INTENDED USE PLAN...continued

Fulton DeKalb Hospital Authority
250 Auburn Avenue
Atlanta, Georgia 30303
(404) 616-9239

1. Description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

Fulton DeKalb Hospital Authority (aka Grady Health Systems) is a public, non-profit organization contracted by the Department of Behavioral Health & Developmental Disabilities (DBHDD), Division of Mental Health to deliver comprehensive community mental health and addictive disease services to individuals and families. The professional team of psychiatrists, clinical psychologists,

psychiatric nurses, mental health specialists, substance abuse specialists, counselors and specialty consultants provide such services as mental health and substance use interventions including emergency, intensive inpatient/outpatient, adult and child mental health counseling, medication, day treatment, and specialized outreach services.

Grady Health Systems will provide PATH funded services in Atlanta serving Fulton and DeKalb Counties located in DBHDD Region 3.

This provider will receive \$100,000 in PATH Federal funds and \$45,400 in PATH State funds, totaling \$145,400 annually to support PATH services. A detailed budget is enclosed with this application.

2. Participation in the HUD Continuum of Care program as well as any other local planning, coordinating or assessment activities.

Grady Health Systems is a participating organization in the Atlanta Tri-Jurisdiction Continuum of Care Planning Process. The PATH Coordinator attends the quarterly CoC meetings in an effort to develop strong working relationships with HUD funded grantees. As a major medical and behavioral health organization in metro Atlanta, Grady health Systems continues to enter into strategic partnerships that support the state's plan to end homelessness.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

A PATH funded Mental Health Clinician, Mental Health Associate and Certified Peer Specialist will collaborate with other agencies, organizations, and sites using a "front door" and "back door" approach. The team travels to multiple agencies identifying those homeless individuals with mental health and/or substance use needs. Using a fixed outreach approach, they visit local homeless shelters, service centers, jails, hospitals, and known homeless gathering sites on a routine and scheduled basis. Their presence is anticipated and planned both by the agency and the homeless population. The team receives referrals from other agencies, including jails and works closely with local homeless coalitions. The team provides on-site mental health and/or substance use assessments and evaluations. With the majority of needed resources and services remaining outside the PATH service, the team must collaborate with a multitude of organizations and providers in order to access those resource needed to address the complex and extensive needs of those identified as homeless. Those local agencies and organizations that work in collaboration with this PATH funded team include the following:

Atlanta Day Shelter for Women and Children, Crossroads Ministries Shelter, Atlanta Union Mission, Jefferson Place Shelter, The ROCK (homeless drop-in center), Community Concerns (safe haven) Central Fulton Auburn Renaissance Day Treatment Center, Central Fulton Mental Health and Intake for Substance Abuse, Grady Health System's psychiatric emergency, crisis stabilization, and inpatient services, Northside Mental Health Center, Community Friendship, Fulton County Drug and Alcohol Treatment Center, Georgia Regional Hospital at Atlanta, Bright Beginnings Residential Services, Welcome House (shelter + care), O'Hern House, St. Joseph's Mercy Care Health Clinic at Central Presbyterian Church, the Fulton County Jail (conflict and public defender's offices), Atlanta City Jail, Atlanta Community Court, Mental Health America, and the Task Force for the Homeless. Grady Health Systems also partners with First Step, Inc., a SOAR provider to assist consumers with

SSI/SSDI benefits enrollment. Claims are now processed within 3 months and clients are going without benefits for a much shorter period of time.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goals to target adults who are literally homeless:

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness to permanent housing resources. The PATH State Contact limits the use of PATH funds to these two (2) services which must be delivered in accordance with the Department's approved service guidelines and specifications.

A three person team will identify those individuals who are homeless and mentally ill through fixed and mobile Outreach efforts and once engaged, will enroll in client-centered Case Management, which will include access to housing and linkage to mainstream services and resources needed to remain housed.

b. Gaps that exist in current service system:

There are several gaps in services for the homeless population in metro Atlanta. Some of these gaps include the screening for mental health and substance abuse issues, case management services available on-site. The PATH team addresses these gaps by conducting mental health and substance abuse screenings at local homeless sites including shelters, jails, streets, and hospitals while providing service coordination to address financial, transportation, vocational, and housing needs.

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

Eligible PATH enrollments are screened for mental health and substance use disorders by the PATH Team who is cross trained in both disability areas. This ensures the identification of and service planning for co-occurring issues. The PATH Team refers and links consumers to those programs that combine mental health and substance use services including Auburn Renaissance Center, Fulton CARES Network, Integrated Life Center, and others. PATH consumers are also linked to local self-help groups including Double Trouble in Recovery (DTR) meetings which occur 7 days a week at various sites throughout Atlanta.

d. Agency supported and implemented Evidence-Based Practices, training, and HMIS activities:

The PATH team supports the following EBP practices:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs.

Grady Health Systems provides extensive staff training which includes cultural diversity training. PATH Team Lead participated in the Regional Commission on Homelessness (RCOH) Case Management Academy and PATH staff are in the process of receiving HMIS training through PATHWAYS.

5. Data and Provider’s status on HMIS migration in the next 1 to 3 years.

Grady Health Systems is a member of Georgia’s HMIS, called PATHWAYS but not an active user. This provider plans to participate in HMIS training and then enter PATH data on those homeless clients served with PATH funds. All individuals enrolled in Case Management will be entered into HMIS and instantly connected to the homeless provider network. PATH team members plan to participate in HMIS webcasts and trainings in order to learn how to facilitate migration of PATH data into HMIS within 1-3 years. This organization will explore the flexible use of PATH administrative funds to support HMIS activities.

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

The PATH Team refers enrolled individuals eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, Grady’s PATH Team referred 4 individuals to First Step resulting in 2 SSI/SSDI claims filed. For 2013, the PATH Team plans to refer approximately 10 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

The array of housing options that exist for PATH enrolled clients includes emergency shelter, subsidized group home placement, safe haven, shelter plus care, and permanent supportive housing. The Grady health Systems PATH Team continues to utilize an array of housing options which include:

- Crisis and Temporary Housing: Crossroads Ministries Shelter, Peachtree & Pine Shelter, Jefferson Street Shelter, and the Atlanta Union Mission.
- Low Demand Housing: Community Concern.
- Permanent Housing: Community Friendship, Welcome House, Integrated Life, and Georgia Rehabilitation Outreach.

Beginning FY12, The Grady PATH Team developed a local partnership with a housing provider to utilize a 3 bedroom apartment as temporary housing for PATH consumers while assisting with more permanent housing options.

8. Staff Information: (a) the demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (c) the extent to which staff receive periodic training in cultural competence.

a. The agency employs a diverse racial/ethnic staff to serve homeless individuals. Recognizing that this is an all male PATH team, the PATH agency administrator is female and provides female prospective to the planning and implementation of Outreach and Case Management services.

The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# White	# Black	# MH Consumers
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Grady	3	0	3	0	3	1
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- b. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that is sensitive to the differences of those they serve. FDMHC promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and satisfaction surveys. This organization supports community representation with employed mental health consumers operating as direct care staff.
- c. Cultural diversity training is a routine part of the new hiring orientation training with on-going sensitivity training supported by supervisory monitoring. DBHDD includes cultural competence performance standards in all service contracts and requires that provider staff match the populations served.

9. Client Information: (a) demographics of client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. Grady Health System is located in downtown Atlanta in Fulton County which is considered the most densely populated county in all of Georgia. As a culturally diverse area, metro inhabitants speak twenty-seven languages, with even more cultures represented. When compared to the rest of the state, African-American, Hispanic/Latino, and Asian Pacific-island communities are heavily represented. The latter two of these communities have outstripped the rate of growth of other cultural minorities. The demographics of those served using PATH funds include 43% males, 57% females, 84% African American with 55% between the ages of 35-49 years. 68% were literally homeless upon initial contact with schizophrenia being the most frequent mental health diagnoses. 33% reported co-occurring substance use disorders.
- b. Projected Service Expectations for SFY 2014 - 7/01/13 through 6/30/14:
 - 1) Contractor shall identify and have contact with at least **260** individuals who are homeless and mentally ill in PATH funded Outreach.
 - 2) Contractor shall enroll at least **182** individuals who are homeless and mentally ill in PATH funded Case Management.
- c. This provider projects that 90% of the unduplicated total will self-report as “literally” homeless.

