I. State Information

State Information

Plan Year

Federal Fiscal Year 2022

State Identification Numbers

DUNS Number 796567790

EIN/TIN 26-0600313

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

Agency Name Pennsylvania Department of Human Services

Organizational Unit Commonwealth of Pennsylvania, Dept of Human Services, OMHSAS

Mailing Address Commonwealth Tower; 11th Fl.

City Harrisburg

Zip Code 17101

II. Authorized Representative for the PATH Grant

First Name Michael

Last Name Tickner

Agency Name Commonwealth of Pennsylvania, Dept of Human Services, Office of Mental Health & Substance Abuse Svcs

Mailing Address Commonwealth Tower

City Harrisburg

Zip Code 17101

Telephone (717) 705-8155

Fax (717) 772-7964

Email Address mtickner@pa.gov

III. Expenditure Period

From 7/1/2022

To 6/30/2023

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

First Name Michael

Last Name Tickner

Telephone 717-705-8155

Fax 717-772-7964

Email Address mtickner@pa.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.

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

Name

Title

Organization

Signature: Date:

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
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5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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

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

Name
Kristen Houser, MPA

Title

Deputy Secretary

Organization

Department of Human Services, Office of Mental Health and Substance Abuse Services

Signature:  Date: 3/10/2022

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name

Title

Organization

Signature: Date:

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name
Kristen Houser

Title
Deputy Secretary, Office of Mental Health and Substance Abuse Services

Organization
Commonwealth of Pennsylvania, Department of Human Services

Signature:  Date: 3/10/2022

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2022
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of Pennsylvania agrees to the following:

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

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

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

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

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

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

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

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

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

Section 522(h). The State agrees that not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and the payments will not be expended for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use services.

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

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

Section 526. The State has attached hereto a Statement that does the following:

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

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

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

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

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

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

Section 528(a). The State will, by January 31, 2023, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2022 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

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

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

Charitable Choice Provisions:

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

Governor/Designee Name	
Title	
Organization	

Signature: Date:

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

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Governor/Designee Name	Kristen Houser, MPA
Title	Deputy Secretary
Organization	Dept. of Human Services, Office of Mental Health & Substance Abuse Services

Signature:  Date: 3/10/22

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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

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

Standard Form LLL (click here)

Name:	Kristen Houser, MPA
Title:	Deputy Secretary
Organization:	Commonwealth of Pennsylvania, Dept of Human Services, Office of Mental Health & Substance Abuse Services

---

Signature: _____ Date Signed: _____

mm/dd/yyyy

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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

Standard Form LLL (click here)

Name: Kristen Houser, MPA

Title: Deputy Secretary

Organization: Dept. of Human Services, Office of Mental Health & Substance Abuse Services

---

Signature: Kristen Houser

Date Signed: 3/10/2022

mm/dd/yyyy

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Central Region	This region encompasses rural, urban and suburban counties. Counties included in this region include, Blair, Dauphin, Franklin-Fulton, Huntington-Mifflin-Juniata, Lancaster and York-Adams.	
Northeast Region	This region encompasses rural, urban and suburban counties. There are three PATH counties in the region; Lehigh, Luzerne-Wyoming and Schuylkill.	
Southeast Region	This regions is located in the southeast corner of the state. It encompasses primarily urban and suburban counties. The PATH counties in this region include Bucks, Delaware, Montgomery and Philadelphia.	
Western Region	Encompasses Urban, rural and suburban counties. These counties are Allegheny, Armstrong-Indiana, Butler, Cameron-Elk, Clarion, Crawford, Erie, Fayette, Forest-Warren, Greene and Mercer.	

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

II. 2022 PA State Summary

The Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) contracts with 24 county MH/ID program offices to provide PATH services. These 24 local government entities or county MH/ID program offices include county joinders to cover 32 of the state's 67 counties. Most of the MH/ID program offices that receive the PATH grant sub-contract with appropriate local community sources to provide either some or all of the PATH services in the area. The local provider intended use plans (IUPs) will identify the county MH/ID programs that sub-contract in whole or part, with other community providers, and those that singly operate the program in their area. While most of the PATH programs provide services to all PATH-eligible adults ages 18 and over, some focus on the PATH-eligible youth and young adult population, which for the PA PATH program can range in age from 18-30. The counties and contracted providers have developed innovative PATH programming to best serve the needs of the SMI homeless/imminently at risk of homelessness in their geographical areas. Most, if not all, of PA's PATH providers strive to focus on evidence-based practices in service provision. In general, the services provided to PATH-eligible individuals include: outreach, screening and diagnostic treatment, habilitation/rehabilitation, community mental health services, alcohol and/or drug treatment, staff training, case management, supportive and supervisory services in residential settings, and referrals for primary health, job training, education services and allowable housing services.

II. Executive Summary

2. State Budget

Planning Period From **7/1/2022** to **6/30/2023**

A budget and budget narrative that includes the state's use of PATH funds are required. The budget can be entered directly into WebBGAS, or you can upload the budget as an attachment. The Budget Narrative is a separate document that must be uploaded as an Attachment. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	51,210.00	3,929.00	55,139.00	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	55,139.00	100.00 %	0.93	51,210.00	3,929.00	55,139.00	State PATH Contact

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	77.60 %	$ 42,790.00	$ 3,283.00	$ 46,073.00	Overage of Administrative 4% allowed is covered by State funds. In this case, $3283 of the benefits package is paid by the State.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	$ 0.00	$ 0.00	$ 0.00	
No Data Available				
d. Equipment	$ 0.00	$ 0.00	$ 0.00	
No Data Available				
e. Supplies	$ 0.00	$ 0.00	$ 0.00	
No Data Available				
f1. Contractual (IUPs)	$ 2,206,991.00	$ 1,287,875.00	$ 3,494,866.00	
f2. Contractual (State)	$ 0.00	$ 0.00	$ 0.00	
No Data Available				

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments
PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.					
g1. Housing (IUPs)	0.00 %	$ 0.00	$ 0.00	$ 0.00	
g2. Housing (State)		$ 0.00	$ 0.00	$ 0.00	
No Data Available					

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				
i. Other	$ 0.00	$ 0.00	$ 0.00	
No Data Available				
j. Total Direct Charges (Sum of a-i minus g1)	$ 2,300,991.00	$ 1,295,087.00	$ 3,596,078.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	$ 0.00	$ 0.00	$ 0.00	N/A
l. Grand Total (Sum of j and k)	$ 2,300,991.00	$ 1,295,087.00	$ 3,596,078.00	
Allocation of Federal PATH Funds	$ 2,366,900	$ 788,966	$ 3,155,866	

Source(s) of Match Dollars for State Funds:

Footnotes:

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **07/01/2022** Expenditure Period End Date: **06/30/2023**

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

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Allegheny County - Community Human Services Corporation	Social service agency	Western Region	$50,994.00	$16,998.00	100	45	0	0
Allegheny County - Operation Safety Net	Social service agency	Western Region	$400,740.00	$133,610.00	500	375	0	18
Allegheny County Office of Behavioral Health, comprehensive AND provider	Social service agency	Western Region	$10,000.00	$3,303.00	100	100	6	164
Armstrong-Indiana County - Family Counseling Center of Armstrong County	Community mental health center	Western Region	$22,629.00	$7,543.00	40	10	2	2
Armstrong-Indiana County - Indiana County Community Action Agency	Social service agency	Western Region	$22,629.00	$7,543.00	100	25	2	0
Armstrong-Indiana County Comprehensive - not provider	Social service agency	Western Region	$0.00	$0.00	0	0	0	0
Blair County - Home Nursing Agency	Community mental health center	Central Region	$47,087.00	$15,696.00	100	80	0	0
Bucks County - Penndel Mental Health Center	Other mental health agency	Southeast Region	$51,680.00	$17,227.00	480	300	3	1
Butler County - Catholic Charities	Social service agency	Western Region	$81,903.00	$27,301.00	240	95	1	0
Cameron-Elk Behavioral and Developmental Programs	Social service agency	Western Region	$64,421.00	$21,474.00	90	66	1	0
Clarion County - Center for Community Resources	Social service agency	Western Region	$34,814.00	$11,605.00	112	42	0	0
Crawford County - CHAPS	Consumer-run mental health agency	Western Region	$47,087.00	$15,696.00	60	48	0	3
Dauphin County - Case Management Unit	Social service agency	Central Region	$6,018.00	$2,006.00	4	4	0	8
Dauphin County - Downtown Daily Bread	Shelter or other temporary housing resource	Central Region	$46,672.00	$15,557.00	40	30	0	0
Dauphin County Comprehensive, not provider	Social service agency	Central Region	$0.00	$0.00	0	0	0	0
Dauphin County MH/ID Crisis Intervention	Social service agency	Central Region	$30,791.00	$10,263.00	250	200	0	0
Delaware County - Horizon House	Social service agency	Southeast Region	$131,919.00	$43,973.00	185	88	0	3
Erie County - Erie County Care Management	Social service agency	Western Region	$90,821.00	$30,274.00	60	50	3	2
Fayette County - City Mission - Living Stones, Inc.	Other housing agency	Western Region	$58,392.00	$19,464.00	450	50	2	1
Forest-Warren - Warren Forest Economic Opportunity Council	Social service agency	Western Region	$34,816.00	$11,605.00	70	56	2	0
Franklin-Fulton County Mental Health/Intellectual Disabilities/Early Intervention	Social service agency	Central Region	$54,558.00	$18,186.00	75	65	0	0
Greene County Department of Human Services	Social service agency	Western Region	$31,802.00	$10,601.00	45	35	0	2
Huntingdon/Mifflin/Juniata County - Service Access and Management, Inc.	Social service agency	Central Region	$31,859.00	$10,620.00	35	20	0	0
Lancaster County - Community Services Group	Community mental health center	Central Region	$35,821.00	$11,940.00	200	50	0	1
Lancaster County - Tenfold (Formerly known as Tabor)	Social service agency	Central Region	$55,277.00	$18,426.00	33	30	1	0
Lancaster County Comprehensive, not provider	Social service agency	Central Region	$0.00	$0.00	0	0	0	0
Lehigh County - Lehigh County MH/ID/D&A/HealthChoices Program	Social service agency	Central Region	$51,680.00	$17,227.00	30	15	0	0
Luzerne/Wyoming: Children's Service Center/Robinson Counseling Center of Wyoming Valley, Inc.	Community mental health center	Northeast Region	$51,680.00	$17,227.00	150	70	2	0
Mercer County - Community Counseling Center	Community mental health center	Western Region	$33,750.00	$11,250.00	50	40	0	0
Mercer County Behavioral Health								

Commission, comprehensive AND provider	Social service agency	Western Region	$22,430.00	$7,477.00	20	10	0	0
Montgomery County - Access Services, Inc.	Social service agency	Southeast Region	$79,998.00	$26,666.00	150	120	0	0
Philadelphia County - Project HOME	Social service agency	Southeast Region	$48,254.00	$75,252.00	2,900	779	0	0
Philadelphia County - RHD (Cedar Park)	Community mental health center	Southeast Region	$109,668.00	$179,971.00	40	40	0	0
Philadelphia County - RHD (Kailo Haven)	Community mental health center	Southeast Region	$149,149.00	$236,678.00	60	58	0	0
Philadelphia County - RHD (La Casa)	Community mental health center	Southeast Region	$131,602.00	$206,533.00	17	15	0	0
Philadelphia County Comprehensive, not provider	Social service agency	Southeast Region	$0.00	$0.00	0	0	0	0
Schuylkill County - Service Access and Management, Inc.	Social service agency	Northeast Region	$34,816.00	$11,605.00	365	72	0	0
York County - Bell Socialization Services	Social service agency	Central Region	$51,234.00	$17,078.00	40	25	0	0
		Grand Total	$2,206,991.00	$1,287,875.00	7,191	3,108	25	205

** IUP with sub-IUPs*

Footnotes:

Allegheny County - Community Human Services Corporation
1975 Fifth Ave
Pittsburgh, PA 15213
Contact: Rebecca LaBovick
Email Address:

Provider Type: Social service agency
PDX ID: PA-035
State Provider ID: 4235
Contact Phone #: 4122461641

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

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

No Data Available

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

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

No Data Available

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)

i. Other	**$ 50,994.00**	**$ 16,998.00**	**$ 67,992.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 50,994.00	$ 16,998.00	$ 67,992.00	Community Human Services Corp is one of three PATH providers in Allegheny County. Detailed budget narrative and budget table are found in the Community Human Services Corp IUP.

j. Total Direct Charges (Sum of a-i)	$ 50,994.00	$ 16,998.00	$ 67,992.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 50,994.00	$ 16,998.00	$ 67,992.00	

Source(s) of Match Dollars for State Funds:

Community Human Services will receive a total of $67,992 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 100

Estimated Number of Persons to be Enrolled: 45

Estimated Number of Persons to be Contacted who are Literally Homeless: 100

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

LOCAL PROVIDER INTENDED USE PLAN (IUP)
PATH Funds – Community Human Services Corporation (CHS)
2022-2023

Local Provider Description

PA:035 Allegheny: Community Human Services
2525 Liberty Avenue
Pittsburgh, PA 15222
t: 412-246-1639
f: 412-697-2049
e: EPowell@CHScorp.org

Local Provider Description

Community Human Services Corporation (hereafter referred to as CHS) is a private, non-profit, human service provider. The agency uses a multi-service approach to provide multidisciplinary approach supportive services throughout Allegheny County.

CHS holds a contract with Allegheny County Office Behavioral Health to provide PATH services for individuals who are homeless or at imminent risk of becoming homeless and have a serious mental illness or co-occurring disorder. These PATH services include outreach, assessment, and service referral as part of the housing programs provided by the agency. This funding also supports a mental health clinic at Wood Street Commons.

This past year CHS collaborated with a SAMSHA grant and Healthy Housing Outreach (H2O). The focus was to have targeted outreach to identify homeless, chronic homeless, homeless veterans, homeless families, and homeless transition-aged youth with mental illness and need for connection to behavioral health supports. With expanded funding beginning last year, CHS was able to continue a portion of these outreach services and assist in connecting people to services including the mental health clinic.

PATH services allow CHS to augment access to mental health services through the Central Intake Department, which also oversees CHS street outreach personnel. CHS' PATH clinic has extended hours and is able to offer psychiatric care and therapeutic services to interested clients. Throughout the pandemic, CHS has continued to offer services via Telehealth/Telepsych which allowed clients to continue to receive mental health assistance when meeting in person is not possible to travel into the office location at Wood Street Commons. This ensures the highest quality of service provision as it supports a continuum of care with the Allegheny Link, the CoC's coordinated entry system, in determining the most vulnerable clients and increasing access to housing, assessments and behavioral health supportive services, expanded life skills and psycho-educational training, expanded rental assistance, and expanded use of harm reduction, holistic supportive services while utilizing a housing first approach.

The name of Provider as it appears in PDX: PA-035 Allegheny: Community Human Services.

Collaboration with HUD Continuum of Care (CoC) Program

CHS is one agency within the Allegheny County Continuum of Care (CoC), PA-600. Members of CHS staff have a long history of involvement and planning within the CoC and CHS is a significant contributor to the effort to end homelessness in the CoC. CHS staff members attend scheduled meetings to stay abreast of social support trends, resources, and further training for our team to effectively utilize evidence-based practice and collaboration of programs.
The pandemic has exacerbated the underlying mental health concerns of those CHS serves, but through virtual conferencing resources, we have attempted to bridge the gap.

The CHS PATH program receives and accepts referrals from Allegheny Link for individuals who need targeted outreach and support who are street homeless and/or behavioral health assessments and treatment to help verify disability and address barriers to obtain and maintain housing related to behavioral health needs. The PATH program links individuals to the CoC and provides ongoing support to PATH participants to help them obtain housing via the CoC.

Collaboration with Community Organizations

CHS works with a multitude of Allegheny County agencies. The following is a small sampling of agencies that may/may not be PATH funded but provide support to PATH eligible consumers. This support is provided through supportive services and housing:

1. **The Residences at Wood Street (Wood Street Commons)** is a part of CHS's continuum of care. Housing, both temporary and long term is available. CHS manages a 32-bed shelter program, a 15 bed CMI Bridge Housing program, a 20-bed permanent HUD funded housing program and a 6-bed program specifically for individuals currently in the probation system. CHS community support specialists work with building residents to secure and maintain affordable housing. Both Medical and Mental Health services are available on site. The behavioral health services at the mental health clinic at Wood Street Commons is funded by CHS's PATH allocation.
2. **Housing Authority:** All clients of CHS complete applications for City of Pittsburgh and Allegheny County Housing Authorities with their community support specialist. CHS also works with the housing authorities to prevent evictions of particularly vulnerable tenants (medical/mental health issues).
3. **Veterans Administration Healthcare for the Homeless Program** provides medical care and supportive services for homeless veterans referred by CHS staff.
4. **North Side Common Ministries** is a collaborative partner that provides both shelter and food pantry services. This agency has also assisted CHS in providing bathing and laundry services for unsheltered homeless men.
5. **Bethlehem Haven** is a collaborative partner. Staff assisted women in the shelter to connect with housing and other services. Bethlehem Haven provides shelter, Drug and Alcohol based housing, a modified haven program for women, transitional homeless housing, and essential clinical services.
6. **Drop-in Centers & Feeding sites** throughout Allegheny County provide outreach sites for CHS staff and also provide socialization opportunities for homeless consumers.
7. **Alma Illery Medical Center – Healthcare for the Homeless** provides on-site medical care at The Residences at Wood Street (Wood Street Commons). The clinic

works collaboratively with the PATH funded mental health staff to ensure comprehensive primary and behavioral health supports to homeless individuals.

8. **Department of Aging** has provided housing and service assistance for frail elderly homeless individuals. The Department of Aging also uses CHS's services to provide in home care, life skills training, housing location assistance and case management.
9. **Mercy Behavioral Health/Operation Safety Net** provides primary medical care to individuals living on the street while CHS provides tangible assistance to those clients. CHS and Mercy Behavioral Health (Operation Safety Net) engage in collaborative outreach efforts to ensure people on the streets have access to more comprehensive services.
10. **Western Psychiatric Institute and Clinic** has a full range of homeless housing and mental health services within their homeless continuum.
11. **University of Pittsburgh Schools of Pharmacy, Social Work, Public Health, Nursing, Occupational Therapy and Psychology** have the ability to place intern rotations within the CHS programs, providing crucial project and services to individuals served within the agency. Interns consistently are placed within the CHS programs and at the Residences at Wood Street (Wood Street Commons).
12. **UPMC Health Plan/Community Care Behavioral Health Organization** and CHS work collaboratively and are contracted to provide shelter plus care permanent HUD homeless housing services to greater than 25 medically compromised individuals.
13. **Allegheny Health Network** and CHS work collaboratively and are contracted to provide housing services to medically compromised individuals in a pilot medical respite program.

Once a client need is identified, contact is made with the above organization(s) by CHS, then assistance is provided in securing a referral/necessary admission/intake process to assist the client to begin to receive the needed service(s).

Service Provision –

PATH services are provided in conjunction with CHS housing programs which include case management and housing service programs, psychiatric assessment and behavioral health referrals, opportunities for socialization, transportation assistance, survival provisions (food, clothing, blankets) an information/referral service to appropriate housing and support services through CHS's organizational components and throughout the larger social service community. While PATH funds do not cover any service costs entirely, the following PATH services are provided by the PATH supported staff: outreach, case management, screening and assessment, community mental health services, and referrals. The larger agency housing programs, which PATH funds are a part of, provide a comprehensive continuum of care (in accordance with the Allegheny County Continuum of Care) to address the needs of homeless individuals and families. Not all components of the housing programs receive PATH funds, but PATH eligible consumers are able to access the array of services provided through the different housing program components. PATH eligibility is determined at the initial contact when possible. Once eligibility is verified and the individual agrees to accept PATH services, the client is enrolled. Typically, individuals are enrolled at the initial appointment within the mental health clinic. Individuals identified via outreach services will be enrolled at first contact, when

possible, but further engagement may be needed before a PATH eligible individual will accept PATH services. Enrollment is then recorded via the CHS clinical record as well as Allegheny County HMIS and CIPS data platforms. PATH eligible individuals who sleep outside are prioritized for Wood Street Commons shelter at the weekly outreach provider meeting and are subsequently prioritized for enrollment into PATH. Criteria to be met include homelessness, propensity to become homeless, and the desire to enter mental health services.

CHS maximizes the use of PATH funds by leveraging use of other available funds internally and externally. Through being a starting point and hub for services CHS assesses which services are needed by the client, then routes them to the myriad of services that CHS provides such as CHS Early Start (Family Foundations), CHS Housing Services, CHS Food Pantry. If a service is needed by a client that CHS cannot internally provide, external referrals are made to such agencies as Veterans Administration, Department of Public Welfare, Social Security Administration, and Allegheny County centralized intake through Allegheny Link. The mission of the Allegheny Link is to streamline access to services and supports in an effort to help individuals and families maintain their independence, dignity, and quality of life. CHS also will leverage PATH funds by billing Behavioral HealthChoices through Community Care Behavioral Health Organization (CCBHO). Because many clients can be dual eligible with PATH any funds obtained through billing can support the program.

The Allegheny Link provides a wide array of services to Allegheny County residents with a disability, over the age of 60 with or without a disability, who are experiencing or at risk of homelessness and professionals in the human services systems. There is a toll-free number to call, and if the client needs assistance in reaching out for these services CHS assists and facilitates.

Prior to the pandemic, funding was insufficient to meet the increasing need for mental health services, and through this year there has been a significant increase in those seeking mental health services, housing assistance, especially after the moratorium on evictions/foreclosure was lifted and food instability. The pandemic has significantly increased the number of those facing acute mental health issues, a rise of uninsured clients, homelessness, and food insecurity in Allegheny County. This is coupled with the rise in the incidence of domestic violence that is reported by those seeking emergency shelter.

The pandemic has created an employment and housing crisis within Allegheny County, with more individuals seeking emergency shelter than ever before. More individuals are entering the homeless support system than ever before, due to unemployment caused by the pandemic and the soaring cost of housing within Allegheny County. According to WESA (July, 2021), a person earning minimum wage ($7.25) would have to work 79 hours a week (11.28 hours a day for 7 days) to afford a one-bedroom apartment, 97 hours a week (13.85 hours each day for 7 days) to afford a two-bedroom apartment. In addition, the number of homeless individuals is calculated, that total exceeds available housing. This is especially true for homeless youth. The one local shelter providing housing for this group was forced to reduce their spaces. Male heads of household also have limited options for shelter, bridge, transitional and permanent housing within the homeless system.

Many shelters are not fully handicapped accessible. Affordable accessible units in the open market are extremely hard to find. There is no respite facility available for persons who are not ambulatory.

LGBTQIA+ individuals have extreme difficulty accessing shelter and often includes transitional age youth (TAY). Shelters are typically designated for one gender. Many local providers will turn away an individual whose gender is unclear. Shelters that have plans in place to ensure safety, sensitivity and security to transgendered individuals using the shelter facilities are limited, and the emergency winter shelter that would provide this resource is closing March 30, 2022. CHS has a very small-scale atypical shelter program for this specialized population of individuals. CHS also operates a youth program, Project Silk, which is specifically focused on LGBTQIA+ youth (TAY) that focuses on inclusion, education, screening, referral, and access to services. Most youth served are marginally housed.

Limited shelter stays also create a barrier to stability. Individuals can only rely on shelter for thirty-sixty days but there is a waiting list for the Housing Authorities of 6 months to a year or longer. Individuals are forced onto the streets or into crowded and/or unsafe living situations. In addition, almost all homeless programs (bridge, transitional, permanent) have waiting lists that exceed the maximum shelter stay. This year in Allegheny County the Men's Emergency Winter Shelter is set to close on March 16, 2022, the city will be losing 60 beds, CHS's SafeHaven the Men's Winter Shelter Overflow Facility receives between 15-17 clients nightly and is set to close March 30, 2022. Upon CHS's SafeHaven closing on March 30, 2022, there will only be 24 beds for emergency shelter located at Shepard's Heart in Allegheny County.

