

I. State Information

State Information

Plan Year

Federal Fiscal Year 2016

State Identification Numbers

DUNS Number 805346798

EIN/TIN 86-6004791

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

Agency Name Arizona Health Care Cost Containment System

Organizational Unit Division of Health Care Management

Mailing Address 701 East Jefferson, MD6500

City Phoenix

Zip Code 85034

II. Authorized Representative for the PATH Grant

First Name John O.

Last Name Moorman

Agency Name Arizona Health Care Cost Containment System

Mailing Address 701 East Jefferson, MD5400

City Phoenix

Zip Code 85034

Telephone 602-417-4779

Fax

Email Address john.moorman@azahcccs.gov

III. State Expenditure Period

From 7/1/2016

To 6/30/2017

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

Title Arizona SPC

Organizational Unit Name Arizona Health Care Cost Containment System

First Name Danelle

Last Name Valenzuela

Telephone 602-364-4644

Fax

Email Address danelle.valenzuela@azahcccs.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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

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

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

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

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

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

Name	John O. Moorman
Title	Finance Administrator
Organization	Arizona Health Care Cost Containment System

Signature: _____ Date: _____

Footnotes:

See Attached Document with signature

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

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

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name	John O. Moorman
Title	Finance Administrator
Organization	Arizona Health Care Cost Containment System

Signature: _____ Date: _____

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2016

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

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

Section 522(a)

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

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

Section 522(b)

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

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

Section 522(c)

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

Section 522(d)

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

Section 522(e)

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

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

Section 522(f)

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

Section 522(g)

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

Section 522(h)

The State agrees that:

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

Section 523(a)

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

Section 523(c)

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

Section 526

The State has attached hereto a Statement

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

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

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

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

Section 527(a)(4)

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

Section 527(b)

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

Section 527(c)(1)(2)

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

Section 528(a)

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

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

Section 528(b)

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

Section 529

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

Charitable Choice Provisions:

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

Name	John O. Moorman
Title	Finance Administrator
Organization	Arizona Health Care Cost Containment System

Signature: _____ Date: _____

Footnotes:
See attached document with signature

I. State Information

Disclosure of Lobbying Activities

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

Yes

No

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

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

Name	John O. Moorman
Title	Finance Administrator
Organization	Arizona Health Care Cost Containment System

Signature: _____ Date: _____

Footnotes:

See attached documents with signature

I. State Information

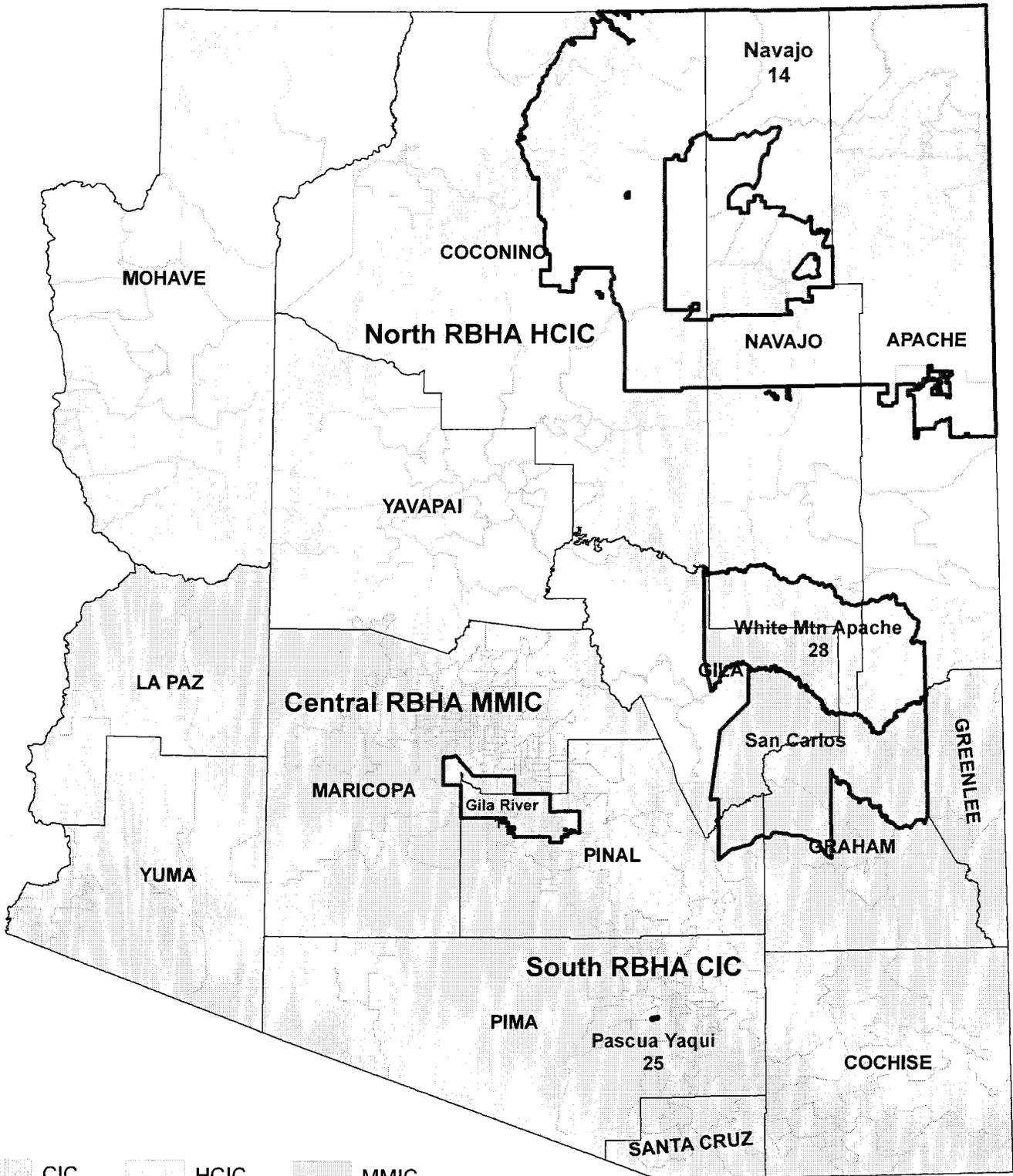
State PATH Regions

Name	Description	Actions
Cochise County	Cochise County	
Coconino County	Coconino County	
Maricopa County	Maricopa County	
Mohave County	Mohave County	
Pima County	Pima County	
Yavapai County	Yavapai County	

Add Region

Footnotes:

Arizona Regional Behavioral Health Areas (T/RBHAs)



II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

Footnotes:

**Arizona Health Care Cost Containment System
Division of Health Care Management
CFDA 93.150 RFA No. SM-16-F2**

Section A: Executive Summary

The Arizona Health Care Cost Containment System, Division of Health Care Management AHCCCS/DHCM) provides Project for Assistance to Transition from Homelessness (PATH) to fund contractors in various parts of the state to help reduce or eliminate homelessness for individuals with a serious mental illness or co-occurring serious mental illness and substance use disorder who experience homelessness or are at imminent risk of becoming homeless.

PATH funding is critical in creating linkages with the behavioral health crisis system, providing assistance with enrollment into the behavioral health system, obtaining medical records, picture ID and social security cards. PATH funding also allows for affordable housing options and conducting outreach and in-reach to adults age 18 and over who are chronically homeless and have an SMI diagnosis.

Organizations	Organization Type	PATH Funds to Organizations		Service Area	Estimated Number of Persons to be Contacted	Number of Persons to be Enrolled
Community Bridges Inc.	Community Mental Health Center	\$714,698 (Federal)	\$248,392 (State)	Maricopa County	3000	2000
La Frontera	Community Mental Health Center	\$273,022 (Federal)	\$95,926 (State)	Pima County	400	320
Good Neighbor Alliance	Shelter or Other Temporary Housing Resource	\$49,771 (Federal)	\$17,487 (State)	Cochise County	200	52
Catholic Charities	Social Service Agency	\$67,217 (Federal)	\$23,618 (State)	Coconino County	600	80
Catholic Charities	Social Service Agency	\$90,721 (Federal)	\$31,873 (State)	Yavapai County	400	60

**Arizona Health Care Cost Containment System
 Division of Health Care Management
 CFDA 93.150 RFA No. SM-16-F2**

Catholic Charities	Social Service Agency	\$92,131 (Federal)	\$32,370 (State)	Mohave County	500	70
AHCCCS/DHCM	State Agency	\$ 53,648 (Federal)	\$0 (State)	Statewide	0	0
Total		\$1,341,207 (Federal)	\$449,665 (State)			

II. Executive Summary

3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **07/01/2016**

Expenditure Period End Date: **06/30/2017**

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Catholic Charities	Social service agency	Coconino County	\$250,068	\$87,862	1,500	210	7	100
Community Bridges Inc	Community mental health center	Maricopa County	\$714,698	\$248,392	3,000	2,000	15	100
Good Neighbor Alliance	Shelter or other temporary housing resource	Cochise County	\$49,771	\$17,487	200	52	2	5
La Frontera	Community mental health center	Pima County	\$273,022	\$95,926	400	320	4	100
Grand Total			\$1,287,559	\$449,667	5,100	2,582	28	305

Footnotes:

Arizona Projects for Assistance in Transition from Homelessness (PATH)
2016-2017 Provider Intended Use Plan Instructions
Catholic Charities

Local-Area Provider Intended Use Plans

Local Provider Description- Provide a brief description of the provider organization receiving PATH funds including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Catholic Charities Community Services, Inc. is a faith based non-profit organization serving people of all faiths, backgrounds and abilities through its mission of 'Helping our community's most vulnerable with solutions that permanently improve lives'. During fiscal year 2015, all Catholic Charities programs impacted 107,484 lives while celebrating 82 years of service. The organization embraces a personalized, integrated service delivery model designed to move individuals and families out of crisis and at-risk situations and into stable living conditions where they can thrive. Over 30 programs are offered throughout central and northern Arizona that are focused on six mission-driven causes: (1) reducing poverty; (2) helping the abused; (3) assisting sex-trafficked women; (4) assisting refugees; (5) promoting healthy youth; and (6) reducing homelessness. Catholic Charities Community Services, Inc. will receive \$337,930 to administer the PATH Program in 2015-2016 in the counties of Coconino, Yavapai, & Mohave.

Collaboration with HUD Continuum of Care Program- Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

Catholic Charities and the PATH Program regularly participate in the local Continuum's of Care as well as the Balance of State Continuum of Care. The PATH Administrator is the past chair of the Flagstaff continuum and team members are participating in the planning of the Project Connect event, the Veteran's Standdown event, and the planning for the Bi-Annual Point in Time Count in each county. In addition, the Flagstaff COC is working in collaboration with multiple agencies, including Catholic Charities, for a unified coordinated entry system which we hope to bring to the additional counties as well. Participation in Mohave County has been key to opening up this new service area for our agency.

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

Some of the agencies the Homeless Outreach Program has collaborated with include: Halo House, City of Flagstaff, Flagstaff Shelter Services, Salvation Army, St. Vincent de Paul, The Guidance Center, Catholic Charities internally through the Family Shelter, Housing Program, and Supportive Services for Veteran Families (SSVF), The Circle of Page, The Flagstaff Family Food Center, The Williams Family/Community Outreach Coordinator, Hope Cottage, Yavapai County Probation

Arizona Projects for Assistance in Transition from Homelessness (PATH)
2016-2017 Provider Intended Use Plan Instructions
Catholic Charities

Office, Prescott Area Shelter Services, Southwest Behavioral Health, Northern Arizona Council of Governments (NACOG), Verde Valley Guidance Clinic, St. Mary's Food Bank, Coconino County Continuum of Care, Coconino County Community Services (in both Page and Flagstaff), Northern Arizona Veterans Resource Center and the Prescott VA. In addition, we are working with Spectrum Healthcare, Verde Valley Medical Center, Yavapai and Coconino County Jails, Mental Health Court, Mohave Mental Health, the Interagency Council, and United Ways in all areas.

These agency partnerships help to move consumers toward self-sufficiency and improve their access to resources by (1) sharing knowledge on resource availability that is conveyed to consumers, (2) providing tangible resources to distribute to consumers, and (3) offering more direct access to services through smoother transitions. Some examples include:

- The Guidance Center and Southwest Behavioral Health Services – After engagement and encouragement, clients are transitioned into case management services at The Guidance Center or Southwest Behavioral Health Services.
- Flagstaff Shelter Services – Members of the Homeless Outreach Program spend two hours at the shelter each Friday morning to meet with clients who have a serious mental illness and/or chronic substance use disorder, and enroll them into the program for additional services and case management.
- Flagstaff Medical Center – Referrals are made by discharge planners to the Homeless Outreach Team to provide individuals with the resources they need to avoid stressors which could lead them back to inpatient care.
- Family Food Center – Food is picked up from the Family Food Center twice each month for distribution to individuals who cannot make it to the center for food boxes or travel back to campsites with full food boxes.
- Delivery of food boxes from the Flagstaff Family Food Center to the Page Soup Kitchen to facilitate distribution to PATH clients.
- Paw Placement/Purina/2nd Chance Animal Shelter – Clients with a serious mental illness often rely on their pets in times of crisis. The Homeless Outreach Team can access dog and cat food for distribution.
- Veterans Administration – Regular contact is made with the Veterans Administration Healthcare Worker, the Housing Voucher Case Manager and the Job Services Coordinator to assist clients who are veterans with additional resources.
- Goodwill Industries of Northern Arizona – Job skills training and workforce development activities are provided to Homeless Outreach clients through Goodwill Industries of Northern Arizona.

Coordination with other Outreach Teams occurs with both our Supportive Services for Veteran Families, and Cooperative Agreements to Benefit Homeless Individuals (CABHI) Programs in Coconino and Yavapai leads to ensuring that potential clients are connected with the proper program and resources, and ensures a wider coverage area during outreach. We are the only current outreach team in Mohave County.