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

This agency places a strong emphasis on consumer satisfaction and family involvement in treatment. A sampling of consumers receiving adult mental health services delivered by Grady Health Systems participate in Consumer Satisfaction Surveys. Results from the consumer satisfaction surveys are routinely reviewed in order to identify any area of service dissatisfaction, thereby triggering a plan of correction. For those PATH clients not formally linked to Grady Health Systems, the PATH program administers a PATH specific satisfaction survey to enrolled clients. Program staff receives training in consumer and family related issues, including consumer rights, principles of recovery,

and peer led services. Staff consults with consumer organizations such as NAMI for assistance in involving family members and assessment of procedures to increase constructive involvement. A consumer is employed full-time as a certified peer specialist to deliver direct service to PATH clients. Their involvement ensures the presence of a consumer perspective during treatment planning.

11. Proposed SFY14 PATH Annual Budget

1. Personnel	Annual Salary	PATH FTE	PATH Salary
Mental Health Associate II/CPS	\$32,510	1.0	\$32,510
Mental Health Clinician	\$44,553	1.0	\$44,553
Mental Health Associate	\$29,432	0.4	\$11,774
		2.4	\$88,837
2. Fringe Benefit Costs (20.7%)			\$18,389
3. Transportation Costs			\$9,094
4. Housing Coordination Funds			<u>\$29,080</u>
-Rental Assistance			
-Security Deposits			
-Household Assistance			
GRAND TOTAL:			\$145,400

Section C.	2013 LOCAL PROVIDER INTENDED USE PLAN...continued
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Saint Joseph’s Mercy Care Services, Inc.
424 Decatur Street, SE
Atlanta, GA 30312
(678) 843-8500

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

Saint Joseph’s Mercy Care Services, Inc. (SJMCS) is also a non-profit organization that provides an integrated system of primary health care, education and social services to Atlanta’s homeless, new immigrants, uninsured and underinsured, becoming the medical home for thousands throughout the metropolitan area. With a fleet of vans, two fully equipped mobile medical coaches, eleven clinic sites and an experienced team of medical/dental providers and supportive services staff, SJMCS provides a comprehensive continuum of care that includes primary and preventive health care, oral health care, vision screenings, mental health case management, culturally appropriate programs targeting the Hispanic population, health education, and a broad range of HIV prevention, primary care and supportive services. SJMCS’ mental health case management program follows a patient-centered model that provides intensive case management to homeless men and women with

behavioral health and other complex issues. Case management services are provided onsite at several SJMCS primary care clinic sites as well as other community-based locations. In 2009, following an extensive review by the Commission for the Accreditation of Rehabilitation Facilities (CARF), the program received its second consecutive three-year accreditation.

SJMCS will provide PATH funded services in Atlanta serving Fulton and DeKalb Counties located in DBHDD Region 3.

SJMCS will receive \$225,000 in PATH Federal funds and \$107,000 in PATH State Funds for Outreach and Case Management, totaling \$332,000 for PATH services. A detailed program budget is included.

2. Participation in the HUD Continuum of Care program as well as any other local planning, coordinating or assessment activities.

SJMCS Mental Health Specialists regularly attend Metro Atlanta Tri-Jurisdictional CoC meetings and the agency receives HUD supportive services funding specifically for its St. Luke's site. SJMCS staff members also participate in the Tri-J's biennial Point-in-Time Census Count of homeless persons in the metro area. Other coalitions and task forces in which agency staff participate include the following: the Homeless Action Group (including its Continuum of Care Committee), the Fulton County Collaboration to Reduce Homelessness, the Supportive Living Coalition, the Atlanta Community Access Coalition, the Pathways User Group, quarterly provider meetings sponsored by DBHDD, and the Regional Commission on Homelessness (including subcommittees on health care services for the homeless).

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible.

For services beyond its scope, the PATH team refers clients to other agencies using formal and informal agreements. These include, but are not limited to Grady Health System, the Living Room, First Step, Fulton County Department of Health and Wellness, Samaritan House, Georgia Law Center, Georgia Department of Family and Children Services, Legal Clinic for the Homeless, HOPE Atlanta (Travelers Aid of Metropolitan Atlanta), Quest 35, Inc., and the Georgia Crisis and Access Line.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goals to target adults who are literally homeless.

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness to permanent housing resources. SJMCS will use PATH funds to provide Outreach and Case Management services.

OUTREACH

Outreach services are provided to the chronically homeless in the places where they are known to congregate including the streets, parks, shelters, soup kitchens, as well as near other provider agencies. To maximize efforts, staff works closely with numerous local agencies in regular contact with the homeless and knowledgeable of their patterns and locations, including: Georgia

Department of Transportation; City of Atlanta Police Department; Fulton County Police and Fire Departments; Atlanta's Ambassador Force; and the City of Atlanta Community Court.

Outreach activities include providing information and referrals to community services and resources including Mercy Clinic Downtown for health needs and Core Mental Health providers for mental health needs. Additional referral sources include food, shelter and clothing. To facilitate engagement, Mental Health Specialists hand out printed information about SJMC programs and provide hygiene kits, gift cards for McDonald's and MARTA Breeze cards to meet basic daily needs of Outreached individuals. The Mental Health Specialists makes repeated visits to individuals who refuse or resist assistance in hopes of building trust and rapport through consistent contact. Once the individual agrees to participate in services, the Mental Health Specialist enters identifying information into the state homeless management information system (HMIS) known as PATHWAYS.

CASE MANAGEMENT

Case Management services take place at six community-based sites easily accessible to the homeless: Atlanta Enterprise Center, St. Luke's Episcopal Church, 24/7 Gateway Homeless Services Center, City of Refuge/Eden Village and Intown Ministries, and Atlanta City Court/ Fulton County Mental Health Court.

Enrollment into Case Management begins with the opening of a client record which includes consent for treatment, Eligibility Screening and Needs Assessment, and the Individualized Recovery Plan (IRP). Included in the IRP are goals and objectives developed jointly by the Mental Health Specialist and the client that focus on linkage to mental health services and housing. The IRP promotes self-sufficiency by building on client strengths.

Case Management activities include linking individuals to services (medical, mental health, substance abuse, employment, etc.), arranging transportation and accompanying the client to appointments, assisting with applications for housing, financial planning, teaching independent living skills, and monitoring client progress. Eligible individuals are referred to a SOAR Benefit Specialist to assist with filing SSI/SSDI applications. The PATH Team accesses temporary housing and makes referrals to permanent housing for PATH enrolled individuals prior to discharge.

Linking individuals to community mental health services is a primary focus of Case Management. The PATH Team uses the Georgia Crisis and Access Line to identify and establish appointments with local Core Mental Health Service Providers. For individuals needing more intensive community services, the PATH Team will link directly to Intensive Case Management (ICM) and Assertive Community Treatment (ACT) teams.

The PATH team also maintains contracts with the University of Georgia, Georgia State University, Kennesaw State University, and Clark Atlanta University's Social Work programs. Each of these programs refers interns during the school year to assist with both outreach and case management duties. Approximately 2-3 Bachelor or Masters level interns are available to the PATH team for a total of 16-24 hours per week.

The Case Management Coordinator operates as the Team Lead whose functions include, participating in outreach activities, maintaining a caseload, supervising the team and interns, and monitoring overall client progress towards achieving IRP goals.

b. Gaps that exist in current service systems.