Respect and confidentiality are tenants of our work at CHS, and we not only follow 42 CFR Part 2 regulations, but also HIPAA standards for the protection of our client's confidential information. CHS seeks to ensure that every client is afforded a safe space to receive treatment, and an openness to providing information so that our team can assist them to the fullest.

CHS has another program called Peer to Peer, where those with lived experience, trauma informed communication, housing, and social support knowledge to help clients navigate through the complex medical, mental health, social services, and housing services available. When these situations are realized through any of our PATH services, then the referral is made to begin outreach for this service.

Data

HMIS & ClientView are essential tools provided through Allegheny County to gain a better history of the services that a client was given (or not given or did not succeed/etc.) in the past, when the client is not a good historian, or a timeline is difficult to establish. These programs also afford the team working with PATH to connect to other service providers to coordinate (and not duplicate/waste) resources. CoC & HMIS/ClientView resources are available electronically for reference/enrichment. Allegheny County Department of Health & Human Services (ACDHS) is also especially kind in providing trainings, insight, and resources for the better operation/maintenance of these programs. When a new team member is brought aboard, their trainings with ACDHS is scheduled and those in elder/supervisory roles are also available for

reference, training, and resources.

Housing

CHS PATH services employ the following strategies to assist PATH eligible participants with obtaining and maintaining housing:

- Help PATH clients apply for SSI/SSDI for financial assistance and/or refer clients to SOAR.
- Help PATH clients apply for Housing Vouchers and site based subsidized housing via the City and County Housing Authorities, HUD housing, etc.
- Link PATH clients to Allegheny Link so they can complete the Vi-SPDAT assessment and be prioritized and placed on waiting lists for Permanent Supportive Housing (PSH); Rapid Rehousing Housing (RRH); and transition housing options via the CoC by contacting Allegheny Link. The CoC has implemented a Housing First philosophy to reduce barriers to housing and has a large network of providers. Western Psychiatric Hospital, Pittsburgh Mercy, Chartiers Center, and Community Human Services are a few of the providers within the CoC and are adept at supporting PATH eligible clients.
- Refer PATH clients to mental health residential housing via OBH which includes various levels of housing such as Community Residential Rehabilitation facilities; Specialize Supportive Housing; Comprehensive Mental Health Personal Care Homes; Long Term Structures Rehabilitation residencies; 24/7 Supportive Housing; and CMI Bridge Housing for persons with SMI.
- Utilizing PATH Contingency Funds for security deposits, first month rents, etc. to prevent eviction or end homelessness.

In addition, CHS housing programs and PATH services rely on a team approach to service delivery and has implemented harm reduction and housing first into its philosophy of care. The agency has established a full continuum of services that are made available to all consumers entering any program at the agency. The service relationship focuses on rapport building that is non-intrusive and has a high tolerance for no shows and engages in assertive outreach to keep the target population engaged in services. Missed clinic appointments are re-scheduled automatically unlike outpatient treatment programs who do not automatically re-schedule missed appointments.

Staff assist clients in developing goal plans that are reflective of the consumer's needs and wants. Individuals who are experiencing ongoing mental health issues often have experienced migratory lifestyles. Housing may be lost due to inability to pay rent, rejection by family members, misunderstood behaviors, inability to assimilate to community profile, and/or liability of mood/desires. It is critical when assisting individuals in attaining and retaining housing to accurately identify what the consumer wants for themselves and realistically discuss what type of housing they can afford, access, and maintain. It is the responsibility of CHS staff to ensure appropriate housing is investigated. This entails keeping current information on local housing options making in person visits to sites and programs to ensure it is appropriate for a given individual.

CHS maintains a Housing Response Team to respond to housing crises by making appropriate referrals internally and externally. There is a staff member on crisis on-call 24 hours a day/365 days per year.

A full continuum for homeless individuals and families exists within CHS. In addition, the agency works closely with the list detailed under Collaboration with Local Community Organizations.

CHS works with Allegheny County Department of Human Services to administer an emergency housing unit which provides atypical shelter to individuals who cannot access traditional shelter because of LGBTQIA+ issues and works with the CoC to prioritize PATH eligible individuals who are street homeless for its emergency SRO shelter beds located at Wood Street Commons

CHS has a long history of housing assistance within Allegheny County. Over time, the agency has been able to develop positive relationships with local landlords by being responsive to their needs and the needs of the consumers being served by the agency. The agency provides ongoing support for individuals in the housing and maintains close relationships with the landlord to avoid a cycle of eviction. Building a relationship of trust with private market housing providers has allowed CHS to access housing that may not typically be available to PATH consumers.

CHS continues to explore the development of additional mental health programs to provide supports that will make living in an independent community setting available to a larger number of PATH consumers.

Staff Information

CHS celebrates diversity, focusing on lived experience, professional experience, and education. The CHS team represent a range of ages, racial and ethnic backgrounds. Each team member is involved in the community. In addition, staff members receive training on cultural diversity/sensitivity and service provision within the agency through their new hire orientation and ongoing during employment. Staff members are involved in organized trainings at low or no cost through internal and external resources. Staff members are involved annually in agency Town Halls to assist in building on the agency strategic plan, improvement of quality service and improvement of processes/job satisfaction.

Client Information

The program expects to provide PATH funded services to a minimum of 100 unduplicated individuals during 2022-2023 although work will be done in an attempt to exceed this number. 100% of those individuals are anticipated to be homeless or near homeless at enrollment. This will include a minimum of 40 individuals through the mental health clinic. The remaining 60 will be through outreach and will be street homeless, of which we expect 45 to be enrolled in PATH while the remaining will be encounters that do not necessarily materialize into an enrollment. Outreach clients are also expected to access the mental health clinic in many circumstances. 100% of these individuals are with behavioral health issues. It is anticipated that at least 50% of these individuals may also suffer co-occurring substance abuse issues. The ultimate goal for substance abuse treatment is for the individual to be referred on to the most appropriate level of services in traditional care, such as a drug and alcohol outpatient program

(Western Psychiatric Institute and Clinic – CPCDS, Mercy Behavioral Health, etc.). The program also expects to significantly increase the number of Transition Aged Youth, 18-30 years of age, as part of the expansion of funding to support outreach.

Consumer Involvement

CHS is currently working to innovate the way mental health/substance abuse and homelessness services are performed- looking at a more holistic approach that we feel with provide more stability and sustainability. If there are family members involved, they are encouraged to participate dependent on the consumer preference. Unfortunately, there are a large percentage of individuals who are estranged from their family support system due to multi-faceted issues. Random quality assurance calls are placed to consumers regarding their satisfaction with services. Satisfaction surveys are administered for each program. Advocacy is a core value at CHS and individuals participating in all programs are encouraged to participate in formal and non-formal advocacy endeavors. In addition, CHS has become more involved in activities sponsored by various agencies such as the Mental Health Association, the Department of Public Welfare, and various educational institutes such as University of Pittsburgh, Carlow University and Duquesne University.

Alignment with State Comprehensive Mental Health Services Plan –

Transitional age individuals, 18-30 years of age, are served through the mental health clinic. Referrals may be received from external sources who work with transitional age youth, such as Family Links, but The Residences at Wood Street (Wood Street Commons) houses 259 individuals 18 years of age and above. Statistically, tenancy of individuals who are 18-30 years of age has grown in recent years. Additionally, TAY individuals are eligible for referral to any internal CHS programs, inclusive of Project Silk. Increasing this number will be a priority in the expansion of PATH services with the addition of outreach services. This outreach can be done in conjunction with Project Silk, where active referrals can be completed.

CHS complies with all HIPAA standards and respects the confidentiality of all of our clients. If a mental health service is needed at that is above or beyond the scope of practice and acuity, then contact is made to UPMC Western Psychiatric or Forbes Regional for the furthering of care of the clients that we serve. CHS respects the autonomy of each client, up and until they are a danger to themselves or others.

Other Designated Funds

CHS utilizes a myriad of funding streams to help facilitate our programs, especially PATH, because PATH allows us to fully assess the needs mentally of our clients. This is part of how CHS is innovating housing in looking at the person holistically and making sure that the client is set up for success through stable mental and physical health- so that once stable housing is located it can be sustained.

Programmatic and Financial Oversight

As part of our Therapeutics program at CHS, there are meetings twice a month to discuss trends in demographics, clients served as ways to grow the program within the community. The Director of Nursing, who oversees Therapeutics/PATH program has monthly meetings with the

fiscal department within CHS to make sure that spending is on track with projections, and thankfully since most costs are fixed within the budget- this is not an issue.

Coordinated Entry

CHS relies on Allegheny County's centralized intake system, Allegheny Link, for coordinated entry for individuals in housing crises. Additionally, CHS has internal, coordinated, centralized intake, which not only screens for housing crises, but also for other internal and external referral resources available to the individual/family. CHS intake utilizes the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as part of their intake process. CHS routinely assists to link individuals/families to Allegheny Link and have the ability to assist to monitor their status. This is not necessarily a PATH specific activity.

Justice Involved

CHS strives to minimize and foster all individuals served who have a criminal history in all agency programs. Criminal history is not a barrier, necessarily, but can be a challenge. Many housing sources in the county may not accept individuals based on criminal background. CHS will explore the criminal background the nature of charges, how far in the past they occurred, work around the barriers and potentiate advocacy. This may include referral to internal and external agency such as Allegheny County Justice Related Services. Internally, CHS has one program that directly serves individuals with criminal histories and involved housing crises. Greater than 50% of individuals involved in the PATH program have criminal histories.

Allegheny County and the City of Pittsburgh have Crisis Intervention trained public safety officers. It is anticipated that less than 50% of law enforcement is trained within Allegheny County. CHS have staff complete Mental Health First Aid (MHFA) trainings when available and appropriate, which is a crucial part of understanding crisis situations and responding in an appropriate manner. Along with this training, de-escalation, mental health awareness and street drug presentation classes are taught to everyone throughout CHS by the Director of Nursing.

Veterans

In addition to the PATH services that CHS provides, veterans are also encouraged to become "Service Connected" with the local VA hospitals and VA social service teams to further develop a care team, so that through this collaboration, the needs of the veteran can be met.

Tobacco Policy

Tobacco/nicotine/vaping is not allowed in any of our facilities. Education, through discussion and resources are given to those that are identified as smokers. Interventions, such as a tobacco weening schedule are provided. Utilization of such programs as SmokeFree.gov and BeTobaccoFree.gov offer a myriad of resources that we can utilize to empower clients that are willing to quit nicotine products.

Health Disparities Impact Statement

Health and Behavioral Health Disparities are previously addressed in Section **Service Provision** of this intended use plan, with the exception of transitional age youth

(TAY). Transitional age individuals, 18-30 years of age, are served through the mental health clinic. Referrals may be received from external sources who work with transitional age youth, such as Family Links, but The Residences at Wood Street (Wood Street Commons) houses 259 individuals 18 years of age and above. Statistically, tenancy of individuals who are 18-30 years of age has grown in recent years. Additionally, TAY individuals are eligible for referral to any internal CHS programs, inclusive of Project Silk. Increasing this number will be a priority in the expansion of PATH services with the addition of outreach services. This outreach can be done in conjunction with Project Silk, where active referrals can be completed.

Limited English Proficiency

Services throughout the CHS are available regardless of literacy levels, primary language, etc. Individuals are assessed holistically, with any barriers addressed as indicated, such as use of interpreters/translators if language is a barrier. To date, this has not been an issue. The predominant language barrier identified has been Spanish and CHS has a working relationship with the Latino Community at St. Regis Church in Oakland and have access to internal staff that is proficient in Spanish. CHS has been uniquely creative in attaining language interpreters as indicated. This has included Cambodian and Turkish speaking interpreters. CHS has a longstanding collaboration with Hearing and Deaf Services (HDS). HDS has interpreters fluent in American Sign Language as well as a plethora of spoken interpretation services.

Budget Narrative

Each PATH provider agency has included a more detailed budget narrative in their IUP's.

PATH funds are primarily used to fund outreach services, case management services, and behavioral health care services via Community Human Services Corporation (CHS) and outreach and case management services via Pittsburgh Mercy Life Center – Operation Safety Net (OSN), including the Second Avenue Commons Shelter which will be the new location for the drop-in center formerly known as Wellspring. Through the offering of meals, lockers, transportation assistance, space to access medical, mental health and SUD providers and Allegheny Link field service coordinators. The Second Avenue Commons Shelter, which the PATH funds will be utilized for, will serve as a hub to identify, engage, and provide case management services to PATH eligible individuals. PATH contingency funds are included in the soon to be developed Second Avenue Commons Shelter and the OSN budget and are used to help PATH-eligible participants obtain housing or prevent eviction by paying for security deposits and rent and utility arrears.

The Allegheny County DHS budget includes the Allegheny County PATH Coordinator's position allocated at $13,303.00 annually. The responsibilities of the PATH Coordinator are to manage the PATH contingency funds, monitor the PATH provider agencies, provide PATH technical assistance, attend PATH related trainings, participate in PATH conference calls, and complete the IUP's and the PATH annual report.

FY2021-2022 PATH Allocation

	Allocations	Federal	+	State Match
Operation Safety Net	$534,350	($400,740	+	$133,610)
Community Human Services	$ 67,992	($ 50,994	+	$ 16,998)
Allegheny County DHS	$ 13,303	($ 10,000	+	$ 3,303)
TOTAL	**$615,645**	**($461,734**	**+**	**$153,911)**

Budget Table
Allegheny County Department of Human Services
PATH Program
Fiscal Year 2022-2023

Line Item	Annual Salary	PATH Funded FTE	PATH Funded Position	Total
County PATH Coordinator	$40,000	0.25	$10,000	**$10,000**
Fringe Benefits	0	0	$3,303	**$3,303**
TOTAL			**$13,303**	**$13,303**

Comprehensive BUDGET Table
Allegheny County Department of Human Services
PATH Program
Fiscal Year 2022-2023

Line Item	OSN	CHS	ACDHS	Total
Personnel	$314,860.00	$62,800.00	$10,000.00	**$387,660.00**
Fringe	$119,430.00	$2,255.00	$3,303.00	**$124,988.00**
Rent	$18,000.00	$800.00		**$18,800**
Administrative Cost		$2,137.00		**$2,137.00**
Office & Nonmedical Supplies	$17,476.00			**$17,476.00**

Consultants	$5,850.00			**$5,850.00**
Communications	$2,225.00			**$2,225.00**
Transportation / Other	$2,806.00			**$2,806.00**
PATH Contingency Funds (Managed by County PATH Coordinator)	$30,000.00			**$30,000.00**
Administrative & Indirect Costs	$23,703.00	$2,137.00		**$25,840.00**
Total	**$534,350.00**	**$67,992.00**	**$13,303.00**	**$615,645.00**

Allegheny County - Operation Safety Net
1518 Forbes Ave
Pittsburgh, PA 15219
Contact: Lynetta Ward
Email Address:

Provider Type: Social service agency
PDX ID: PA-040
State Provider ID: 4240
Contact Phone #: 4122325896

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 400,740.00**	**$ 133,610.00**	**$ 534,350.00**	

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

Office: Other (Describe in Comments)	$ 400,740.00	$ 133,610.00	$ 534,350.00	Operation Safety Net is one of three PATH providers in Allegheny County. Detailed budget narrative and budget table are found in the Operation Safety Net IUP.
j. Total Direct Charges (Sum of a-i)	$ 400,740.00	$ 133,610.00	$ 534,350.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 400,740.00	$ 133,610.00	$ 534,350.00	

Source(s) of Match Dollars for State Funds:

Operation Safety Net will receive a total of $534,350 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 500

Estimated Number of Persons to be Enrolled: 375

Estimated Number of Persons to be Contacted who are Literally Homeless: 356

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 18

2022-23 PATH IUP Template

Local Provider Description

Pittsburgh Mercy Life Center Corporation
1200 Reedsdale Street
Pittsburgh, PA 15233

Operation Safety Net (OSN)
249 South 9th Street
Pittsburgh, PA 15203

- Mercy Life Center Corporation, more specifically, Pittsburgh Mercy's Operation Safety Net is a Community Mental Health organization focusing on the homeless population of Pittsburgh, PA.
- Pittsburgh Mercy serves Allegheny County
- Pittsburgh Mercy received $534,350.00 in total funding in 2021-2022.
- 2022- 2023 PATH Application budget = $534,350.00
- PDX identification- Operation Safety Net PA-040

Collaboration with HUD Continuum of Care (CoC) Program

Pittsburgh Mercy is a provider of mental health, behavioral health, and homeless services within the Continuum of Care. All the agencies within the Continuum of Care receive referrals from the Allegheny County Department of Human Services, more specifically Allegheny Link. Allegheny Link can be reached at 1-866-730-2368.

Collaboration with Community Organizations

Operation Safety Net works with a multitude of other COC providers throughout the City of Pittsburgh and Allegheny County to help ensures easy access for PATH clients and communication between partners. Within Pittsburgh Mercy, Operation Safety Net can provide clients same day intake appointments with the option to refer clients to additional services, both internal and external to Pittsburgh Mercy, such as Service Coordination, CTT/IDDT Teams, Primary Care, Drug and Alcohol and Mental Health services. Operation Safety Net also houses a separate outreach team that work closely with PATH programming to connect individuals to specific homeless services throughout the county, including housing and rental assistance programs.

Every Monday, the PATH team participates in the Homeless Provider Call, where information on shared clients is discussed, as all participants are within the county's COC. This allows for seamless coordination of services among county-wide outreach teams. In the past year, Operation Safety Net reached an agreement to partner with Bridges outreach team in Allegheny County, to be able to successfully serve clients in a wrap-around type service planning.

Service Provision

Pittsburgh Mercy receives at total of $534,350 in PATH funds. PATH funds are used to pay for the salary of one (1) Street Outreach Worker, one (1) Case Manager, and the funds will be utilized for the Second Avenue Commons Shelter for homeless individuals once the shelter is in full development, projected by Fall 2022.

Outreach - PATH funds will support Pittsburgh Mercy's outreach efforts to ensure clients that are experiencing homelessness, with mental health and/or substance use disorder, are provided low-barrier entry into the PATH services within Operation Safety Net. Clients are able to be referral by other agencies or able to walk-in to access services from our PATH funded program. Once enrolled, the team works together to provide easy and quick access to community support programs. This program provides service linkage and resources to those who may historically not "fit" traditional services and are not connected with any other supports. PATH case management and street outreach is often the first step for this population to be assisted and reconnected.

The PATH team connects clients to various services with-in Operation Safety Net, such as our medical outreach team, which includes a full time Doctor and Nurse Practitioner to address immediate health needs. Operation Safety Net also includes HUD Housing – both Permanent Supportive Housing and Rapid Rehousing options, Emergency Solutions Grants and Homeless Prevention Services to be able to maximize supports for clients experiencing homelessness.

Wellspring will be relocated to The Second Avenue Commons Shelter and offer mail service for individuals who do not have a stable address, which is critical for application and accessibility to postal service and benefit acquisition. Lunch is provided 5 days a week, walk-in case management, and medical services are also made available. Engagement Specialists assist individuals in obtaining photo IDs and/or birth certificates when it is needed. Clients who are homeless are able to get an ID once every year if needed and a birth certificate one time. PATH allows clients to keep any important documents such as their birth certificate, social security card, and/or proof of income in a labeled file so they do not have to replace documents or worry about documents being lost.

They are also able to provide assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services, as defined in Section 522 (b) (10) in the Public Health Services Act.

A gap that exists in the Allegheny County service system is individuals no being able to readily access services without a Psychiatric Evaluation/diagnosis from a licensed psychiatrist due to significant wait lists. PATH can provide behavioral health support to our consumers while helping them access benefits and behavioral health services. With Street Outreach staff being mobile, they are able to meet and reach out to consumers where they are, whether they are living in a tent or in a shelter, while the Second Avenue Commons is a site-based facility where individuals can access support through PATH services 5 days/week. Within the PATH program, staff provide direct support to those who have SMI and SUD. Staff work on connecting clients to other programs in the community such as AA, NA, counseling, along with in/outpatient services.

PATH staff complete an intake assessment which will determine if a client is eligible for services. A person's intake assessment is stored in the county-wide HIMS data tracking hub along with Pittsburgh Mercy's Electronic Health Record, regardless of eligibility.

Pittsburgh Mercy runs a peer support specialist program which can work in collaboration with PATH funded programming, one certified peer specialist every six months. This individual works to get to know our clients and help them along their goal continuum.

Pittsburgh Mercy follows 42 CFR Part 2 Regulations by requiring a release of information to speak to anyone outside of Pittsburgh Mercy Family of Services. Pittsburgh Mercy adheres to all confidentiality regulations and works in conjunction with the Compliance Department to ensure that all regulations and laws are followed.

Data

New employees of the PATH program initially participate in HMIS training through the Allegheny County Department of Human Services. During normal operations, this takes place in person at the DHS building. During COVID, the training has taken place virtually. In both instances, employees are able to practice input of data on a training version of HMIS. Employees are able to utilize DHS staff for ongoing questions regarding HMIS, as well as a help desk for any IT issues and receive a response in real time. Employees are also matched up with co-workers within the company who are proficient in HMIS for ongoing support. HMIS manuals are given at the time of the initial training and used throughout employment at Pittsburgh Mercy.

Housing

For most clients the start to all suitable and sustainable housing begins with the Coordinated Entry process with Allegheny Link. Through this process, clients are assessed and referred to all appropriate services within the COC provider network. PATH Case Managers assist in looking online for housing, completing applications, and looking at units with clients that could be obtain if the client has a suitable income source including self-pay, or housing choice vouchers. In addition, referrals to behavioral health residential settings can be made when needed.

Staff Information

Throughout Fiscal Year 21/22 the staffing pattern serving PATH clients has included: 2 Caucasian males, 1 African American male, 1 Caucasian female and 2 African American females. Staff age ranged from 24 years old to 56 years old. During the fiscal year, PATH had one staff member who is both a Certified Peer Specialist and Certified Recovery Specialist.

Pittsburgh Mercy staff members are open and welcoming to clients regardless of their age, race, gender, disability, and sexual orientation. All staff recognizes that each person comes to us with their own set of struggles specific to their lives and background. Staff treat every client as an individual and with respect to any differences and struggles. Staff are trained in Motivational Interviewing and Mental Health First Aid to ensure we are focusing on client's individual strengths.

Pittsburgh Mercy works with an Inclusion Director across all programs to ensure that programs continue to work towards the strongest inclusive environment for the individuals we serve. Operation Safety Net staff have ongoing training and conversations around how to continue being inclusive and sensitive to the range of differences encountered while working with persons served. In addition, staff are able to participate in training, both online and in person, that are hosted by Pittsburgh Mercy as well as Allegheny County to strengthen their knowledge of cultural competence and health disparities. Operation Safety Net staff are given the opportunity to attend conferences on one or both topics discussed. Pittsburgh Mercy staff participate in diversity trainings, harm reduction, mental health and behavioral health trainings.

Client Information

During the last fiscal year, Pittsburgh Mercy outreach services utilized PATH funding to serve 153 individuals. The individuals served consist of those who have been homeless for less than 12 months and also those who are considered chronically homeless which is 12+ months over the past 3 years.