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

The Catholic Charities Homeless Outreach Program provides outreach services and interventions designed to assist individuals who meet the federal definitions of homelessness or imminent risk of homelessness in Coconino, Yavapai and Mohave Counties. Teams of two will search streets, vacant buildings, shelters, river bottoms, forests, desert campsites, parks, hot meal centers, food pantries, jails, hospitals (including places where veterans' services are provided), neighborhoods and anywhere else homeless individuals may camp or frequent in order to locate individuals experiencing homelessness. In the course of outreach activities, the teams will: Distribute life-sustaining supplies; Provide regularly-updated handouts detailing available social services; Educate people on local camping rules and regulations; and Transport clients directly to detoxification centers, medical treatment, and psychiatric care. Outreach is regularly conducted in inclement weather and available on-call after hours.

Through scheduling, Catholic Charities provides a weekly on call status for each Homeless Outreach staff member. In Flagstaff, one staff member responds to on-call emergencies every first and third week of each month, while the other staff responds every second and fourth week of each month. The same system applies in Cottonwood and Mohave County. During winter outreach, however, it depends on the amount of location/inclement weather driving training each staff member has. The PATH Team Lead trains the outreach staff until they are adequately trained to complete an entire night leading the outreach effort with volunteers, interns, or inner-agency/outer-agency workers. During severe snow storms, PATH utilizes an all-hands-on-deck approach, having one team outreach western Flagstaff/outlying areas and the other team outreaching eastern Flagstaff/outlying areas.

All individuals experiencing homelessness are served, and those with serious mental illness and/or a co-occurring substance abuse disorder are enrolled in PATH. Outreach efforts include people of all faiths, backgrounds and abilities including victims of domestic violence, elderly individuals, families, abandoned or runaway youth, veterans and LGBTQ (Lesbian, Gay, Bi-sexual, Transgendered and Questioning) populations. Enrolled clients have access to move-in assistance, bus passes, clothing vouchers, motel assistance, eviction prevention funds, etc. They are also connected to services including, but not limited to, counseling, financial education, and identification acquisition.

Specific benefits of Homeless Outreach include the following:

- Access to life-sustaining, emergency resources such as tents, sleeping bags, water, coats, gloves, etc.

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- Education on locally available social services and treatment options, as well as, acceptable and safe camping practices
- Field assessments and evaluations
- Assistance in locating cooling or heating stations during extreme weather alerts
- Transportation in the form of client transport to behavioral health appointments and bus passes (both daily and monthly available based on client needs)
- Linkage to the behavioral health crisis system
- Case management designed to connect and enroll participants in mental health and/or substance abuse treatment
- Completion of the VI SPDAT and entry into HMIS data system to facilitate a coordinated care approach to service provision.
- Transition into the Regional Behavioral Health Authority case management system (Health Choice Integrated Care)
- Assistance in getting prescriptions filled
- Completing appropriate applications and necessary follow-up to ensure eligible persons are in receipt of SSI/SSDI through the SOAR program, housing resources (Section 8, Project Based Housing, UD 202/811s, HEARTH, and Low Income Housing Tax Credits), income resources (VA benefits, General Assistance, Temporary Assistance for Needy Families, Food Stamps and employment services
- Discharge planning for individuals exiting a medical or treatment center who need resources to avoid stressors which may lead back to inpatient care (such as lack of shelter)
- Coordination with emergency services when a client requires medical attention
- Moving assistance from campsite to shelter or permanent housing when secured to avoid loss of belongings and assist in transition
- Hotel vouchers for medically fragile individuals (individuals who may not, based on physical or mental health conditions be appropriate for traditional shelter stays), particularly during inclement weather
- Housing dollars for permanent placements, not to exceed 20% of overall budget.

Referrals for the Homeless Outreach Program are received from a variety of sources to include: Flagstaff Medical Center's inpatient psychiatric unit, The Guidance Center, Southwest Behavioral Health Services, Flagstaff Shelter Services, The Sunshine Rescue Mission and Hope Cottage, Project Aware, The Mission, Yavapai County Detention Center, the Coalition for Compassion and Justice, local police, and many others. When a referral is made, a member of the PATH team travels to the location to meet with the individual when possible. During this meeting, PATH staff explains the program in terms the person can understand, and conducts a prescreening assessment to determine the individual's needs, including a Vulnerability Index - Service Prioritization Decision Assistance Tool (VI SPDAT). This process builds interagency relationships (and service opportunities for PATH consumers) because it demonstrates to other social service agents that the Homeless Outreach Program seeks out consumers and is willing to coordinate care, reducing the burden on the referring agency. In addition, working relationships have been developed with the Social Security Administration, Arizona Department of Economic Security programs, the Veterans Administration and Health Choice Integrated Care or both

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referrals and improved service delivery. Program staffs also participate in the local Project Connect and Veteran Stand Down events.

One team of two PATH outreach staff is assigned to each geographic service area. Two staff members are formerly homeless which adds a level of understanding and empathy to service provision that is invaluable. The PATH team strives to maintain regular contact with the individual/family experiencing homelessness. If required, after the initial contact has generated trust and no later than the third contact, the PATH team will arrange for an assessment to determine if the consumer has mental illness and/or a substance use disorder.

- Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

PATH funds are often combined with funds obtained through local foundations, fund raisers and donations to ensure we are able to meet client needs. Occasionally PATH collaborates with other agencies such as behavioral health, Goodwill, Salvation Army, St. Vincent De Paul and others to assist clients in meeting their needs. We actively seek additional funding through local foundation and the United Way in order to boost our ability to serve clients with needs not covered by PATH funding.

- Describe any gaps that exist in the current service systems.

Gaps in service delivery are identified through client satisfaction surveys distributed annually and through quarterly file and program reviews as part of our internal quality improvement program. These surveys are reviewed during monthly staffings in an opportunity to improve our service delivery and develop new programming. Community gaps identified are: the amount of time it takes in some areas to obtain the SMI Diagnosis, lack of affordable housing opportunities, and the lack of jobs in the area. A previous gap, no access to a SOAR trained individuals has been addressed and there is now a dedicated full time SOAR Benefits Specialist in the PATH Program covering the three service areas. The SOAR Benefits Specialist will utilize the HMIS System to track submissions as well as the tracking system developed through SAMHSA to determine submissions, approvals, denials, and length of time for responses..

- Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.

The PATH-eligible individuals with co-occurring disorders will receive outreach and will be referred to The Guidance Center or Southwest Behavioral Health Services in Flagstaff and/or Williams, Mohave Mental Health in Mohave County, Encompass in Page and Fredonia, and the Spectrum Healthcare in Sedona and Cottonwood and the West Yavapai Guidance Clinic in Prescott and Prescott Valley for services. PATH consumers who complete an intake and are enrolled in the PATH program receive case management services through any one of several behavioral health providers: The Guidance Center; Southwest Behavioral Health Services; Encompass; and Verde Valley Guidance Clinic. Consumers receive a comprehensive assessment with emphasis on the unique

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needs and cultural preferences of the individual, and a consumer-driven service plan is developed to target individual needs. Navigation services include, but are not limited to, assistance with obtaining identification documents, applying for entitlements such as food stamps, general assistance, Medicare/Medicaid, SSI/SSDI, coordination of health care, or obtaining a Primary Care Physician once healthcare benefits are in place, placement in a shelter, and mental health treatment. A rapport is built with the consumer to assist them in meeting self-identified goals of their service. Catholic Charities believes that sustained mental health treatment is unlikely to occur outside of stable living arrangements, so as much as possible, enrolled participants are encouraged to choose housing goals that lead to permanent housing.

In order to determine a Serious Mental Illness (SMI) within 90 days, enrolled PATH clients complete Release of Information forms during the intake process for their current behavioral health provider or where they wish to go to receive SMI determination and treatment. The form requires the chosen behavioral health agency to provide notification to Catholic Charities of an SMI diagnosis via mail, email, or fax. These documents are maintained in client files. Homeless Outreach staff inquires about a client's diagnosis during every contact with the client and also by communicating with the client's assigned Case Manager. Alternatively, a Title XIX verification request can be submitted through the Regional Behavioral Health Authority. Such requests are fulfilled within one week.

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

Catholic Charities provide their staff with a multitude of training both in house and externally in order to sufficiently meet the needs of clients. This includes: Crisis Intervention, Mental Health First Aid, Az Coalition to End Homelessness Conference trainings, Peer Support, HMIS, Strategies of Change, and numerous online case management and safety trainings.

- **Data-** Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

Catholic Charities has been utilizing the HMIS system since inception in 2006. Our efforts now include a designated Data Specialist to ensure compliance with the new Data Standards adopted by SAMHSA. We will continue to work closely with Community Information and Referral (CIR), the HMIS Administrator to ensure staff is trained on the most current standards and the Administrator will pull monthly data quality reports to ensure full compliance. No other data systems will be utilized at this time. All case management activities will now be recorded and tracked within HMIS. We are continuing to seek refresher and update trainings from CIR and ensure that all new staff are participating in HMIS training within 30 days of hire.

- **SSI/SSDI Outreach, Access, Recovery (SOAR)-** Describe the provider's plan to train PATH

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staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also, describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

Currently 3 PATH staff members are trained in SOAR from the grant year 2014. These staff members have completed 2 applications at this time; however Catholic Charities now has a dedicated staff member to serve as a SOAR Benefits Specialist and we anticipate a large number of client applications in the upcoming fiscal year. It is our expectation that all new PATH staff members, hired in the first grant year, as well as any new staff will complete SOAR training and, at minimum, will assist in completion of SOAR applications as needed.

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

Catholic Charities also operates a Housing Program with over 100 scattered site housing units throughout Northern Arizona which are utilized to house homeless or formerly homeless individuals and families who have a qualifying disability. Examples of disabilities include serious mental illness, substance use disorder, post-traumatic stress disorder, HIV/AIDS or a physical disability. Residents pay 30% of their income (if any) in rent and receive case management supportive services either through Catholic Charities or a collaborative partner. The Housing Program and the PATH Program work together to move participants from a crisis situation to a stable environment where they can thrive. In addition to these housing options, PATH staff work with the local Public Housing Authority and local landlords to increase opportunities for housing for individuals enrolled in the program.

- **Staff Information-** Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:
<http://www.ThinkCulturalHealth.hhs.gov>

Current demographics for the Catholic Charities PATH team include 5 females and 4 males; ages of our staff range from the mid-20s to early 60s; we have one staff who is Native American, one who is Hispanic, one who is Black and six who are white; we have three staff who have disclosed having been homeless in the past; All of our field workers have training/experience in working with the mentally ill; All of our workers have at least a high school graduation, three have some college education, one has an Associate's Degree, one has a Bachelor's Degree and one has a Master's Degree.

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Current staff members include multiple races, genders, and past experiences of personal homelessness. They are of varying ages as well. Catholic Charities is an equal opportunity employer and will strive to hire individuals from diverse backgrounds to ensure cultural competence within the teams. Catholic Charities requires yearly cultural competency and diversity trainings, as well as seeks out outside trainings necessary to meet the requirements of the program. In this instance we will review the current standards regarding a strategy for addressing health disparities and ensure that trainings are provided on an ongoing basis to address these standards.

- **Client Information-** Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled and the percentage of adult clients served using PATH funds to be literally homeless.

All individuals experiencing homelessness are served, and those with serious mental illness and/or a co-occurring substance abuse disorder are enrolled in PATH. Outreach efforts include people of all faiths, backgrounds and abilities including victims of domestic violence, elderly individuals, families, abandoned or runaway youth, veterans and LGBTQ (Lesbian, Gay, Bi-sexual, Transgendered and Questioning) populations. Enrolled clients have access to move-in assistance, bus passes, clothing vouchers, motel assistance, eviction prevention funds, etc. The funds are capped at \$300 per client and are tracked in the services section in each client file. They are also connected to services including, but not limited to, counseling, financial education, and identification acquisition.

PATH clients are likely to have low socio-economic status and few have an income. Disconnected from valuable social service resources, they often are not aware of existing support services, nor do they have the ability to access such services. More than 2,800 contacts were made during FY15 to distribute life-sustaining supplies, and outreach was conducted for over 1,000 unduplicated individuals experiencing homelessness.

We anticipate encountering a minimum of 2500 unique individuals throughout the three counties and, using Diversion and referral to other appropriate services, we anticipate enrolling a minimum of 175 individuals into the program. The majorities of individuals encountered during outreach activities are determined to not fall under the criteria for the PATH Program and are referred to other appropriate services so that team members can focus on those needing mental health treatment and housing services. Typically 100% of clients served are literally homeless, however, we will strive to ensure a minimum of 80% served are literally homeless, leaving room for those who may need prevention services instead.

- **Consumer Involvement-** Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I “Guidelines for Consumer and Family Participation”.

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Consumers are fully involved and informed in their treatment planning process from beginning to end, and PATH welcomes and encourages family involvement when possible. Catholic Charities utilizes customer satisfaction surveys and solicitations of consumer input, which provide input on the planning, implementation, and evaluation process annually for the PATH program. PATH-eligible individuals are encouraged to volunteer with PATH as well.

- **Budget Narrative-** Provide a budget narrative that includes the local-area provider's use of PATH funds. See **Appendix C** for a sample detailed budget.

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

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

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

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

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

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

Occupancy Contract funds will not be requested for this purpose

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Housing – Contract funds will not be requested for this purpose

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

Other Operating – Contract funds will not be requested for this purpose

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

Administrative Overhead –Contract funds will not be requested for this purpose

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

Current data shows that approximately 60% of PATH clients have some sort of Justice Involvement, with 28% of that being a serious criminal history, as determined in the intake process. PATH works with internal housing programs to identify landlords who are willing to work with clients with these histories and afford them housing opportunities. In addition, staff collaborates with the local jail system to identify individuals exiting who will be homeless and may meet the criteria for PATH so that they can assist quickly. Finally, PATH in Coconino County is working collaboratively with a local attorney to help establish a mental health court in an attempt to divert some of these individuals from formal charges.

- **Coordinated Entry-** Describe the providers plan around coordinated entry and their role.

Coordinated Entry is an issue being brought forward by the Balance of State Continuum of Care, in which we actively participate. We are completing the VI -SPDAT for individuals encountered during Outreach and our housing programs prioritize individuals for housing using this list. We anticipate Coordinated Entry to be at the forefront of services for our clients in the upcoming year and will continue to collaborate towards this goal in each area of service.