To access and navigate the mental health system in the State of Georgia is challenging for individuals with cognitive disorders and may result in treatment delay. The PATH team assists clients with accessing Core Services. The team will not only help to establish appointments but also provide transportation and encourage follow up to ensure the client is getting the required assistance to maintain their mental health.

Substance abuse treatment is also difficult to access within the state's system of care. The PATH team includes cross trained staff experience with addressing substance use disorders. Using motivational interviewing techniques, the PATH Team assists individuals as they move through the stages of change. Once the client identifies readiness to participate in treatment, the PATH team facilitates a "warm" referral to a service agency.

c. Services available for clients who have both a serious mental illness and substance abuse disorders.

Substance abuse assessments are conducted by the PATH team, and when appropriate, referrals are made for counseling and/or treatment. The PATH team currently has agreements with ten local substance abuse providers to provide residential treatment services to its patients upon referral. Individuals with dual diagnosis concerns are connected to the Atlanta Recovery Center and the Auburn Avenue Recovery Center, as part of Grady Health System. At both sites, individuals participate in dual diagnosis groups to gain a better understanding of their illness and to master coping strategies. In addition, the PATH team refers clients to Double Trouble Recovery groups within the area to assist the client in establishing strategies to cope with both their mental illness and substance abuse concerns.

d. Agency supported and implemented Evidence-Based Practices, training, and HMIS activities.

The PATH team supports and implements the following EBP practices:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs.

All individuals enrolled in PATH funded Case Management are entered into HMIS and instantly connected to the homeless provider network. Various continuing education sessions are routinely coordinated and offered by SJMCS' marketing department as well as by SJMCS partners and vendors.

5. Data and provider’s status on HMIS migration in the next 1-3 years.

This PATH provider agency is a member and active user of Georgia’s HMIS called PATHWAYS. Upon enrollment, client information is entered into PATHWAYS. PATH team members plan to participate in HMIS webcasts and trainings in order to learn how to facilitate migration of PATH data into HMIS within 1 to 3 years. This agency will explore the flexible use of PATH administrative funds to support HMIS activities.

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

The SJMC PATH Team refers enrolled individuals eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, SJMC PATH Team referred 28 individuals to First Step resulting in 26 SSI/SSDI claims filed. For 2013, the Serenity PATH Team plans to refer approximately 30 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

The PATH team has established Memoranda of Understanding with Quest35 (8 beds), United Methodist Children’s Home, Gateway 24/7 (22 beds), and HOPE Atlanta (16 beds) to assist with clients’ housing needs. Each housing agency has set aside beds for SJMCS clients in exchange for providing case management services specifically for these clients. PATH team members place clients in these beds after client has been enrolled into PATH services. PATH team members consistently meet with the client to ensure they are linked to appropriate resources to assist them in remaining housed and meeting the established goals. Team members also assist clients apply for permanent housing. The PATH team hopes to establish additional MOUs with housing agencies by utilizing SJMCS’ mobile clinic services as leverage for housing with other agencies.

8. Staff Information: (a) demographics of the staff serving the clients; (b) how providing Services to the target population will be sensitive to age, gender, and racial-ethnic difference of clients; and © the extent to which staff receives periodic training in cultural competence.

a. Demographics of the PATH Team staff serving the clients

Provider	# PATH Staff	# Females	# Males	# Caucasian	# African-American	# MH Consumers
SJMCS	7	5	2	0	7	0

b. SJMCS has a 25-year track record of serving the homeless, the medically indigent and recent immigrants – individuals representing a broad cross-section of the cultural spectrum, i.e. race, ethnicity, and gender. In reaching out to these individuals through numerous programs and services, SJMCS staff continually maintains a clear understanding of the unique issues, barriers and/or risk factors that may contribute to cultural and/or linguistic isolation. The agency is deeply committed to eliminating that isolation through respect for the individual, knowledge and appreciation of the culture, cultivation of trust and rapport between staff and clients, and access

to comprehensive services that are responsive to their needs while respectful of their traditions and norms.

- c. All staff members are required to participate in an annual cultural competency training sponsored by Saint Joseph's Health System. SJMCS is also working with Kaiser Permanente to develop a cultural sensitivity program specific to the issues of homelessness. The program will be a customized version of Kaiser's existing employee program and will enhance SJMCS' employees' (particularly new employees) understanding of the uniqueness of the homeless individual.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. In 2012, the demographics of those receiving PATH services included: 69% males; 84% African American; 43% between the ages 35-49; 68% estimated affective disorder; 55% self-reported co-occurring substance use disorder; 67% reported living outdoors in short-term shelter upon initial contact.
- b. Projected Service Expectations for SFY 2014 – 7/1/13 through 6/30/14
 - 1) SJMCS shall identify and have contact with at least **590** individuals who are homeless and have a mental illness in PATH-funded Outreach Services throughout the contract period.
 - 2) SJMCS shall enroll at least **415 (70%)** individuals who are homeless and have a mental illness in PATH-funded Case Management Services throughout the contract period. Contractor shall also transition enrollment of at least **310 (75%)** individuals from PATH-funded Case Management services into community mental health services during the contract period.
- c. This provider projects that **75%** of the unduplicated total served will self-report as “literally homeless”.

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

SJMCS maintains an agency-wide Client Advisory Committee comprised of client volunteers. The Committee's purpose is to receive, assess and make recommendations based on client feedback. The Committee reports its recommendations at SJMCS Board meetings. In turn, the Board uses this input to improve upon and/or implement needed services.

Patient satisfaction surveys are another valuable source of client input. The Outreach Team gives surveys to each client who is assessed as being PATH-eligible and who is willing to complete the survey. Once enrolled, the surveys are also given monthly to each client by his/her Mental Health Specialist. In all instances, the client is instructed to place the survey in a confidential box for subsequent retrieval by the SJMCS Quality Assurance Manager, who in turn compiles the data and provides monthly performance reports to staff.

11. Proposed State FY 2014 Annual PATH Budget

1. Personnel	Annualized Salary	PATH FTE	PATH Salary
Team Lead/Coordinator	\$63,139	0.8	\$50,513
MH Specialist PB	\$33,134	1.0	\$33,134
MH Specialist DC	\$38,071	1.0	\$38,071
MH Specialist RW	\$34,008	1.0	\$34,008
MH Specialist SS	\$44,033	0.25	\$11,229
MH Specialist WB	\$44,158	1.0	\$44,158
MH Specialist RT	\$37,856	<u>1.0</u>	<u>\$37,856</u>
		6.15FTE's	
			\$248,970
2. Fringe Benefit Costs @ 25%			\$62,245
3. Transportation			\$2,500
-Parking	\$800		
-Mileage Reimbursement	\$200		
-Van Maintenance and Fuel	\$1500		
4. Training			\$450
5. Program Supplies			\$3,600
-Office Supplies	\$1000		
-Computer Maintenance	\$2000		
-Cell Phones	\$600		
6. Housing Coordination			\$4,275
7. Administrative @ 3%			<u>\$9,960</u>
GRAND TOTAL:			\$332,000

Section C. 2013 LOCAL PROVIDER INTENDED USE PLAN.....continued

**Cobb-Douglas Community Service Board
3830 S. Cobb Drive, Suite 300
Smyrna, GA 30080
PATH Intended Use Plan**

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

The Cobb and Douglas Counties Community Services Boards (Cobb/Douglas CSB) were created under state law (H.B. 100) on July 1, 1994, to succeed the county boards of health as the public provider of mental health, developmental disability, and substance abuse services. The Cobb/Douglas CSB have expertise in the delivery of the hard to service populations and the most in need as the agency is the primary provider of public behavioral healthcare services in Cobb, Douglas,

and Cherokee Counties, Georgia. The agencies have a full continuum of services to support individuals in 22 locations throughout Cobb and Douglas County. The Cobb/Douglas CSB provide services to approximately 14,000 citizens of Douglas and Cobb Counties annually, with most being served more than once and many receiving multiple services. The Cobb/Douglas CSB offer children, adolescents and adults a wide array of clinical and support services. The Commission of Accreditation on Rehabilitation Facilities (CARF) accredits several of the agencies' programs. The core services offered by the Cobb/Douglas CSB include: 1) outpatient services that consist of screenings and assessments, medication monitoring, group therapy, individual therapy, community intervention and support; 2) supported employment; 3) residential placement and supports; 4) specialized programs for clients with developmental disabilities; 5) transportation; 6) peer support services, 7) integrated primary and behavioral healthcare, and 8) child and adolescent services.