- The demographic breakdown of our case load last year was:
    - 53 female
    - 96 male
    - 2 transgender female to male
    - 1 transgender male to female
    - 147 non-Hispanic
    - 6 Hispanic
    - 7--age 18-23
    - 32--age 24-30
    - 41--age 31-40
    - 32–age 41-50
    - 30--age 51-61
    - 11– 62+
    - 2 – America Indian, 0 – Asian, 63 – Black/African American, 0 – Native Hawaiian, 88 – White/Caucasian

Due to COVID restrictions, the number of persons served is less than previous years. That number is expected to return back to normal now that restrictions have lessened. Pittsburgh Mercy projects the number of adult clients to be contacted moving forward through street outreach services and the more robust case management services which will be provided at the Low Barrier Shelter, opening summer 2022 to be upwards of 500 unique individuals.

Pittsburgh Mercy expects 75% of those contacted to be enrolled into PATH making the expected number of adult clients enrolled to be 375. Of the 375 clients enrolled in PATH, 356 are projected to be defined as street homeless making the estimated percentage of homeless adults served using PATH funds 95%.

Consumer Involvement

Pittsburgh Mercy values the lived experience of clients/individuals, takes pride in having them as colleagues and views it as an important part of organizational strengths. Lived experience can include individuals who have been homeless, individuals currently in recovery, and individuals with a mental health diagnosis. Pittsburgh Mercy has Peer Support specialty positions. Operation Safety Net has implemented a Homeless Advisory Board. With the Homeless Advisory Board, individuals served are able to come together, tell their story, and share opinions on what led them to be homeless.

Alignment with State Comprehensive Mental Health Services Plan

Consistent with the State Comprehensive Mental Health Services Plan to address individuals who are homeless with SMI, PATH funds are able to be used for individuals with SMI who are homeless or at risk of being homeless to assist with potential security deposits, first month's rent, and eviction prevention. Pittsburgh Mercy and PATH assist clients who are homeless in obtaining safe and stable housing. PATH strives to remove barriers, navigate the housing system, and obtaining necessary resources. PATH also ensures that those individuals who are housed are able to maintain their housing.

Other Designated Funds

The Community Mental Health Services Block Grant and Substance Abuse Block Grant are designated specifically for serving people who are experiencing homelessness and have severe mental illness. Currently, Operation Safety Net employs an Enhanced Case Manager (ECM) position that is paid for through the mental health block grant. In turn, when a person served meets the criteria for a higher level of care, a referral is made to ECM to meet individualized goal plans and referrals for higher levels of care can be made this way.

Programmatic and Financial Oversight

The Office of Behavioral Health will coordinate and provide PATH oversight to this organization as a part of its contract with PA DPW/OMHSAS. Staff supervisor will provide at a minimum, monthly visits and supervisions with PATH staff will be conducted to ensure that

work is being conducted as expected through this intended use plan. Pittsburgh Mercy's fiscal department tracks spending for PATH funds used from the county. Quarterly phone interviews with county representatives are held to ensure that PATH funds are adequately dispersed and utilized correctly.

SSI/SSDI Outreach, Access, Recovery (SOAR)

At this time there are no PATH staff trained in SOAR. However, Pittsburgh Mercy oversees and operates SOAR Works in Allegheny County. All of the PATH staff complete a SOAR application and send it to the SOAR team, who will then take over the case.

The number of PATH staff who provided assistance with SSI/SSDI applications using the SOAR model was zero. Again, this is due to Pittsburgh Mercy overseeing and operating SOAR Works in Allegheny County. All of the PATH staff complete a SOAR application and send it to the SOAR team, who will then take over the case. Through the entire SOAR program, a total of 461 individuals have been assisted, but not every person was active in PATH. At this time there are zero PATH staff dedicated to implementing SOAR, due to Pittsburgh Mercy overseeing and operating SOAR Works in Allegheny County. All of the PATH staff complete a SOAR application and send it to the SOAR team, who will then take over the case.

Coordinated Entry

Currently our PATH team has the flexibility to work with anyone, and we can engage anyone that struggle with mental health and many other barriers to stable housing. We refer internally as an agency to our PATH team. This is important because all of the rapid rehousing and permanent supportive housing programs receive client referrals through the coordinated entry system known as Allegheny Link. Specifically, our PATH positions do participate in the coordinated entry system and do receive referrals from Allegheny Link for us to do targeted outreach to the PATH-eligible individual. The PATH outreach team engages individuals and enrolls them in PATH services after PATH eligibility is established. The PATH case managers can complete more in-depth housing needs assessment and linkages to other mainstream services and work directly with Allegheny Link. The two barriers clients frequently face to obtain housing via the CoC is not meeting HUD's definition of chronic homelessness and lack of income.

Justice Involved

The current percentage of law enforcement in the county training in CIT is unknown at this time. Allegheny County is striving to have police forces trained in Mental Health First Aid to better assist the community in crisis interventions.

Operation Safety Net is making Mental Health First Aid a mandatory training for all staff, including PATH staff.

If someone is in mental health crisis and need for police support is needed, staff are trained to ask for a "Blue Pin" officer, which designates an officer who is trained to assist in a person in

crisis. The county has made the training available to more officers because of the positive feedback received from the community.

Currently, PATH staff are able to make referrals to a program that partners with Operation Safety Net that provides free legal services to any individual that qualifies. Most PATH eligible clients also qualify for this program. They will become involved in current court cases, as well as helping individuals with expungement of previous convictions. This in turn leads to clients with criminal histories having access to services or housing where they may have previously been turned away. Once we meet them in the community, we certainly prioritize support based on them meeting the qualifications for PATH services.

Veterans

The COC has prioritized all veterans across Allegheny County. PATH services assist the persons served in connecting or reconnecting to the COC, and any referrals that come from that connection. PATH services act as a bridge between the individual and their program through the COC. Veteran Programs, such as Soldier On and the local VA hospital, are services PATH Staff are trained in to connect veterans to these programs.

Tobacco Policy

Pittsburgh Mercy and Operation Safety Net work with all of the people we serve to understand how we can support quitting tobacco. It is one of our top priorities as an organization. When interested, staff and clients can participate in free smoking cessation classes hosted by Pittsburgh Mercy.

Currently, Pittsburgh Mercy is "smoke free" within all buildings and on all property. This includes the use of all e-cigarettes, cigars, and oral tobacco products.

Health Disparities Impact Statement

The population Pittsburgh Mercy works with on a daily basis are often presented with a unique set of barriers that prevent them from obtaining appropriate care. We at Pittsburgh Mercy are mission driven and feel everyone should be able to have their basic needs addressed such as shelter, food, water, clothing, medical care and mental health services. We are committed to serving some of the most vulnerable and forming empathetic working relationships with our persons served.

Based on our HMIS data, the specific subpopulations we have served who are highly vulnerable to behavioral health disparities includes:

- Individuals who identify as transgender
- Females
- African American population
- Individuals within the LGBTQ+ community
- The senior population of 62+ years old

- Those with physical, mental and developmental disabilities
- Those with substance use disorders

In regard to Youth and Young Adults, we are projecting to serve 55 YYA in the PATH program in the upcoming year. With that figure, we are expecting to use 15% of client funds for YYA. YYA have a variety of PATH funded services offered to them including case management and PATH contingency funds to connect them to housing or to prevent homelessness.

Limited English Proficiency

Pittsburgh Mercy does not discriminate or turn away clients due to language barriers. PATH staff can utilize phone and face-to-face interpreting to assist clients during the entirety of their involvement.

See Attachments for the following:

- Budget 1A

Budget Narrative

Each PATH provider agency has included a more detailed budget narrative in their IUP's.

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Community Human Services	$ 67,992	($ 50,994	+	$ 16,998)
Allegheny County DHS	$ 13,303	($ 10,000	+	$ 3,303)
TOTAL	**$615,645**	**($461,734**	**+**	**$153,911)**

Budget Table
Allegheny County Department of Human Services
PATH Program
Fiscal Year 2022-2023

Line Item	Annual Salary	PATH Funded FTE	PATH Funded Position	Total
County PATH Coordinator	$40,000	0.25	$10,000	**$10,000**
Fringe Benefits	0	0	$3,303	**$3,303**
TOTAL			**$13,303**	**$13,303**

Comprehensive BUDGET Table
Allegheny County Department of Human Services
PATH Program
Fiscal Year 2022-2023

Line Item	OSN	CHS	ACDHS	Total
Personnel	$314,860.00	$62,800.00	$10,000.00	**$387,660.00**
Fringe	$119,430.00	$2,255.00	$3,303.00	**$124,988.00**
Rent	$18,000.00	$800.00		**$18,800**
Administrative Cost		$2,137.00		**$2,137.00**
Office & Nonmedical Supplies	$17,476.00			**$17,476.00**
Consultants	$5,850.00			**$5,850.00**

Communications	$2,225.00			**$2,225.00**
Transportation / Other	$2,806.00			**$2,806.00**
PATH Contingency Funds (Managed by County PATH Coordinator)	$30,000.00			**$30,000.00**
Administrative & Indirect Costs	$23,703.00	$2,137.00		**$25,840.00**
Total	**$534,350.00**	**$67,992.00**	**$13,303.00**	**$615,645.00**

Allegheny County Office of Behavioral Health, comprehensive AND provider
1 Smithfield St.
Pittsburgh, PA 15222
Contact: James Turner
Email Address:

Provider Type: Social service agency
PDX ID: 001
State Provider ID: 4201
Contact Phone #: 4123505164

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

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

No Data Available

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

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

No Data Available

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)				
i. Other	**$ 10,000.00**	**$ 3,303.00**	**$ 13,303.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 10,000.00	$ 3,303.00	$ 13,303.00	Allegheny Office of Behavioral Health is one of three PATH providers in Allegheny County. Detailed budget narrative and budget table are found in the Allegheny Office of Behavioral Health IUP. Allegheny Office of Behavioral Health is also the county entity that receives and subcontracts for PATH services.
j. Total Direct Charges (Sum of a-i)	$ 10,000.00	$ 3,303.00	$ 13,303.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**
l. Grand Total (Sum of j and k)	$ 10,000.00	$ 3,303.00	$ 13,303.00	

Source(s) of Match Dollars for State Funds:

Allegheny County will receive a total of $615,645 in federal and state PATH funds. Allegheny County Dept of Human Services will receive $10,000 in federal funds and $3303 in matching state funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 100

Estimated Number of Persons to be Enrolled: 100

Estimated Number of Persons to be Contacted who are Literally Homeless: 20

Number staff trained in SOAR in grant year ending in 2021: 6

Number of PATH-funded consumers assisted through SOAR: 164

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH

PATH COMPREHENSIVE INTENDED USE PLAN
FY 2022-2023

Local Provider Description –

Allegheny County's Office of Behavioral Health, located at One Smithfield Street, Pittsburgh PA, 15222, is a county entity within Allegheny County's Department of Human Services (ACDHS). It is responsible primarily for administering different funding streams and contracting with provider agencies to provide mental health services, intellectual or developmental disability services; drug and alcohol services; homeless outreach, prevention and housing services; children, youth and family services; justice related services, etc., to any eligible resident in Allegheny County. Allegheny County's PATH providers will serve all of Allegheny County.

Specifically, the ACDHS PATH program, is administered through the ACDHS, Office of Behavioral Health (OBH) by the County PATH Coordinator. The coordinator oversees and monitors the two PATH provider agencies (listed below) and manages the PATH Contingency Fund Program.

More specifically, the County PATH Coordinator coordinates conference calls with PATH provider agencies, is the liaison between the State PATH Coordinator and County PATH agencies, coordinates site visits, completes the annual Intended Use Plan and generates PATH annual reports, etc.

Listed below are the two County PATH Recipient Agencies:

Mercy Life Center Corporation/Operation Safety Net

Operation Safety Net (OSN), more specifically, Pittsburgh Mercy Operation Safety Net, is a community mental health organization and is a large provider of mental health, behavioral health, and homeless services within the Allegheny County Continuum of Care. The Second Avenue Commons Shelter is currently in development and anticipated to be in operation by Fall 2022. The Second Avenue Commons Shelter will absorb the responsibilities of Operation Safety Net.

Community Human Services Corporation (CHS)

CHS is a private non-profit, human service provider that offers an array of services to the homeless/at risk homeless population. CHS uses a multi-service approach to provide holistic supportive services throughout Allegheny County.

Each Allegheny County PATH provider will provide a more detailed description of their services within their Individual Intended Use Plans.

Listed below are the amounts allocated (approximate) for each PATH recipient agency:

	Allocations	Federal	+	State Match
A. Operation Safety Net	$534,350	($400,740	+	$133,610)
B. Community Human Services	$ 67,992	($ 50,994	+	$ 16,998)
C. Allegheny County DHS	$ 13,303	($ 10,000	+	$ 3,303)
TOTAL	**$615,645**	**($461,734**	**+**	**$153,911)**

Included in Operation Safety Net's allocation is the PATH contingency fund. The amount for FY 2022/2023 will be $30,000. These funds are used to provide monetary assistance for individuals who are homeless or at risk homeless and have serious mental illness or co-occurring disorders. The funds can be applied towards rent/security deposits or utility bills to prevent eviction or end homelessness. Each applicant is entitled to a maximum of $300.00 and can be eligible for the funds every two years.

During the fiscal year 2020/2021, 89 eligible PATH individuals benefitted from utilization of PATH funds.

PATH Providers Name and Addresses

Jill Petanovich
Allegheny: Allegheny County Office of Behavioral Health – **PA: 001**
One Smithfield Street, Human Services Building, 3rd Floor
Pittsburgh, PA 15222
Telephone: 412.350.4950
Fax: 412.350.4245
E-mail: jill.petanovich@alleghenycounty.us

Emily Powell
Allegheny: Community Human Services – **PA: 035**
2525 Liberty Avenue
Pittsburgh, PA 15222
Telephone: 412.246.1639
Fax: 412.697.2049
E-mail: epowell@chscorp.org.

Doug Murray
Allegheny: Operation Safety Net – **PA: 040**
903 Watson Street
Pittsburgh, PA 15219
Telephone: C- 412-894-6378
Fax: 412.689.0925
E-mail: Dmurry@pittsburghmercy.org

Collaboration with HUD Continuum of Care (CoC) Program –

PATH Provider agencies continue to participate in Allegheny County's Continuum of Care (CoC), PA-600. Each provider will elaborate on their involvement with the CoC through their individual IUPs. The CoC facilitates provider meetings targeting youth and veterans experiencing homelessness as well as a weekly outreach provider meeting targeting individuals experiencing chronic homelessness. The PATH providers actively participate in these meetings to coordinate services for individuals experiencing homelessness.

Collaboration with Community Organizations –

All PATH Provider agencies continue to maintain a collaborative relationship with surrounding community organizations/services. DHS facilitates regularly scheduled provider meetings which includes PATH and other outreach teams (DHS contracted and non-contracted providers) to coordinate services for individuals experiencing homelessness, specifically targeting veterans, transition age youth, and chronically homeless individuals. PATH-eligible individuals are prioritized for specific SRO shelter beds and housing within the CoC due to their increased vulnerability related to their SMI/COD and homeless status.

Specifically, the DHS County PATH Coordinator is responsible for overseeing the PATH contingency funds. This responsibility allows the coordinator to establish a collaborative relationship with landlords, utility companies, etc.; in providing financial assistance for PATH eligible consumers. Oftentimes, this relationship has resulted in preventing utility shut-off and evictions.

Service Provision –

Allegheny County PATH providers meet regularly to provide coordinated and comprehensive services to eligible PATH clients. The following bullets further describe how comprehensive services are coordinated and provided.

- PATH eligibility determination: Allegheny County DHS accepts referrals from mental health and homeless service providers after they are screened and determined to be PATH eligible. For OSN and CHS, PATH eligibility is usually determined upon initial contact through outreach. However, there are situations where initial contact isn't enough to determine eligibility; and subsequent visits are necessary before eligibility is determined. Eligibility is determined by screening potential PATH participants for homelessness or at risk for homelessness and the presence of a serious mental illness or serious mental illness and substance use disorder. Eligibility criteria is documented in HMIS and in individual provider records. PATH eligible individuals are invited to participate in PATH services and are enrolled after they agree to participate.

- Prioritizing services: To maximize serving the most vulnerable adults who are literally and chronically homeless, the bulk of PATH funds are used to fund street outreach and case management services. Providers serving people who are street homeless are made

aware of the PATH contingency funds to help support people who are literally homeless to obtain and maintain housing. Individualized service plans are developed for PATH participants and PATH providers may support participants in obtaining goals related to mental health and drug and alcohol; housing; SOAR and health benefits; employment; rehabilitation, etc. These are just a few of the services that are aligned with PATH goals.

- Leveraging other funds: In conjunction to the PATH Contingency Funds, agencies such as Urban League; Catholic Charities; LIHEAP; Dollar Energy Funds, etc., are utilized for rental utilities assistance. PATH eligible individuals can be connected to SOAR to apply for SSI/SSDI and health benefits, so they can access mainstream health services. Referrals for housing vouchers and transportation assistance is also a way that other funds are leveraged to help PATH participants. Many PATH clients are also eligible for housing within the CoC. During this last year, PATH eligible clients were able to take advantage of Covid relief funds for rental assistance to prevent eviction.

- Gaps: Needless to say, services gaps continue to be ongoing issues as in previous years:

    - Lack of affordable housing remains the largest gap and greater difficulty to find landlords who accept HCV
    - Not enough adequately trained workforce to provide the intensive services required to engage and support PATH eligible individuals to obtain and maintain permanent housing and to link to mainstream behavioral health services
    - Long waiting time to see a psychiatrist
    - Inadequate shelter space that allows for physical distancing, quarantine, and isolation during the COVID-19 pandemic which is likely to carry over to 22-23.
    - Long wait lists for SOAR and prolonged SSI appeal process
    - Lack of legal, financial, and social supports to address common challenges for housing programs such as poor credit history, arrears, criminal history, etc.
    - Budget restraints has sorely affected many social services agencies, limiting their ability to provide services.

- Services available to clients who have SMI and SUD: Allegheny County's Bureau of Drug and Alcohol is housed within the Office of Behavioral Health and serves as the Single County Authority (SCA). The SCA contracts with several providers, covering all levels of care who serve people with cooccurring disorders and recently opened Pathway to Care and Recovery which offers Allegheny County residents who are ready to begin their recovery from drug or alcohol addiction the support they need to succeed. In addition, the SCA contracts with several providers, covering all levels of care who serve people with cooccurring disorders. In addition, Allegheny County has six Centers of Excellence (COEs) which target individuals with Opioid Use Disorder (OUD). PATH participants who are suffering from co-occurring disorders (Mental Health and SUD) can access all of the above-mentioned services if needed. Ongoing efforts are in place to address the opioid crisis as well as those with stimulant use disorder, including various training/seminars and the dissemination of naloxone and the use of medication assisted treatment to help combat death from OUD and Stimulant Use Disorder

- 42 CFR Part 2 regulations: DHS's D/A Program supervisor and staff are aware of the regulations involved with 42CFR Part 2 and are expected to follow them DHS staff receive training on these regulations and any questions related to 42CFR Part 2 will be referred to the SCA for clarification.

- DHS highly values peer specialist and ensures training opportunities for peers to obtain certifications as recovery and peer specialists. Peers are represented on the Homeless Advisory Board and the Homeless Outreach Coordinating Committee, a subcommittee of HAB to help inform best practices in all aspects of PATH services.

Data –

All PATH providers are familiar and utilizing the HMIS system and in fact, Allegheny County's HMIS system is used by PATH providers to receive referrals on their bulletin board from Allegheny Link, the COC's coordinated entry system, for individuals identified who may need targeted outreach by the PATH outreach providers. This is another example of how PATH providers are connected with the CoC. Although there is no user manual for our HMIS system, trainings and technical assistance are always available to PATH providers to assist with any training or technical issues, and we rely on the PATH program HMIS manual to remain in compliance. New staff are invited to HMIS training. Currently, ACDHS uses its own system. HMIS is routinely monitored by DHS staff to ensure PATH providers are utilizing the system in a timely and consistent manner. DHS has implemented a process to run HMIS data quality reports to address issues with data entry at the user end and to address any issues with the logic.

Housing –

PATH provider agencies are familiar with various strategies regarding availability of suitable housing. Such strategies include:

- Helping PATH clients apply for SSI/SSDI for financial assistance. Many consumers can be referred to SOAR regarding this process
- Helping PATH clients apply for Housing Vouchers and other income-based housing via the City and County Housing Authorities, HUD housing, etc.
- Assisting PATH clients to connect to our coordinated entry system, Allegheny Link, so they can be prioritized and placed on waiting list for Permanent Supportive Housing (PSH); Rapid Rehousing Housing (RRH); and transition housing options via the CoC.
- Referring PATH clients to mental health residential housing via OBH which includes various levels of housing for people with SMI listed below.
- Utilizing PATH Contingency Funds for security deposits, first month rents, etc. to prevent eviction or end homelessness.

Allegheny County's OBH continues to have a centralized referral process for mental health residential housing. This process accepts housing referrals for the 24/7 residential programs. Various referrals would include the forensic, drug & alcohol, TAY population, all with the common denominator of having a serious mental illness. Examples of residential programs include Community Residential Rehabilitation; Specialized Supportive Housing; Comprehensive

Mental Health Personal Care Homes; Long Term Structured Rehabilitation residencies; 24/7 Supportive housing; and Specialized Residencies specifically targeting PATH-eligible individuals.

Staff Information –
The Allegheny County Department of Human Services values inclusion and will take affirmative steps to recognize and respect all individuals and encourages full participation in all areas of agency work and practice without exclusion. DHS believes that each person should have the opportunity for an empowering, impactful, and positive experience. DHS embraces the diversity of life experiences, cultures, and identities in the completion of its mission.

- Allegheny County DHS has tremendous diversity in its hiring practices. The County PATH Coordinator and administrator are white females. The coordinator position averages an FTE of .25 hours per week in fulfilling PATH related responsibilities.

- As County PATH Coordinator, anyone with a mental health diagnosis, as well as homelessness/at risk homelessness can qualify for the PATH Contingency Program regardless of race, creed, ethnicity, sexual preference (LGBTQ), etc.

- ACDHS has several ongoing training and initiatives to promote cultural competency and to address health disparities including DHS Inclusion; LGBTQU Champions and Safe Space Champion; Resources for Immigrants & International; SOGIE training; and Language Assistance Services. All DHS staff are expected to participate in trainings annually.

- There are no Certified Peer Specialist or Certified Recovery Specialists at the county level regarding PATH. However, PATH eligible individuals are represented on the Homeless Advisory Board for the county's CoC.

Client Information –

During the fiscal year 2021 – 2022 PATH contingency funds were given to a total of 33 individuals. The 2021-2022 fiscal year had many different many resources made available due to COVID pandemic that individuals had access to, which resulted in a lower utilization of the PATH contingency funds. The following tables indicate the demographic information in areas of gender, age, ethnicity, race, and veteran status.

Gender:

Gender	Number	Percentage
Females	17	51.5
Males	16	48.5
Transgender	0	0.0
Gender non-conforming	0	0.0
Don't know/missing data	0	0.0
Total	33	100.0

Age:

Age	Number	Percentage
18-23	1	3
24-30	1	3
31-40	6	18.2
41-50	5	15.2
51-60	11	33.3
62 and over	9	27.3
Total	33	100

Ethnicity:

Ethnicity	Number	Percentage
Non-Hispanic/Non-Latino	32	97
Hispanic/Latino	0	0.0
Don't know/Missing data	1	3
Total	33	100

Race:

Race	Number	Percentage
White	21	63.6
Black or AA	12	36.4
Asian	0	0.0
American Indian or Alaskan Native	0	0
Native Hawaiian or Other PI	0	0.0
Don't know/Missing data	0	0
Total	33	100

Veteran Status

Status	Number	Percentage
Veteran	1	3
Non-Veteran	32	97
Total	89	100

Projected number of adult clients to be contacted and enrolled:
It is projected that the number of individuals to be contacted who will need contingency funds is 100 and it is expected that 100% will be PATH eligible and enrolled into PATH.