Arizona Project for Assistance in Transition from Homelessness
Community Bridges, Inc.
2016- 2017

Local Provider Description

Community Bridges, Inc. (CBI) is a private, 501(c)(3) nonprofit organization that provides a full continuum of the highest quality substance abuse and mental health treatment, lifesaving interventions, support for women and children, homeless outreach, prevention and education. CBI has a 33-year history of providing comprehensive, medically-integrated behavioral health programs that include prevention, education, and treatment services using cutting edge, nationally recognized treatment models. CBI operates 29 programs throughout Arizona all of which are licensed by the Arizona Department of Health Services. All of CBI's prevention and clinical programs received accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Since 2004, CBI has accumulated a wealth of experience providing outreach, peer support, housing placement and/or housing retention support to the homeless population in the Valley as represented by a sample of their programs:

- **Maricopa County Men's Overflow Shelter (MOS):** Since October 2014, CBI has provided peer navigation services to house 46 homeless individuals from the MOS through a rapid re-housing contract with Maricopa County. CBI continues to provide navigation services to assist participants in maintaining their housing. Especially noteworthy is that CBI was able to mobilize its staff and resources to house the first 46 participants in just eight weeks so that the County could expend HUD funding that would otherwise have been lost to the community. CBI is currently under contract until June 30, 2016 and is working with a caseload of 45 participants.
- **Supportive Housing Program-** In collaboration with Mercy Maricopa, CBI currently provides supportive services to individuals designated with a serious mental illness and in need of additional support. Navigators are responsible for coordinating with SMI clinics, Case Managers, and provide independent living skills, and transportation. The purpose of the program is to increase housing stability and decrease reliance upon crisis systems of care. Currently, the programs serves 65 SMI individuals.
- **Project H3 Vets:** Originally, a team of thirteen Navigators worked with community agencies such as the Veteran's Administration to provide navigation services for 225 veterans through Project H3 Vets. The program achieved a 92% housing retention rate. Project H3 Vets received national recognition as Phoenix became the first city in the nation to reach functional zero for ending chronic homelessness among veterans. Currently, CBI has five H3 Vets Navigators funded by Valley of the Sun United Way and a caseload of 163 Veterans. The CBI team is working with Mayor Giles in Mesa on his initiative to raise funds for the Housing for Heroes program.
- **City of Mesa Homeless Navigator:** Since FY 11/12, the City of Mesa has funded a fulltime Peer Navigator to serve their community. In November 2015, the City executed a contract with CBI for 10 units of tenant-based rental assistance to house non-veteran homeless individuals.

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• In 2007, CBI implemented the SAMHSA-funded Peer Support Recovery Program (PSRP), which focused on the use of peer support to engage chronically homeless individuals with substance use and behavioral health needs. This program has continued to evolve and has resulted in the placement of CBI peer support staff at several key locations that serve the homeless, including: Central Arizona Shelter Services, Lodestar Day Resource Center, the Human Services Campus and Steele Commons. The Peer Support Recovery Program has had success in engaging homeless individuals and establishing relationships with Peer Support Specialists.

Locations:

Central City Addiction Recovery Center, 2770 E. Van Buren Street Phoenix, Arizona 85008
East Valley Addiction Recovery Center, 560 S. Bellview, Mesa, Arizona 85204
West Valley-Access Point & Transition Point, 824 N. 99th Avenue, Avondale, AZ 85323
East Valley Community Psychiatric Emergency Center, 358 E Javelina Ave, Ste 101, Mesa, AZ 85210
Arizona Bridge to Recovery (ABR), 554 S. Bellview Mesa, AZ 85204

CBI also co-locates staff at these facilities:

Lodestar Day Resource Center, 1125 W. Jackson Street, Phoenix, AZ 85007
Steele Commons 1735 NW. Grand Avenue, Phoenix, AZ 85007
Central Arizona Shelter Services (CASS) 230 S. 12th Avenue, Phoenix, AZ 85007
Healthcare for the Homeless 220 S. 12th Ave, Phoenix, AZ 85007
Circle the City 333 W. Indian School Rd Phoenix, AZ 85013
Arizona Housing Inc, 209 W. Jackson, Phoenix, AZ 85003
North 17 Apartment Complex 9601 N. 17th Ave, Phoenix, AZ 85021
Collins Court Apartment Complex 10421 N. 33rd Ave, Phoenix, AZ 85051

CBI's PATH grant will be allocated in Maricopa County. For the period of July 1, 2016 through June 30, 2017, CBI will receive \$248,392 in State funds and \$714,698 in Federal funds, a total grant of \$963,090. PATH grant funds will support the continued operation of the PATH Outreach Team. The team is comprised of twenty-one members including 1 PATH Program Manager, 9 PATH homeless outreach navigators, 3 PATH Case Managers, 2 Emergency Medical Technicians (EMT), 1 Behavioral Health Clinician, 1 Access to Care worker, .5 FTE Clinical Lead, .5 FTE Quality Management Reporting worker, .25 FTE PATH Administrator and .25 FTE Senior Manager, Peer Support and Outreach Services. The PATH Outreach team will conduct assertive community outreach in assigned regions within Maricopa County. The target population is individuals who are homeless or at-risk of homelessness, and have a serious mental illness or co-occurring disorder.

Collaboration with HUD Continuum of Care Program

CBI participates extensively in the Maricopa County Continuum of Care (CoC). The Manager of Peer Support and Outreach Services serves as a member of the CoC Board of Directors. The Director of Peer Support and Outreach Services serves as a member of the CoC Planning Committee and attends the Standing Strong For Families planning group. The Director serves on the Arizona Coalition to End Homelessness Board of Directors as well where she is involved in advocacy and legislative efforts to address homelessness. The PATH project works with the Tempe Coalition, a group of Tempe homeless providers working to address homelessness in Tempe.

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The PATH Manager serves in a leadership position with the Arizona Street Outreach Collaborative, and participates in the Homeless Emergency Assistance and Rapid Transition to Housing (**HEARTH**) group, and the monthly HMIS meeting. CBI has been a large contributor of outreach teams during the Maricopa County annual point-in-time homeless count and will continue to provide numerous outreach teams for this effort in 2017.

CBI's Navigators are trained to use the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) and full Service Prioritization Decision Assistance Tool (SPDAT) assessment tools. CBI has positioned itself to be fully functional with the Coordinated Assessment system at the Human Services Campus and with CoC approval, is prepared to extend the coordinated assessment process to the field for those homeless individuals who are unable or unwilling to use the Human Services Campus.

Collaboration with Local Community Organizations

CBI's PATH outreach team works with an extensive network of organizations to provide a continuum of services that address mental health, substance abuse, physical health, housing, support services, and employment, etc. CBI's collaboration includes the following:

- CBI is co-located at Healthcare for the Homeless where psychiatric care, substance abuse, medical care, and counseling services are provided to homeless individuals in need. One Peer Support Navigator and one EMT work with the Health Care for the Homeless program and link clients to the PATH program when needed.
- CBI is co-located at the Central Arizona Shelter Services (CASS), the Human Services Campus, and the Lodestar Day Resource Center to provide outreach and engage individuals experiencing a substance abuse or mental health crisis. Currently, CBI has one case manager and 4.5 FTE EMT's serving at the CASS shelter and one Navigator at the Human Services Campus welcome center. The EMT's at CASS provide 24/7 coverage, consult with Triage RN's on appropriate level of care transfers, and can link clients to hospitals when needed. One Navigator and one EMT work at the Lodestar Day Resource Center to provide crisis transition services and referrals into the PATH program.

In addition, CBI's PATH team works on-site at the Phoenix Rescue Mission and at the Watkins Shelter every Friday to accept referrals and provide screenings for the PATH program. PATH team staff locate at St. Vincent de Paul's Sunnyslope location every Friday and Mesa location on Tuesdays also for screening eligible individuals for PATH services.

- CBI is a general mental health/substance abuse provider in Maricopa County. CBI operates the East Valley Community Psychiatric Emergency Center (CPEC), and the West Valley Access/Transition Point facilities, which are designated for crisis triage services and stabilization. These facilities are staffed with Nurse Practitioners, RN's, Behavioral Health

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Counselors, EMT's, and Peer Support staff. The facilities provide 24/7 access to psychiatric bridge scripting, psychiatric evaluations, behavioral health and substance abuse triage, and serve as an access point to the crisis system. These programs provide referrals to the PATH program via a dedicated email distribution and 24/7 dedicated phone line.

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

- CBI also coordinates with the Maricopa County jails to provide PATH Navigator services for re-entry support for those with behavioral health and/or substance use issues. Community Health Services in the jail identifies individuals with substance abuse/mental health issues who are ready for discharge and contacts CBI. CBI transports the individuals from the jail to the West Valley Access and Transition Point for triage, assessment, and transition to follow up care. Those individuals who have SMI are linked to CBI's Forensic Assertive Community Treatment program.

- CBI works closely with numerous cities to provide outreach in specific communities. CBI staff conduct outreach in Tempe parks and other community locations with the Tempe police. In Phoenix, CBI works with the police and the Neighborhood Services Department to provide outreach to numerous community locations including homeless campsites found in the community. In Mesa, CBI's has one fulltime Navigator to provide street outreach and link homeless individuals to housing and other services. In Gila Bend, the PATH team works with the Community Action Program staff to outreach in the community. CBI also provides monthly outreach in Gila Bend.

In addition, CBI provides mobile outreach teams in the East and West Valley and a Crisis Response Team in Phoenix. Much of their work is responding to request for assistance from police, fire, and hospitals in these communities. When time allows, these units conduct street outreach in community areas where homeless individuals are often found. The mobile outreach teams connect individuals to the PATH team when appropriate.

- CBI is an active participant in the Valley of the Sun United Way Project Connect program. PATH Navigators meet with homeless individuals to identify eligible candidates for PATH services.

- The Mental Health Guild meets with the CBI PATH team members to provide hygiene kits and clothing supplies for homeless individuals.

- CBI also works with its existing network of housing providers serving veterans such as Cantwell Anderson, U.S. Vets, and MANA House, as well as other affordable housing providers such as Arizona Housing, Inc. and private market landlords that have a working relationship with Community Bridges. For those clients determined as SMI, CBI works with ABC Housing and for

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housing and eviction prevention and connects the client to Mercy Maricopa Integrated Care (MMIC) for supportive services.

CBI operates several programs that provide long term support for homeless individuals, both SMI and general mental health. Through CBI's internal referral system, the PATH team receives and refers clients to these programs, based on the best fit for the client. For example, CBI operates rapid re-housing housing and permanent supportive housing programs in Phoenix and Mesa for Veterans and non-Veterans. In Mesa, the Mesa Navigator has 10 units of tenant-based rental assistance available for homeless clients. The Assertive Community Outreach Team and the Forensic Assertive Community Outreach Team deliver a full range of services including life skills, housing, employment, health care, treatment, medications, help managing finances, and benefits for seriously mentally ill clients. The Comprehensive Community Health Program works with clients who are frequent users of the crisis system. Through these programs, PATH team clients can transition to a system of care that supports them in achieving a stable life free from homelessness.

Service Provision

The PATH Outreach Navigators will work in conjunction with EMT's to conduct intensive street outreach and engagement. CBI divided the county into four quadrants and assigned teams to cover each geographically defined area. The PATH teams work in teams of two when conducting street outreach. One Navigator is assigned when conducting in-reach within a facility. At times, an EMT may be assigned without a Navigator when working with police to conduct street outreach. Outreach teams will work a staggered shift schedule to maximize availability during peak times for engaging homeless individuals – early morning and late evening.

PATH teams use a variety of methods for outreach and engagement. Teams identify the densely populated areas of homelessness such as river bottoms, parks, streets, bridges, and industrial zones and determine if outreach will be on foot or mobile. CBI will partner with police if a more targeted approach is needed. PATH Outreach teams employ the use of water during summer months and blankets during the winter. Teams may provide other assistance during outreach such as bus passes or transportation assistance as a means to connect homeless individuals to resources or attend designated appointments or services. The PATH program budget includes \$7,000 for bus passes, foot wear, sun protection, and assistance in obtaining identification(s).

CBI also operates a 24/7 dedicated 800 number that is operated by a peer support staff who can dispatch on-call staff to respond to the needs of the community regarding homeless individuals. The toll free number maximizes access to PATH assistance in Maricopa County.

CBI's Navigators will use skills such as motivational interviewing and assertive outreach with a housing first, harm reduction approach to serve the target population. The Housing First model seeks to place individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. Central to the Housing First approach is the tenet that support services including behavioral health and management of chronic health conditions as well

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as other social services can be more effective when people are in stable housing first. Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. The approach recognizes that individuals proceed through the stages of recovery at their own pace and that interventions should be tailored to the specific recovery stage of each person. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way.

Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The MI approach involves engaging in collaborative, egalitarian interactions with individuals as peers rather than an expert giving advice and information to a client. MI affirms an individual's right to and capacity for self-direction.

Assertive Outreach involves meeting individuals in non-traditional settings, which essentially means going to where they are rather than waiting for them to come to a specific location for services. A second element of assertive outreach is engagement defined as the process of building a trusting relationship with individuals to facilitate their access to needed services. The purpose of assertive outreach is to reach people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support). A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with people who are chronically homeless.

Taken together, these four evidence-based practices have proven effective in reaching hard to serve adults who are homeless and have substance abuse, mental health, and chronic health conditions. Adults who are chronically homeless often have a mistrust of service providers and are reluctant to make contact.

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

PATH Outreach Navigators will support individuals who are part of the target population to access treatment services provided by CBI as well as community services such as shelter, housing, health care, employment, mainstream benefits (i.e. food stamps, disability benefits as appropriate), recreational and socialization opportunities. A key part of the process will be referring participants to the Crisis Response Network (CRN) for an SMI evaluation. In addition, PATH Outreach Navigators will assist participants with meeting basic needs, such as food, clothing, water, blankets, shelter, access to systems of care, and community based resources.

In addition to the full SPDAT, the PATH team will use the PATH intake screening tool to ensure appropriate enrollment for the PATH program. Daily and weekly staffing with a multidisciplinary

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team that includes a Behavioral Health Professional provides an additional level of participant support. A behavioral health medical practitioner will participate in the staffing to provide medical oversight and psychiatric evaluation and medication services with an emphasis on screening for SMI eligibility.