Cobb/Douglas CSB will provide PATH funded services in Cobb and Douglas counties located in DBHDD Region 1.

The Cobb/Douglas CSB will receive \$120,000 in PATH Federal funds and \$40,000 in PATH State Funds for Outreach and Case Management, totaling \$160,000 for PATH services. A detailed program budget is included.

2. Participation in the HUD Continuum of Care program and any other local homeless service planning, coordination, or assessment activities.

The Cobb/Douglas CSB actively participates in the HUD Continuum of Care as a shelter Plus Care grantee, and will continue to participate throughout the grant period.

3. Community partners with local organizations that provide key services (e.g. primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

Cobb/Douglas CSB will provide PATH eligible clients with necessary mental health, substance abuse, and/or co-occurring disorder treatment, supported employment services, and assistance with applying to Medicaid and other mainstream benefits. We will also work to engage organizations as partners with the Cobb/Douglas PATH Team to provide additional services to clients. The following is a partial list of community partners:

Primary shelters from which clients will be identified include:

- MUST Ministries
- S.H.A.R.E. House Family Violence Crisis Center's shelter
- Douglas Homeless Shelter
- Center for Family Resources
- Douglas County Men's Assessment Center

Primary healthcare providers include:

- The 4 Corners Project provides integrated primary and behavioral healthcare to individuals with a serious and persistent mental illness and/or co-occurring disorder, and is a collaboration between Cobb CSB and the federally qualified health center, West End Medical Center, Inc.
- Wellstar Cobb
- Wellstar Douglas

Cobb/Douglas CSB will also partner with United Way to receive technical assistance on their Douglas County Street to Home program.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goal to target adults who are literally homeless;

Georgia regards Outreach and Case Management as priority services and limits the use of PATH funds to these two services in order to maximize the benefit of PATH funds with increased access to housing. Cobb/Douglas CSB will provide services in accordance with the Department of Behavioral Health and Developmental Disabilities' service guidelines and will hire team members who are experienced in identifying and engaging individuals who are literally homeless with a mental health, substance, use, and/or co-occurring disorder.

b. Gaps that exist in the current service system;

There is a critical need to bring increased attention and resources to the rising homeless population in Cobb and Douglas Counties including the identification of veterans who are homeless. Homelessness is a widely recognized issue in downtown Atlanta, but there is little acknowledgement of the numbers of persons who experience homelessness in large suburbs of Atlanta.

Transportation is often the most significant barrier to keeping appointments. The majority of the Cobb/Douglas PATH Team services will be provided in the community in order to meet the needs of the population of focus. When services need to be provided at one of our service locations in Cobb County transportation tokens will be provided for the county bus system, when possible. Those who do not live on a bus route or who live in Douglas County where there is no public transportation, will be assisted to utilize and develop natural supports in the community.

Another barrier to services for homeless clients is a lack of necessary identification and/or a birth certificate, which is necessary to apply for housing/mainstream benefits. The Case Manager will assist clients with ascertaining these items which will facilitate an easy entrance into housing and services.

Finally, there is a significant gap in affordable housing options in Cobb and Douglas Counties that are available to individuals who are homeless with a behavioral health disorder. The Cobb/Douglas CSB will collaborate with the United Way to gain technical assistance in their Street to Home Program which will provide our agency with assistance in navigating this barrier.

c. Services for clients who have both a serious mental illness and substance use disorder (strategy for meeting the treatment needs for co-occurring);

The Cobb/Douglas CSB have a Dual Program that was established in 2000 to provide intensive substance abuse residential treatment to adult men and women who have a co-occurring substance use and mental health disorder. Consumers in this program receive co-occurring treatment at the agencies' psychosocial rehabilitation site, the CIRCLE. They are required to attend the CIRCLE program five days a week. In addition to treatment at the CIRCLE, consumers receive substance use, life skills and independent living training on-site. Consumers

are required to attend AA/NA meetings three nights per week and obtain a sponsor to aid them in the recovery process.

The Cobb/Douglas PATH Team will utilize the agency's Dual Program as well as the myriad of outpatient mental health and substance abuse services available to meet the treatment needs of individuals with a co-occurring disorder.

d. Agency supported Evidence-Based Practices, training, and HMIS activities:

Cobb/Douglas CSB utilizes the following evidence-based practices:

- *Matrix Model* is an evidence-based, intensive outpatient treatment approach for stimulant abuse and dependence and consists of relapse-prevention groups, education groups, social support groups, individual counseling, and urine and breath testing delivered over a 16-week period.
- *Peer recovery support or peer-to-peer* help people become and stay engaged in the recovery process and reduce the likelihood of relapse.
- *Motivational interviewing* is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.
- *Supportive Housing* is operated under the guidance of SAMHSA's Permanent Supportive Housing toolkit.
- *Assertive Community Treatment* is an outreach-oriented, service delivery model for people with severe and persistent mental illnesses who have not been in successful in traditional outpatient treatment.
- *Supported Employment* is provided under the guidance of the SAMHSA's Supported Employment Toolkit.
- *Intensive Case Management* provides flexible, early engagement community-based services for the most in-need consumers.
- *SSI/SSDI Outreach, Access, and Recovery (SOAR)* trained benefit specialists will be available to assist clients with applying for mainstream benefits.
- *Community Support Service* which consists of rehabilitative services, environmental support, and resources coordination considered essential to assist a consumer and their family.

Cobb/Douglas CSB staff participate in annual training through Essential Learning, a customized E-Learning system for behavioral health and human service organizations. Members of the PATH Team will also be provided with additional training specific to homelessness and behavioral health, as needed.

Cobb/Douglas CSB enters inputs all appropriate data into the HMIS, Pathways, system as mandated by HUD and will continue to do so throughout the grant period.

5. Data and Provider's status on HMIS migration of PATH data in the next 1 to 3 years.

Cobb/Douglas CSB completes the Barriers to Housing Stability form for each of our client's enrolled in Residential services and enters data into the HMIS system when clients began receiving services. Cobb/Douglas CSB also completes a monthly progress note in the HMIS system as mandated by HUD for each client, we will continue to follow our agency's current policies and procedures regarding HMIS data entry throughout the grant period.

Cobb/Douglas CSB participate in Pathways audits and have an annual audit from Cobb County's HMIS Coordinator and we have never had any negative findings.

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

Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. For 2013, the Cobb/Douglas PATH Team will refer eligible individuals enrolled in PATH funded Case Management to First Step for assistance with filing SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, the PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

The Cobb/Douglas PATH Team will move homeless individuals directly into transitional housing and then will link them to permanent supportive housing or alternative options. Cobb/Douglas CSB will utilize the following options to obtain suitable housing for PATH clients: 1) Cobb/Douglas CSB's Supportive Housing Program; 2) The Department of Behavioral Health and Developmental Disabilities' Georgia Housing Voucher Program; 3) MUST Ministries; and 4) www.GeorgiaHousingSearch.org to identify affordable housing options area-wide.

8. Staff Information: (a) demographics of staff serving the clients; (b) how staff providing services to the target population will remain sensitive to age, gender, and racial/ethnic differences; and (c) the extent to which staff receive periodic training on cultural competence.

a. The Cobb/Douglas PATH Team will comprise both males and females of various ethnicities.