Estimated percentage of adult client who are literally homeless:
Based on past and current performance, it is estimated that 20% of adult clients to be served using PATH funds, specifically the hardship/contingency funds who are literally homeless will be 20.

Consumer Involvement –

Consumer involvement is essential as ACDHS develops and improves service provision. In year 2019/20, DHS implemented online neighborland surveys for both providers and consumers including PATH-eligible consumers. To ensure that they can participate in the surveys, DHS provides laptops and smart phones to individuals who are PATH-eligible. Survey questions include but are not limited to: “How can we make the system better?”; “What matters most?”; and “What kind of support is most helpful to you?”

Other ongoing practices to support consumer involvement includes, but is not limited to the following:

- Complete satisfaction surveys based on services provided.
- Consumers are encouraged and supported to become Peer Support Specialist.
- With consumer’s consent, family members are encouraged to participate in treatment team meetings.
- Regarding PATH Budget public hearings are announced that involves the county budget for public feedback

Of the 21 current HAB members, none are PATH eligible (as far as we know). We previously had a service participant serving on the HAB, but he decided not to serve another term. Rather than immediately appoint another person with lived experience in his place, the HAB Executive is exploring more systemic and potentially meaningful ways to integrate the voice of those with lived experience into the HAB and CoC’s work. Representative providers on HAB such as Western Psychiatric Hospital have a consumer voice group that informs their work.

Alignment with State Comprehensive Mental Health Services Plan –

Allegheny County's PATH services are consistent with PA's Comprehensive Mental Health Services Plan, specifically with the DHS Five-Year Affordable Housing Strategy, released in May 2016, in partnership with Pennsylvania Housing Finance Agency and DCED, updated in 2017-18 and titled Supporting Pennsylvanians Through Housing which is committed to making housing resources and services more accessible and available including for individuals and families who experience homelessness or are at-risk of homelessness. The PATH providers and County PATH Coordinator focus their services on homeless and at risk homeless with SMI or COD and help them to obtain and maintain housing by providing case management and other supports. A close collaboration with the CoC allows ongoing communication between Coordinated Entry and PATH providers to help identify strategies to identify, engage, and serve our most vulnerable PATH-eligible clients. Outreach and case management continues to be the initial process in servicing/linking individuals to appropriate services.

Other Designated Funds –

In addition to the PATH allocation dollars for FY 2022-2023, agencies such as United Way, Urban League, Catholic Charities, LIHEAPP, etc. are financial linkages available for PATH eligible consumers. ESG grants are funds utilized to support homeless programs to serve the homeless population. Permanent supportive housing via the CoC is funded by HUD and prioritizes individuals who are PATH-eligible as long as they meet the HUD definition of chronically homeless. In addition, DHS has received state funds to provide case management and housing supports to individuals who are marginally housed or homeless and have opioid use disorder or stimulant use disorder and many of these participants are PATH-eligible as they also have serious mental illness.

Programmatic and Financial Oversight –

DHS County PATH Coordinator maintains oversight of PATH dollars utilized by PATH provider agencies by:

- Requesting and reviewing financial quarterly reports
- Schedule meetings with all PATH providers when needed
- Coordinate county site visit with State PATH Coordinator (Ms. Michelle Baxter)
- Encourage PATH providers to maintain charts on PATH enrolled consumers.
- Maintain demographic/financial documentation in reference to PATH Contingency Funds
- Monitoring utilization of HMIS

SSI/SSDI Outreach, Access, Recovery (SOAR) –

PATH providers are not trained in SOAR but link PATH clients to Pittsburgh Mercy's SOAR program. Pittsburgh Mercy provided the following outcomes for the time period between 7/1/2019 – 3/31/2020.

- The number of staff trained in SOAR is a total of 7, 6 current.
- The number of staff who provided assistance with SI/SSDI applications using the SOAR model: 6
- The number of consumers assisted through SOAR: 164 (103 SOAR applications submitted; 61 individuals provided technical assistance). This does not include active cases.
- Application eligibility results (i.e., approval rate on initial application, average time to approve the application) 75% approval rate, 78.14-day average from application to approval.
- The number of staff dedicated to implementing SOAR, part- and full-time: 6

Coordinated Entry –

Allegheny Link is the CoC's coordinated entry system and it is under the umbrella of ACDHS in the Office of Community Services (OCS). It is a service available to anyone in Allegheny County. PATH-eligible clients are connected to Allegheny Link by phone or by meeting with community-based field service coordinators. Allegheny Link has replaced the Vulnerability Index-Service Prioritization Decision Assistance Tool (Vi-SPDAT) with a predictive risk modeling tool known as the Allegheny County Assessment tool to support prioritization of people for longer term housing within the CoC. Individuals who are chronically homeless per the HUD definition are given the highest priority. Because PATH-eligible clients have SMI, they would have a verified disability but may not meet the HUD definition of homeless. PATH outreach providers who document their outreach efforts with their PATH clients in HMIS help to verify homelessness and it keep clients active on the waitlist for CoC housing. Allegheny Link also refers PATH-eligible individuals to PATH outreach providers for targeted and ongoing outreach and engagement. There are no barriers to housing/treatment for PATH-eligible consumers. The CoC uses a housing first approach. People who are chronically homeless, veterans, TAY, and families are given priority.

Justice Involved –

Crisis Intervention Team (CIT) trainings in Allegheny County began in 2007 under a grant which helped fund them on a quarterly basis. There were two partners in this process: Pittsburgh Bureau of Police and Allegheny County Department of Human Services. In 2015, CIT classes and enrollments expanded in Allegheny County. In 2017, an Allegheny County Port Authority Police officer joined the CIT training coordinator team. Since 2017, the Pittsburgh Bureau of Police has increased the frequency with which classes are offered and has

encouraged its officers to attend. Two trainings a year are reserved for Pittsburgh Bureau of Police recruits, and the remainder are open to all police departments throughout the county - including approximately 100 municipal, Port Authority, university, Pittsburgh Public Schools, and Allegheny County, as well as the FBI, US Federal Marshals, Pennsylvania State Police, Allegheny County Fire Marshals and Allegheny County 9-1-1. CIT class sizes are between 25-30 attendees per month.

The HOCC committee helped to expand the CIT curriculum to include some specifics on working with individuals experiencing homelessness.

CIT advanced classes have also been offered more regularly in the past two years to train on veterans and children/adolescent issues. Anyone who has completed the 5-day basic CIT training is able to attend the advanced classes.
Local CIT training has been shown in pre- and post- evaluations to improve:

- Comfort level and preparedness in dealing with people with mental illnesses or who are suicidal,
- Knowledge about mental illnesses and developmental disorders
- Knowledge of mental health commitment laws and mental health community treatment and crisis resources, and
- Reduction in the misconception that the average person with mental illnesses is more aggressive than the average person in the general population.

Nationally, the program is associated with fewer injuries to police and people they stop who have mental illnesses.

We held one 40-hour CIT training from 2/24-2/28/20. Due to COVID, all subsequent trainings had been canceled. The February 2020 class consisted of 23 new recruits from the Pittsburgh Bureau of Police academy. A total of 22 recruits participated in the MHFA for Public Safety training and became certified Mental Health First Aiders.

The Homeless Outreach Coordinating Committee (HOCC) Judicial Systems subcommittee created in 2018 and co-facilitated by a PATH provider, continues its mission to break the cycle of recidivism and involvement in the criminal justice system for people experiencing homelessness through advocacy, education, and collaboration with the Criminal Justice System, with the goal of making any involvement rare, brief, and nonrecurring.

In year 2021-2022, ACDHS leads a community wide Crisis Response Initiative that includes a variety of stakeholders, including law enforcement, PATH providers and others, to better address the crisis response and service needs within our community. It has already resulted in improved collaborative efforts between law enforcement and PATH providers to help with jail diversion.

Allegheny County DHS continues to have a Justice Related Service (JRS) Program designed to assist eligible consumers that are involved with the legal system, including those that are PATH eligible. Specific components to JRS include, but are not limited to:

- Drug Court
- Mental Health Court
- Support Specialist
- Diversion Specialist

JRS Specialists assist the consumer in connecting to a variety of services needed, including housing within the OBH system, SOAR, and employment resources. JRS also refers PATH eligible individuals to our Central Recovery Center for stabilization and diversion from the criminal justice system. PATH providers refer eligible clients to JRS.

Allegheny County's Central Recovery Center has crisis stabilization beds intended for jail diversion and accepts referrals from law enforcement and JRS for individuals who are PATH eligible.

Veterans –

The Allegheny County PATH Coordinator will inform organizations who work with veterans and their families of the availability of the PATH contingency funds to prevent eviction or to help secure permanent housing for the above-mentioned target population. Allegheny County has program for veterans experiencing homelessness via the VA Pittsburgh health care system and PATH providers are encouraged to link clients to these VA services.

Tobacco Policy –

Allegheny County tobacco use policy prohibits smoking of or possession of any lit tobacco, e-cigarettes, and vaping products in the workplace and in public places owned by Allegheny County is illegal and prohibited. Use of the above-mentioned products is permitted only in areas designated by Allegheny County, which are at a reasonable distance from workplaces and public places. If owners of facilities leased by Allegheny County establish policies concerning smoking and the use of tobacco, e-cigarettes and vaping products that are more restrictive than the County's policy, then the terms of those policies will prevail. Allegheny County prohibits retaliation against any individual because he or she has reported violations of this policy. Employees found in violating of this policy will be subject to disciplinary action and any person in violation of the CIAA could be subject to fines and other penalties as required under the law.

Health Disparities Impact Statement –

Health disparities, that exist amongst various races, ethnicity, age groups, and genders, are issues that need addressed when providing services for the PATH eligible consumers. Subpopulations of PATH-eligible populations include LGBTQIA+, TAY, Females, and Blacks. LGBTQIA+ individuals have extreme difficulty accessing shelter and often includes transitional age youth (TAY). Point-In-Time (PIT) surveys conducted in January 2020 indicate 51 transition age youth ages 18-24 met the homeless criteria for being PATH-eligible and of these, 11 were unsheltered (Table 1). PIT surveys also indicate that of everyone experiencing homelessness, 27% are

chronically homeless; 36% have severe mental illness; 29% report substance abuse; 15% are veterans; 10% report domestic violence; 24% have a chronic health condition; and 18% report a physical disability (Table 2). For fiscal year 2020-21 an estimated number of YYA individuals to be served is between 16 and 20 and the types of services will include outreach, case management, with a focus on linkage to mental health and SUD treatment, health benefit, financial assistance and housing. Comprehensive treatment plans involving targeted goals, follow up measures and outcomes are individualized to meet the needs of individuals in overcoming health disparity barriers. DHS will reach out to providers working with TAY experiencing homelessness to ensure they are aware of the availability of contingency funds to help prevent evictions or end their homelessness.

Table 1

Homeless Populations	2020 CoC (Jan 2020)				
	Emerg. Shelter	Safe Haven	Transitional Housing	Un-sheltered	Total for Jan 2020
Ages 18-24 Individuals without children	34	0	6	11	51

Table 2

Sub-populations	2020 CoC (Jan 2020)	Percentages 2019 CoC (Jan 2020)		
	Total	Sheltered	Un-sheltered	Total
Chronic Homeless	195	27%	28%	27%
Severe Mental Illness	257	37%	32%	36%
Substance Abuse	209	29%	29%	29%
Veteran	107	18%	6%	15%
HIV/AIDS	3	0%	1%	0%

Domestic Violence	73	11%	7%	10%
Chronic Health	173	26%	18%	24%
Physical Disability	128	20%	12%	18%

Limited English Proficiency –

ACDHS is committed to providing services that are culturally and linguistically appropriate, consistent with its organizational values, the needs of an increasing diverse population, and Title VI of the Civil Rights Act of 1964, which protects individuals from discrimination based on race, color or national origin.

ACDHS has in-person interpretation, telephone interpretation and written translation services to help DHS staff effectively interact with individuals with limited English proficiency (LEP) who need services or just seeking information. All DHS-contracted providers, including PATH providers may access this service. As an added note, those that are hearing impaired can be provided a sign language interpreter or be referred to the Hearing Deaf Program.

Allegheny County continues to expand, in regard to, a culturally diversified population. In addition, you will still find existing "pockets" of neighborhoods that maintain their ethnicity from their nature homeland. Both PATH providers and DHS are sensitive to such diverse backgrounds and are prepared to assist in the following areas, but not limited to:

- Language barriers
- Religious beliefs
- Socio economical barriers

Projected number of adult clients to be contacted and enrolled:
It is projected that the number of individuals to be contacted who will need contingency funds is 100 and it is expected that 100% will be PATH eligible and enrolled into PATH.

Estimated percentage of adult client who are literally homeless:
Based on past and current performance, it is estimated that 20% of adult clients to be served using PATH funds, specifically the hardship/contingency funds who are literally homeless will be 20.

Budget Narrative
Each PATH provider agency has included a more detailed budget narrative in their IUP's.

PATH funds are primarily used to fund outreach services, case management services, and behavioral health care services via CHS and outreach and case management services via OSN, including the Wellspring drop-in center, an outreach program of Operation Safety Net, serving the PATH-eligible individual. Through the offering of meals, lockers, transportation assistance, and space to access medical, mental health and SUD providers and Allegheny Link field service coordinators, it serves as a hub to identify, engage, and provided case management services to PATH eligible individuals. PATH contingency funds are included in the OSN budget and are used to help PATH-eligible participants obtain housing or prevent eviction by paying for security deposits and rent and utility arrears and is managed by the County PATH coordinator.

FY2022- 2023 PATH Allocation

	Allocations	**Federal**	+	**State Match**
Operation Safety Net	$534,350	($400,740	+	$133,610)
Community Human Services	$ 67,992	($ 50,994	+	$ 16,998)
Allegheny County DHS	$ 13,303	($ 10,000	+	$ 3,303)
TOTAL	**$615,645**	**($461,734**	**+**	**$153,911)**

Allegheny County Department of Human Services
PATH Program
Fiscal Year 2022-2023

Line Item	**Annual Salary**	**PATH Funded FTE**	**PATH Funded Position**	**Total**
County PATH Coordinator	$40,000	0.25	$10,000	$10,000
Fringe Benefits	0	0	$3,303	$3,303
Travel	0	0	0	0
Equipment	0	0	0	0
Supplies	0	0	0	0
Other	0	0	0	0
TOTAL			**$13,303**	**$13,303**

The Allegheny County PATH Coordinator's position is allocated $13,303.00 annually. The responsibilities of the PATH Coordinator are to monitor the PATH provider agencies, provide PATH technical Assistance, attend PATH related trainings, participate in PATH conference calls and complete the IUP's and the PATH annual report.

Allegheny County Department of Human Services
PATH Program
Comprehensive Budget
Fiscal Year 2022-2023

Line Item	OSN	CHS	ACDHS	Total
Personnel	$ 303,390.00	$ 61,500.00	$ 10,000.00	**$ 374,890.00**
Fringe		$ 2,255.00	$ 3,300.00	**$ 5,555.00**
Travel/training/Staff development	$ 35,909.00			**$ 35,909.00**
Equipment				**$ -**
Indirect Cost				**$ -**
Contingency Fund				**$ -**
Rent/Utilities/Food	$ 64,304.00			**$ 64,304.00**
Rent		$ 800.00		**$ 800.00**
Administrative Cost		$ 3,437.00		**$ 3,437.00**
vehicle expenses/Consumer transportation/Management fees	$ 26,291.00			**$ 26,291.00**
Office and Building supplies, maintenance, postage, lease, communications	$ 60,451.00			**$ 60,451.00**
PATH Contingency Funds (Managed by County PATH Coordinator)	$ 29,936.00			**$ 29,936.00**
Professional Services	$ 1,363.00			**$ 1,363.00**
Depreciation Interest, Insurance(s)	$ 12,706.00			**$ 12,706.00**
Total	**$ 534,350.00**	**$ 67,992.00**	**$ 13,300.00**	**$ 615,642.00**

Armstrong-Indiana County - Family Counseling Center of Armstrong County
300 South Jefferson Street
Kittanning, PA 16201
Contact: Holly Kamer
Email Address:

Provider Type: Community mental health center
PDX ID:
State Provider ID:
Contact Phone #:

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 22,629.00**	**$ 7,543.00**	**$ 30,172.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 22,629.00	$ 7,543.00	$ 30,172.00	one of 2 providers in Armstrong/Indiana Counties
j. Total Direct Charges (Sum of a-i)	$ 22,629.00	$ 7,543.00	$ 30,172.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 22,629.00	$ 7,543.00	$ 30,172.00	

Source(s) of Match Dollars for State Funds:

Family Counseling Center of Armstrong County will receive a total of $30,172 in federal and state PATH funds. Detailed budgets and narrative are included in individual IUPs.

Estimated Number of Persons to be Contacted:	40	Estimated Number of Persons to be Enrolled:	10
Estimated Number of Persons to be Contacted who are Literally Homeless:	4		
Number staff trained in SOAR in grant year ending in 2021:	2	Number of PATH-funded consumers assisted through SOAR:	2

Family Counseling Center of Armstrong County

Local Provider Intended Use Plan

FY 2022-2023

Local Provider Description

Originally founded as the Mental Health Clinic of Armstrong County in 1961, the Family Counseling Center of Armstrong County has a long and rich history of service to the community. The Family Counseling Center of Armstrong County (FCCAC) is a private, non-profit corporation funded under contract with the Armstrong-Indiana Behavioral and Development Health Program and the Pennsylvania Department of Human Services. The agency is responsible for providing mental health services, including assessment, therapy, medication management, rehabilitation, and case management, to those persons who are experiencing mental health problems, emotional distress, or problems in living. Early Intervention service coordination for children ages 0-3 and Support Coordination for adult and child consumers with intellectual disabilities are also available.

The PATH Program is housed within the Family Counseling Center of Armstrong County and is located at 300 South Jefferson Street, Kittanning, PA 16201.The agency has approximately 163 employees, (137 full- time and 26 part- time), dedicated to serving the residents of Armstrong County.

The Family Counseling Center of Armstrong County will be receiving PATH funds from the Armstrong-Indiana Behavioral and Developmental Health Program (AI BDHP) to serve Armstrong County residents. Our state allocation is projected to be $7,543 and the federal allocation will be $22,629. The total amount of the state and federal allocations will be $30,172.00.

The Family Counseling Center of Armstrong County is currently a user in PDX (Path Data Exchange) under the Provider Name: Family Counseling Center of Armstrong County, PA-078.

Collaboration with HUD Continuum of Care (CoC) Program

The Family Counseling Center of Armstrong County, which is a mental health treating provider, is not currently a member of the PA-601 Western Region Continuum of Care. The Family Counseling Center, as the PATH Provider in Armstrong County (and the PATH staff employed there) does, however, have a strong working relationship with our county's main CoC participant, the Armstrong County Community Action Agency, located at 705 Butler Road Kittanning, PA 16201. PATH staff also collaborates with staff from the local county domestic violence shelter, HAVIN (Helping All Victims in Need). Both the ACCAA and HAVIN are the agencies designated to enroll individuals into the Coordinated Entry System, established through the CoC. Through these collaborations, the FCC PATH staff is kept informed of and can partner with any HUD CoC initiatives, such as Coordinated Entry to help serve the mental health consumers of Armstrong County.

Collaboration with Community Organizations

The Family Counseling Center of Armstrong County is committed to providing as many services as we can to consumers to help them achieve stability independence. Due to this, the PATH Case Managers are actively involved with Housing Advisory Board, Community Support Programs (CSP) meetings, and the Human Service Council, which allows local community organizations and social service agencies to come together to communicate, collaborate, and solve homeless issues in Armstrong County. By attending these local meetings, this allows various agencies to become familiar with each other and is better able to assist clients in need due to these associations. Since the PATH Program is housed within Family Counseling Center, the PATH Case Managers works interchangeably with many Targeted Case Managers that are assisting consumers who have been diagnosed with a serious mental illness and are in need of additional supports in areas such as, housing, finances, social supports, education, or vocation.

These agencies have worked together for many years, therefore having developed a positive professional rapport that has been beneficial to the successful delivery of human services in Armstrong County. Due to this rapport, case managers at different agencies are able to better assist their consumers due to being able to refer them to other necessary mainstream resources. Some of the agencies represented at meetings are: The Armstrong-Indiana Behavioral and Developmental Health Program, Drug and Alcohol Commission, Area Agency on Aging, Mechling-Shakely Veterans Center, Armstrong County Housing Authority, Children, Youth, and Family Services (CYFS), Adagio Health, I & A Residential, Alliance for Non-Profit, Southwestern PA Legal Services, Salvation Army, Armstrong County Community Action Agency, Unity, and Kittanning Empowerment Center.

Besides the PATH grant, the Family Counseling Center of Armstrong County also operates a program called the Housing Contingency Fund for the Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP). This fund is made available through Health Choices Reinvestment Dollars awarded to Armstrong-Indiana Behavioral and Development Health Program (AI BDHP) The Housing Fund is not specifically for PATH consumers only, however, it can serve PATH consumers who are eligible. In order to be eligible, the consumer must have active medical assistance and they must also be dealing with at least one of the following, mental health disorder, substance abuse disorder, or any number of behavioral issues. The contingency fund is able to assist eligible individuals with essential household needs, security deposits, utility assistance, rental assistance for eviction, and other emergency needs as they arise.

To further help with cooperation amongst the various provider agencies in the Armstrong County Area, Family Counseling Center's Housing Liaisons/PATH Case Managers are continuing the outreach initiative to increase knowledge about the PATH and Housing Liaison Programs and what services they are able to offer eligible clients. In this interagency effort, the Housing Liaisons/PATH Case Managers used contacts made during meetings with the Housing Advisory Board, CSP, and Human Service Council as well as contacts made during regular street outreach to identify the major provider agencies in the area. Once the agencies have been identified, the Housing Liaisons/PATH Case Managers contact the agencies and offer to do individualized trainings. To date, 11 organizations have participated in the PATH-sponsored trainings: Family Counseling Center, Community Support Programs, HAVIN, Salvation Army, Family

Psychological and Associates, LINK, Arc Manor, Leechburg Area School District, Human Service Council, Arin IU 28, and Tri County Ministerial.

The Housing Liaisons/PATH Case Managers pass around a sign-in sheet at the beginning of the training to document the number of individuals trained. Individuals who attend the training are provided with a packet that contains the following: brochures on the Behavioral Health Housing Liaison Program (BHHL) and the PATH Outreach Program, a typed explanation about the Behavioral Health Housing Liaison Program, a typed explanation about the PATH Outreach Program and how it can assist eligible persons, a document that explains the eligibility requirements for the PATH Outreach Program, a required document list for the PATH Outreach Program, and a blank referral form in order to refer a client to either the Behavioral Health Housing Liaison or the PATH Outreach Program. Family Counseling Center of Armstrong County has received positive feedback from professionals who have attended the trainings. The Housing Liaisons/PATH Case Managers hope to host multiple trainings to other agencies in the near future such as: Children, Youth, and Family Services and Holy Family.

The Family Counseling Center of Armstrong County has letter of agreements as well as a long established working relationship with I & A Residential Services and Armstrong County Community Action Agency. The Behavioral Health Housing Liaisons/ PATH Case Managers utilize I & A Residential due to this facility being the only mental health residential provider within Armstrong County. Also, the Behavioral Health Housing Liaisons/ PATH Case Managers work frequently with Armstrong County Community Action Agency. Armstrong County Community Action Agency is the lead agency that is in charge of all the other housing programs for Armstrong County such as, Transitional, Rapid, and Permanent Support Housing. The Behavioral Health Housing Liaisons/ PATH Case Managers work hand in hand with Armstrong County Community Action to assist consumers who are experiencing homelessness to be able to find and afford housing stability.