Leveraging PATH Funds

CBI's PATH budget is allocated almost entirely for PATH team staff salary and employee-related expenses and the necessary operating costs such as vehicles, phones, HMIS licenses, and office rent. Less than 2% of the budget is allocated for outreach supplies such as sun and foot protection, bus passes, and costs to obtain identification, as well as housing assistance. CBI leverages all other services used to support PATH participants are leveraged from CBI and community sources including the behavioral health and medical services described below and housing services.

Gaps In Current Service System

CBI's PATH program has experienced three specific gaps in the current service delivery system. First, PATH participants can only access CoC housing resources through coordinated access at the Human Services Campus in downtown Phoenix. This presents a significant barrier for some participants based on Maricopa County's expansive geographic size alone. However, some participants are unwilling to access the campus possibly due to previous experiences or the impact of their mental health issues. For those who access coordinated access at the HSC, unless they have a high acuity and lived a considerable length of time on the streets, they will be low on a very long waiting list for rapid re-housing and/permanent supportive housing.

Second, the process of obtaining an SMI determination for participants who have a co-occurring mental health and substance abuse disorder is extremely difficult. To receive an SMI determination, the participant must be sober to be evaluated properly. Typically, the evaluation is completed within 30 days or less. For participants with potential co-occurring diagnoses, the evaluator will often extend the period for an additional 90 days. However, until there is a determination, housing resources are limited. The inability to access housing before an SMI evaluation is completed makes it difficult for the participant to maintain sobriety. In the last eight months, 42% (197) of the 464 completed evaluations were approved and 58% (267) were denied for a determination of serious mental illness.

Finally, data tracking with HMIS uncovered mapping issues and difficulties with capturing data. CBI's PATH Manager has worked diligently with Community Information and Referral (CI &R) to resolve and improve PATH reports.

Current Services for Participants with Co-occurring Diagnoses

CBI's system of care is licensed as a co-occurring enhanced. PATH team members receive support from the entire CBI system of care, which includes outpatient services (behavioral health and medical services) and facility-based crisis services that are available 24/7/365. For participants who need psychiatric medications, the PATH Outreach Navigators coordinate internally and transport patients to the PATH team psychiatric practitioner, or a CBI Access Point, where they will see a

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Psychiatrist or Psychiatric Nurse Practitioner. Participants will receive a full assessment and bridge script to meet their immediate needs. Based on the assessment and psychiatric evaluation, CBI will refer the participant for an SMI eligibility determination, preferably within 90 days of contacting the individual. For those participants who do not have an SMI eligibility determination within 90 days, the PATH Navigators will continue with active outreach and engagement efforts for up to six months.

CBI supports consumer choice in its work with participants. As such, some PATH participants choose to receive their behavioral health services through Terros or Southwest Behavioral Health.

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

The PATH team follows the same process for medical conditions to limit the possibility of a medical emergency. If the PATH Outreach Navigator finds that the participant has existing medical issues that have not been addressed, or been assessed in some time, he/she will coordinate with the participant's Primary Care Physician (PCP) and/or coordinate internally with a CBI Physician or Family Nurse Practitioner to provide assessment and medical treatment as needed. In addition, participants receive medical and behavioral health services through Health Care for the Homeless.

CBI's Navigators are trained in techniques to build rapport, engage, and redirect participants to prevent a crisis and to recognize when participants may be a danger to self or others. When a crisis does occur, program participants, or their families, can contact CBI's 24/7 Access to Care Line for after hour emergencies. PATH Outreach Navigators can contact CBI's mobile outreach teams (one in East Valley, one in West Valley, and one in Phoenix) 24/7, 365 days per year for response to crisis situations or when the participant may be a danger to self or others. Mobile outreach teams, staffed with a Peer Support Specialist and an EMT, are connected to a Triage RN for clinical support. Both a Medical Physician and a Psychiatrist are on-call 24/7 to assist the Triage RN when needed. The mobile outreach team can conduct a baseline medical assessment and transport the participant if he/she needs to enter one of CBI's facilities for assessment, triage, and follow up care. The PATH Outreach Team is skilled in the petitioning process when issues such as danger to self or others are present. The mobile outreach team working with PATH navigation helps manage the immediate crisis by getting the participant to the most appropriate level of care, and reduces the impact on the crisis system overall (e.g., hospitals, fire, police and urgent psychiatric care).

CBI maintains written policies for significant events reporting and incident review. A supervisor is on-call 24/7 and is notified immediately. The supervisor must notify the Chief Operating Officer

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immediately. Any incident where the police are called or the participant is a danger to self or others is reviewed by the Quality Management and the Utilization Management Divisions. The results are reviewed by the managers and clinical oversight.

Supports Evidenced-based Practices and Training

The common thread for the four evidence-based practices used by Navigators – Harm Reduction, Housing First, Motivational Interviewing, and Assertive Outreach and Engagement - is the focus on developing trusting and respectful relationships that honor the unique identity and experiences of the people served. CBI serves all individuals in a dignified manner. CBI draws on its expertise and diverse staff to ensure that all services are targeted towards the underrepresented/underserved and are provided in an environment of respect and dignity for all. CBI uses assessment tools that are adapted from American Society of Addiction Medicine (ASAM) as well as standardized assessments to assess the whole person for any needs related to substance use, mental health and physical health.

At CBI, a Peer Support Specialist (Navigator) is a Credentialed Behavioral Health Technician (CBHT), who meets one of the following minimum levels of qualification:

- Has a master's degree or bachelor's degree in a field related to behavioral health,
- Is a registered nurse, is a physician assistant who is not working as a medical practitioner,
- Has a bachelor's degree and at least one year of full-time behavioral health work experience;
- Has an associate's degree and at least two years of full-time behavioral health work experience,
- has a verified general equivalency diploma (GED) or high school diploma *with a minimum of 2 years of mixed behavioral and physical health work experience and/or 2 years of substance abuse/mental health recovery oriented service*. Recovery oriented service experience will be verified whenever possible however respect must be paid to confidential aspects of different community resources who are based in anonymity. Must also have completed 160 hours of behavioral health, substance abuse or physical health training post high school education or via continuing education units through on-line learning management systems, college courses or conferences and seminars.

CBI's Navigators are individuals who have personal histories in recovery from substance abuse and mental health disorders, and many also have been homeless. All of CBI's Navigators complete a peer support certification program that includes 106 hours of training to develop skills such as motivational interviewing, assessment and triage, ASSIST suicide prevention, cultural competency, boundaries and ethics, blood borne pathogens, mental illness, substance abuse, and patient care planning. Their education is enhanced through monthly clinical oversight and biweekly team meetings. Navigators also attend community-based trainings on topics related to homelessness and recovery such as Housing First, Case Management, HMIS, VI-SPDAT/SPDAT, HomeLink, and SOAR. All Navigators are SOAR trained and equipped to help others apply for benefits.

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In addition, each Navigator is responsible for completing continuing education and clinical supervision regardless of professional level or certification. The following are required to be completed by the Arizona Administrative Code:

- **American Heart Association CPR and First Aid** – renewed annually for Maricopa County staff.
- **Handle with Care** – Renewal every 6 months for Maricopa County staff.
- **Cultural Competency** – Live class first year of employment. Annual renewal via Essential Learning.
- **T/RBHA Training Requirements** – Must meet all requirements for training and education courses as prescribed by designated T/RBHA service area within required timelines.
- **Professional Continuing Education** – 24 Hours annually and as outlined in Title 4 Chapter 6 of the Arizona Administrative Code.
- **Additional Professional Continuing Training:** - As outlined in Community Bridges annual agency-wide Training Plan
- **Certified Peer Support Specialist** – All Peer Support Positions must be a Certified Peer Support Specialist via the Community Bridges training program within 120 days of hire.
- **Clinical Supervision** - 1.0 hour for every 40 hours worked *Independent and Non Independent will develop a clinical supervision plan with their direct and/or clinical supervisor. Must meet the criteria outlined in A.A.C. R4-6-210, 211, and 212 in addition to A.A.C. R-4-6-403, 404, 503, 504, 603, 604, 705, and 706 as applicable to the employee’s license.

Recently, CBI sponsored a SPDAT Train-the-Trainer training with OrgCode, the creator of the assessment tool.

Data

PATH Team staff enter all PATH client information into the Homeless Management Information System (HMIS). All PATH Navigators receive an HMIS license, which requires them to complete initial training before receiving a license. PATH team staff must complete refresher training at least annually to remain a licensed user.

For PATH participants needing a higher level of clinical care (i.e., medical detoxification, crisis stabilization, psychiatric stabilization, etc.), CBI will create an electronic health record (EHR) in its NextGen system. NextGen will be used for coordination of care across CBI's system of care. Currently, CBI is working with Bowman Systems on the integration of the NextGen EHR and HMIS. NextGen is certified through the Office of National Coordinator’s EHR certification program.

The PATH Manager conducts weekly data reviews based on the HMIS reporting tool and the PATH data quality report. This allows management to assess the accuracy of documentation. The information gleaned from report reviews is shared with staff during the weekly team meetings, and serve as opportunities for growth and development.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Currently, ten PATH team staff completed SOAR training. Four staff are in the process of

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completing training. In the first eight months, sixteen SOAR applications were submitted for PATH participants. One application was approved for benefits and fifteen are pending a determination.

Access to Housing

As a long-standing leader in substance abuse/mental health services, CBI has developed and maintained relationships with housing providers who offer varied housing interventions. CBI housing partners include U.S. Vets, Cloudbreak Communities (veteran specific), AHI Properties, and ABC Housing. CBI has effectively worked with Transitional Housing programs (MANA House, UMOM, and Center for Hope) as well as Emergency Shelter (CASS, Watkins, East Valley Men's Center, and Human Services Campus) to serve as interim housing until permanent housing can be obtained. If PATH participants are eligible for housing programs through sub-population qualifiers (i.e. DV Victims, LGBTQ Youth, Veterans, HIV-positive individuals etc.), CBI Navigators will assist participants with the housing application process and the acquisition of necessary documentation for housing specific to these sub-populations (i.e. domestic violence shelters, one-n-ten, etc.). Currently, CBI manages programs for rapid-re-housing and permanent supportive housing that may be appropriate for some PATH participants. CBI will leverage existing housing partnerships to meet the specific needs of individuals engaged with PATH Outreach Navigators. CBI PATH team members will continue to assist those PATH eligible individuals who are in need of move-in assistance or at imminent risk of losing housing.

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

Staff Information

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

CBI staff recruitment and retention policies require equal consideration of all candidates. Bilingual staff who qualify, receive an additional \$1 per hour after they pass a professionally administered language test when these skills are desired for certain job categories (i.e. intake specialists, nurses, counselors, and transition managers). Information is requested about whether the candidate has language skills in addition to English. Also, staff has access to language assistance services including in-person interpreters/translators, telephonic interpretation, video relay services, and any other language assistance service retained by CBI.

In demographic terms, CBI staff is 62% Female and 36.4% Male; and 51.5% White, 23.3% Hispanic, 9% Black, and 10.8% Two or More Races.

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% of Employees Ethnicity	Gender			Total
	Female	Male	U	
American Indian or Alaska Native (not Hispanic or Latino)	2.9%	1.4%	0.0%	4.4%
Asian (not Hispanic or Latino)	0.4%	0.4%	0.0%	0.8%
Black or African American (not Hispanic or Latino)	4.4%	4.5%	0.1%	9.0%
Hispanic or Latino	14.2%	9.0%	0.1%	23.3%
Native Hawaiian or Other Pacific Islander (not	0.1%	0.3%	0.0%	0.4%

Client Information

From September 1, 2015 through April 26, 2016 (8 months), CBI's PATH program contacted 2,359 participants including one family with two children under age 5. The participants included 1,604 males, 745 females, and 10 transgender individuals. Racially and ethnically, 74% identified as white, 17% Hispanic/Latino, 16% black or African-American, 6.3% American Indian or Alaska Native, 1.7% multiple races, .6% Native Hawaiian or Other Pacific Islander, and .4% Asian. In terms of age, 29% were 45-54, 27.6% were 35-44, 19% 25-34, 12.6% 55-61, 5.6% 18-24, and 5.2% 62 or older.

Based on HMIS data from the first 8 months, 56% of the 2,359 PATH participants identified a mental health condition, 12.6% had drug abuse, 8.7% had alcohol abuse, 8.7% had a physical disability, 8% had a chronic health condition, 3.9% had a developmental disability, and .3% had HIV/AIDS and related diseases. Approximately 60% of participants reported places not meant for human habitation as their residence prior to program entry.

Based on its first eight months of experience, CBI estimates that the PATH outreach teams will contact 3,000 participants in FY 16-17. Seventy-eight percent or more of the contacts will be literally homeless. About two-thirds of the contacts (2,000) will agree to engage with the PATH Outreach Team and pursue services.

Consumer Involvement

CBI's extensive use of certified Peer Support Specialists, who by definition are individuals who have personal histories in recovery from substance abuse and mental health disorders, underscores the agencies commitment to involve mental health consumers in its organization. The substantial training requirements completed by certified Peer Support Navigators was described in detail earlier in this document.

In addition, PATH participants are informed fully about the benefits and risks of services at the time they decide to engage with the PATH Outreach team and are free to accept or reject services at any time. If the event participants enter behavioral health services, they are informed fully of their rights as consumers.

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CBI embraces the patient-centered philosophy in which the patient is fully involved in their treatment planning process. CBI values the input of PATH family members (with informed consent) as a means to create positive outcomes and build up recipients protective factors. Currently, the PATH Administrator is completing the agency review process for a new customer satisfaction survey that will be implemented in the PATH program. The survey results will be used to strengthen the delivery of PATH services.

Finally, CBI's West Valley Access/Transition Point is now a Patient-Centered Health Home, which provides primary care, psychiatric and substance abuse services. A Patient-Centered Health Home is a care delivery model where a patient's treatment is coordinated through their primary care physician to ensure individuals receive the necessary care when and where they need it. This is a team-based approach that provides greater accessibility and focuses on quality care and safety. CBI will monitor health-related issues according to Healthcare Effectiveness Data and Information Set (HEDIS). These measures will guide performance on dimensions of care and services. The tracking will allow CBI to tailor treatment and interventions to specialized populations and subpopulations.