The Team will include a Team Lead who holds a Master's degree, and a paraprofessional Case Manager. The team will also utilize the services of a Certified Peer Specialist who has experienced homelessness and/or mental illness.

b. The Cobb/Douglas CSB has a documented history of positive programmatic involvement with individuals who are homeless and have a mental health, substance use, and/or co-occurring disorder and their families. We also recognize the differences in beliefs, values, and approaches to mental health and substance use recovery and adjust service approaches as appropriate. All staff have extensive and refresher training in culturally competent care of adults who are homeless and. Our values are incorporated, at all levels of the organization, and include: the importance of culture and the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs of individuals. Staff has good working relationships with CBOs and FBOs with expertise to provide outreach to culturally diverse populations. Outreach will involve techniques that are the least intrusive, more educational, and give individuals and their families a choice on how to engage in treatment. Below is a more detailed description of how are services are tailored to remain sensitive to the age, gender, and racial/ethnic differences.

Language and Literacy: The language used in all program materials is based on 'real world' rather than academic or technical terminology. Written materials are at a 6th grade reading level and instructions, consent forms, and signs use visual cues (e.g., photos, images). Staff will review all documents with clients in person, routinely reading to them and checking to ensure comprehension.

Disability: Cobb/Douglas CSB is sensitive to the needs of physically disabled clients and those for whom the co-morbid chronic health conditions are severely disabling. Physically disabled clients receive care in easily accessible settings close to public and agency transportation. For clients with hearing and visual impairments, our staff is highly experienced in coordinating with the appropriate resources to facilitate the integration of client-centered services and continuity of care. All programs are accessible.

Age: All clients will be 18 years of age or older. Research has also shown that the proposed EBP's are effective with adult populations.

- a. All staff will receive annual training that will address cultural competency and stigma, staff training and programs include topics of diversity and will integrate activities that explore clients' race, ethnicity, age, heritage, culture, religion, sexual identity, gender, and socioeconomic status.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be Outreached and enrolled in PATH Case Management services; and (c) percentage of adults served that are "literally" homeless.

- a. According to the National Coalition for the Homeless (2011) 39% of the homeless population are children under the age of 18, 25% are ages 25 to 34, and 6% are ages 55 to 64. 67.5% of the single homeless population is male. As to ethnicity, 42% of homeless persons are African-American, 38% are white, and 20% are Hispanic. Veterans comprise 11% of the homeless population. Additionally, 26% of the homeless struggle with severe mental illness, and estimates of substance abuse among homeless persons ranges from 30% to as much as 65%.
- b. Projected Service Expectations for SFY 2014 – 7/1/13 through 6/30/14
 - 1) The Cobb/Douglas PATH Team shall identify and have contact with at least **280** unduplicated individuals who are homeless and suspected of having a mental illness throughout the contract period.
 - 2) The Cobb/Douglas PATH Team shall enroll at least **200** unduplicated individuals who are homeless and have a mental illness in PATH-funded Case Management Services throughout the contract period. Contractor shall also transition enrollment of at least **150 (75%)** individuals from PATH-funded Case Management services into community mental health services during the contract period.
- c. Cobb/Douglas CSB projects that 90% of clients served by the PATH Team will self-report as "literally" homeless, noted as living outdoors or in an emergency shelter.

10. Consumer Involvement, how persons who are homeless and have serious mental illnesses and family members are involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services.

The Cobb/Douglas PATH Team will include one Certified Peer Specialist who has experienced homelessness and/or a mental health disorder to serve on the 3-member PATH Team. This position will be an integral part of the planning, implementation, and evaluation of PATH-funded services in order to ensure the needs of the population of focus are being met.

11. Proposed State FY 2014 PATH Annual Budget:

1. Personnel Positions	Annualized Salary	PATH FTE	PATH Salary
Masters Level Teal Lead	\$35,000	1.0	\$35,000
Case Manager	\$30,000	1.0	\$30,000
Peer Specialist	\$25,000	<u>1.0</u>	<u>\$25,000</u>
		3.0	\$90,000
2. Fringe Benefits @ 54%			\$48,625
3. Transportation			\$8,568
• Local travel – 1,400miles/month@\$0.51mile			
4. Equipment			\$8,400
• 3 Cell Phones w/air cards @ \$100/month each	\$3,600		
• 3 Laptop Computers & Software @ \$1,200 each	\$3,600		
• Office Furnishings	\$1,200		
5. Supplies			\$1,200
• Paper, pens, notebooks, postage, copying @ \$100/month			
6. Staff Training			\$1,208
To attend local and out of state training			
7. Administrative Costs			<u>\$2,000</u>
GRAND TOTAL:			\$160,000

Section C.	2013 LOCAL PROVIDER INTENDED USE PLAN.....continued
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New Horizons Community Service Board
2100 Comer Avenue
Columbus, GA 31906
(706) 596-5717

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

New Horizons is a Community Service Board (CSB), a public, non-profit organization contracted by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to deliver comprehensive community mental health and substance use disorder services through an

interdisciplinary treatment team process. New Horizons has a thirty year history of providing community mental health services. The array of services provided by New Horizons CSB includes: Screening, Crisis & Outreach, Outpatient, Day & Employment, Residential, and Service Entry and Linkage Services.

New Horizons CSB will provide PATH funded services primarily to the city of Columbus serving Muscogee County located in DBHDD Region 2.

New Horizons will receive \$147,000 Federal PATH funds and \$51,900 State Match funds totaling \$198,900 annualized to support PATH services. A detailed budget including direct and indirect program costs is enclosed with this application.

2. Participation in the HUD Continuum of Care program as well as any other local planning, coordinating or assessment activities.

David Wallace (LPC, M.S., SAM, MHP, and NBCC) is the PATH Project Coordinator and serves as an active member of the local HUD Continuum of Care program. Arlena Shaw (M.S. Degree in Counseling Psychology) is the Program Director and serves as a representative on the CoC Planning Committee as well as community liaison to other area service providers. New Horizons currently has a diverse array of HUD funded housing options through the CoC including Shelter Plus Care and Permanent Supportive Housing Program. New Horizons also participates in both Client track and Pathways HMIS Community Information Networks.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients.

New Horizons currently provides an array of outpatient mental health and substance use disorder treatment services, including psychiatric and nursing services, psychosocial rehabilitation, intensive outpatient, ambulatory detoxification, and residential support services. New Horizons regularly links consumers to medical services, employment services and mainstream housing services through case management. New Horizons has many contacts with agencies providing these services. New Horizons will work closely with the local ACT and Mobile Crisis Teams to connect consumers to mainstream community resources in a coordinated effort to end the consumer's episode of homelessness.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goals to target adults who are literally homeless.

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness to permanent housing resources. State PATH Contact limits the use of PATH funds to these two (2) services which must be delivered in accordance with the Department's approved service specifications. The New Horizons Homeless Team implements street and shelter Outreach services to identify and engage literally homeless individuals in Muscogee County and move them towards readiness to change. Once enrolled in Case Management services, individuals are assisted with access to housing and linked to mainstream services and resources.

After Hours Response: The PATH Team will provide 24/7 response to the Mobile Crisis Team using an afterhours on-call schedule when identifying literally homeless individuals with mental illness after hours, who are not linked to a Core Provider and unable or unwilling to access mainstream mental health services without assistance. When the Mobile Crisis Team encounters a homeless individual who reports receiving services at a mental health center, then the PATH Team will recommend that the Mobile Crisis Team contact that Core Provider and seek crisis intervention services. When the Mobile Crisis Team encounters a homeless individual who is able to access services on their own, then Mobile Crisis can simply provide them with GCAL information.

The on-call PATH Team Member and the Mobile Crisis Team will determine via telephone the type of response necessary to assist the homeless individual with accessing immediate shelter and linking them to mental health services. When possible, the on-call PATH Team Member will provide the Mobile Crisis Team with an immediate shelter option and plan to meet the individual at that shelter in the morning. When the Mobile Crisis Team determines the homeless individual requires more intensive support and assistance to divert a crisis, then the on-call PATH Team Member will be dispatched within 2 hours, meeting the Mobile Crisis Team and the homeless individual to provide face-to-face assistance with accessing shelter and linking to mental health services.