Service Provision

PATH eligibility is determined when a person is at least eighteen (18) years of age, or an emancipated minor with legal documentation, has a documented diagnosis of a serious mental illness, and is either at risk of homelessness or literally homeless. Next, enrollment begins once the consumer agrees to participate in the program and the Behavioral Health Housing Liaison/PATH Case Manager has met and obtained all necessary information. It is then that eligibility is documented by copying documents, keeping detailed notes, and entering information into the Homeless Management Information System (HMIS).

Family Counseling Center will provide PATH funded housing services to eligible homeless Armstrong County residents who meet the “literally homeless or at risk of homelessness” definition as well as serious mental illness (SMI) definition. PATH funding will be used for one-time rental assistance and security deposits as needed. PATH funding will also be used to offer case management and referral services to mainstream resources (such as foodbank, medical transportation, substance abuse treatment, mental health treatment, and clothing assistance).

To further serve PATH consumers, the Behavioral Health Housing Liaisons collaborate with and refers consumers to Armstrong County Community Action Agency for a variety of housing programs. The Housing Liaisons/PATH Case Managers are able to refer PATH clients to the different housing programs ensuring that they get as much assistance as possible. For those otherwise eligible individuals who are not applicable for funding in the other housing programs, PATH funding will be able to assist. The Family Counseling Center of Armstrong County is also providing assistance through the operation of the Housing Contingency Fund Program that will further assist those PATH clients who are eligible.

Although gaps are present within most service systems, the rural nature of Armstrong County seems to compound these difficulties. Among the major gaps identified within Armstrong are: the lack of affordable housing, the lack of emergency shelter, the lack of transportation resources, and the continuation of the stigma surrounding mental health and addiction disorders, and having a criminal justice history. The lack of affordable housing is a daunting task for consumers who are on a fixed income. Most consumers are unable to find housing that they can afford to pay. Although fair market values have been set for properties within the county, landlords are very hesitant to offer their rentals at those values. The problem began years ago when the Marcellus Shell Drillers and Gas Well Drilling companies began offering landlords premium rent prices in order to ensure that their workers have housing. In some instances, payment up to six months in advance is made by these companies; our consumers are on a fixed or low income to moderate incomes, which does not appear as favorable. In addition to the preexisting hesitancy of landlords and extremely high rental rates, the eviction moratorium that was in place due to the COVID-19 pandemic added more hesitancy and resistance from landlords after having lost several months' worth of income due to nonpayment. This added hesitancy coupled with even higher rent rates has further exacerbated the challenge of finding affordable housing. Currently, the Housing Liaisons/PATH Case Managers assist clients to try and find more affordable rentals.

Most individuals who are unable to find housing in Armstrong County stay with family members or friends, creating more doubled-up (at-risk) situations than literally homeless situations. For those individuals who are unable to stay with anyone in the area, the lack of an emergency shelter poses an almost insurmountable difficulty. Armstrong County does have programs that offer some low-income housing assistance such as: The Housing Authority, which has a number of low-income rentals; The Section 8 program that offers vouchers; The Family Unification Program that offers vouchers; and a HUD-VASH program that also offers vouchers. The difficulty is that these programs are so inundated with applications that there are extremely long waitlists for each program. For example, the waitlist for our local Section 8 program is so long that they do not even open the program every year to accept new applications for the waitlist.

Due to the rural nature of Armstrong County, our public transportation system is minimal. Other than the Town and County Transit Authority, there is no other means of public transportation in this area. The services provided by Town and County Transit Authority are limited to only servicing the mid-county region of Armstrong County; therefore, only encompassing a six (6) to eight (8) mile radius of the towns of Kittanning and Ford City. Although this selected area does include two or more densely populated areas in Armstrong, there is a considerable amount of the population that is outside of the selected area.

Those individuals who receive medical assistance are able to receive transportation to medical appointments through Armstrong County Community Action Agency's Medical Assistance Transportation Program; however, there are still many places that those individuals may need to get to. Due to this, Armstrong-Indiana Behavioral and Developmental Health Program has collaborated with other community agencies such as, Town and County Transit Authority, Armstrong County Community Action Agency, Family Counseling Center of Armstrong County, an Armstrong County Memorial Hospital to begin working on ways to resolve the need for additional transportation services in Armstrong County.

In order to be eligible for PATH, individuals must have a serious mental illness (SMI) diagnosis. Like many other areas in the United States, Armstrong County is experiencing an increasing number of PATH eligible individuals with co-occurring addiction disorders. With every day that passes it becomes more evident that Armstrong County has not been spared from the nationwide drug crisis. Armstrong County has programs in which someone can obtain Narcan to save those individuals who are experiencing an overdose as well as drug and alcohol programs to assist those who have an addiction. Unfortunately, negative sentiments which compound stigma are steadily increasing. Even with all the education about mental health disorders that has been dispersed in the past several years, we still see a lot of stigma associated with individuals having a mental health diagnosis. One possible explanation that mental health stigma is so pervasive in our community is that we are a very rural county. It is crucial to mention that as negative and pervasive as the stigma associated with mental health is, the stigma associated with addiction, especially drug addiction, is far worse.

Our community has a few initiatives that are attempting to increase information and outreach to individuals who are suffering with mental health diagnoses and/or addiction. There are a number of neighborhood groups that have been established to try to increase the education around drug usage and decrease the overall drug usage. These neighborhood groups also attend Armstrong County Drug Free Communities Coalition which is the lead in part by the Armstrong/Indiana/Clarion Drug and Alcohol Commission. During these meetings the community and the agencies in the area are invited to create a dialogue about addiction and try to come up with solutions to problems posed to the community. With that being said, our agency educates, provides trainings, and follows required HIPPA guidelines that are in compliance with the 42 CFR Part 2 regulations.

Also, Laurel Legal and the Fair Housing Law Center are increasing their presence in the community to assist consumers with mental health, addiction, other disabilities and criminal justice histories by informing them about their rights as tenants. The Housing Liaisons/PATH Case Managers attend coalition meetings and has attended fair housing training provided by the Fair Housing Law Center. The Housing Liaisons/PATH Case Managers are also assisting the Fair Housing Law Center by informing other providers' agencies that fair housing trainings can be hosted by the Fair Housing Law Center. In addition, the Housing Liaisons/PATH Case Managers stay in contact with the Armstrong/Indiana/Clarion Drug and Alcohol Commission to make sure those at-risk or homeless consumers participating in the Drug and Alcohol programs have access to PATH and Housing Liaison services. If the Housing Liaisons/PATH Case Managers come in contact with an individual who has a mental health or a substance disorder and isn't receiving treatment, the Housing Liaisons /PATH Case Managers will refer the individual to those services.

For PATH eligible individuals, the Housing Liaisons/PATH Case Managers complete an Individual Service Plan (ISP) to address the client's goals. The Housing Liaisons/PATH Case Managers will make sure that the individual has access to housing before other goals are addressed. Other than Housing, some other goals that are addressed are the need for such refers as clothing, food, medical care, mental health/drug addiction services, etc. Many landlords in Armstrong County refuse to rent to individuals who cannot pass a background check. The Housing Liaisons/PATH Case Managers can act as an advocate for the client by reminding the landlords about fair housing practices if needed.

Although the AI BDHP's recent Behavioral Health Justice Related Services program ended in 2017, the PATH staff at the Family Counseling Center continues to be available to assist those individuals who are transitioning back into the community by providing support and case management services. PATH staff can and does collaborate with jail and prison counselors and re-entry staff to research housing options and funding resources for those being released, as well as those individuals in the community who are risk of becoming involved in the Criminal Justice System. PATH staff is also available to help link individuals to human service agencies/programs that would offer support and help them succeed in the community. These services include mental health and substance abuse treatment, employment services, benefit resources such as Social Security and Medical Assistance. PATH staff is available to assist any criminal justice personnel with creating a plan for release into the community. Also, both the re-entry staff and the Armstrong County PATH Case Managers are active members of the Armstrong County Homeless Advisory Committee where collaboration occurs to help those who are mentally ill and involved in the Criminal Justice System. As of July 2019, the Family Counseling Center of Armstrong County hired a Behavioral Health Law Enforcement Liaison. This liaison works with inmates during and upon release. The Law Enforcement Liaison assists those inmates who will be homeless upon discharge by linking the individual with services based on their individual needs, for example PATH.

Our contact with Certified Peer Specialist working with the PATH Program has been limited thus far to making possible referrals for the PATH Program.

Data

Family Counseling Center of Armstrong County's PATH Program/ Housing Liaison staff fully utilizes the Homeless Management Information System (HMIS) to back-up, store, and organize consumer information. The Housing Liaisons/PATH Case Managers are trained and authorized to use the PA/HMIS/Client Track system. The Housing Liaisons/PATH Case Managers will continue to attend all webinars offered through PA HMIS/Client Track as well as PATH HMIS Learning Communities to stay continuously updated on guidelines and regulations within the database and the program. All case management, contacts, and other allowable services are entered into the database in a timely and comprehensive manner to ensure data quality. The Housing Liaisons/PATH Case Managers maintain a PA-HMIS /Client Track reference folder to refer to if any questions should arise. Should any questions arise that cannot be addressed by the reference folder, we are able to refer to Michael Tickner, State PATH Contact for Pennsylvania. Also, PATH staff can contact the lead HMIS Administrator, Antonio Diaz by email or submitting a ticket in HMIS. Any new staff members to the PATH Program will be trained to use the database using peer-to-peer support, the PA-HMIS folder, and recordings of past PA-

HMIS/Client Track webinars are available on the PA-HMIS/Client Track system. The most current version of the HMIS manual is available on the PA-601 Western Continuum of Care's website.

Housing

The Family Counseling Center of Armstrong County is committed to assisting all individuals who are in need of shelter, including those who are eligible for the PATH Program. Upon being interviewed by the Housing Liaisons/PATH Case Managers, they begin to collaborate with other outside agencies to find the best solution available for the individual. The resources outside our agency that we utilize to find rentals are as follows:

- Armstrong County Landlords: Rental units are made available to the consumers needing housing, including PATH consumers. Family Counseling Center's Targeted Case Management Department, along with the Housing Liaisons/PATH Case Managers have developed a good relationship with various landlords throughout the community
- Armstrong County Housing Authority: Family Counseling Center has a working relationship with the Housing Authority. This agency has section 8 voucher and high-rise units available
- Department of Human Services (formerly known as Department of Public Welfare) assists consumers with multiple of needs including emergency shelter and rental assistance as funding allows
- Private housing for low-income rental units such as Rayburn Manor Apartments and Lindenwood (privately owned for single and multi-family units for low-income)
- Mechling-Shakely Veteran's Center: housing for homeless veterans in Armstrong County
- HAVIN: Helping All Victims in Need-Abuse Shelter in Armstrong County
- The Salvation Army: main offices in Kittanning and Vandergrift, and satellite offices in Dayton, Leechburg, Rural Valley, and Freeport that uses private money to help people that need a place to stay temporarily
- American Red Cross: will provide 3 days of motel stay for displacement from a home due to fire victims are helped regardless of income
- Real Estate Agencies: a network of real estate agencies that have available rentals assist in housing consumers having a hard time finding an affordable rental
- Local Ministries: cluster of churches that assist persons who need housing, on an emergency basis only
- Allegheny Kiski Hope Center: provides housing services to homeless consumers in our area.
- Just for Jesus: a homeless shelter located in Brockway, PA that accepts our referrals and provides transportation for consumers to get to their shelter

Staff Information

Family Counseling Center of Armstrong County's PATH Program staff members are currently three (3) Caucasian females with 40 years of experience serving the mental health community. Staff members were specifically hired for PATH due to their knowledge and history assisting those with mental disorders and illnesses. FCCAC is committed to serving clients regardless of

age, gender, race, ethnicity, sexual orientation, or creed. The Housing Liaisons/PATH Case Managers have attended a live training on fair housing laws, and multiple webinars on how to eliminate barriers surrounding those with a serious mental illness find and maintain housing. In the future, PATH staff will continue taking advantage of available training opportunities to increase cultural and social competency.

Currently our PATH Program does not have any staff that are Certified Peer Specialists or Certified Recovery Specialists.

Client Information

Armstrong County is fairly homogeneous with the majority of residents identifying as being Caucasian and English speaking. The Armstrong County PATH program typically serves more males than females between the ages of 30 and 60. The majority of those enrolled are non-veterans. Of the population, Family Counseling Center's PATH Program is built to serve adults or emancipated minors that have been diagnosed with a Serious Mental Illness (SMI) and who are experiencing homelessness. Experiencing homelessness is defined as the client being "at-risk of homelessness" or be "literally homeless" at the time of the first contact. Individuals who are "at-risk of homelessness" are those who are doubled up with family or friends and are unable to continue to stay, those who are temporary living situation such as transitional housing that carries time limits, those whose housing was recently condemned requiring them to move, and those who have received an eviction notice. Individuals who are considered "literally homeless" are persons who are sleeping in areas not meant for human habitation (streets, underpasses, parks, and buildings not fit for habitation), and persons who are staying in supervised public or private facilities that provide temporary or emergency living accommodations. Based on the number of contacts from 2021 (41 contacts with 3 enrollments), the PATH Program at FCC estimates additional contacts to be around 40 adults this year, and possibly to enroll 10. Due to the COVID – 19 pandemic and the eviction moratorium, many consumers who would have been evicted remained housed. Also, due to the low number of literally homeless in our area, the PATH Program at FCC estimates the percentage of adults to be served using PATH funds to be less than 10%.

Consumer Involvement

The Armstrong-Indiana Behavioral and Development Health Program (AI BDHP) supports the monthly CSP (Community Support Program) meetings in which service providers and consumers can get together and create a dialogue about the services available in the area. The Housing Liaisons/PATH Case Managers attend the meetings and participates in the dialogue. The AI BDHP also supports the local Consumer/Family Satisfaction Team that reaches out to get feedback from individuals getting mental health or addiction services. The team is very helpful to the different providers within the counties to make sure they are doing the best they possibly can to address the needs of their clients. At the program level, FCCAC's PATH Program staff distributes a survey to PATH consumer upon exciting from the program. The survey attempts to identify any areas where improvements can be made, gauge the client's experience in the program, and highlight suggestions the consumer have regarding the effectiveness of the PATH Program.

Currently our PATH Program does not have any consumers who are employed as staff, volunteer with our agency, or serve on any governing/formal boards.

Alignment with State Comprehensive Mental Health Services Plan

The PATH Program was created under the McKinney Act to assist individuals with serious mental health conditions, or co-occurring mental health and substance use disorders, an experiencing homelessness find and maintain stable housing. Our PATH Program mimics the state's plan to end homelessness for those with mental illness by assisting out clients to recover from homelessness and maintain resiliency by managing their own mental health and co-occurring conditions. We outreach to these individuals through our community using street outreach an interagency outreach. Once individuals are identified and engaged in the PATH Program, we follow the Housing First initiative by making sure that the consumer is in a stable living environment before we refer them to mainstream resources (i.e. mental health or substance abuse treatment). After housing has been found, we encourage stability and independence by involving them into treatment services and offering case management which might include budgeting and life skills. With the collaboration of the Housing Liaisons/PATH Case Managers, the consumer, and the mental health professionals, the PATH consumer's ability to maintain their stable housing status greatly increases. In comparison to the outcomes of individuals with similar backgrounds and boundaries who are not involved in services, individuals graduating from PATH are more successful and more independent.

Other Designated Funds

At this time, Family Counseling Center of Armstrong County receives Health Choices Reinvestment Funding from the Armstrong Indiana Behavioral and Developmental Health Program (AI BDHP) to operate a Mental Health Bridge Rental Subsidy Housing Program and a Housing Contingency Fund. The MH Bridge Housing Program is designed to support stable housing options for mental health consumers and their families who are homeless or at risk of becoming homeless. The program offers short term rental assistance and case management services to help individuals overcome barriers that have contributed to them not securing permanent housing. The Housing Contingency Fund was created to help avoid evictions and homelessness by offering financial assistance with rent, security deposits, utility assistance, and assistance in procuring adequate necessary furniture (i.e. beds, refrigerators, etc.). The Housing Liaisons/PATH Case Managers are the lead contacts and the staff responsible for the operation of both the MH Bridge Housing Program and the Housing Contingency Fund. All clients in the APTH Program or those provided case management by the Behavioral Health Housing Liaisons/PATH Case Managers are immediately evaluated for assistance from both programs.

Programmatic and Financial Oversight

The Family Counseling Center of Armstrong County (FCCAC) is operating the PATH Program through the Armstrong Indiana Behavioral Health Development Program (AI BDHP). With the PATH Program, AI BDHP also supplies funding for the Housing Liaison Program which supplements the salaries of the staff operating the PATH Program. Since the contract was written to allow FCCAC to operate the PATH Program, Joni Putt, the Behavioral Health Quality Management Coordinator has monitored the activities of the program. Fiscally, FCCAC operates

the PATH and Housing Liaison Programs in house and then sends monthly invoices to AI BDHP fiscal staff to be reviewed and reimbursed.

SSI/SSDI Outreach, Access, Recovery (SOAR)

The Family Counseling Center of Armstrong County currently has a total of 2 SOAR trained Case Manager. The 2 Case Managers are the 2 full-time Housing Liaisons/PATH Case Managers. As an agency we plan to assist as many eligible consumers with SOAR as possible, however, at this time there are currently no consumers that could possibly benefit from the SOAR process. Although Armstrong County is notably a rural county, the majority of individuals we see that would qualify for SSI or SSDI already receive benefits. Due to this, the Housing Liaisons/PATH Case Managers do not dedicate a significant portion of their time to the SOAR program. Should a SOAR eligible consumer be found, the SOAR trained staff member will use resources on the SAMHSA SOAR TA Center and track their progress on the Online Application Tracking (OAT) System.

Coordinated Entry

The PATH Program supports the local Coordinated Entry Program by referring and maintaining on going contact. A person is directed to the Armstrong County Community Action Agency, the Local Lead Agency, to be assessed for the Coordinated Entry system prior to possibly becoming PATH eligible. Assessment is often times delayed, however, due to the lack of required documentation, i.e. birth certificate, social security card, and photo ID. This seems to be the only barrier we have encountered thus far, especially for the YYA population.

Justice Involved

Training and education continues, and in past years, Crisis Intervention Training (CIT) has been provided to law enforcement. The training has been well attended and received. HAVIN (Helping All Victims in Need) continues to host Mental Health First Aid for adults as well as youth. AI DBHP also provides training on Mental Health Procedures to law enforcement.

As of July 2019 the Family Counseling Center of Armstrong County has included a new position to the agency, a Behavioral Health Law Enforcement Liaison, Susan Nicolli. Susan works with inmates at the Armstrong County Jail who are nearing their release dates. She assists the inmates based on his/her individual needs by linking them to the appropriate community resources. One of the goals of the Behavioral Health Law Enforcement Liaison is to make sure the inmate has services in place upon release to provide a smooth transition back into the community such as referring an inmate to the Behavioral Heath Housing Liaisons/ PATH Case Managers for housing assistance.

Veterans

The Family Counseling Center of Armstrong County is dedicated to helping veterans address his/her behavioral health needs. The Behavioral Health Housing Liaisons/ PATH Case Managers will assist veterans who are having difficulty with housing by linking them with local community resources such as, Armstrong County Community Action Agency, which houses the SFVF Programs for veterans. The Veterans Leadership Program of Western Pennsylvania is also a

resource that serves by providing support for housing, wellness, career development and support services. Armstrong County also has the Mechling and Shakely Veterans Center, which is a shelter that assists veterans with housing as well as local ADLs when needed. The BHHL/PCMs are also available to assist veterans as needed and requested by the Armstrong County Veteran's Court.

Tobacco Policy

The Family Counseling Center of Armstrong County has a tobacco policy that states that this agency is a smoke free workplace and that smoking is not permitted by clients or staff in any building operated by FCC. This nonsmoking policy applies to all common areas and individual offices.

Health Disparities Impact Statement

Armstrong County's PATH data from fiscal year 2021-2022 shows that the main subpopulations represented included those between the ages of 30 and 50 who have (1) significance mental health challenges, (2) co-occurring disorders (MH/D&A), and (3) those who have a low socioeconomic status presenting with little to no income and no employment options. Residents are primarily Caucasian, English speaking individuals. The rural nature of the county and its limited resources has a direct impact on their lives, being impacted by limited employment opportunities, limited transportation options, and limited safe and affordable housing options. The majority of 2022-2023 PATH funding is expected to be used to serve these subpopulations.

The PATH eligible YYA disparity population has been defined as individuals whose ages fall within 18-30 years of age that have a serious mental illness (SMI) and/co-occurring substance abuse disorders. Applicable individuals must also be homeless or at imminent risk of becoming homeless. Armstrong County's YYA population is primarily made up of Caucasian, English speaking individuals: however, they have increased difficulty accessing necessities due to the rural nature of the county and its limited resources. Due to their age, the location, and a number of other factors that exist in their lives, the behavioral health outcomes for the YYA group are significantly worse than the other populations served by the grant.

Once the YYA consumer has been contacted and evaluated by the Housing Liaisons/PATH Case Managers, they are able to obtain any of the services that PATH offers as long as they meet the eligibility requirements. PATH expects to serve at least 2 YYA individuals with the PATH funds which is roughly 10% of the total individuals that we plan on serving. To prioritize assistance to the YYA population, the total amount of PATH funds expected to be expended on rental assistance is $750.00, which is utilizing roughly 6% of our rental assistance services budget.

If the consumer does not have an income, the consumer is still eligible for case management services, (creating a budget, goal completion, smart shopping habits, etc.), and referrals can be made to outside agencies (job searches, GED classes, drug counseling, emergency clothing, etc.). Unlike the non- YYA population, most YYA individuals do not have access to transportation to get to necessary services. With this being an issue, the Housing Liaisons/PATH Case Managers are working to increase outreach to improve upon assisting the YYA individual with signing up for and or understanding programs as needed. This is very important because many YYA

individuals may not have access to necessary items such as their birth certificate, social security card, or photo ID. The Housing Liaisons will be available to assist YYA individual with signing up for and/or understanding programs as needed.

Limited English Proficiency

The Family Counseling Center of Armstrong County collaborates with Armstrong Indiana Behavioral and Developmental Health Program (AI BDHP) to provide translations services to consumers when needed through ARIN IU 28 as well as Indiana University of Pennsylvania (IUP) if further translation services are needed. To date, the PATH Program at FCCAC has not needed to call upon translation services at all. The PATH staff is very intuitive in picking observing cues to access situations for the potential need for a translator.

Budget Narrative

It is projected that the Armstrong County PATH Program will contact 40 individuals and enroll 28 of those. It is anticipated that 10% of those enrolled will be literally homeless. The PATH funding received by Family Counseling Center of Armstrong County (a private nonprofit corporation), includes $7,543 in state funding and $22,629 in federal funding. A total of $30,172.00 in PATH funds will be used for providing the following:

Personnel-
Behavioral Health Housing Liaison/Path Case Manager (Liaison)
(2 full time staff; 25% funded PATH)
Duties to include the following: Provide outreach and engagement activities, serve as county point person on housing resources, referrals and housing options, provide case management services, and disseminate educational materials

Supervisor of Liaison
Provide minimal oversight (less than 1 hour/week)

The majority of PATH Funds will be used to pay applicable portion of personnel costs associated with the above activities. These activities will be performed by the Behavioral Health Housing Liaison/ PATH Case Managers (Liaison), Holly Kamer (lead) and Sarah Peterson under the supervision of Kim Clark. There will also be some funding provided to provide rental assistance.