Justice Involved

As mentioned previously, CBI coordinates with the Maricopa County jails to provide PATH Navigator services for re-entry support for those with behavioral health and/or substance use issues. CBI transports the individuals from the jail to the West Valley Access and Transition Point for triage, assessment, and transition to follow up care. Initially justice-involved PATH participants work with the PATH Outreach Navigators. If the PATH team is unsuccessful, these SMI individuals are referred to CBI's Forensic Assertive Community Treatment program (F-ACT). In the F-ACT program, participants receive a full range of services including help with medications, housing, benefits, education, employment, and other necessary supports.

Coordinated Entry

CBI's PATH program is on-boarded with the CoC coordinated entry system and accepts referrals from coordinated access into the program. As of August 2016, the PATH program is scheduled to become an approved access point for the Maricopa County Continuum of Care.

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Local Provider Description

Good Neighbor Alliance (GNA) is a community-based 501(c)(3) non-profit organization. GNA operates *Samaritan Station* emergency homeless shelter for men, women and families with children in Sierra Vista, AZ, the economic and population center of Cochise County. Cochise County, in southeast Arizona along the Mexican border is 6,169.45 square miles. It is serviced by only 2 homeless shelters and 2 domestic violence shelters. The goal of GNA is to offer shelter and access to services to help stabilize guests, and provide security and their most basic needs throughout their transition out of homelessness. For our unsheltered neighbors, GNA provides a shower program three days per week. The PATH team has taken ownership of the shower program to provide extensive in-reach opportunities. It has been a valuable tool in creating trust and a bridge for our chronically homeless neighbors' familiarity and insight to the GNA Shelter. GNA provides all toiletry items, towels, etc. Shower participants are also offered coffee, snacks, fellowship and assistance in identifying resources. Unsheltered neighbors are also invited to the evening meal served at GNA. GNA has been awarded PATH funds from the Arizona Health Care Cost Containment Services/Division of Health Care Management (AHCCCS/DHCM) \$49,771 in federal PATH funds, and \$17,487 in matching state funds, for a total of \$67,258.

Collaboration with HUD Continuum of Care Program

Good Neighbor Alliance is an active member of the Arizona Balance of State Continuum of Care (BOS-COC) for over 13 years. Locally, the Executive Director of GNA has served as co-chair of the Cochise County COC three times. In a collaborative effort, the Executive Director of GNA and Jenifer Thornton, City of Sierra Vista Homeless Liaison, are rebuilding the Cochise County CoC. The Cochise County CoC continues to grow with participation of a local foundation director as well as the Sierra Vista Police Department. Meetings with Cenpatico (Regional Behavioral Health Authority) expressed intent to attend the Cochise County meetings. Discussion is underway to improve the homeless population transitioning out of the Cochise County jail. This impacts those eligible for the GNA-PATH program. Good Neighbor Alliance in cooperation with the Balance of State CoC to work on the Coordinated Entry and the Vulnerability Index-Services Prioritization Decision Assessment Tool (VI-SPDAT). This is a statewide strategy for the Balance of State Continuum of Care to design a coordinated central intake/assessment, requirements to increase the collection of data and input into the Homeless Management Information System (HMIS) as well as creating a mechanism for services accessed within the HMIS/BOSCOC to collaborate on the coordination of care for shared clients.

Locally, the City of Sierra Vista has been designated an entitlement community by HUD as a recipient of Community Development Block Grant Funding. This designation changes the relationship of the City of Sierra Vista with the Arizona Department of Housing and changes the scope of work for Sierra Vista. As an active member of the Cochise County Continuum of Care, GNA is instrumental in representing those experiencing homelessness and mental illness,

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numbers of unsheltered, housing inventory and services for these populations. There also has been a shift in the requirements for the Housing Opportunities for People with Aids (HOPWA) grant administered by the Housing Authority of Cochise County (HACC). This includes data collection and input into the HMIS System. The Executive Director of GNA is an active commissioner for HACC.

Currently, the Executive Director of GNA is working with the Cochise County CoC to collaboratively design a housing continuum voucher program with an employment component for those who may not meet the chronically homeless definition nor have an SMI determination. Local funding has been identified for this program.

The Executive Director and GNA PATH Team serves as consultants to the Bisbee Homeless Task Force, a community effort to deal with problems that have arisen lately from an incident involving police intervention with homeless. GNA continues to advise the Bisbee Task Force on current programs available to those experiencing homelessness both locally and at the state level.

These efforts will improve homeless clients' access to services, enhance inter-agency networks and ultimately improve the lives of clients. GNA has been responsible for organizing the HUD mandated biannual unsheltered street count from 2005 through 2016 for Cochise County. GNA has been involved with the Data Quality committee to establish data collection requirements and policies and procedure also to increase the effectiveness of outreach opportunities, identify gaps, and to assist in proposed statewide procedures. The Executive Director of GNA, Kathy Calabrese is considered to be a leader in homeless issues throughout Cochise County. The Cochise County Continuum of Care will be conducting yearly gaps analysis to support programs, identify resources and seek funding opportunities. The GNA-PATH Team will be instrumental in planning and managing the count for the great expanse of Cochise County.

Collaboration with Local Community Organizations

GNA PATH coordinates with organizations that provide key services to PATH clients. These organizations include Cenpatico (the RBHA in Cochise County), Bisbee Coalition for the Homeless, the Southeastern Arizona Behavioral Health Services and Housing Department (SEABHS), Arizona Counseling and Treatment Services (ACTS), St Vincent De Paul assists clients with funding to obtain duplicate IDs that have been lost or stolen. GNA has collaborated with Goodwill Industries on employment job search training that is held on site during GNA-PATH Shower Day Program. GNA hosts one Alcoholic Anonymous meeting and one Narcotics Anonymous meeting weekly. GNA-PATH has established working relationships with landlords/property managers and businesses excited to help further access to housing and employment opportunities. The Executive Director attends the quarterly VA Homeless Summits in Tucson, and the monthly Ministerial Alliance which serves as a forum for pastors to form collaborative efforts involving community issues. GNA has hosted many church and youth groups for tours and community service projects. The GNA pantry is primarily stocked through community and church sponsored food drives. Local area churches, businesses, and community-at-large volunteers offer their services to provide evening hot cooked meals daily. GNA-PATH participants are encouraged and invited to attend. The Executive Director is sought out by community members wanting to get involved in helping the homeless or just wanting

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information about all things relating to local homelessness. The Following organizations and services are used for referrals depending upon shelter guests and/or GNA-PATH participants needs: the Housing Authority of Cochise County, the AZ Department of Veterans Services (AZDVS) Benefits Counselors, the Sierra Vista VA Community Outpatient Based Clinic and Homeless Case Manager, Tucson VA Homeless program, Women's Transition Project (WTP), Chiricahua Community Health Center, Community Intervention Associates, St. Vincent De Paul, Verhelst House for Men, Community Bridges Inc., Cochise County Drug Court and Cochise County Care Court for veterans and those with mental illness. Additionally, GNA receives referrals from most of these organizations as well.

During 2014 and 2015, GNA was involved in the Veterans Stand-down and Resource Fair for Graham-Greenly and Cochise Counties. This year the GNA-PATH Administrator/GNA Program Manager is the 2016 Chair of the Cochise County Veterans Resource Fair. Additionally, the Executive Director is the Chair of Cochise Serving Veterans group that oversees the local VRF.

GNA-PATH is primarily the most active and visible outreach team. Throughout the last year most outreach activities to homeless have been cut. GNA-PATH has been sought out by church groups, the VA Social Worker, the Director of Bisbee Coalition for the Homeless, and representatives from the City of Sierra Vista to go on outreach with the team.

Service Provision

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

a) **Street Outreach and Case Management**

The majority of GNA-PATH team services align with the street outreach and case management goals as a priority. As an emergency homeless shelter GNA is in a unique position to provide housing, basic necessities and case management. GNA holds beds for PATH clients as we know that it is a huge step for them to agree to come indoors and accept services. GNA PATH staff provides case management

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services for PATH enrolled clients, including referrals to the RBHA for behavioral health and substance use treatment. The PATH team assists with applying for IDs needed for access to AHCCCS (Medicaid), Food Stamps, SSA/SSI/SSDI, Veteran's benefits, physical health treatment, and applying for permanent supportive housing. Other services include: personal care assistance, pre and post job coaching, referrals to job training (workforce development), health promotion/education, substance use prevention and supports with living skills development. Members of the PATH team assist clients with making appointments and physically getting clients to needed appointments. The PATH team helps clients navigate through the behavioral health and medical healthcare systems to help overcome barriers that they encounter. Ultimately, the PATH team helps clients re-engage into the systems which they feel have shunned them. Strategies for outreach: The GNA PATH team members conduct outreach throughout Cochise County which includes Benson, Bisbee, Douglas, Bowie, Sunsites, Elfrida, Sierra Vista, and Willcox. The team also works with the guests of Good Neighbor Alliance *Samaritan Station* Shelter and Bisbee Coalition for the Homeless which house both males and females experiencing homelessness. Programs such as GNA's Day Shower Program, Wellness Connection consumer-run clubhouse, St. Vincent De Paul and Salvation Army are also used for identifying adults experiencing homelessness or at risk of becoming homeless.

The Team has adopted a "meet me where I am" strategy. The team provides food that have been donated, hygiene and health items, referrals and advocacy and continues contact with PATH eligible individuals during the outreach process of engagement to establish a therapeutic alliance. Case management can be done "on the spot" in camps, at the GNA Shower Program, or at the GNA PATH office. The team is ready with a cell phone and a list of resources during all encounters.

Potential consumers and those PATH enrolled are not treated as a number or part of the cattle call approach often experienced by people seeking services. This approach often alienates many of those experiencing homelessness. On some occasions, GNA has been instrumental in getting chronically homeless individuals to agree to accept mental healthcare. Discussions are currently proceeding with a behavioral health provider concerning the difficulty for individuals experiencing homelessness who are mentally ill to be put into a group setting and be required to participate. Persons experiencing homelessness often feel betrayed by those employed by service providers. The GNA approach is; if a promise is made to the consumer, the promise must be kept. GNA PATH is about connecting, gaining trust and treating people with respect at all times. The GNA-PATH team has developed a monthly outreach calendar so as to foster follow up opportunities with clients and potential clients throughout the county.

b) GNA offers shelter (not funded by PATH) to GNA-PATH clients. The shelter has a wide array of personal products for PATH clients to use. In the event PATH clients have other needs i.e. replacement of ID or clothing, GNA requests

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assistance from the local St. Vincent de Paul Conference. GNA has an excellent working relationship with St. Vincent de Paul and other ministries to help our clients. There are times when monies come from the general account of GNA to assist PATH participants with obtaining ID, postage, etc.

- c) The lack of sufficient funding for housing vouchers for those chronically homeless suffering from serious mental illness has become a gap. Over the past couple of months housing for this population has been at capacity creating longer waitlists. The wait time also leads to periods of disengagement by participants. Additionally, the housing (vouchers) for those suffering with SMI and NOT chronically homeless is also at capacity causing people to remain homeless in their current habitat or in shelters for extended periods of time. There are openings for bricks and mortar housing units but participants are forced to relocate to other locations throughout Cochise County. Also, there is a gap resulting from the local behavioral health providers in Cochise County not using HMIS, Coordinated Entry and the Vulnerability Index-Service Prioritization Decision Assessment Tool (VI-SPDAT) which has created barriers to housing for our shared clients. GNA is meeting with Cenpatico, the local Regional Behavioral Health Authority (RBHA), to work on barriers. Cenpatico has opened an office in Sierra Vista, Cochise County making them more accessible.

Lack of in-patient treatment is a gap. Once clients receive services for detox and short term substance abuse treatment they are referred to facilities in Tucson and/or Yuma. They often deny those services based on proximity to where they live. Also, paperwork for their transition is not always done prior to them leaving the treatment center therefore many disengage at that point.

- d) Services available for PATH enrollees who have both mental illness and co-occurring substance use disorder include outreach, case management, peer support, substance abuse counseling and relapse prevention groups, Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery. GNA-PATH provides referrals for adults to Community Bridges Inc. and also women with substance use disorder to WTP, (Pasadera Transitional Housing), while men are referred to the Verhelst Recovery House. GNA-PATH is kept aware of the client's progress to help in their transition upon graduation from these programs. On several occasions, GNA has referred veterans to the Tucson Homeless Veteran program and the local HUD-VASH program for housing and services. Women experiencing domestic violence are referred to DV shelters in Cochise County.
- e) GNA keeps up to date on evidence based practices, motivational interviewing and cultural competence. Currently, GNA-PATH is discussing the possibility of attending any provider training in our area in spite of not being a RBHA provider.

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Also, GNA is investigating becoming a Cenpatico Specialty Provider. Substance Abuse and Mental Health Services Administration (SAMHSA) and on-line trainings may provide other opportunities for best practices, etc. Living and serving in a rural community has always posed barriers and challenges due to the distance from Tucson and Phoenix. The SAMHSA-PATH website does provide for additional training opportunities. GNA-PATH has been part of the HMIS system since the beginning of our initial PATH contract in December 2010. Arizona Department of Housing provides and pays for training and HMIS licenses for AZ Balance of State COC service providers.

Data

Good Neighbor Alliance has been inputting PATH data into HMIS since December 2010. Also, as part of the Arizona Balance of State Continuum of Care (BOSCO), GNA inputs shelter and day shower program into HMIS system. GNA received has consistently scored "A" for data quality on its "report card" for shelter throughout the last 2 years. The "report card" was implemented by Arizona Department of Housing (ADOH) to increase the value of the data being captured and ultimately input into this system. The goal is to prepare more accurate reports to HUD. GNA has been a part of the HMIS system since 2006. GNA complies with data collection, and all other contractual obligations for working with the HMIS system as well as attending training opportunities. ADOH pays for training for all organizations inputting data into the Arizona Balance of State Continuum of Care system. There is a new data sharing agreements and releases to coordinate care between homeless shelters and other services within the state and BOSCO. This includes the Vulnerable Index-Service Prioritization Decision Assistance Tool and Coordinated Entry (VI-SPDAT) to prioritize housing need based on disability and length in homelessness. The Coordinated Entry gives us the ability to share this info with housing providers and determine place on wait list. The Executive Director mandated the GNA-PATH team implement the VI-SPDAT and Coordinated Entry during all outreach and in reach opportunities beginning no later than October 1, 2015. Clinical Services are not provided but referrals for such services are. The GNA HMIS Administrator will work closely with the HMIS PATH Data Specialist to enter all data in a timely manner and correct any issues that may arise. The GNA HMIS Administrator's primary role is responsibility for running all HMIS reports pertinent to PATH to ensure accurate data collection. Also, the GNA HMIS Administrator will connect new users to Community and Information and Referral Service (CIR), following protocol implemented by ADOH. Regarding training, CIR has offered ongoing trainings to GNA staff as often as needed. Each year, all users will be required to retest their knowledge of HMIS data entry by completing the modules and quizzes supplied by CIR.