The PATH Team will initiate referrals directly to ACT Services for those who meet the ACT admission criteria. PATH and ACT Team members will establish a standing weekly meeting time and date to discuss referrals and develop a transition plan while continuing to co-manage for 30 days to ensure continuity of care for the consumer.

b. Gaps that exist in current service system.

Few non-traditional mental health services exist for those consumers who resist accessing the traditional service system. New Horizons will utilize the PATH funds to enhance the provision of outreach and case management services that can be accessed through local shelters, emergency rooms, clinics, hospitals, jails, places not meant for human habitation, and soup kitchens. An aggressive Outreach Service will utilize one full-time peer-to-peer specialist with personal homeless experience who will go into shelters and soup kitchens on a regular weekly schedule. People living on the street are more likely to trust someone who can reflect first hand knowledge of the homeless experience. Because of their street smarts, systems knowledge, and flexibility, survivors of homelessness are in a unique position to serve individuals who are both homeless and have a mental illness. New Horizons has implemented a Mental Health Court program to help divert non-violent mentally ill persons from jail into treatment. Individuals referred to the Mental Health Court program and verified as homeless prior to arrest may receive PATH funded services. This will ensure Mental Health Court participants do not immediately return to homelessness from jail.

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

PATH consumers with co-occurring substance use disorders access local peer led self-help groups. Agape meets in downtown Columbus on a weekly basis and provides support and education to those with co-occurring issues. Double Trouble in Recovery (DTR) meets twice a week using the 12-step approach to discuss mental health and addictive disease issues without

shame or stigma. In addition, any PATH enrollee may participate in any program provided by New Horizons, including a psychosocial rehabilitation program specifically designed for the dually diagnosed as well as gender-specific programming for women. The PATH Team will work closely with the local ACT and Mobile Crisis Teams to ensure continuity of care for PATH eligible consumers.

d. Agency supported and implemented Evidence-Based Practices, training, and HMIS activities.

The PATH team supports the following EBP practices:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs.
- 24/7 delivery of services via the use of an afterhours on-call schedule.

All individuals enrolled in Case Management are entered into HMIS and instantly connected to the homeless provider network. All staff members receive agency-based training upon hire and annually thereafter.

5. Data and provider's status on HMIS migration in the next 1-3 years.

All CoC organizations are linked to the state supported Homeless Management Information System (HMIS) called Pathways Community Network. This agency is a member and active user of Pathways, entering client information for all those enrolled in Case Management. PATH team members will participate in HMIS webcasts and trainings to learn how to facilitate migration of PATH data into HMIS within 3-5 years. This agency will explore the flexible use of PATH administrative funds to support HMIS activities.

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

In 2012, the PATH Team has a SOAR trained benefit specialist to assist PATH client attain income benefits. Beginning 2013, the PATH Team began utilizing First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications for eligible individuals enrolled in PATH services. For 2013, the PATH Team estimates assisting 10 individuals enrolled in PATH services to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

A Housing Resource Specialist works collaboratively with the local housing authority, Shelter Plus Care (S+C) providers (including New Horizons), other local housing programs (i.e., the Ralston, Stewart Community Home, and Open Door Community Home), Continuum of Care agencies, the Columbus Homeless Resource Network and the Georgia Department of Community Affairs Rental

Access Network (which provides an update of available, affordable apartments across Georgia) to identify an appropriate and accessible array of housing options. The Housing Resource Specialist will then match the enrolled PATH client to the appropriate and available housing resource. A portion of the PATH budget is allocated to pay security deposits, cover the cost associated with coordinating housing, costs associated with matching eligible homeless individuals with appropriate housing situations, and one-time rent payments to prevent eviction. A “home establishment” fund will be used to purchase essential items, without which the individual would not remain in the home. The PATH Team will also receive referrals from the local Mobile Crisis Teams and will utilize the same strategies to end the identified consumer’s episode of homelessness. When appropriate, PATH will make referrals to the local ACT Team.

8. Staff Information: (a) demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (c) the extent to which staff receive periodic training in cultural competence.

a. The agency employs a staff that is representative of the gender and racial/ethnic diversity of homeless clients served. The following is a representation of the PATH Team:

Provider	Total PATH Staff	# Female	# Male	# Caucasian	# African American	# MH Consumers
New Horizons	5	4	1	1	4	1

b. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner sensitive to the differences of those they serve. New Horizons promotes cultural diversity by providing cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.

c. All staff members receive agency based training regarding cultural sensitivity upon hire and annually thereafter. Every employee is required by this agency to attend training on consumer rights and consumer protection issues.

9. Client Information: (a) demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

a. New Horizon’s Community Service Board is located in the city of Columbus, which is the third largest city in the state with a 3.9% population growth in the last ten years. The population demographics of those served by PATH services were predominately African American males (69%) between the ages of 35-49 with co-occurring mental illness and substance use disorders and literally homeless upon initial contact.

b. Projected Service Expectations for SFY 2014 -7/01/13 through 6/30/14:
 1) Contractor shall Outreach at least **350** individuals who are homeless and mentally ill.
 2) Contractor shall enroll in PATH funded Case Management at least **244** individuals who are homeless and mentally ill.

- c. This provider projects that 80% of the unduplicated individuals receiving PATH services will self-report as “literally” homeless.

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

New Horizons has a Board of Directors that includes consumers of disabilities and family members who are actively involved in the planning and implementation of services. New Horizons participates in Georgia’s Performance Measurement and Evaluation System. Guided by a steering committee of consumers, advocates and professionals, satisfaction surveys are administered. A Consumer Satisfaction Survey specifically for PATH recipients is used to gather input on PATH funded services. Input from these surveys is used to improve the planning and implementation of PATH funded services. New Horizons employs two full-time Peer Specialists who are mental health consumers with homeless experience to provide Peer Outreach.

11. Proposed State FY 2014 Annual PATH Budget:

1. Personnel Positions	Annualized Salary	PATH FTE	PATH Salary
SSC – Team Lead	\$31,000	1.0	\$31,000
Social Service Provider	\$29,000	1.0	\$29,000
Social Service Technician	\$23,000	1.0	\$23,000
Social Service Technician	\$23,000	1.0	\$23,000
Peer Specialist	\$29,000	<u>1.0</u>	<u>\$29,000</u>
		5.0	\$135,000
2. Fringe Benefits @ 36%			\$47,250
3. Travel			\$3,680
Local travel – 200miles/wk @\$0.45 mile	\$1,680		
Training/Conferences for PATH Staff	\$2,000		
4. Supplies			\$2,000
Quarterly Newsletter Supplies, copies, postage, brochures			
5. Housing Coordination			\$8,970
Security Deposits;			
One-Time Rental Payments			
House Establishment Supplies			
6. Administrative Costs			<u>\$2,000</u>
Office Space, Utilities			
			Grand Total: \$198,900

Chatham-Savannah Homeless Authority
2301 Bull Street
Savannah, Georgia 31401
(912) 790-3400

1. Description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization, region served, and amount of PATH funds the organization will receive.

Established by the Georgia State Legislature more than 18 years ago, the Chatham-Savannah Authority for the Homeless (Homeless Authority) is a non-profit 501C3 organization created to provide a central planning and coordinating effort to address homeless needs and services. The Homeless Authority, in conjunction with the City of Savannah, coordinates all activities called for in the community Continuum of Care. Beginning with the writing of the homeless section of the Housing and Community Development Plan, the Homeless Authority is charged with all aspects of planning, service delivery coordination, and certain other roles such as evaluation and monitoring, advocacy, education, and resource development. PATH funded services will focus on the behavioral health issues of families and individuals experiencing homelessness.

The Homeless Authority will provide PATH funded services in Savannah/Chatham County located in DBHDD Region 5. Savannah has the state's second largest concentrations of individuals experiencing homelessness outside of Metro Atlanta.