The position cost alone for the full time Liaisons is approximately $100,215.00
The funding of $30,172.00 will be applied to fund a portion (25% -$25,054) of the positions. $973.00 will be used to fund a small portion of supervisor position and the remaining $4,145.00 will be used to provide rental assistance funds. Both the Supervisor and Liaisons are full time employees of the Family Counseling Center of Armstrong County. The Liaisons will be responsible for the operation of the program through working with the PATH clients to secure housing and support services they need.

The breakdown of funding is as follows:

	Liaisons	*Supervisor*
Salary:	$20,908.75	$758.00
Pension:	$522.72	$68.00
Work Comp:	$117.09	$4.00
Unemployment:	$171.92	$5.00
FICA:	$1,599.52	$58.00
Medical:	$1,291.80	$75.00
Dental:	$00.00	$4.00
Vision:	$00.00	$1.00
Staff travel:	$442.00	$0.00
Total:	**$25,054.00**	**$973.00**

*Travel:
Staff will travel to attend PATH Trainings on homeless/housing/mental health issues related to the PATH Program. Travel will be used for outreach, distributing education materials, and attending necessary meetings (i.e. landlords). Transportation will not be provided to transport consumers.

Rental Assistance:
There is one-time rental assistance that is available up to $750.00 a household for a total amount of **$4,145.00** Monthly rental amounts vary in the county area.

BUDGET TABLE
FAMILY COUNSELING CENTER OF ARMSTRONG COUNTY

PATH Program

FY 2022-2023 Budget

	Annual Salary	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Position				
Supervisor			$758.00	$758.00
Behavioral Health Housing Liaison Case Managers (2)	$83,635.00	25% FTE	$22,109.00	$22,109.00
sub-total			$22,867.00	**$22,867.00**
Fringe Benefits				
FICA Tax			$1749.00	$1749.00

Unemployment			$177.00	$77.00
Retirement			$591.00	$591.00
Health			$75.00	$75.00
Dental and Vision			$5.00	$5.00
Workman's Comp			$121.00	$121.00
sub-total			$2,718.00	**$2,718.00**
Travel				
Local Travel for Outreach & Training .445/Mile			$442.00	$442.00
sub-total			$442.00	**$442.00**
Supplies/Equipment				
Consumer-related items				
sub-total				**$0.00**
Other				
Staff training				$0.00
One-time rental assistance			$4,145.00	$4,145.00
Security deposits				
sub-total			$4,145.00	**$4,145.00**
Total PATH Budget				**$30,172.00**

Armstrong-Indiana County - Indiana County Community Action Agency
300 Indian Springs Road
Indiana, PA 15701
Contact: Sandra Harber
Email Address:

Provider Type: Social service agency
PDX ID: PA-068
State Provider ID: 4268
Contact Phone #: 7244652657

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 22,629.00**	**$ 7,543.00**	**$ 30,172.00**	

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

Office: Other (Describe in Comments)	$ 22,629.00	$ 7,543.00	$ 30,172.00	One of 2 providers in Armstrong/Indiana Counties.
j. Total Direct Charges (Sum of a-i)	$ 22,629.00	$ 7,543.00	$ 30,172.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 22,629.00	$ 7,543.00	$ 30,172.00	

Source(s) of Match Dollars for State Funds:

Indiana County Community Action Program, Inc. will receive a total of $$30,172 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 100

Estimated Number of Persons to be Enrolled: 25

Estimated Number of Persons to be Contacted who are Literally Homeless: 47

Number staff trained in SOAR in grant year ending in 2021: 2

Number of PATH-funded consumers assisted through SOAR: 0

Indiana County Community Action Program, Inc.

Local Provider Intended Use Plan

2022-2023

Local Provider Description

Incorporated in March 1965, Indiana County Community Action Program, Inc. (ICCAP) is a private non-profit agency, which provides a variety of human services to low-income citizens of Indiana County. ICCAP's mission is "to serve as the community agency to mobilize services and resources to empower families and individuals to progress towards self-sufficiency." For the past fifty-seven years, the Indiana County Community Action Program has been the lead emergency assistance provider to Indiana County income-eligible residents.

Over the years, ICCAP has offered numerous programs aimed at helping low-income families and individuals obtain self-sufficiency. Programs have, been developed to teach clients new ways to solve household problems and manage emergencies. With a staff of 29 full and part-time employees, ICCAP provides a variety of services to thousands of individuals every year.

ICCAP's address: 827 Water St., Indiana, PA 15701
Amount of Grant for Indiana County: $ 30,172
Our PATH PDX provider name is: Indiana County Community Action Program
PDX Number: 068

Collaboration with HUD Continuum of Care (CoC) Program

The Indiana County Community Action Program, Inc. (ICCAP) is under the Southwest Regional Housing Advisory Board Continuum of Care (CoC) and is under PA601. ICCAP has a long history of collaboration with the HUD Continuum of Care. Since 1990 ICCAP has received funding through McKinney-Vento CoC programs to provide housing services to homeless and chronically homeless persons and households; it is now transitioning to programs funded under the HEARTH Act. Currently the agency receives funds for three supported housing program for the homeless, Project PHD Consolidated (permanent housing for the chronically homeless and disabled); which began in October of 2017. In addition, the agency provides Rapid Re-Housing through the Emergency Solution's Grant and operating a similar ESG program under the CoC through a partnership with Fayette County Community Action Program called South West Rapid Re-Housing.

ICCAP has been, designated as the lead housing agency for Indiana County. We provide several housing programs all geared towards helping individuals and families obtain and maintain housing stability. ICCAP is also the local lead Agency/811 contact, and the Continuum of Care contact for the county. ICCAP's Executive Director, is an active member of the Southwest Region Continuum of Care (CoC) Governance Board, and the Vice Chair of the local Housing

Consortium (LHOT). The Housing & Income Management Director is a voting member for Indiana County of the Southwest Regional Housing Advisory Board, and a member of our local Housing Consortium, as is the Direct Services/Shelter Director. ICCAP enters the data of homeless or near homeless individuals into the Housing Management Information System (HMIS). ICCAP staff has been active in developing and utilizing the Coordinated Assessment and Coordinated Entry tool used by all homeless providers that are, funded through the CoC. Other than those in a Domestic Violence shelter, ICCAP enters all homeless individuals into the Coordinated Entry.

Collaboration with Local Community Organizations –

Primary Health Providers

The importance of information and referral is woven into the fabric of every Community Action Agency. In this spirit, the many county residents Indiana County Community Action provides services to annually are offered information about and assistance in applying for medical benefits. In addition, the agency enjoys a close working relationship with our primary health provider, Indiana Regional Medical Center. The Executive Director is a member of the County Health Advisory Committee. We also work with Excela Health in the southern part of the county as our staff now are able to make referral to Excela to help expedite primary health care for our clients.

Mental Health Providers

As a provider of representative payee services for mental health consumers since 1996, ICCAP has a long history of working with mental health providers. Contracted for services by the Armstrong-Indiana Base Service Unit, the payee program provides services to over 200 consumers a year and in this capacity interacts with case management, the sheltered workshops, Indiana and Armstrong (I&A) Residential Services, the Community Guidance Center and the Family Counseling Center. Our Representative Payee Coordinator also sits on I & A's board of directors. Other ICCAP programs including the Pathway Shelter, Homeless Case Management, and our utility programs work closely with mental health providers to provide the best outcomes for consumers; conversely, our familiarity with mental health services allows us to make informed referrals for services, particularly Peer Support services. The Behavioral Health Housing Liaisons/PATH Case Managers regularly attend meetings of the Community Support Program (CSP). The Direct Services/ Shelter Director, serves on the Suicide Task Force, Domestic Violence and Sexual Assault Task Force and the Mental Health Advisory Board. One of the Housing Liaisons serves on the board for the Drop-in Center.

Substance Abuse Providers

As a provider of services to the homeless, ICCAP often encounters barriers to housing related to drug and/or alcohol issues. We have a history of working closely with the Open Door and case management from the Armstrong-Indiana Drug and Alcohol Commission. We have also assisted consumers exiting from Spirit Life, a residential rehabilitation unit for those suffering with addiction. Many have exited their program and entered Pathway, our emergency homeless shelter. From there, they were able to get assistance either through our Rapid Re-Housing program or with security deposits and/or rent through our Housing Assistance Program. We now have a partnership with the Armstrong-Indiana Drug and Alcohol Commission (AIDAC) which

funds a new Substance Use Disorder Housing Liaison Position. The liaison uses a Self Determination of Housing assessment to identify barriers to housing. She receives referrals from AIDAC, Open Door, and other half way or three quarter house consumers who need assistance with housing.

Housing Providers
As of July 1, 2021 we have a partnership with Indiana County Housing Authority and the Western Continuum of Care. Indiana County was one of the counties for the new Emergency Housing Vouchers Program. The county was awarded 15 vouchers for consumers with many barriers to housing who would not qualify for a Section 8 Voucher. As of this time we have successfully housed 11 households and are working on getting the other four secured.

Employment Providers
Since the loss of the Work Ready Program we have been referring consumers to Occupational Vocational Rehabilitation, Career Link and Career Track.

Service Provision

The Behavioral Health Housing Liaison/PATH Case Managers are two of the people in our agency that enters clients into the HMIS Coordinated Assessment. When they meet with a client who is either homeless or imminently homeless that discloses mental health and is an Indiana County resident they will explain the PATH program to them to see if the clients are interested in being enrolled in PATH in addition to working with another Homeless Case Manager. We would enroll them into the PATH program if they wish, have them sign a release for medical records and a mental health diagnosis. The client may be enrolled in the PATH program for 90 days before we are required to have a diagnosis. If the client does not wish to be enrolled, we would enter it as a pre-enrollment contact in the HMIS system. The Behavioral Health Housing Liaison/PATH Case Managers also attend local CSP meetings and Western Regional Housing Coalition; and are trained as a SOAR advocates, the Direct Services/ Shelter Director is SOAR trained. PATH funding will also be used to provide training to PATH staff on PATH related topics and evidence-based practices.

The Behavioral Health Housing Liaison/PATH Case Managers provide outreach at the local drop-in center and the Pathway Homeless Shelter. The Behavioral Health Housing Liaison/PATH Case Managers travel to any place reporting a homeless consumer; such as a park, store, or church. They work closely with the Representative Payee Program staff and our Food Bank Warehouse, which provides a box of food monthly to all PATH enrolled clients who wish to receive food. In addition, many eligible clients simply walk in to the agency's main office seeking assistance. The Liaisons will utilize PATH funds to assist homeless or imminently homeless individuals with security and/or utility deposits to move them out of homelessness or authorize the payment of past due rent to resolve an eviction.

Of the PATH consumers served by Indiana County 77% have a criminal history. Because of this relatively high percentage, the Behavioral Health Housing Liaison/PATH Case Managers have spent a good deal of time developing working relationships with local correctional staff, mental

health providers, and local landlords/housing providers. Through these relationships, the liaison/case managers are able to help consumers with criminal histories access benefits, support services, and housing in a timely manner. In working with landlords specifically, the liaison/case managers are able to reassure landlords that someone supporting the consumers, giving them a person to call in times of concern. These relationships have the potential of positively impacting the way landlords see behavioral health consumers who also have involvement in the Criminal Justice System. The overall goal is to use these relationships to develop more safe and affordable housing for the justice involved populations. In addition to this work, the Behavioral Health Housing Liaison/PATH Case Managers will be called upon to work with the AI BDHP in the development of any future Justice Related Service's program in Indiana County.

Indiana County Community Action Program serves as the county's primary point of contact/service provider for the homeless. State and local police, township supervisors and other human service agencies are aware that of ICCAP's services. This position in the county continuum of care allows us a unique outreach to the homeless and imminently homeless. The housing staff works with residents of Pathway. Homeless clients are assessed, entered into HMIS Coordinated Entry, and then referred to appropriate housing programs such as Pathway, Alice Paul House (domestic violence shelter), Rapid Re-Housing, Rental Assistance, and Permanent Housing for the Disabled (PHD). Additional outreach is provided through written resources such as flyers, brochures and staff at ICCAP's 17 food pantries. Consumers can contact ICCAP by phone, by referral from other agencies, and/or simply walk into one of our buildings and ask for help. The Behavioral Health Housing Liaison/PATH Case Managers are part of this team and will also take referrals from other mental health service providers particularly the Family Psychological Associates Peer Specialists. Coordination of services among the housing staff (consisting of the Direct Services/Shelter Director, two Homeless Case Managers, and the Housing Counselor) occurs as needed. Formal meetings and discussion of specific client issues take place at a more formal bi-weekly housing staff meeting.
In addition to the available services listed above, PATH clients with both a serious mental health illness and a substance abuse disorder are referred to the Open Door where they can receive an assessment, counseling, intensive outpatient services, or attend a co-occurring disorder's group, and/or the relapse prevention group. The Open Door also provides a 24-hour crisis line and evaluation for inpatient services.

Despite having an array of treatment and housing options available within the county, gaps in service systems do exist. PATH consumers often face the challenge of finding housing that fits into their budget, as many would be considered to be low income. While having funds available to access housing is a major concern for PATH consumers, many also have criminal histories that limit choices and some of the landlords are very reluctant to consider or overlook this. Those charged with sexual related offenses have an even bigger challenges securing housing. Another gap identified by PATH consumers is the lack of reliable transportation. Being a rural county, public transportation is limited. Often consumers have to wait long periods of time in between treatment appointments for a bus to pick them up to return home. Others could not find housing near a bus route. This gap creates distinct challenges to encouraging consumers to stay involved in their mental health and/or substance abuse treatment. Finally, in-home supportive living services are limited within the county. While these services do exist, there are often

waiting lists to access them because of the need. ICCAP will continue working with the AI BDHP and other human service agencies to address these gaps identified.

ICCAP is not required to follow 42 CFR Part 2 Regulation since our program does not operate any substance abuse programs.

Due to there being no Certified Peer Specialists or Drug and Alcohol Recovery staff hired as part of our PATH staff, our housing liaisons/PATH case managers refer consumers to Certified Peer Specialists who are employed by the Peer Support providers in Indiana County. Referrals are only made if a consumer is willing to use their services.

ICCAP maximizes use of PATH funds by leveraging our Rental Assistance, Food Bank Warehouse, Representative Payee and Utility Assistance programs. We also receive Health Choices Reinvestment funding from the Armstrong-Indiana Behavioral and Developmental Health Program that is used to help support PATH clients.

Data

Client demographic data will be collected in ICCAP ORS (Outcome Results System) an in-house data collection database and the Pennsylvania HMIS (Homeless Management Information System). Both the Supervisor and the Behavioral Health Housing Liaison/PATH Case Managers are, trained in both databases. Currently 100% of PATH client information is entered into the HMIS system. The Behavioral Health Housing Liaison/PATH Case Managers regularly attend on line trainings provided by HMIS. The AI BDHP expects that a hard copy of the most current PA HMIS manual be available for staff to reference in their day-to-day activities if no other system is in place. The manual is also located on the PA-601 Western Continuum of Care's website.

Our Behavioral Health Housing Liaison/PATH Case Managers and Direct Services/Shelter Director will continue to be trained on HMIS as training is available. The Behavioral Health Housing Liaison/PATH Case Managers will be responsible for entering client data in the HMIS system and the Direct Services/Shelter Director will be responsible for supervision of the Behavioral Health Housing Liaison/PATH Case Managers, pulling information for reports, etc.

Housing

Locating safe affordable housing in Indiana County has always been difficult due to a number of factors, including the rural nature of the county and inadequate public transportation. While this situation is not new to the county, recent factors have exacerbated the situation: Marcellus shale extraction has been started at over 200 sites in Indiana County; more than 200 temporary workers are needed to bring in each well. This has caused an increase in the demand for housing. According to a study completed by the Center for the Study of Community and the Economy at Lycoming College entitled "Marcellus Natural Gas Development's Effect on Housing in Pennsylvania" the increased demand for housing caused by the influx of Marcellus Shale workers is "broad-based, but the negative effects are felt heaviest by those living on the

economic margins…the impact of the housing shortage are falling heaviest on those whose housing situation was most at risk prior to the growth of the Marcellus Shale industry, namely the non-working poor, seniors, the disabled and, newly, the working poor." The Pennsylvania Department of Community and Economic Development has indicated in their Marcellus Shale Fact Sheets that the experience of other states suggests that a gas boom will drive up prices for housing and lessen the availability of housing for middle-income and lower-income families. ICCAP's response to this situation takes many forms. First, the agency maintains a current database of safe, affordable rental properties in the county for distribution to clients. Rental assistance in the form of security deposits and/or rents is available through the Housing Assistance Program. Housing programs include the Pathway Homeless Shelter, Bridge Transitional Housing, Project PHD Consolidated; supportive permanent housing for the disabled, and Homeless Case Management. The Behavioral Health Housing Liaison/PATH Case Manager position has become an added position member of the ICCAP Housing team in April 2013.

The Behavioral Health Housing Liaison/PATH Case Managers use a housing assessment to identify barriers to housing and then works with the consumer to develop an achievable goal plan, which results in stable housing. The Liaisons help the consumer access and apply for needed services; coordinates the delivery of services; provides follow-up and monitors progress towards goals.

Staff Information

The Indiana County PATH program is staffed by, two full-time Behavioral Health Housing Liaison/PATH Case Managers, housed in the main office at 827 Water Street, Indiana. PATH program staff is currently 50 % Caucasian female and 50% Caucasian male. The Behavioral Health Housing Liaison/PATH Case Managers, are supervised by the Direct Services/Shelter Director and will be part of the agency housing team. The Behavioral Health Housing Liaison/PATH Case Managers both have Bachelor's degrees, one with a degree in Psychology and the other with a Bachelor's degree in Communications and a Masters in Adult Education as well as experience in mental health. This experience will be supplemented through supervision. All staff members are trained in cultural competency and diversity and continue to engage in Cultural Competency/Diversity webinars offered by SAMHSA. They also have training opportunities through the local Indiana Community Support Program which offers guest speakers on variety of topics including cultural diversity and gender sensitivity. Currently, there are no Certified Peer Specialists or Certified Recovery Specialists employed as part of the Indiana County PATH program.

ICCAP does not discriminate on the basis of race, ethnicity, religious creed, disability, ancestry, national origin, sex, sexual orientation, age, political beliefs, familial status, military service, genetic information, or citizenship. All clients are treated equally. Client characteristics (with the exception of sexuality) are maintained in a data system; real time results can be reviewed at any point in time.

Client Information

The Behavioral Health Housing Liaison/PATH Case Managers will facilitate housing assistance to mentally disabled homeless or nearly homeless individuals (nearly homeless is defined by the Department of Housing and Urban Development) during the term of this grant. The population of Indiana County is predominantly Caucasian and English speaking. The Indiana County PATH Program typically serves more females than males between the ages of 30 and 50. The majority of those enrolled are not veterans. A minimum of 100 clients will be contacted via outreach services; 25 will be enrolled; and 10 literally homeless clients will be assisted. The percentage of PATH clients served who fit the "literally homeless" definition will be approximately 47%.

Consumer Involvement

We are currently in the process of starting a Homeless Advisory Board to assist with procedures and the board will play an active role regarding our housing programs: We are actively seeking PATH consumers to be part of this Advisory Board. It will review Policies and Procedures for all of our housing programs, and will give input on housing programs. We currently have no family members that are involved at an organizational level in the planning, implementation and evaluation of PATH – funded services. We ask each PATH consumer to submit a satisfaction survey of how we can improve services to them on a yearly basis. We currently do not have any PATH eligible who are employed, volunteer, or serve on our governing board or on a formal advisory board.

Alignment with State Comprehensive Mental Health Services Plan

ICCAP, working under Armstrong/Indiana Behavioral and Development Health Program (AI BDHP) will continue to comply with and perform all duties and functions that are outlined and executed in the State Mental Health Services Plan. Also, as a primary point of contact for the homeless in Indiana County, ICCAP will continue to provide services to the homeless. ICCAP's Behavioral Health Housing Liaison/PATH Case Managers, work very closely with our shelter staff and spend one day per week at the shelter to assist eligible consumers. As ICCAP has moved forward into the PA Western CoC's Coordinated Entry Plan and Assessment application process, the Liaisons still continue to help consumers access and apply for needed services; coordinate the delivery of services; provide follow-up and monitor progress of goals. One of the goals to eliminate homelessness is "housing first"; to eliminate a waiting list and for agencies across Western PA to work together to provide "Housing First". Currently, all agencies/organizations having a vacancy in one of their housing programs is pulling a list from the coordinated entry system and contacts each individual across the state to see if they would like to come to our county to fill the housing opening provided they meet the guidelines for the program that has the housing opening. The goal is that those most vulnerable will be housed first. ICCAP and the Behavioral Health Housing Liaison/PATH Case Managers are using the Coordinated Plan and using the Application/Assessment tool for all individuals that are homeless or imminently homeless.

Other Designated Funds

ICCAP receives funds from the following to help with individuals that are homeless or are at risk of being homeless; PHD, ESG, HSDF, HAP and CSBG, ERAP 1 and 2, SWRRR, NCCDC, HEMAP. ICCAP also partners with the AI BDHP to receive Health Choices Reinvestment Funding to provider for a Mental Health Bridge Rental Subsidy Program and a Housing Contingency Fund. The target population for those programs are those who are homeless or at risk of becoming homeless who also have a mental health diagnosis.

Programmatic and Financial Oversight

ICCAP receives PATH funding through Armstrong-Indiana Behavioral and Developmental Health Program (AI BDHP). We invoice services to them on a monthly basis. All of our reporting; the quarterly Youth and Young Adult (YYA) report and PATH Annual report are coordinated with AI BDHP. AI BDHP sends quarterly financial confirmation letters to ICCAP's fiscal department and executive director for review to insure all financial totals match. AI BDHP also monitors the program.

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

Our Direct Services/ Shelter Director and two PATH funded staff are SOAR trained, but during the grant year ending in 2021, had no clients who qualified, were assisted with SOAR.

Coordinated Entry

In 1997, PA initiated the Regional Homeless Assistance Process to address homelessness in Pennsylvania's rural counties known as the "balance of the state". To cover the participating counties, this process began with the formulation of four separate Regional Continuum of Care: Central-Harrisburg, Northeast, Northwest and Southwest. Each region established a Regional Homeless Advisory Board (RHAB). Over the last few years a Governance Charter was formed; the Northwest RHAB and Southwest RHAB merged to create one Continuum of Care (CoC). ICCAP has been at the table serving on the CoC's Governance Board as well as the Southwest RHAB. The State has implemented "Housing First" under the CoC's. Both the Western and the Eastern CoC's are using a Coordinated Assessment Tool and Coordinated Entry tool. The application/tool is completed by ICCAP Staff; the lead agency in the County. At the end of the Coordinated Assessment Tool there is a point system as per most vulnerable; chronically homeless, those receiving treatment for mental health issues, homeless veterans, etc. Once the Assessment Tool is completed, the information is then put into the HMIS system and those agencies with housing openings will offer their housing to those with the most points. The purpose is to eliminate waiting lists and get everyone in to housing.

All homeless individuals along with all PATH clients are entered into HMIS. However, our PATH clients, are not chosen from the Coordinated Entry so it does not produce any barriers for services, and we only accept clients from Indiana County. If we have a PATH client that is also

homeless, their name may be pulled from the Coordinated Entry for a housing opportunity in Indiana or another surrounding county. If a PATH client's name is pulled from an agency in another county for a housing opportunity, we can assist them in gathering their documentation needed, and refer them to services and to another PATH provider if available.

Justice Involved

ICCAP's Behavioral Health Housing Liaison/PATH Case Managers attend Consumer Service Provider (CSP) meetings on a monthly basis along with other Providers such as the Indiana Borough Police Dept., The Open Door, The Drug & Alcohol Commission, and Beacon Health Options, just to name a few. We also work closely with the local Magistrate. Our staff will also be available to assist the Criminal Justice Liaisons who was recently hired at the Community Guidance Center, the main mental health treating provider in Indiana County. Approximately 25% in law enforcement and court-related personnel have been trained under the Crisis Intervention Team training.