SSI/SSDI Outreach, Access, Recovery (SOAR)

GNA-PATH currently has two SOAR trained staff- the Executive Director and PATH Administrator. The PATH Administrator, also serving as Program Manager for GNA came on board in March 2015. She actively does SOAR applications with PATH enrolled clients or those we observe to be SMI but have not yet been determined. The PATH team has a good working relationship with the Social Security office in Cochise County. Applications are done on-line

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but a hard copy must be delivered to the SSA office staff which is 100 mile roundtrip. The PATH Administrator has put together a training aide for those PATH staff currently undergoing SOAR on-line training. During 2015-2016 contract, PATH staff worked with five PATH participants and their behavioral health case managers in submitting their SMI paperwork. Three SMI appeals have been done, two have been successful and one denied.

This training is utilized to assist PATH client in completing SSI/SSDI applications, and disability and function reports. The PATH Team-Lead assists PATH clients navigate through the SSI/SSDI process. Since there is no longer a SSA office in Sierra Vista, applicants must now travel about an hour away to sit with a social security representative. This creates a significant barrier as there is no public transportation available. Approximately 98 percent of PATH clients are undereducated which makes completing a SSI/SSDI application online on their own much more frustrating. GNA is not currently able to fund a SOAR staff person therefore it remains as a collateral duty. However, the SOAR training has proven to be a valuable asset to the PATH team. We are able to provide assistance and advocacy through the disability process. Also, we assist with obtaining medical and mental health records and to re-file denied claims. We work closely with Disability Determination claims representative by phone to ensure appointments are made and documentation is received.

Good Neighbor Alliance has been approached to be head the Steering Committee for SOAR in Cochise County. This is a collateral duty however, again there is no funding for this position but GNA is searching for opportunities.

Access to Housing

Strategies for permanent housing available to PATH enrolled clients include assisting clients to apply for state and federal subsidized housing programs such as Section 8, and Shelter Plus Care (SPC), and Supportive Housing Programs (SHP), now referred to as "HUD Housing". Referrals are made to SEABHS and to Pasadera Housing for access to HUD housing programs via the VI-SPDAT and Coordinated Entry. GNA has experienced issues with names not being identified as eligible or they are not being seen in the system due to either not being entered in "Referrals" or not being pulled up correctly. GNA has been working with CPSA, Cenpatico and Arizona Department of Housing to resolve this issue and has undergone more training with CIR/ADOH to input referrals correctly. Emergency shelter referrals are made to Good Neighbor Alliance shelter, Bisbee Coalition for the Homeless shelter and Catholic Community Services domestic violence shelters. GNA PATH works directly with the local VA Homeless Case Manager for referral to the HUD-VASH voucher program. To date, Cochise County has been awarded 85 HUD- VASH vouchers. The Housing Authority of Cochise County Board does designate the chronically homeless as a priority population for Housing Choice Vouchers Program (Section 8). GNA-PATH provides referrals to the Red Cross of Southeast Arizona Supportive System for Veteran Families program for housing assistance and eviction prevention.

Unfortunately, ADES did not re-award any monies for rehousing and eviction prevention to Cochise County for 2014 or 2015. No justification was given with the exception that "there was

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a decrease in monies to be awarded.” GNA and members of the Cochise County Continuum of Care are collaborating on strategizing on identifying housing funding and other opportunities.

Staff Information

The demographics of the GNA-PATH Team consist of three Caucasian males (one of whom has been homeless) and three Caucasian females (including one with a disability). GNA has an equal opportunity policy for program entry and participation and has adopted the Social Workers Code of Ethics. These policies prohibit discrimination based on age, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and cultural differences of clients. Staff meetings include discussion about the need to be inclusionary rather exclusionary of those who need our help. Additionally, GNA has adapted the National Social Workers Standards for Cultural Competence. The staff receives in house training annually on cultural competence and issues of health disparities. In a rural area it is difficult to identify local training and we frequently must seek training opportunities outside of Cochise County. The demographics of GNA staff (including the GNA PATH Team) are 50% male, 50% female, which include 71% White. The GNA staff includes one African-American male, one Hispanic male, one Hispanic female, one Pacific Islander male, four Caucasian males, and six Caucasian females. There are two Veterans on GNA staff. GNA PATH-team expects these numbers to be the same for the next fiscal year.

Client Information

From the 2015-16 Fiscal Year, GNA PATH client demographic is as follows: 95% male, 5% female, 100% White, and no one declaring two or more races. The GNA PATH team has enrolled 3-5 clients every quarter. We project to contact approximately 50 individuals a quarter which includes about 10 to 13 new contacts a quarter. GNA has found it difficult to keep clients in the program due to the 90 day SMI determination constraint. GNA has many clients “on their radar” that are being outreached to on a regular basis but have not yet chosen to engage with PATH.

Consumer Involvement

Clients who are homeless and have serious mental illnesses have volunteered at the GNA PATH Shower Program. The program currently runs from 8 AM to 11 AM, Mondays, Wednesdays and Fridays. Clients are encouraged to make decisions and utilize problem-solving skills taking the initiative to complete tasks and fulfill program goals. It also helps clients gain empowerment and self-worth. Also, clients build time-management skills by incorporating their volunteer work into their PATH case plan.

When staff meets with clients, support systems are discussed and how the client wants them involved. These could include family members, case managers, peer support etc. GNA will engage the family to the degree the PATH participant allows them to be involved in their

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recovery. GNA has reached out to family members who live out of town while trying to get families reengaged with the PATH participant.

Budget Narrative

The submitted budget is in the amount of \$67,258 for both Federal and State combined. These funds will be used to fund the employees required to staff the PATH Team and a portion of the ERE which totals \$60,982. The balance of the monies will keep the PATH vehicle insured, maintained and fueled; some PATH enrollee expenses and some operating to keep the Team in touch while on the road.

Good Neighbor Alliance provides \$13,859 in-kind support.

Justice Involved

Good Neighbor Alliance has a long standing relationship with Cochise County Drug Court. GNA also has long standing relationships with local probation officers and attorneys. Being a rural community, there are few rental agencies. Good Neighbor Alliance works with local law enforcement such as probation officers to ensure landlords and employers that the client has “turned a new leaf” and is deserving of a second chance. Many employers and landlords are receptive to undertaking a client with a criminal history due to their relationship with Good Neighbor Alliance. Currently, GNA has 90% of its PATH clients with a criminal history.

Coordinated Entry

The GNA/PATH team implemented the Coordinated Entry/VI-SPDAT as of October 1, 2015. The PATH team completes a paper version of these documents in the field for each client that chooses to engage with PATH. Upon return to the shelter, the HMIS data specialist enters the Coordinated Entry/VI-SPDAT into HMIS. GNA recently learned that referrals were not being created in HMIS due to a lack of training; this has been corrected and is now being completed for all Coordinated Entry clients.

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Local Provider Description- Provide a brief description of the provider organization receiving PATH funds including name, type of organization, region served, and the amount of PATH funds the organization will receive.

La Frontera is a private, nonprofit community provider of adult and children's behavioral health services, prevention, employment, crisis intervention, housing and community and cultural education since 1968. La Frontera is committed to providing services that respect the consumer's cultural background, including his or her race and ethnicity, family composition, religious beliefs, age, and sexual orientation. American Sign Language and oral interpreter services are available upon request and at no charge to the client. Vital documents are available in Spanish; additional documents will be translated upon request. Documents can also be translated into Braille as needed. As part of its ongoing effort to provide culturally competent services, La Frontera has developed three assessment tools to assist in evaluating and improving service provision. These are: "Building Bridges: Tools for Developing an Organization's Cultural Competence"; "Growing Healthy Families: Tools for Developing an Organization's Family Strengths-Based Services"; and "Teach Women to Fish: Tools for Developing an Organization's Services to Women". In addition to a Cultural Competence Committee that meets monthly, La Frontera currently has three client-focused initiatives targeting the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning), Native American, and Veteran/Military Family populations. La Frontera Center also has an LEP (Limited English Proficiency) Plan and is knowledgeable of CLAS standards. All RAPP team staff members receive at least 24 hours of yearly training on topics pertinent to their job, including cultural competence. When interacting with consumers whose needs exceed the cultural competence of RAPP staff, input is sought from professionals and community resources that can provide additional direction. La Frontera believes that support in the form of "family" (as defined by the consumer) is extremely beneficial to the recovery from and prevention of mental illness and substance abuse. The consumer's natural support system will be encouraged to participate in services if the individual so chooses. All services and written information at La Frontera are confidential as mandated by federal and state laws, rules and regulations. The PATH/RAPP team program was surveyed by CARF (Commission on Accreditation of Rehabilitation Facilities) in 2014 and was given a 3 year accreditation. Consumers served will meet PATH eligibility standards with the majority (75%) of consumers experiencing "literal" homelessness. La Frontera will receive \$273,022 in federal funds, \$95,926 in State funds for a total of \$368,948.

- **Collaboration with HUD Continuum of Care Program-** Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

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RAPP Project Connect is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care (C of C). RAPP Team staff members sit on the Continuum of Services Committee, Emergency Solutions Committee, the HMIS (Homeless Management Information System) Committee, the Street Count Committee, the Coordinated Entry Committee, and the 25 Cities workgroup. RAPP Team staff members volunteer their time to provide case management assistance to homeless individuals during Operation Deep Freeze and work with the continuum to provide services for the Summer Sun Program and the RAPP drop-in center is a Summer Sun Site for this program. RAPP Team staff members assist with the annual Point-In Time Count of homeless individuals and other projects of the C of C. RAPP Team staff members participate in community events such as Veterans Stand Down events and Project Homeless Connect, and other community events and provide education to Tucson community organizations on issues of homelessness, mental illness, and co-occurring disorders with the goals of increasing community awareness and involvement and decreasing stigma associated with homelessness and mental illness.

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

There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. All residents and day program participants of the Safe Haven are screened and selected by the RAPP Team. Staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. Sonora House staff work with PATH clients on living skills and provide some case management services as well as housing. PATH consumers are assisted to apply for benefits from DES (Department of Economic Security) including Medicaid and food stamps and are assisted with this process. Consumers who are ineligible for Medicaid benefits are assisted to apply for Healthcare for the Homeless services at El Rio Health Center (which is co-located with the RAPP program), and El Rio staff frequently refer homeless individuals to the RAPP program. RAPP Team staff coordinate services with staff from the Salvation Army Hospitality House, Primavera Shelter, and Gospel Rescue Mission for shelter services and a variety of other organizations such as Pasadera Behavioral Health, Cope, Codac, Hope, Inc., Cenpatico, Casa Maria soup kitchen, the Community Food Bank, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, and Pima County Sullivan Jackson Employment Center. The RAPP Team coordinates with other outreach teams during bi-monthly Outreach Team meetings that are held after the Coordinated Entry Meetings. Outreach staff from a variety of organizations including RAPP, Primavera, Pasadera, Old Pueblo Community Services, and the VA meet to discuss specific outreach sites and areas as well as specific homeless individuals with whom they are working. These Outreach Teams also coordinate the process of locating individuals who are being considered for housing based on scores on the VI-SPDAT. Outreach workers from a variety of organizations refer individuals to the RAPP Drop-In Center for respite from the heat and cold. RAPP Team staff members interact with Outreach workers from other organizations during meetings of the C of C and other events such as Project Homeless Connect and/or the

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Veterans Stand-Down events, and partner for outreach calls to remote camps and other desert areas.

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

The PATH/RAPP team will focus the majority of the staff's time, energy, and resources on street outreach, "in-reach" in the RAPP drop-in center and case management activities as priority services. During street outreach activities the team will use a "meet me where I am" low demand, strengths-based approach with the goal of forming alliances with the most vulnerable adults who are literally and chronically homeless. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of the Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. RAPP Team staff will conduct outreach 5 days per week, in and around the City of Tucson, and other areas within Pima County (as staffing permits) where individuals experiencing homelessness are identified. Focusing the majority of the Team's outreach time and energy on the City of Tucson will maximize the number of individuals the team is able to outreach and engage. Staff will introduce themselves to anyone who appears to be homeless in an attempt to engage the individual. Staff members will provide outreach contacts with supplies to meet basic needs such as water, snacks, socks, bus passes, etc. in an attempt to form an alliance with the individual experiencing homelessness. The RAPP Clinical Supervisor, who is also a Registered Nurse is available to accompany staff on street outreach and is available for in-reach in the RAPP drop in center, 3-4 mornings per week. The RN is available to assess individuals for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Persons experiencing homelessness often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aide, sunscreen, or a bottle of water to these individuals in the drop-in center or during outreach is another engagement strategy for building trust and rapport that is utilized by the team. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness, and encourage and assist the individual to apply for Medicaid and obtain a primary care physician. RAPP is the only outreach team currently providing this service in the Tucson area. Since moving to the current location we have experienced an influx of individuals experiencing homelessness that come to the drop-in center seeking services. The majority of these individuals report hearing about RAPP "on the street" and are often assisted by other PATH clients to come to the drop-in center. The RAPP team will provide case management services to all PATH consumers based on the recovery model,

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which focuses on the strengths of the individual, are “person centered” and culturally competent. PATH consumers enrolled with the RBHA (Regional Behavioral Health Authority) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with the RBHA will meet with the RAPP Psychiatrist, Dr. Patty Kane, for initial psychiatric evaluation and diagnosis, and will meet with her monthly, thereafter, while enrolled with the program. If indicated, medication and lab tests may be ordered by the Psychiatrist. These clients will meet with the RAPP R.N. weekly for medication monitoring to assess effectiveness of medication and any adverse effects, and will meet weekly with case manager for assistance, guidance, and support. Staff will strive to build a therapeutic assistance with the consumers to assist them to meet the self-identified goals of their service plan. Case management services include, but are not limited to, assistance with obtaining identification documents; applying for mainstream benefits such as food stamps, Medicaid, SSI/SSDI-case managers assist with the paperwork and accompany consumers to appointments; assistance with obtaining education and/or employment; coordination of health care, such as referral to El Rio Healthcare for the Homeless program, or obtaining a Primary Care Physician once healthcare benefits are in place; assistance with locating and obtaining shelter including Sonora House Safe Haven; assistance with locating and obtaining permanent housing; accessing individual and group counseling and substance abuse treatment; and linking the individual with other local social service agencies and mainstream benefits to meet the individual’s specific needs. Emphasis is placed on opportunities for socialization and establishment of community and natural support systems. RBHA enrolled consumers are referred to programs at the consumer-run programs such as Our Place Clubhouse and Art Awakenings. RAPP team staff will continue to work with RBHA Housing and La Frontera’s Housing departments to provide permanent housing opportunities for PATH consumers through the HUD (Housing and Urban Development) Shelter Plus grants, and any other housing programs available. These housing opportunities are based on a “harm reduction/housing first” model and are available for individuals who may not be ready for complete abstinence from alcohol and/or other substances. PATH enrolled clients who become enrolled as members of the RBHA receive intensive case management for 6-9 months and are then transitioned into mainstream mental health services and followed under RAPP’s Critical Time Intervention program. RAPP’s Critical Time Intervention program has been in effect since 1999 and was designed to keep consumers from “falling through the cracks” during the transition period from intensive case management to community-based services. The principal goal of CTI is to prevent recurrent homelessness and other adverse outcomes during the period following transition from homelessness into the community. It does this in two main ways: by providing emotional and practical support during the critical time of transition; and, by strengthening the individual’s long-term ties to community and natural supports.

- Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

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La Frontera maximizes the use of PATH funds by leveraging other available funds for PATH enrolled clients such as the use of HUD funds to provide Safe Haven housing and day program services for PATH clients, the use of donations of bottled water (staff from the former RBHA held a yearly water drive for the PATH program) and other donated goods, partnering with other organizations/agencies who provide services to this population such as our partnership with Primavera which provides funding for PATH clients to obtain Arizona State I.D. and other services such as motel vouchers. La Frontera will seek out other sources of funding for the PATH program such as other grants targeting this population, and/or other donations.

- o Describe any gaps that exist in the current service systems.

Gaps in the current system include the lack of emergency, transitional and permanent affordable, supportive housing based on a harm-reduction model for the dually diagnosed consumers who are not maintaining abstinence, and lack of housing for convicted felons and convicted sex offenders. There is only one (faith-based) program in Tucson that will accept any level sex offender and this program is only available for individuals who have an income and are capable of paying for room and board, therefore many of these individuals continue to live on the streets. La Frontera will continue to work with other service providers on the 51 Homes and 25 Cities programs to provide housing based on the "housing first" model to chronically homeless, medically vulnerable adults. Since there is currently no shelter in Tucson that specifically provides services for the aging homeless population RAPP staff will collaborate with staff from Adult Protective Services, when necessary, to ensure the safety of vulnerable homeless individuals experiencing homelessness. RAPP Team staff will work with staff and volunteers from the Faith-based community who are working on opening a respite facility for vulnerable homeless individuals being discharged from the hospital, similar to Circle the City in Phoenix. These individuals are often discharged from hospitals and the criminal justice system without sufficient follow-up for services and are often unable to meet basic needs without assistance. Recent changes in document requirements to apply for DES benefits (Medicaid and food stamps) has resulted in many individuals having to wait weeks or even months to qualify for these entitlements. This has put a tremendous burden on the RAPP team in terms of the time it takes to assist homeless individuals to apply for and obtain these documents, and the cost associated with obtaining the documents. Since most of the individuals we are attempting to assist are experiencing untreated symptoms of mental illness, many cannot remember the details required to obtain a birth certificate, marriage license, divorce decree, etc., which can delay the process significantly.

- o Provide a brief description of the current service available to clients who have both a serious mental illness and a substance use disorder.

Services available for consumers who have both a serious mental illness and a co-occurring substance use disorder include outreach and case management services, 1:1 counseling, group counseling, health and safety education, and referrals to AA

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(Alcoholics Anonymous), NA (Narcotics Anonymous, SMART (Self-Management and Recovery Training), and relapse prevention services. Services are recovery focused and based on a harm-reduction model.

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

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

- **Data-** Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017.

The RAPP Team is using HMIS to collect all data related to the PATH program. All Team members are trained on HMIS data entry and each team member enters services provided into the database. The RAPP Team Clinical Supervisor attends the HMIS User's Group Meetings monthly and is currently responsible for data quality checks and running the PATH report.

- **SSI/SSDI Outreach, Access, Recovery (SOAR)-** Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also, describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

The PATH Team currently has 2 Team Members who are SOAR Certified and 2 who are currently enrolled in the SOAR course. We have assisted hundreds of clients over the years with applying for SSI/SSDI with many successful applications, and have had 1 successful SOAR application since a SOAR Representative was identified at the Tucson Social Security office. We currently have 2 SOAR applications pending. All Team Members will complete the online SOAR Training by the end of the FY and Annual Refresher Trainings, if available.

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

The RAPP Team will utilize a number of strategies for making suitable housing available to PATH clients, including, but not limited to referring clients to Sonora House Safe Haven and/or other

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shelters such as Primavera, Gospel Rescue Mission, or the Salvation Army Hospitality House, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter Plus Care and any other subsidized housing programs that the client would be eligible for. RAPP Team staff will assist the client however necessary, including accompanying the client to appointments and assisting with the paperwork. PATH clients with little or no income will be assisted to pursue employment or obtain entitlements if they are unable to work. In addition to the above-mentioned housing programs, RAPP staff members have established relationships with independent landlords who offer affordable rental rates, minimum deposits, and do not require extensive financial or criminal background checks. RAPP Team staff will work with the C of C to continue to develop and implement a coordinated entry process for Pima County and will screen all PATH clients using the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Tool) the assessment tool approved by TPCH.

- **Staff Information-** Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised National Culturally and Linguistically Appropriate Services (CLAS) standards: <http://www.ThinkCulturalHealth.hhs.gov>

RAPP Team staff members range in age from 22-65 years of age. RAPP's part-time Psychiatrist, Dr. Patty Kane is a past recipient of the Compass Behavioral Health Robert Moore award which recognizes an individual that exemplifies exceptional values, beliefs, dedication and high ethical standards in the field of behavioral health in Tucson. Dr. Kane utilizes a strengths/recovery oriented approach to working with individuals experiencing homelessness and serious mental illness. Dr. Kane and Lydia Reynolds have been with the program for over 15 years. The Clinical Supervisor and R.N., Sharon Francis has been with the PATH program for 14 years, and Sharon recently was trained and certified as a Certified Clinical Trauma Professional by the International Association of Trauma Professionals. Two team members are male, one is Hispanic/Latino and three are Caucasian. Two staff members are Spanish speaking and the Psychiatrist is fluent in Spanish and French. One staff member was homeless in the past, and another staff member has been treated for PTSD (Post-Traumatic Stress Disorder). One staff member has experience working with juveniles in the criminal justice system and working with the SMI population in a residential setting. Staff members promote inclusion in all the work that they do and strive to maintain the RAPP Drop-In Center as an environment where all are welcome, regardless of factors such as race, sexual orientation, housing status, mental illness, substance use and/or any other factors. Team members utilize a "meet me where I am", non-judgmental, strengths-based approach and treat each individual with dignity and respect.

- **Client Information-** Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled and the percentage of adult clients served using PATH funds to

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be literally homeless.

Demographic information was taken from the 2016 Point In Time Count of Homeless Individuals held on January 26, 2016. Of “Persons in Households without Children” there were 378 individuals counted who were Unsheltered. 13 individuals were age 18-24 and 365 were over the age of 24. 83 were female and 294 were male. 81 reported being Hispanic/Latino and 297-Non-Hispanic/Latino. Race was as follows: White-287, Black or African-American-26, Asian-1, American Indian or Alaska Native-38, Native Hawaiian or other Pacific Islander-3, Multiple races-23. The RAPP Team will attempt to outreach 400 individuals in the FY-2016/2017 and enroll 320 or 80% in PATH. It is estimated that at least 75% of PATH clients will be “literally homeless”. Client’s outreached/enrolled for the period 01/01/2016-05/09/2016 indicated that 163/188 persons, or 86% were literally homeless upon contact.

- **Consumer Involvement-** Describe how individuals who are homeless and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I “Guidelines for Consumer and Family Participation”.

La Frontera has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for the past decade. All RAPP/PATH consumers are active participants in their treatment, and are strongly encouraged to involve family (as defined by the consumer) in their treatment. Informal feedback is elicited from participants and family members on a continuous basis, and formal feedback is elicited in the form of annual satisfaction surveys. RAPP Team consumers consistently rate RAPP as the highest in consumer satisfaction within La Frontera’s outpatient programs. Two current team members identify as having a mental health issue and serve in a peer support capacity.

- **Budget Narrative-** Provide a budget narrative that includes the local-area provider’s use of PATH funds. See Attached Budget Detail
- **Justice Involved-** Describe efforts to minimize the challenges and foster support of PATH clients with a criminal history, such as jail diversion and other state programs, policies and laws. Indicate the percent of PATH clients with a criminal history.

Data on the percentage of PATH clients with a criminal history is unavailable because this data has not been collected on PATH clients. The RAPP Team will work with the C of C and other re-entry programs in an attempt to minimize the challenges and foster support of PATH clients with a criminal history. The RAPP Team has historically worked with clients exiting Arizona Department of Corrections and/or the Pima County Jail, who are homeless upon release and have symptoms of a serious mental illness and work collaboratively with the client and the Parole or Probation Officer assigned to the client to ensure a successful transition back into the community. RAPP Team staff will assist PATH clients to obtain a source of income, either through employment or application for entitlements to prevent re-offending/re-incarceration. The Team will work will encourage employers to hire individuals with a criminal history and

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advocate for clients with a criminal history who are seeking employment by participating in re-entry events such as the "Second Chance" event held on Wednesday April 20, 2016 in Tucson. Staff will assist client with obtaining Medicaid benefits and Mental Health and Substance Abuse Treatment and will assist client to address any medical issues. RAPP Team staff will provide a safe place, out of the elements for these individuals to congregate where they are not exposed to alcohol, street drugs, or other criminal elements. Having the RAPP Drop-In Center as this safe place keeps these individuals away from the "people, places, and things" that can lead to re-offending and re-incarceration. The RAPP Team staff will provide encouragement and support for these individuals to explore alternative behaviors than the ones that led to criminal involvement, and offer a sense of hope that things can change. RAPP Team staff will make every attempt to provide individuals with legal involvement the tools they need to make choices that will lead to a more productive life than their previous life of incarceration.

- **Coordinated Entry-** Describe the providers plan around coordinated entry and their role.

The RAPP Team will participate in the Coordinated Entry process by working with the C of C to develop Policies and Procedures for Coordinated Entry in Pima County, attending and participating in Coordinated Entry meetings, screening PATH clients with the VI-SPDAT, entering data into HMIS and referring them to housing programs affiliated with the C of C, assisting Outreach Workers and Community Navigators to locate clients who are being considered for housing, and assisting clients to obtain documents necessary to obtain housing identified through Coordinated Entry.

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	Individual experiencing homelessness- a. An individual who lacks a fixed, regular, and adequate nighttime residence; and b. An individual who has a primary nighttime residence that is: o A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); o An institution that provides a temporary residence for individuals intended to be institutionalized; or o A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
Imminent Risk of Becoming Homeless:	Imminent Risk of Becoming Homeless- An individual of family who meet the following criteria: • Doubled up living arrangements where the individual’s name is not on the lease, • Living in a condemned building without a permanent place to live, • Arrears in rent/utility payments, • Having received an eviction notice without a place to live, • Living in temporary or transitional housing that carries time limits, • Being discharged from a health or criminal justice institution without a place to live.
Serious Mental Illness:	Serious Mental Illness- A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long -term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	Co-occurring Serious Mental Illness and Substance Abuse Disorders- Persons who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

Footnotes:

III. State Level Information

B. Veterans

Narrative Question:

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

Footnotes:

Each PATH funded recipient is required to form working relationships with the Veterans Administration Medical Center, the State Veteran Services and the U.S. Vets to assist with the coordination of services for homeless veterans. This includes coordination of mental health care, benefit assistance, medical care, emergency, transitional and permanent housing to homeless vets as well as participation in Stand Downs and Project Challenges in the respective geographical service area. PATH recipients collaborate with each of their local agencies and hospitals in their respective geographical service area to increase the location and services of Veterans who meet the PATH eligibility criteria.

III. State Level Information

C. Recovery Support

Narrative Question:

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

Footnotes:

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

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

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

Footnotes:

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

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

These tasks include:

- Being the point of contact for food, clothing, water, blankets, shelter and basic living skills;
- Linkages with the behavioral health system;
- Assistance in getting prescriptions filled;
- Assistance with the behavioral health system and/or substance abuse treatment enrollment;
- Referral for aftercare support including but not limited to case management, housing and transportation;
- Assistance in obtaining medical records, picture identification, social security cards and affordable housing;
- Field assessment and evaluations;
- Intake assistance/emergent and non-emergent triage;
- Transportation assistance (bus tokens and transporting);
- Assistance in meeting basic living skills;
- Move In assistance;
- Housing dollars for permanent placements;
- Transition into the RBHA case management system;
- and assistance in locating cooling or heating and water stations during extreme heat and winter alerts.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

Footnotes:

October 1, 2015 officially marked Arizona's transition from a separate mental health entities and medical health entities health care deliverable model to a fully integrated delivery system for individuals who are living with a serious mental illness. Arizona chose to adopt the integrated care model because community members who are living with a serious mental illness live approximately 25 years less than those who have no diagnosis. This discrepancy is in result of multiple contributing variables including but not limited to: inability to maintain stable housing, lack of consistent and quality medical and mental healthcare, and exposure to harmful elements that result in compromised health (example- excessive sun exposure causing skin cancer and dehydration). By supporting programs designed to ameliorate homelessness, PATH funds aid the Arizona Health Care Cost Containment System in their efforts to connect the seriously mentally ill with the most basic of needs- housing and quality medical and mental health.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

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

Footnotes:

Alignment with State Plan to End Homelessness- Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness.