This provider will receive \$136,000 in Federal PATH funds and \$47,500 in State Match funds, totaling \$183,500 annualized to support PATH services for families and individuals experiencing homelessness with behavioral health issues. A detailed budget is included with this application.

2. Participation in the HUD Continuum of Care program as well as any other local planning, coordinating or assessment activities.

The Chatham-Savannah Homeless Authority is a State Legislated organization designated to coordinate all activities in the local Continuum of Care plan, including planning, collaborating, identifying gaps in services, and addressing ways to close those gaps. The agency collaborates with the agencies that are the providers of behavioral health services and provides transportation for clients enrolled in behavioral health programs. The Homeless Authority administers the PATH funds, and all hired employees are out-stationed at predetermined Continuum of Care organizations. This five-person PATH team will also be out-stationed at predetermined Continuum of Care sites including Emmaus House, Inner City, and the Social Apostolate. All Continuum of Care organizations are linked to a Homeless Management Information System called Pathways.

3. Community partnerships with local organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients:

The PATH Team collaborates with multiple key agencies in Savannah to provide key services to PATH enrolled clients. Each of these agencies work cooperatively and collaboratively to ensure that those experiencing homelessness can attain and maintain self-sufficiency:

- Recovery Place Community Services for substance abuse services;
- Savannah Counseling Services for ongoing mental health services;

- J.C. Lewis Health Center of Union Mission for medical and dental needs;
- Union Mission, Inc. and the Savannah Housing Authority for permanent supportive housing;
- Savannah Regional Hospital for access into Assertive Community Treatment for those with the most intensive needs.

Additionally, the Homeless Authority has an excellent relationship with the Savannah Police Department, and meets regularly with the police department to coordinate services. Training for the Police Department's CIT (Crisis Intervention Team) is provided on a recurring basis by an employee of American Work, Inc.

4. Service provision plan for coordinated and comprehensive services to eligible PATH clients, including:

a. Alignment with PATH goals to target adults who are literally homeless.

Georgia regards Outreach and Case Management as priority services to link literally homeless individuals with serious mental illness to permanent housing resources. The State PATH Contact limits the use of PATH funds to these two (2) services which must be delivered in accordance with the Department's approved service specifications.

The Homeless Authority operates an integrated Unified Case Management (UCM) system that combines the resources of the homeless continuum of care with behavioral health services to provide one coordinated effort for those in need of housing and other support services. With interconnected Case Managers dropped into various shelter settings, the Unified Case Management system serves as "gatekeeper" by verifying consumer eligibility and organizing the utilization of housing and behavioral health services through weekly case conference meetings. PATH funds a five-person UCM team composed of a full-time Mental Health Professional (MHP) team leader (with blended HUD and PATH funding) and four full-time peer-to-peer specialists to provide Outreach and Case Management services.

OUTREACH

The PATH Team locates the hardest-to-reach individuals through mobile and fixed Outreach sites which include the Salvation Army and Inner Center Night Shelters, the Social Apostolate and Emmaus House-two local congregate feeding sites shelters, and local parks. Outreach identifies PATH eligible clients, establishes a personal connection, and helps them believe that change is possible. Once the consumer expresses willingness to accept services, they are then enrolled in PATH funded Case Management .

CASE MANAGEMENT

Case Management services assist with meeting basic needs, accessing housing, and linking to ongoing mental health and substance abuse treatment. For those individuals with intensive mental health needs, the PATH Teams links them directly to Assertive Community Treatment (ACT) services. A key function of PATH funded Case Management is actively assisting clients to apply for entitlement benefits such as Social Security Disability (SSDI) and Supplemental Security Income (SSI).

b. Gaps that exist in the current service system.

Gaps in services include crisis services for those experiencing behavioral health issues, short-term respite care, the availability of resources on the weekends, and the shortage of affordable, adequate, permanent supportive housing for women and families. In FY09, the State expanded crisis services in Savannah to include a new Crisis Stabilization Program, Mobile Crisis, and Assertive Community Treatment to address the crisis needs in Savannah. The PATH team is actively collaborating with these services to reduce service gaps.

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

Those PATH enrolled clients with co-occurring issues are referred to the appropriate service provider. In addition to counseling, consumers are provided Psychosocial Rehabilitation Program based on the Boston University Model, which is considered a “Best Practice” model. It addresses the level of community functioning needs for those with mental health and substance use disorders.

To complement these clinic-based services, PATH consumers also link to local Double Trouble in Recovery (DTR) 12-step self-help groups, which are free and readily available. These two-hour groups provide a safe environment for these consumers to support each other while addressing medication issues without shame or stigma. Chatham-Savannah Homeless Authority combines counseling, rehabilitation, self-help and ongoing support as a treatment strategy for PATH clients with co-occurring disorders.

d. Agency supported and implemented Use of Evidence-Based Practices, training, and HMIS activities.

The PATH team supports and implements the following EBP practices:

- Motivational Interviewing techniques to move individuals through stages of change;
- Peer Supports to develop a wellness recovery action plan (WRAP);
- Double Trouble to Recovery self-help groups for individuals with co-occurring mental illness and substance use disorders;
- Supportive Housing by linking individuals to permanent housing with attached support services;
- SOAR Trained Benefit Specialists to expedite access to entitlement benefits;
- Assertive Community Treatment (ACT) linkage for those discharged from PATH with intensive treatment needs;
- HMIS Training to C of C agencies.

5. Data and provider’s status on HMIS migration in the next 1-3 years.

This agency is a member and active user of Georgia’s HMIS called Pathways Community Network. All individuals enrolled in Case Management are entered into HMIS and connected with the homeless provider network. The PATH team Case Manager will be required to maintain data on consumers through Pathways Communication Network, the statewide Homeless Management Information System. PATH team members plan to participate in HMIS webcasts and training to learn how to facilitate migration of PATH data into HMIS within 3-5 years. This agency will explore the flexible use of PATH administrative funds to support HMIS activities.

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

The PATH Team refers enrolled individuals eligible for entitlement benefits to First Step. Georgia utilizes First Step, a PATH funded single SOAR provider, to file SSI/SSDI applications on eligible individuals enrolled in PATH services statewide. In 2012, the PATH Team referred 45 individuals to First Step resulting in 33 SSI/SSDI claims filed. For 2013, the PATH Team plans to refer approximately 30 PATH funded individuals to First Step to file SSI/SSDI claims. In addition to making referrals to First Step to file SSI/SSDI claims, newly hired PATH staff will participate in SOAR training provided by First Step to learn how to support and assist in the application process.

7. Access to housing and strategies to make suitable housing available to PATH clients.

The PATH team meets weekly with the Housing Team of Union Mission (the largest provider of housing in the community) and the Unified Community Support Team to determine service and housing needs, including available bed openings. There are over 600 beds available in the Homeless Continuum of Care in the Savannah region. Approximately 300 are dedicated to behavioral health needs. Memorandums of Agreement exist between the Chatham-Savannah Authority for the Homeless and the majority of homeless service providers in the community, including those who provide housing to PATH consumers. Because of these relationships and agreements, PATH team members are knowledgeable of space availability in the Continuum, and can immediately make referrals and reserve space, if required to do so. Team members assist consumers in completing the necessary applications and acquiring any documentation required. PATH team members also ensure that consumers make and keep appointments necessary, including assisting with transportation to those appointments. There are several housing programs that most frequently serve PATH consumers, including emergency and transitional facilities, and several Shelter + Care programs. Emergency facilities include the Salvation Army and Magdalene Project of UMI and transitional facilities include the Economic Opportunity Authority’s Thomas Austin House, and Recovery Place’s Men’s & Women’s Residential programs. In addition, there are a number of Shelter + Care programs that are most successful in housing PATH consumers, and they include: Genesis, New Beginnings, Serenity, and Dutchtown. Through the weekly meetings and contacts, the PATH team is kept abreast of any and all vacancies and able to make referrals on a timely basis. This allows PATH consumers to be placed on a “fast track” in their quest for stability and housing placement. This process allows PATH consumers to gain direct and immediate access to these housing resources, and the process will continue to be employed.