Veterans

We currently do not have any veterans enrolled in PATH. We are in partnership with Northern Cambria County Development Corporation, in which we provide Case Management to our Veterans Housing Unit. The Direct Services/Shelter Director is involved with the Indiana County Veterans Outreach, which meets every other month where we discuss what is available for Indiana County Veterans. We work with the Veterans Administration as well as Solder-on, Veterans Leadership Program, Supportive Services for Veterans and Families and our local Veterans Shelter.

Tobacco Policy

The ICCAP Office Building, owned by the County of Indiana, is a "Tobacco Free" building. All employees and visitors to the ICCAP office are required to observe this smoking/tobacco policy.
1. Smoking or tobacco use of any kind is **NOT** permitted in all office space in which members of the general public may be reasonably expected to enter without invitation.
2. Smoking or tobacco use of any kind is **NOT** permitted in rest rooms.
3. Smoking or tobacco use of any kind is **NOT** permitted in hallways.
4. Smoking or tobacco use of any kind is **NOT** permitted in ICCAP vehicles.
5. Smoking or tobacco use of any kind is **NOT** permitted in the County Building.

827 Water Street is a Tobacco Free Building. No tobacco use of any kind is permitted in the building. This also includes e-cigarettes, vaporing, etc.

Health Disparities Impact Statement

The majority of our individuals enrolled in PATH that had an income, were on SSI/SSDI. Considering their limited income, this also limits the housing options that they were able to afford. Indiana County has a low amount of subsidized housing stock. Most of these apartments are occupied or unavailable when we need them. This leads to these individuals having to wait on section 8 vouchers or public housing opportunities to open up, in order to locate affordable housing and gain stability. Due to the mental health and/or criminal backgrounds, these individuals have difficulty in both applying for section 8 and Public Housing. ICCAP has tried to mitigate this, by having all paperwork in regards to housing, sent to our office. This allows the Housing Liaisons to ensure that the paperwork get completed, within the timeframe required by the providers. Another problem that our consumers have encountered is the limited cell phone minutes they receive each month. They are unable to contact providers to obtain services, when they need them the most.

It is projected that 33% of clients served through PATH funds will be Youth and Young Adult (YYA) ages 18-30. These consumers are eligible for assistance in applying for social security, emergency housing, assistance with housing applications, funding for housing related barriers, case management and other services generally available to all clients of the agency. Some of the housing related barriers for YYA consumers are due to their lack of income, and rental history. Also compared to older consumers who have had a mental health diagnosis, YYA consumers don't know what services are available. ICCAP's Behavioral Health Housing Liaison/PATH Case Managers will continue to educate this population about resources and services available as well as coordinating services.

- The unduplicated number YYA individuals who are expected to be served using PATH funds: 6.
- The total amount of PATH funds expected to be expended on services for the YYA population: $3,600.
- The types of services funded by PATH that are available for YYA individuals: housing support, case management, outreach, transportation, information and referral.
- A plan that implements strategies to decrease the disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population: Most of our YYA clients are referred from our emergency homeless shelter. Income has definitely been a barrier; with Social Security difficult to obtain due to their age. Employment can also be difficult to obtain or maintain due to their mental health.

Limited English Proficiency

As our county consists overwhelmingly of English speaking persons of Western European descent, we have little need for expertise in cultural competency. We rely on the nearby Indiana University of Pennsylvania to assist us with language and cultural issues.

Budget Narrative

PATH funds are used to support the Housing Liaison's time used in doing outreach, assessing PATH consumer referrals, enrolling clients, and entering data into the HMIS, as well as

providing assistance to help clients maintain their housing. A further breakdown of the costs associated with the PATH program is provided below:

Personnel:
The funding amount of $21450.00 requested to provide from the full-time wages (65% of the time) of the Indiana County PATH/Behavioral Health Housing Liaison position. This position will be located at the Indiana County Community Action Program, Incorporated's office located at 827 Water Street, Indiana, PA. The housing liaison work concentrates on increasing and creating housing resources for those who are homeless or at imminent risk of becoming homeless and have a behavioral health illness.

Fringe Benefits:
The funding amount of $5022.00 requested to provide for the full-time fringe benefits of ICCAP's Behavioral Health Housing Liaison/PATH Case Manager. Fringe benefits include the following costs: FICA ($1622.00), Workers Compensation ($147.00), Pennsylvania Unemployment ($114.00), Health Insurance ($3052.00), Vision Insurance ($41.00) and Life Insurance ($46.00).

Travel:
ICCAP is requesting funding to pay for meal and travel costs for the PATH Housing Liaison. Costs include monies for the Housing Liaison to be able to attend specific trainings on housing/homeless issues and mental health issues that are within the Mid-Atlantic region (sponsored by HUD, PHA, NAMI, etc.) to have the latest information that will assist in PATH program success. ICCAP is requesting $100 to pay Housing Liaison's travel costs to attend specific trainings, Housing Task Force meetings, evaluation meetings and regional housing/homeless meetings, and $ 800.00 requested to pay for outreach travel to housing entities, drop-in-centers, community support programs, etc.

Supplies:
ICCAP is requesting funding to pay for consumables and software maintenance for our case management staff of $350.00. ICCAP is requesting funding for telephone and internet services used by our case managers to provide services to consumers for $600.00.

Other:
Other costs include the delivery of case management and support services for consumers in the PATH program; security deposits and one-time rental assistance payments for 3-5 individuals experiencing homelessness or at imminent risk at approximately $350 each, not to exceed $1850; $ 1,200.00 would be a one-time assistance to help consumers maintain housing and $ 650.00 for security deposits. Total request for other expenses: $1,850.00.

As mentioned above Indiana County Community Action Program, Inc.(ICCAP) is the Local Lead Agency on Housing for Indiana County and provides numerous housing programs. In addition, although ICCAP is continuing a PATH program to specifically expand existing housing and increase new housing programs for homeless/near homeless mental health individuals. ICCAP provides housing components of $3,461,588 in current supportive housing program costs and expenses for homeless and imminently homeless individuals, including mental health

individuals, of which, if openings existed, could possibly benefit PATH program eligible individuals in the future.

BUDGET TABLE
Indiana County Community Action Program, Inc.
PATH Program
FY 2022-2023 Budget

	Annual Salary	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Position				
Housing Case Manager/ Admin costs	40917.00	.65 FTE	21450.00	21450.00
sub-total			**21450.00**	**21450.00**
Fringe Benefits				
FICA Tax			1622.00	1622.00
Unemployment			114.00	114.00
Worker's Compensation			147.00	147.00
Health Insurance			3052.00	3052.00
Vision Insurance			41.00	41.00
Life Insurance			46.00	46.00
sub-total			**5022.00**	**5022.00**
Travel				
Local Travel for Outreach			800.00	800.00
Travel to training and workshops			100.00	100.00
sub-total			**900.00**	**900.00**
Equipment				
(list individually)				
sub-total				
Supplies				
Office Supplies			350.00	350.00
Telephone/Internet			600.00	600.00
sub-total			**950.00**	**950.00**
Other				

Staff training				
One-time assistance to maintain housing			1200.00	1200.00
Security deposits			650.00	650.00
sub-total			**1850.00**	**1850.00**
Total PATH budget				**$30,172**

Armstrong-Indiana County Comprehensive - not provider
120 South Grant Avenue, Suite 3
Kittaning, PA 16201
Contact: Tammy Calderone
Email Address:

Provider Type: Social service agency
PDX ID: PA-032
State Provider ID: 4232
Contact Phone #: 7245483451

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

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

No Data Available

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

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

No Data Available

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)

i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	

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

Office: Other (Describe in Comments)	$ 0.00	$ 0.00	$ 0.00	Armstrong/Indiana is the county that receives PATH funds. Armstrong/Indiana County is not a provider itself. The county then contracts with 2 providers. A comprehensive IUP is included to explain overall interaction and integration of providers to meet the needs of PATH consumers.
j. Total Direct Charges (Sum of a-i)	$ 0.00	$ 0.00	$ 0.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**
l. Grand Total (Sum of j and k)	$ 0.00	$ 0.00	$ 0.00	

Source(s) of Match Dollars for State Funds:

Armstrong/Indiana Counties will receive a total of $60,344 in federal and state PATH funding. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 0

Estimated Number of Persons to be Enrolled: 0

Estimated Number of Persons to be Contacted who are Literally Homeless: 0

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Armstrong-Indiana Behavioral and Developmental Health Program

County Summary Intended Use Plan
FY 2022-2023

Local Provider Description

Located in the rolling hills of West/Central Pennsylvania, Armstrong and Indiana Counties are rich in history and diversity. Serving the most vulnerable population in each county, the Armstrong-Indiana Behavioral and Developmental Health Program (the AI BDHP), a county governmental agency, provides primary oversight authority of all Behavioral Health/Mental Health, Intellectual Disabilities, Early Intervention services and the Health Choices Program. The AI BDHP contracts with the Family Counseling Center of Armstrong County (FCC) to operate the Armstrong County PATH Program. FCC is the main mental health treatment provider in Armstrong County, and also houses the mental health Base Service Unit. The Indiana County PATH Program is operated by the Indiana County Community Action Program (ICCAP). ICCAP is the Local Lead Agency (LLA) and main housing provider in Indiana County.

The chart below provides current mailing addresses and PATH PDX information for the Armstrong-Indiana Behavioral and Developmental Health Program and its contracted PATH Providers.

AGENCY NAME	MAILING ADDRESS	PROVIDER PDX NAME	PDX ID NUMBER
Armstrong-Indiana Behavioral and Developmental Health Program	120 South Grant Avenue, Suite 3 Kittanning, PA 16201	Armstrong-Indiana MH/MR Program	PA-032
The Family Counseling Center of Armstrong County	300 South Jefferson Street Kittanning, PA 16201	Family Counseling Center of Armstrong County	PA-078
Indiana County Community Action Program	827 Water Street Indiana, PA 15701	Indiana County Community Action Program	PA-068

For FY 2022-2023, it is anticipated that the Armstrong-Indiana Behavioral and Developmental Health Program will receive a total PATH allocation of $60,344. This includes a Federal allocation of $45,258 and a State match allocation of $15,086. The total allocation will be divided equally between each PATH provider, with the Family Counseling Center of Armstrong County receiving a total allocation of $30,172 ($22, 629 federal dollars and $7,543 in state match funds). The Indiana County Community Action Program will then receive a total allocation of $30,172 ($22,269 federal dollars and $7,543 in state match funds).

Collaboration with HUD Continuum of Care (COC) Program

Armstrong and Indiana Counties have a working relationship with the Western Pennsylvania's Continuum of Care (CoC): PA-601, known now as One by One, Ending Homelessness in Western PA. This relationship is maintained through the Local Lead Agencies in each county: the Armstrong County Community Action Agency and the Indiana County Community Action Program. Staff from both agencies attend CoC meetings and provide updates to county agencies at local Homeless Advisory Committee/Consortium meetings.

In addition to the collaboration with the CoC by the Local Lead Agencies, PATH Program staff in both counties are engaged in numerous planning and training activities regarding housing resources and other human service resources available to help those who may be enrolled in the PATH Program. The staff also, through case management activities, help to provider referral and coordination of those human services. These service address the Social Determinants of Health that create barriers to the individuals becoming stably housed and successful. The assistance includes providing support and information to Coordinated Entry (CE) staff in order to conduct accurate assessments, complete CE enrollment, and secure safe and affordable permanent housing.

The final area in which Armstrong and Indiana PATH staff collaborate with the Western Pennsylvania's COC is through the annual Point in Time (PiT) Study that is conducted every year, aimed at identifying and offering assistance to homeless in the area. PATH staff and the AI BDHP's housing support staff attend planning meetings and assist with community informational efforts which alert community based organizations about the study in hopes of identifying all those in need of emergency housing.

Collaboration with Local Community Organizations

Partnerships and Collaboration

The Armstrong-Indiana Behavioral and Developmental Health Program has a long standing history of developing and maintaining collaborative agreements and contracts with local community/human service agencies. These partnerships are crucial to providing the best overall service to those with mental health, intellectual disabilities and early life developmental challenges by addressing all the barriers that affect their everyday lives. The extensive list provided below indicates the local organizations that the AI BDHP and the Behavioral Health Housing Liaisons/PATH Case Managers partner with on a continual basis.

- Department of Human Services and Office of Mental Health and Substance Abuse Services
- Aging Services
- Probation and Parole Services
- Public Defender Services
- Court Services/Systems
- The Armstrong/Indiana/Clarion Drug & Alcohol Commission
- Local D&A Providers

- Local Mental Health Providers
- Local Developmental Disability Providers
- Office of Vocation Rehabilitation
- Career Link
- Career Track
- The County Assistance Offices
- Veteran Services
- County Planning and Development Programs
- Social Security Administration
- The Armstrong and Indiana County Jails
- Indiana Regional Medical Center
- Armstrong County Memorial Hospital
- ARIN Intermediate Unit
- Physical Health Care Providers
- Open Door Crisis Program
- Beacon Health Options
- Various local School Districts and Universities/Community Colleges

Coordination with Outreach Efforts

The Armstrong and Indiana County PATH Programs put a strong emphasis on working collaboratively with a multitude of agencies and organizations in order to best meet the needs of PATH-eligible individuals. Recognizing that collaboration is a continuous effort, coordination is achieved by teaming up with other human service agencies by:

- Actively participating in local task forces, committees, and consortiums
- Being a partner in client services planning where requested
- Providing education through outreach to service agencies, inpatient units, and at community events such as health fairs

The activities listed above have helped the AI BDHP and PATH staff build and maintaining a good working relationships which has spurred a number of creative and successful initiatives aimed at helping consumers overcome to locating, obtaining, and sustaining safe and affordable housing. Examples of these initiatives include the establishment of a homeless program using PHARE dollars, local landlord engagement sessions, the development of a mental health Bridge Rental Subsidy Housing Program, and the development of a Housing/Employment Skill Building Workgroup established to create a program to help individuals with mental health and substance abuse issues build skills needed to live independently and enter the work force.

Service Provision

Armstrong-Indiana PATH Service Description

The overall plan of the Armstrong-Indiana Behavioral and Developmental Health Program to provide the most coordinated and comprehensive service to PATH clients is to use PATH funding to provide outreach/education/engagement and strong case management service to those

who are PATH-eligible. The program is to serve the population in each county who are homeless or at risk of becoming and have a serious and persistent mental illness and/or co-occurring disorders. This population also includes veterans who are deemed eligible for the program.

Street Outreach, Education, and Engagement

Outreach to individuals who are homeless or are at risk of becoming homeless will continue to be a priority for the Armstrong and Indiana PATH Programs in 2022-2023. Outreach efforts present a series of challenges to PATH staff due to the rural nature of the counties served. It is extremely difficult to locate those most vulnerable and most in need. Further complicating efforts is the fact that often times clients "couch surf" from one situation, making it nearly impossible to get a true handle of all those in need. Outreach, educational and engagement efforts will continue to be concentrated in areas where those with mental health challenges are known to receive services or spend their leisure time. Increased efforts include partnering with the local drop-in centers so that the BHHL/PATH Case Managers are on the monthly schedules at the centers. This allows consumers to know when staff will be there if they would like to meet with them in person. The liaisons also visit the peer support providers in each county on a regular basis to meet with consumers and staff. Outreach and education efforts to the Blended Case Management and Family Based departments will continue this year. The housing liaisons/case managers are also expected to conduct homeless street outreach in areas such as local parks, Community Support Program meetings, Suicide Task Force meetings, stores, churches, homeless shelters, domestic violence shelters, veteran service locations, hospitals and other community settings. As part of their outreach efforts, PATH staff will provide information about the PATH program, behavioral health services, and other housing options available within the county. PATH staff will also be available to offer this education to other community based service staff as requested.

Case Management Services:

The area of focus for the Armstrong and Indiana PATH Program is the case management services offered by the Behavioral Health Housing Liaisons/PATH Case Managers. These individuals are responsible for linking clients and their families to all needed community based services that will be the most helpful in overcoming barriers that lead to locating and maintaining safe and affordable housing. The BHHL/PCMs are able help clients obtain their vital documents such as photo identification, birth certificates and social security cards. Through the SOAR Program, they are able to help consumers obtain medical assistance coverage and social security benefits as well. Other case management services include assessment of Social Determinants of Health, generating referrals to necessary services, and service coordination and follow up. In addition to the above mentioned activities, the BHHL/PCMs also are available to provide financial literacy advice, mediation of consumer/landlord issues, and ensuring that all housing found can be sustained by the consumer. Finally, built into our PATH program is an allowance for limited transportation for clients to get to necessary appointments to help them gain and maintain stability in the community.

Maximizing PATH funds

In order to help support clients assisted through the PATH Program in Armstrong and Indiana Counties, the AI BDHP leverages funding from a variety of sources. Health Choices Reinvestment Funds and Community Hospital Integration Project Program (CHIPP) funds are used to provide housing and mental health residential options to PATH clients. Reinvestment money is also being used to fund a housing contingency fund that his available to assist PATH clients with expenses such as security deposit assistance, rental assistance, back utility payments and one-time rental assistance to avoid eviction. The AI BDHP also now has Community Block Grant funding available that can be used to help improve services and eliminate barriers that many PATH clients face such as transportation and access to crisis services by creating a text line for consumers. In 2021, the AI BDHP also encouraged the Indiana County PATH provider to access Community Health Care Worker dollars in order to help support the salaries of the Behavioral Health Housing Liaison/PATH Case Management staff. Finally, when an individual does not quality for Medical Assistance coverage, the AI BDHP can use mental health base funding to pay for limited treatment/services for PATH clients. It should be noted that most of those who are eligible for PATH in both Armstrong and Indiana Counties usually already have obtained Social Security and Medicaid benefits prior to becoming involved in the PATH Program.

Service System Gaps

Despite the number of behavioral health and housing services available to residents of Armstrong and Indiana Counties, gaps do remain. There is still no emergency shelter available for Armstrong County residents. In both counties, there is a significant gap in services for individuals or heads of households who have credit issues and need budget counseling who may have a criminal history, drug & alcohol issues, or past landlord concerns. An individual with a mental health diagnosis could have had one or more of these concerns at any time on their road to recovery, making their housing needs more precarious if a provider or landlord does not understand and support recovery. Another complication is true lack of affordable housing in each county. PATH clients live on a very limited income and cannot afford rentals available in the community. For example, Section 8 programs will often experience lengthy waiting lists which also limit safe and affordable permanent housing options for PATH clients. This program was exacerbated by the recent pandemic. Although the eviction moratoriums helped many individuals remain housed when incomes suffered during the pandemic, it also added to the existing shortage of safe and affordable housing, especially for those with low incomes and/or other barriers. Now that the pandemic is easing, rents being charged by landlords are increasing significantly, often increasing the rent far above the Fair Market Value. Landlords also continue to be reluctant to accept Section 8 as a means of payment, which puts many homes out of the reach of PATH clients who have limited income. Also, despite education efforts, sigma towards those with mental illness still exists, especially amongst some landlords. Finally, adding to issues with housing in our rural counties is the lack of affordable and reliable transportation. The lack of public transportation severely limits where PATH clients are able to live so that they can still access needed services.

Unfortunately, the gap in services for the Youth and Young Adult (YYA) population still exists in both Armstrong and Indiana Counties despite recent service enhancements. Perhaps the biggest gap is the lack of sustainable housing for individuals 18-30 years of age. Another gap in service is the lack of transitional mental health services to transition from adolescence into adulthood such as transition age case management program.

Existing Behavioral Health Services in Armstrong and Indiana Counties

Despite the gaps in the local housing resources identified above, we are fortunate to continue to have a wide array of behavioral health services in each county. Below is a table showing the core services in both the mental health and substance use/abuse programs in our two counties that are available to individuals 18 years of age or older.

ARMSTRONG/INDIANA BEHAVIORAL HEALTH SERVICES

Adult Mental Health Services	Child/Adolescent Mental Health Services	Drug and Alcohol Services
• Screening and Assessment Services • Psychiatric Evaluation • Medication Management • Partial Hospitalization • Inpatient Hospitalization • Extended Acute Care • Intensive Outpatient Services • Mobile Medication Program • Clozapine Support Services • Blended/Targeted Case Management • Psychiatric Rehabilitation (mobile and site based) • Peer Support Services • Vocational Services	• Screening and Assessment Services • Psychiatric Evaluation • Medication Management • Partial Hospitalization • Inpatient Hospitalization • Intensive Outpatient Services • Individual/Family/Group Therapy • Blended/Targeted Case Management • IBHS • Strength Based Treatment • Family Based Services • Multi-Systemic Therapy • YYA Peer Support Services • Community Residential Rehabilitation Services • MH Residential Treatment Facilities • MH/ID (dual program) Residential Treatment Facility	• Screening/Assessment Services • Inpatient Treatment • Intensive Outpatient Treatment • Outpatient Treatment • Support Groups • Recovery Support Services • Case Management • Prevention and Education • Tobacco Prevention/Cessation Services • Drug Court (Indiana) • Drug-Free Communities Coalition • Student Assistance Program • Halfway Houses • Oxford House Program • Recovery Capital Center Program

• Drop-in Centers • Consumer/Family Satisfaction Team • Supported Living • Community Residential Rehabilitation Services (Maximum and Minimum) • Enhanced Transitional Housing Program (CHIPPS) • Long Term Structured Residence • Emergency PHARE housing • Mental Health Short-Term Housing Unit Program (Armstrong Co.) • Mental Health Bridge Rental Subsidy Housing Program (both counties) • 24/7 Walk-in Crisis Services • 24/7 Mobile Crisis Services • 24/7 Telephone Crisis Services • Crisis Text Line • Crisis Follow Up Services • Medical Assistance Transportation Program • Mobile Restoration Team • Forensic LTSR	• Early Intervention Services • Student Assistance Program • School Based Outpatient Services • Consumer/Family Satisfaction Team Program • 24/7 Walk-in Crisis Services • 24/7 Mobile Crisis Services • 24/7 Telephone Crisis Services • Crisis Text Line • Crisis Follow Up Services • Medical Assistance Transportation Program • Dual Diagnosis Treatment Team <u>Early Intervention Services</u> • Community Development • Social or emotional Development Screening • Self-Help or Adaptive Development Screening • Cognitive Development Screening	• Consumer/Family Satisfaction Team Program • 24/7 Walk-in Crisis Services • 24/7 Mobile Crisis Services • 24/7 Telephone Crisis Service • Crisis Text Line • Crisis Follow Up Services • Medical Assistance Transportation Program • Rides for Recovery Transportation Program

• Dual Diagnosis Treatment Team • Deaf and Hard of Hearing Services Program • Veteran's Court (Armstrong County)		

Armstrong-Indiana PATH Referral and Enrollment Process

The Behavioral Health Housing Liaison/PATH Case Managers are the PATH provider staff responsible for processing all referrals, assessments, and enrollments for the Armstrong and Indiana County PATH Programs. The liaisons/case managers first meet with a client who is either homeless or imminently homeless that discloses mental health issues and is at least eighteen (18) years of age, or is an emancipated minor with legal documentation. The PATH program is then explained to the client. If the client is eligible and agreeable to participating in PATH, releases are signed to obtain the necessary documentation. Once all documentation has been received, the client is then enrolled them into the PATH program and their information is entered into the Homeless Management System. The client may be enrolled in the PATH program for 90 days before they are required to obtain documentation of their mental health diagnosis. In the event that the client does not wish to be enrolled the information would be entered as a pre-enrollment contact in the HMIS system. All enrollments are entered into the PA HMIS.