Services to be provided include outreach services, screening and diagnostic treatment services, community mental health services, alcohol or drug treatment services etc. which are covered using PATH funds. By providing these services it will help the State of Arizona achieve their goals.

Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state.

The Governor's Arizona Commission on Homelessness and Housing (ACHH) is the statewide planning and policy development resource to end homelessness for Arizona. It has the primary decision making authority regarding the content of the State Plan to End Homelessness, the implementation schedule and strategies of the Plan. Click on this link for more information about the State of Arizona's Consolidated Plan <https://housing.az.gov/sites/default/files/documents/files/FY2015-2016%20Consolidated%20Plan%20-%20WEBSITE.pdf>.

The commission developed a revised State Plan to End Homelessness that aligns with objectives of the United States Interagency Council on Homelessness (USICH) and the Federal Plan to End Homelessness, "Opening Doors." The Arizona Plan to End Homelessness focuses on five (5) goals: 1.) End chronic homelessness; 2.) prevent and end veteran homelessness; 3) continue to work to prevent and end homelessness for families, youth and children; 4) develop measurement standards, data collection and accurate reporting systems; and 5) move from a homeless management system to a homeless prevention system.

Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing emergency response plans.

The Arizona Health Care Cost Containment System (AHCCCS) Division of Health Care Management (DHCM), Clinical Quality Management Unit (CQM) takes an active role in ensuring continuity of care for enrolled members that may impact care and services delivered to members during urgent or crisis situations within the state of Arizona such as: an Arizona Department of Health Services (ADHS) Licensure declared immediate jeopardy in a placement setting, a significant quality of care issue in a placement setting, natural disasters such as fires, air conditioning failures during the summer, mass power outages in locations where members reside, public health events such as a potential viral epidemic, foreclosures and bankruptcies of facilities, local government interventions with placement setting, AHCCCS provider limitations, suspensions or terminations of providers.

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

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

Footnotes:

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

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

Also, any input received from the public throughout the year is compiled for use in subsequent applications. Contact information for the State PATH Contact (SPC) is included on all posted PATH Applications as well as general communications, for any interested parties to provide feedback. Feedback is accepted any time throughout the year via phone call, email or postal mail.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

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

Footnotes:

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

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

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

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

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

Footnotes:

AHCCCS/DHCM awarded the PATH contract through a competitive request for proposal process (RFP) which is a three year contract with two optional annual renewals.

This years PATH funding was allocated based on the US Census data and the Annual Street Count data which demonstrated the highest need of individuals experiencing homelessness.

III. State Level Information

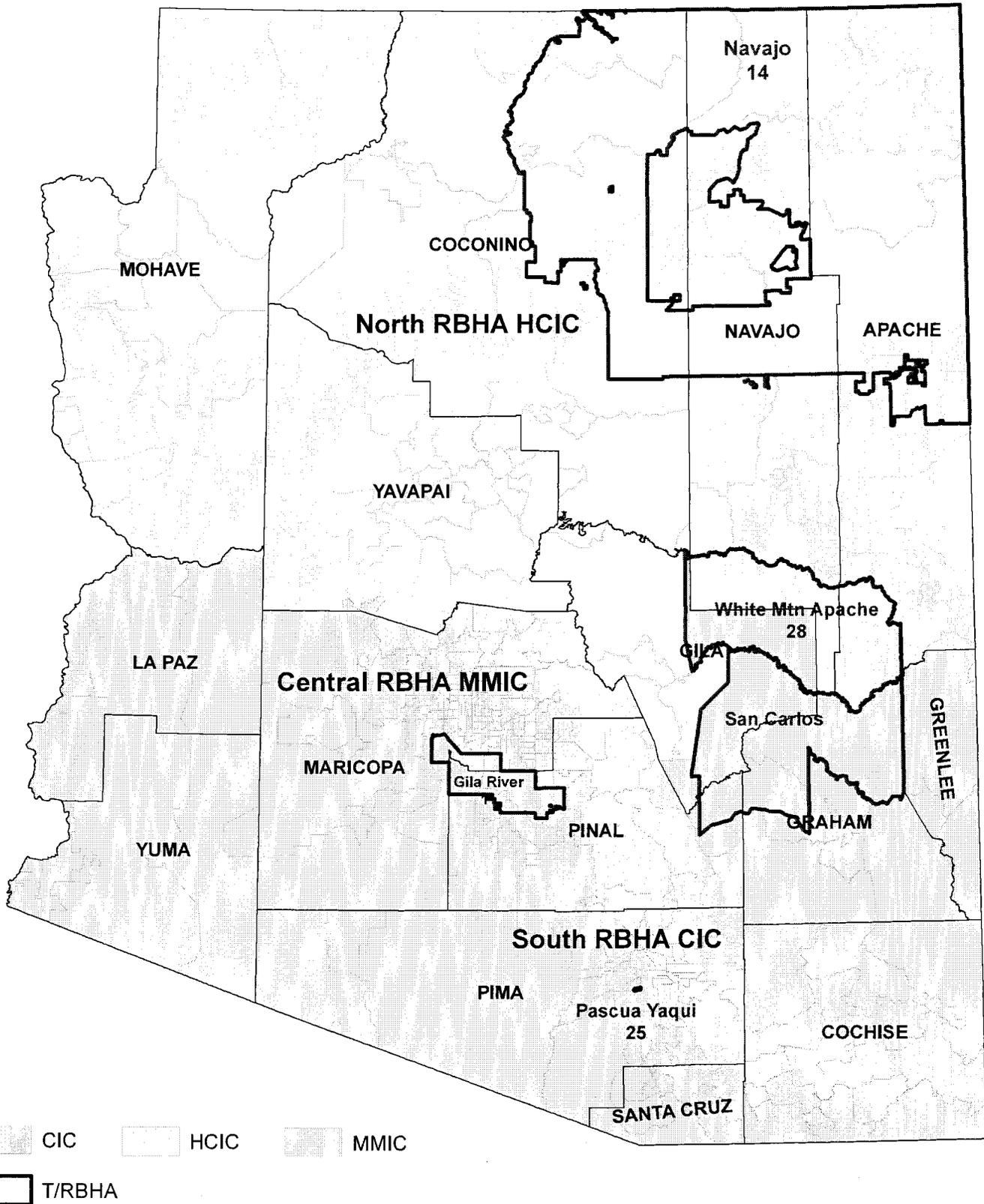
J. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

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

Footnotes:

Arizona Regional Behavioral Health Areas (T/RBHAs)



Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness:

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

2016 Point in Time Street & Shelter Count

GSA	Adults Homeless Sheltered with SMI	Homeless Unsheltered with SMI	Total
Balance of State	92	225	317
Maricopa County	442	489	931
Pima County	318	161	479

GSA	Homeless Sheltered with Substance Use Disorder	Homeless Unsheltered with Substance Use Disorder	Total
Balance of State	73	351	424
Maricopa County	363	547	1334
Pima County	338	122	460

III. State Level Information

K. Matching Funds

Narrative Question:

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

Footnotes:

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

III. State Level Information

L. Other Designated Funding

Narrative Question:

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

Footnotes:

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

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

c.) State General Fund Revenue- State general funds allocated as match for PATH federal funds are specifically targeted for individual persons who are homeless and have a serious mental illness or co-occurring substance use disorder.

III. State Level Information

M. Data

Narrative Question:

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

Footnotes:

All contractors currently input their quarterly report data into the PATH Data Exchange (PDX) as well as HMIS system.

AHCCCS/DHCM will continue to support HMIS trainings and activities for its contractors, which will include alerting them of SAMHSA Homeless and Housing Resource Network webinars, which includes the Learning Community Webinars . Each contractor has a line item budget for continued HMIS support, licenses and trainings.

III. State Level Information

N. Training

Narrative Question:

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

Footnotes:

AHCCCS/DHCM offers technical assistance and training at quarterly and annual meetings for the PATH contractors. PATH contractors are required to have relationships with their respective HMIS Lead Agency to assist with any HMIS related issues. In addition, Local PATH providers are required to conduct, attend and report on homeless service provider specific trainings which will allow them to gain additional skills to address the needs of individuals who are homeless. Additional assistance is available upon request.

III. State Level Information

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

Narrative Question:

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

Footnotes:

All PATH Outreach staff are required to be trained in SOAR per their contract and are to be involved through attendance and/or facilitation in a variety of community education and training events including but not limited to SOAR.

III. State Level Information

P. Coordinated Entry

Narrative Question:

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

Footnotes:

P. Coordinated Entry- Describe the state's coordinated entry program and role of key partners.

Currently Arizona has three (3) Continuum of Cares (CoCs) and each one is in a different stage of implementing coordinated entry:

Maricopa County

The Maricopa Association of Governments (MAG) is the continuum of care (COC) coordinator for the greater Phoenix area. Within this COC, coordinated entry happens in two ways:

1. For single individuals, coordinated entry happens through the Human Services Campus, which is attached to the state's largest emergency shelter. At this campus, individuals are screened with the vi-SPDAT and ranked by priority for available housing. Housing providers in the county who are members of the COC are part of this coordinated entry for homeless individuals. Collectively, these partners use HMIS and Homelink to connect homeless individuals with appropriate housing and services. There is a considerable wait list for this system at this time of more than 10,000 individuals.

2. For families, coordinated entry happens at United Methodist Outreach Ministries (UMOM). UMOM has several entry points across Maricopa County. UMOM has partnered with 14 family housing providers on coordinated entry. All of these partners -- who call themselves Standing Strong for Families -- work together to provide families with necessary housing and services. These families are also scored using the vi-SPDAT tool. UMOM and partners also use HMIS. Nearly half of all families who come to UMOM for homeless services are diverted from homelessness, rather than re-housed thanks to the strength of this system and their partners.

Balance of State (13 Counties)

The Arizona Department of Housing (ADOH) is the Collaborative Applicant and HMIS Lead for the Balance of State Continuum of Care (BOSCO). Within this COC, Coordinated Entry (CE) has been established with a No Wrong Door approach. With a geography covering 96,000 square miles and zero funding to provide for a 24/7 call in number, each service provider may act as a Coordinated Entry point.

When a household presents as needing housing, they are screened using the VI and VIF SPDAT which is entered into the Homeless Management Information System

(HMIS). Those entered are ranked by acuity for the various housing models available.

At this time this is more of a framework and the counties have lead agencies that are working locally to make sure CE becomes established practice along with case conferencing to truly assist people in their efforts to end their homeless experience permanently.

Pima County

Tucson Pima Collaboration to End Homelessness (TPCH) is the HMIS Lead agency for Pima County. TPCH is currently rolling out coordinated entry by participating in the 25 Cities Initiative (with the City of Tucson Mayor's Office) to house military veterans experiencing chronic homelessness and the Zero 2016 Campaign house persons end chronic homelessness.

Coordinated Entry is a standardized access and assessment for all individuals, as well as a coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs. The entire Coordinated Entry process uses a "no wrong door" approach, while doing so through a standardized process from initial engagement to successful housing placement.

Homeless service providers throughout Pima County utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment, to screen any single individual experiencing homelessness. The F VI-SPDAT is the common assessment tool to screen any family experiencing homelessness. Individuals or families not identifying themselves as homeless do not receive an assessment. The assessment takes approximately 10 minutes to administer, and is conducted by any provider who has been trained to use the tool by the HMIS Team or other authorized community member trained as a trainer using the locally approved training curriculum.

III. State Level Information

Q. Justice Involved

Narrative Question:

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

Footnotes:

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

AHCCCS is engaged with the Arizona Department of Corrections (ADOC) and most of Arizona's counties, including Maricopa and Pima, in a data exchange process that suspends AHCCCS enrollment upon incarceration, instead of terminating coverage. This exchange allows ADOC and counties to electronically send discharge dates for AHCCCS members, which simplifies the process of transitioning members directly into care. Through this enrollment suspension process, care can be coordinated by county jails or prisons upon discharge.

All Regional Behavioral Health Authority's (RBHAs) are required to have justice systems contacts to ensure a connection to needed behavioral health services. In addition, the AHCCCS medical management team coordinates with the justice system to facilitate a transition to care into acute health plans for persons being discharged with serious physical illnesses, such as cancer or other illnesses that present public health concerns or require immediate attention.

Northern Region:

PATH works with internal housing programs to identify landlords who are willing to work with clients with a criminal history and help them achieve affordable housing opportunities. In addition, staff collaborates with the local jail system to identify individuals exiting the criminal system who will be homeless and may meet the criteria for PATH so that they can assist quickly. Finally, PATH in Coconino County is working collaboratively with a local attorney to help establish a mental health court in an attempt to divert some of these individuals from formal charges.

Southern Region:

The RAPP PATH Team, in Pima County, has historically worked with clients exiting Arizona Department of Corrections and/or the Pima County Jail, who are homeless upon release and have symptoms of a serious mental illness and work collaboratively with the client and the Parole or Probation Officer assigned to the client to ensure a successful transition back into the community. RAPP Team staff will assist PATH clients to obtain a source of income, either through employment or application for entitlements to prevent re-offending/re-incarceration.

Good Neighbor Alliance (GNA), in Cochise County, has a long standing relationship with Cochise County Drug Court, local probation officers and attorneys. Good Neighbor Alliance works with local law enforcement such as probation officers to ensure landlords and employers that the client has "turned a new leaf" and is deserving of a second chance. Many employers and landlords are receptive to undertaking a client with a criminal history due to their relationship with Good Neighbor Alliance.

Central Region:

The CBI PATH team coordinates with the Maricopa County jails to provide PATH Navigator services for re-entry support for those with behavioral health and/or substance use issues. CBI transports the individuals from the jail to the West Valley Access and Transition Point for triage, assessment, and transition to follow up care. Initially justice-involved PATH participants work with the PATH Outreach Navigators. If the PATH team is unsuccessful, these SMI individuals are referred to CBI's Forensic Assertive Community Treatment program (F-ACT). In the F-ACT program, participants receive a full range of services including help with medications, housing, benefits, education, employment, and other necessary supports.

Indicate the percent of PATH clients with a criminal history.

Currently this information is not being tracked/collected. Moving forward the state will come up with a method and approach to start tracking/collecting this information.