Sometimes, PATH enrolled clients can access stable housing, but lack the financial resources to do so. An increase in case management funds will be utilized to provide direct assistance to clients including emergency rental assistance and bus passes.

8. Staff Information: (a) the demographics of the staff serving the clients; (b) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (c) the extent to which staff receive periodic training in cultural competence.

- a. DBHDD includes cultural competence performance standards in all service contracts and requires that provider staff match the population served. Staffing represents the racial/ethnic diversity of the clients served as follows:

Provider	Total PATH Staff	# Female	# Male	# White	# Black	# MH Consumers
Chatham-Savannah	5	1	4	1	4	4

- b. This agency uses staff training, language services, program evaluation, and community representation to ensure that services are provided in a manner that are sensitive to the differences of those they serve. The Savannah Chatham-Savannah Authority for the Homeless promotes cultural diversity and provides cultural competence training to all employees. Free interpreter services are available for those who do not speak English. This organization evaluates performance satisfaction using consumer and family satisfaction surveys, including the level of satisfaction with staff sensitivity to cultural background. This organization supports community representation with employed mental health consumers operating as direct care staff.
- c. The Homeless Authority, J.C. Lewis Health Center, and Recovery Place routinely provide clinical training for case managers and behavioral health staff which include a mandatory diversity workshop to heighten awareness and increase staff effectiveness.

9. Client Information: (a) the demographics of the client population; (b) projected number of adults to be outreached and enrolled; and (c) percentage of adults served that are literally homeless.

- a. Chatham-Savannah Homeless Authority is located in Savannah, which is the fourth-largest city and the sixth largest county in the state. The demographics of those enrolled in PATH services include: 58% male; 42% female; 48% between the ages 35-49 years; 44% African American; 40% White; 69% with “other psychotic disorders; 54% with co-occurring substance use disorders; and 59% literally homeless upon initial contact.
- b. Projected Service Expectations for SFY 2014 - 7/01/13 to 6/30/14:
 - 1) Outreach Contacts: Contractor shall identify and have contact with at least **328** Individuals who are homeless and mentally ill in PATH funded Outreach.
 - 2) Case Management Enrollments: Contractor shall enroll at least **229** clients who are homeless and mentally ill in PATH funded Case Management.
- c. This provider projects that 90% of the unduplicated individuals served by PATH services will self-report as “literally” homeless.

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

The Homeless Authority Board of directors is constructed to include local and state government, as well as advocates, providers of service, and homeless or formerly homeless consumers. Hired consumers provide peer support services after successfully completing and passing the training and certification process. Consumers through the Community Consumer Advocacy Board on Homelessness, (CCABoH), are actively involved as part of the planning and implementation process of homeless services. Peer Specialists also serve on the Board of Directors of the Social Apostolate and Emmaus House, congregate feeding sites, which also provide food and other assistance to those experiencing homelessness. A certified peer specialist serves as peer mentor at Georgia Regional Hospital, the region’s mental health facility. Additionally, a select group of board members, service providers, consumers, and family members meet directly with direct care staff biannually to evaluate the progress of PATH services. Members of NAMI are invited to participate in the review of services twice yearly. Additionally, the CCABoH reviews consumer satisfaction surveys for services rendered in the Savannah Continuum of Care.

11. Proposed Annual State FY 2013 PATH Budget

1. Personnel Costs Positions	Annualized Salary	PATH FTE	PATH Salary	PATH Total
Mental Health Professional	\$42,000	1.0 FTE	\$42,000	
Certified Peer Specialist	\$26,000	1.0 FTE	\$26,000	
Peer to Peer Specialist	\$26,000	1.0 FTE	\$26,000	
Certified Peer Specialist	\$25,000	1.0 FTE	\$25,000	
Peer to Peer Specialist	\$22,900	<u>0.5 FTE</u>	<u>\$11,450</u>	
		4.5 FTE		\$130,450
2. Fringe Benefit Costs (@25%)				\$32,800
3. Transportation Costs Vehicle Operation & Personal Mileage				\$ 6,500
4. Training Costs				\$ 2,200
5. Program Supply Costs				\$4,000
Cell phones @ \$300/month		\$ 3,600		
Office Supplies (folders, paper, ink)		\$ 400		
6. HMIS Data Collection/Management				\$750
a) ¼ of annual Pathways HMIS User Fee		\$ 250		
b) ¼ of estimated internet fees		\$ 500		
7. Direct Assistance				\$1,300
-Emergency Rental Assistance				
-Bus Passes				
8. Administrative Costs				<u>\$ 5,500</u>
		GRAND TOTAL:		\$ 183,500

Section C.	2013 LOCAL PROVIDER INTENDED USE PLAN.....continued
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DBHDD, Division Mental Health
2 Peachtree Street, NW, Suite 23.202
Atlanta, GA 30303
(404) 657-2141

Proposed State FY 2013 Annual PATH Administrative Budget

1. Travel Costs for Site Visits	\$2,000
a) Car Rental	
b) Lodging and per diem costs	
2. HMIS Costs	<u>\$1,000</u>
GRAND TOTAL:	\$3,000

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.

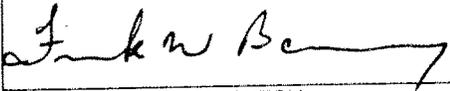
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

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.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE DBHDD Commissioner
APPLICANT ORGANIZATION Georgia Department of Behavioral Health & Developmental Disabilities	DATE SUBMITTED June 14, 2013

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 sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central

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

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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

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

3. CERTIFICATION REGARDING LOBBYING

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

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

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

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

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

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

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

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE DBHDD Commissioner	
APPLICANT ORGANIZATION Georgia Department of Behavioral Health and Developmental Disabilities		DATE SUBMITTED June 14, 2013

Appendix D: Agreements

FISCAL YEAR 2013

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Georgia agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

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

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

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services,

and habilitation and rehabilitation services, prevocational and vocational services, and housing;

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

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

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

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

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

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

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

Section 522(h). The State agrees that

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

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

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

Section 526. The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;

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

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

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

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

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

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of,

have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2014, prepare and submit a report providing such information as is necessary for

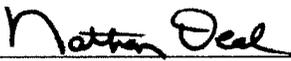
- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2012 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

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

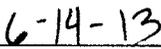
Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

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



Governor



Date

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

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

Type of Application: **NEW** **Noncompeting Continuation** **Competing Continuation** **Supplemental**

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

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

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

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

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

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

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

Name Frank W. Berry
 Title DBHDD Commissioner
 Organization DBHDD, Division of Mental Health
 Address 2 Peachtree Street, Suite 23-415, Atlanta, GA 30303
 E-mail Address FwBerry@dhr.state.ga.us
 Telephone Number 404-657-2273
 Fax Number 404-463-7149

Name Charley Bliss
 Title State PATH Contact
 Organization DBHDD
 Address 2 Peachtree St, Suite 23.202, Atlanta, GA 30303
 E-mail Address cbliss@dhr.state.ga.us
 Telephone Number 404/657-2141
 Fax Number 404/463-7149

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)

SOCIAL SECURITY NUMBER

HIGHEST DEGREE EARNED

264-88-6605

MA

OVER)

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

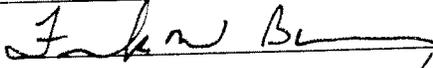
States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____ Georgia Department of Behavioral Health & Developmental Disabilities 2 Peachtree Street, NW, Suite 23.415 Atlanta, GA 30303 Congressional District, if known: _____	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10.a. Name and Address of Lobbying Entity <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>Frank W. Berry</u> Title: <u>DBHDD Commissioner</u> Telephone No.: <u>404-657-2273</u> Date: <u>06/14/2013</u>	
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