42 CFR Part 2 Regulations

The Armstrong-Indiana Behavioral and Developmental Health Program is the county level administrative entity for mental health, developmental disabilities and early intervention services in our two counties. We are not required to follow the 42 CFR Part 2 Regulations.

PATH and Peer Support

Although the Armstrong and Indiana PATH Programs do not have a specific peer support component attached directly to the program, the Behavioral Health Housing Liaisons/PATH Case Managers do, however, work very closely with the mental health peer provider staff and drug and alcohol recovery specialists that are available in each county. Behavioral health peer support has been very helpful in providing additional layer of case management and support to PATH clients. Peer specialists help clients obtain the required documentation for housing. They help complete Section 8 applications and assist with finding rental units. Peers are knowledgeable about the PATH program and the services provided by the BHHL/PCMs and have good working relationships established with PATH staff in each county.

Data

The Armstrong-Indiana PATH Program fully participates in Pennsylvania's Homeless Management Information System (HMIS). The product both counties are using is Client Track. The Armstrong-Indiana Behavioral and Developmental Health Program, as well as our contracted PATH Providers, are all registered and trained the system, and work collaboratively in data entry, completing required reports, and analyzing data collected for the two counties. The BHHL/PATH Case Managers are also in contact with the state PATH contact located at the Department of Human Services, as well as staff from Pennsylvania's Department of Community and Economic Development (DCED) to resolve any data entry and reporting issues. All BHHL/PATH Case Managers will be required to attend any new training offered on the HMIS, including webinars offered by Client Track and PATH HMIS Learning Communities. Any new BHHL/PATH Case Managers hired will receive HMIS training from supervisory staff and by accessing the online training materials available on DCED's HMIS website. A hard copy of the most current PA HMIS manual is also available for staff to reference in their day-to-day activities. The manual is also located on the PA-601 Western Continuum of Care's website.

Housing

Those with mental illness and/or co-occurring issues deserve the right to live in quality, safe, affordable, and de-segregated housing. The Armstrong-Indiana Behavioral and Developmental Health Program is committed to developing and maintaining housing options for this population in our counties. Strategies that have been successful in accomplishing this missing include housing specific grants such as PATH that provide financial assistance to cover the cost of first month's rent and security deposits. The AI BDHP is also utilizing Health Choices Reinvestment Funding by participating in both regional and county specific housing plans. These efforts have produced Mental Health Bridge Rental Subsidy Programs in each county which are operated by the Indiana County Community Action Program and the Family Counseling Center of Armstrong County. The AI BDHP is also a support partner of the Armstrong County Community Action Agency in acquiring PHARE dollars to provide emergency housing units which can be accessed by those with behavioral health issues. These programs serve PATH clients as well as other homeless or marginally housed consumers in both counties. And, along with these programs, the AI BDHP helps to fund housing support services such as the Behavioral Health Housing Liaisons/PATH Case Managers and a Supported Living Program that are available to work with consumers and their families to help maintain their housing by linking individuals to rental programs such as the Prepared Renter's Program (PREP) as well as support programs aimed at improving their behavioral health. The chart provided below outlines the housing options currently available in both counties by provider agency:

HOUSING PROGRAM	PROVIDER AGENCY	AREA SERVED
Maximum Care Community Residential Rehabilitation Program/Enhanced Personal Care Home (24/7 supervision)	I&A Residential Services, Incorporated (funded by the AI BDHP)	Armstrong & Indiana Counties

Minimum Care Community Residential Rehabilitation Program (1 hour/day supervision)	I&A Residential Services, Incorporated (funded by the AI BDHP	Armstrong & Indiana Counties
Supported Living Program (1 hour/week supervision)	I&A Residential Services, Incorporated (funded by the AI BDHP	Armstrong & Indiana Counties
Indiana County MH Bridge Rental Subsidy Housing Program	Indiana County Community Action Program	Indiana County
Armstrong County MH Bridge Rental Subsidy Housing Program	Non Profit Development Corporation	Armstrong County
Intensive Permanent Supportive Housing Program	Unity Home Partners	Armstrong & Indiana Counties
Enhanced Transitional Housing Program	SPHS	Armstrong County
Domestic Violence Shelters	HAVIN Alice Paul House	Armstrong County Indiana County
Pathways Homeless Shelter	Indiana County Community Action Program	Indiana County
Family Promise of Indiana County	Family Promise of Indiana County	Indiana County
Section 8/ Low Income Rentals	Housing Authorities in each county	Armstrong & Indiana Counties
Meckling Shakely Veteran's Center	Veteran's Administration	Armstrong & surrounding Counties
Temporary Emergency Housing	Salvation Army, Red Cross, Local Ministries, PHARE/Armstrong County Community Action Agency	Armstrong & Indiana Counties
PA Homeless Assistance Program	Armstrong Community Action & Indiana Community Action	Armstrong & Indiana Counties
Bridge Housing	Armstrong Community Action & Indiana Community Action	Armstrong & Indiana Counties
Emergency Solutions Grant	Armstrong Community Action & Indiana Community Action	Armstrong & Indiana Counties
Emergency Housing/PHARE Program	Armstrong County Community Action Agency	Armstrong County
Emergency Housing Voucher Program	Indiana County Housing Authority	Indiana County

Homeowner's Emergency Mortgage Assistance Program	Armstrong Community Action & Indiana Community Action	Armstrong & Indiana Counties
Rental Properties	Armstrong Community Action & Indiana Community Action	Armstrong & Indiana Counties
Permanent Housing for the Disabled	Armstrong County Community Action & Indiana County Community Action	Armstrong & Indiana Counties
Armstrong/Fayette County Rapid Rehousing Program	Armstrong County Community Action	Armstrong County
Armstrong County Rapid Rehousing Program (formerly the Transitional Housing Program)	Armstrong County Community Action	Armstrong County
Armstrong County HUD-VASH Program	Butler County VA	Armstrong County
Indiana County HUD-VASH Program	Indiana County Housing Authority	Indiana County
Veterans Housing Project	NCCDC	Indiana County
Section 811 Rental Assistance Housing Units	Indiana County Community Action Program	Indiana County

Finally, the AI BDHP will continue to engage in initiatives aimed at gaining consumer and family member feedback in regards to housing needs. These initiatives include consumer focus groups, reviews of current housing options, and participating in county specific efforts to evaluate housing options in Armstrong and Indiana Counties.

Staff Information

The PATH Program staff employed by the Armstrong-Indiana Behavioral and Developmental Health Program is 100% Caucasian female. Both individuals hold Master Degrees and have been employees of the AI BDHP for over 20 years. Our staff has worked with many individuals who have varied cultural differences, many of whom have moved into the area to attend the Indiana University of Pennsylvania and other surrounding universities/colleges. The AI BDHP PATH staff is required to participate in all cultural diversity and cultural competency trainings as they are made available through various resources. The Armstrong-Indiana Behavioral and Developmental Health Program and its PATH providers (the Armstrong County Community Action Agency and the Family Counseling Center of Armstrong County) do not discriminate on the basis of race, ethnicity, religious creed, disability, ancestry, national origin, sex, sexual orientation, age, political belief, familiar status, military services, genetic information or citizenship. The AI BDHP is committed to incorporating cultural competency into our behavioral health delivery system by collecting and analyzing demographic data on a regular basis and holding focus groups with local stakeholders to develop a cultural competency philosophy to enrich the behavioral health services in Armstrong and Indiana Counties.

The demographics of the Family Counseling Center's (FCC) PATH Program staff are currently 100% Caucasian females with 40 years of experience serving the mental health consumers and families of Armstrong County. Staff consists of two BHHL/PCMs and one supervisor. Staff was chosen to operate the PATH Program because of their expansive knowledge and experience in working with those with mental health challenges with multiple social determinant barriers. All staff members have college degrees and have received cultural competency and diversity training and will continue to engage in Cultural Competency/Diversity webinars offered by SAMHSA. These staff members have extensive experience working with all age groups and all nationalities of people. The BHHL/PATH Case Managers and the PATH Program Supervisor are required to stay updated on cultural competency and diversity training. PATH staff also have training opportunities through the local Armstrong County Community Support Program which offers guest speakers on a variety of topics including cultural diversity and gender sensitivity.

The Indiana County PATH Program, operated by the Indiana County Community Action Program, is staffed two full-time Behavioral Health Housing Liaison/PATH Case Managers and one supervisor, housed in the main office at 827 Water Street, Indiana, Pennsylvania. The PATH case management staff is currently 50 % Caucasian female and 50% Caucasian male. The Behavioral Health Housing Liaison/PATH Case Managers are supervised by the Direct Services/Shelter Director and are part of the agency housing team. The Behavioral Health Housing Liaison/PATH Case Managers both have Bachelor's degrees, one in Psychology and one with a Bachelor's degree in Communications and a Masters in Adult Education as well as experience in mental health. This experience will be supplemented through supervision. All staff members are also trained in cultural competency and diversity and continue to engage in Cultural Competency/Diversity webinars offered by SAMHSA. They also have training opportunities through the local Indiana Community Support Program which offers guest speakers on a number of topics such as cultural diversity and gender sensitivity,

There is currently no peer support or recovery support staff directly employed within the Armstrong and Indiana PATH Program. PATH staff will, however, continue working closely with Certified Peer Support and Recovery Specialists in both counties to provide comprehensive service delivery and support.

Client Information

Indiana and Armstrong Counties are fairly homogeneous with the majority of residents identifying as Caucasian and English speaking with a collective average of approximately 95% falling into those categories. Most of those enrolled in our PATH programs are non-veterans. Our counties are also very rural with traditional high unemployment and low income.

The population to be served by the PATH Program will be those who are 18 years of age or older, are homeless or at imminent risk of becoming homeless, suffer from a serious and persistent mental illness and live in Armstrong or Indiana counties. For both counties, the overall projected number of those to be contacted is approximately 140 individuals, with at least 53 of these to be enrolled in PATH services. The total projected percentage of those who will be homeless or literally homeless is estimated to be around 24% (Armstrong County projects 6%

and Indiana County projects 47%) which is an average between the two counties. Data from the 2020-2021 PATH annual reports show that our population is typically between the ages of 30 and 60 years of age, and most being enrolled are females.

Consumer Involvement

The input of PATH clients, their families, and all stakeholders within the Armstrong and Indiana behavioral health system is greatly sought after and valued by the Armstrong-Indian Behavioral and Developmental Health Program. There is no better way to uncover gaps in services and barriers in accessing services than from hearing directly from those served. The AI BDHP has a number of ways to gain this feedback. They include holding consumer/family focus groups as part of the Pennsylvania Human Services Block Grant planning. These meetings are open to any discussion consumers and families wish to have regarding the services they receive or are lacking. Feedback is also obtained through monthly Community Support Program meetings that are held in each county. Consumers and family are encouraged to engage in dialog with other consumers/families, provider staff, and AI BDHP staff. A final way that overall consumer/family feedback is obtained is through the Armstrong/Indiana Consumer and Family Satisfaction Team's interviewing process. The team is available to any consumer or family member who wishes to complete and interview. Interviews are informal which creates a very open atmosphere for consumers and family members to give express their level of satisfaction with behavioral health services being provided in the community. The team also has a set of questions specifically designed to gain consumer feedback about housing issues and programs, including the PATH Program. Finally, PATH clients are asked to complete and exit survey as they exit the program. This feedback is so very important to gage the overall effectiveness of the PATH program. It also serves as a guide for areas which the program can be improved.

PATH clients, as well as all consumers and family members are encouraged to become involved in the behavioral health system, both at a provider level and the county level. Currently, there are no PATH eligible individuals employed or serving as volunteers within the AI BDHP. There also is not currently a PATH eligible individual serving on the AI BDHP's Advisory Board. Through its working relationships with providers, the AI BDHP encourages all of its providers to include consumers and family members on their governing and advisory boards and to have them become meaningful participants by allowing them to share and use their knowledge and experience to improve the overall quality of services they provide.

Alignment with State Comprehensive Mental Health Services Plan

Over the past 15 years, the Commonwealth of Pennsylvania has shifted its focus from more of a treatment/medical model of care to the recovery and resiliency model. This shift has also impacted housing for those with behavioral health challenges by shifting from congregate living to independent living and permanent supportive housing. The PATH Program is a key in assisting the AI BDHP in efforts to help consumers and their families secure and maintain the permanent, independent housing that they desire.

Part of Pennsylvania's Mental Health Services plan was for each county to have staff who were dedicated and specialized in housing. The AI BDHP created Behavioral Health Housing Liaison

positions in each county. These positions were then tasked with the operation of the PATH Program in each county. The BHHL/PCMs work with individuals with behavioral health challenges who are homeless or at risk of becoming homeless with locating housing. The liaisons/case managers are able to use PATH and Contingency Funds as needed to secure and maintain housing. The liaisons are also the first staff to assist mental health consumers and their families who are in crisis/emergency housing situations. Their thorough understanding of housing resources in the county, along with the strong relationships they have built with various local human service agencies, allow efficient assistance to those most in need. In addition to their duties as housing specialists, the BHHL/PCM's are also SOAR trained, which also aligns with Pennsylvania's overall mental health plan. It also provides PATH clients with a tremendous resource by having a dedicated and knowledgeable person be able to assist with obtaining income and healthcare benefits.

Finally, as the Commonwealth has now incorporated Social Determinants of Health into their planning, the AI BDHP has required PATH staff to become Certified Healthcare Workers. While this has opened up another funding source to sustain the BHHL/PCM positions, it is also helping to support local housing efforts by having staff trained to not only identify, but assist with helping to eliminate these barriers that can greatly impact a person's success. Overall our housing efforts will be significantly improved by having our case managers focusing on these determinants.

Other Designated Funds

For 2022-2023, the Armstrong-Indiana Behavioral and Developmental Health Program anticipates utilizing four funding resources available to help support our PATH Program. They include the 2022-2023 PATH grant, Health Choices Reinvestment Funding, Community Health Care Worker Funding, and MH Base Funding. The only resource, however, specifically earmarked for the PATH Program, is money provided through the PATH grant. This funding is considered to be the last resort, being used when no other funding resource can be located to assist someone who is homeless or at risk of becoming homeless. PATH funds are used to assist with rental and utility costs and costs associated with obtaining necessary personal documents for PATH-eligible clients. PATH funds are also used to support the salaries of PATH staff. Health Choices Reinvestment Funding is used to support PATH clients by providing another source of rental and utility assistance and other gaps for people enrolled in PATH when needed. In order to access this fund, the individual must be age 18 or older, have active Medical Assistance eligibility and have a documented mental health diagnosis. The newest source of revenue obtained to help support the PATH Program is through Community Healthcare Worker Funding. Every one of the PATH Provider staff has obtained certifications designating them as Certified Community Healthcare Workers (CCHW). Only the Indiana County Community Action Program is currently using the funds which are helping to support the salaries of the Behavioral Health Housing Liaisons/PATH Case Managers employed there. Base Mental Health Funding is the final revenue source that the AI BDHP has available to help support the PATH program. This funding can be used to help support the overall cost of staffing for our PATH Program if there is a shortfall with the other sources of funding. It may also be used to fund mental health services that are not covered by Health Choices.

Programmatic and Financial Oversight

AI BDHP Financial

The Armstrong-Indiana Behavioral and Developmental Health Program staff maintains both programmatic and fiscal oversight over the Armstrong and Indiana County PATH Program. The AI BDHP fiscal staff work closely with PATH providers (both fiscal and program) on creating budgets for the program and assuring reporting requirements are being met. Regular program invoicing is also monitored on regular basis by fiscal staff. The AI BDHP housing point person must sign off on any requests from the Behavioral Health Housing Liaisons/PATH Case Managers to use PATH dollars to ensure eligibility requirements are met and that funds are being used appropriately. The housing point person also communicates frequently with the AI BDHP's fiscal staff to assure billing is accurate and the PATH Providers are reimbursed accurately for any expenses incurred.

AI BDHP Program Oversight

The AI BDHP's Quality Management Coordinator is responsible for conducting annual program reviews of the Armstrong and Indiana PATH Programs. These reviews focus on program operational areas such as outreach/education, the PATH referral process, case management services, overall chart documentation and organization, data entry compliance, staff development, and the program's overall quality assurance processes. The reviews consist of chart audits and staff interviews. Consumer feedback is obtained through the Armstrong/Indiana Consumer and Family Satisfaction Program's (C/FST) interviewing process and through PATH client exit surveys offered by the PATH providers to those who close from the PATH Program. All feedback from C/FST surveys is discussed between the C/FST staff, AI BDHP housing point person and PATH providers. Suggested areas of improvement may require an action plan be developed by the PATH providers which is monitored by both the AI BDHP and the C/FST. Results of the providers' program exit surveys are discussed with PATH staff and the AI BDHP housing point person. All results of feedback are to be shared with consumers, family members and other community stakeholders by the Behavioral Health Housing Liaisons/PATH Case Managers through report updates given at local Community Support Program meetings held in each county.

SSI/SSDI Outreach, Access Recovery (SOAR)

For Armstrong and Indiana Counties, the Behavioral Health Housing Liaisons/PATH Case Managers are the staff responsible for using the SOAR model to assist PATH-eligible individuals with applying for Social Security benefits (SSI/SSDI). As the PATH grant holder, the Armstrong-Indiana Behavioral and Developmental Health Program has adopted a PATH program policy that requires all PATH staff to become SOAR trained within six months of their date of employment. As such, staff are required to become maintain a working knowledge of the SOAR Online Application Tracking (OAT) system. Staff are to consistently monitor the status of all SSI/SSDI applications submitted. Status updates are to be provide in a timely manner to all applicants. Should an application be denied, the staff are trained to assist with filing an appeal and helping the individuals through the appeal process.

The chart below represents SOAR data for both the Armstrong and Indiana County PATH Programs. It stands to note that most individuals who access our PATH programs have already obtained SSI/SSDI benefits.

Number of PATH staff trained in SOAR	5
Number of staff who provided assistance with SSI/SSDI applications using the SOAR model	4
Number of consumers assisted through SOAR in 2020-2021	0
Application eligibility results	N/A

Coordinated Entry

In Armstrong and Indiana Counties, PATH eligible individuals usually take top priority when assess for Coordinated Entry due to their behavioral health diagnosis and immediate need for safe and secure housing. All PATH staff have become extremely familiar with the Coordinated Entry Program in each county. The staff work closely with the Coordinated Entry providers and assist with the assessment and enrollment process when needed. Individuals are to go through the Coordinated Entry process prior to becoming enrolled in PATH. In Indiana County, the PATH staff are employed by the agency (Indiana County Community Action Program) that is also the Coordinated Entry provider. This has helped to expedite CE referrals for PATH clients. The partnership also allows PATH staff to receive continuous updates. PATH staff provider crucial information that helps CE staff create a more thorough assessment. The Armstrong and Indiana Behavioral Health Housing Liaisons/PATH Case Managers are also able to make referrals to the Coordinated Entry Program on behalf of PATH eligible individuals. The partnership also allows for Coordinated Entry staff to identify possible PATH-eligible clients and will refer those individuals to the PATH Case Managers for assistance through the PATH program. One barrier identified in the Coordinated Entry assessment and prioritization process is the lack of needed documentation such as birth certificates. The lack of documentation slows the Coordinated Entry process significantly.

Justice Involved

CIT Training

The AI BDHP strongly supports the training of local law enforcement and court-related personnel in crisis intervention. Crisis Intervention Team (CIT) training has been provided to law enforcement/court personnel in both of our counties. This includes CIT training for Veterans. Overall, the training has been very well received and attended. It is estimated that 30% of all our enforcement/court related personnel have received CIT training. Staff has represented a number of agencies such as the district magistrate offices, local police departments, local sheriff offices, local jails, district attorney offices, and the Pennsylvania State Police.

Along with CIT Training, law enforcement/court-related personnel have also attended Mental Health First Aid Trainings (adult and youth) offered in our counties.

Behavioral Health/Criminal Justice Service Initiatives

The Armstrong-Indiana Behavioral and Developmental Health Program is committed to supporting justice related services and re-entry initiatives in our communities. The AI BDHP has prioritized this population in its planning processes and development of new programs. Working to assure the mental health system is more responsive to the needs of those with behavioral health issues and criminal justice histories, the AI BDHP has partnered with local Criminal Justice agencies and human service providers to plan and create ways to help link this population to jobs, housing, treatment services and other human service supports. Below are specific examples of programs, services, and collaborations that have been developed:

- Criminal Justice Advisory Board in both Armstrong and Indiana Counties: The boards work to address systemic and policy issues regarding the Criminal Justice System.
- Stepping Up Initiative training sessions in Armstrong County: This initiative is a nationwide effort to divert individuals who have mental illness from becoming incarcerated with the goal of getting them into treatment. This program will require strong communication and collaboration between local mental health agencies and components of the Criminal Justice System.
- Regional Forensic Plan: Armstrong and Indiana Counties are partnering with surrounding counties to develop a plan aimed at developing other placement options for those with mental illness facing incarceration where they can receive mental health treatment in secure settings. This initiative has secured a forensic LTSR and a Mobile Restoration Team. The Mobile Restoration Team assess individuals who are incarcerated to determine if they need mental health treatment and if they are capable in assisting in their defense.
- Criminal Justice Liaisons: Positions have been established in both Armstrong and Indiana Counties. These staff, also known as Boundary Spanners, work closely with inmates in correction settings to ensure they receive needed mental health care and develop a plan for release while they are incarcerated. The liaisons then support these individuals through their release and re-entry into the community by linking them to community based services that are aimed at helping them decrease their involvement in the legal system while increasing their chances of living a productive life.

Housing Initiatives – PATH Specific

To help increase the success of PATH clients and individuals who may be eligible for PATH (who also have criminal justice histories), the Behavioral Health Housing Liaisons/PATH Case Managers are available to link individuals to behavioral health services, employment services, and housing. The staff work very diligently at trying to minimize the stigma and barriers individuals with criminal justice involvement often face. This is done by building and maintaining good working relationships with law enforcement, the courts, and the local jails. The Criminal Justice Liaisons rely heavily on the BHHL/PCMs to help identify housing for those at risk of becoming incarcerated as well as those re-entering the community from a correctional

setting. The liaisons work together to create the best possible plan for success for each individual they serve.

In addition to the work they do to help individuals with justice related issues, the PATH staff also provide education/training to criminal justice personnel and work closely with those individuals to transition individuals back into the community after incarceration. They have successfully case managed a number of individuals who have found permanent housing and have accepted behavioral health/human service assistance. The PATH staff hope to expand their education efforts as to the treatment and housing resources available to individuals in the community to local landlords in the hopes of opening up more housing options for behavioral health clients who also have criminal justice histories. It is estimated that approximately an average of 40% of all individuals served by the Armstrong-Indiana PATH Program have some type of criminal history.

Veterans

The Armstrong and Indiana Behavioral and Developmental Health Program is committed to providing quality mental health treatment and support to military service members and their families. A variety of mental health treatment and support services are readily available in each county for active duty personnel and their families, as well as those who have completed their service. The AI BDHP is also committed to working with veteran services in each county to help develop services and supports that meet the needs of servicemen women. For example, staff from the AI BDHP aided in development and implementation of a Veteran's Court in Armstrong County. Staff provide information on the mental health system and services available to Veterans to judges to help avoid Veterans from possibly going to jail or remaining incarcerated for extended periods of time. The Behavioral Health Housing Liaisons/ PATH Case Managers from Armstrong County are expected to assist veterans who are having difficulty with housing by linking them with local community resources such as, Armstrong County Community Action Agency, which houses the SFVF Programs for veterans, and the Mechling and Shakely Veterans Center, which is a shelter that assists veterans with housing as well as local ADLs when needed. In Indiana County, BHHL/PCMs assist veterans and their families by linking them to the Veteran's Affairs office in the county. Finally, all PATH staff attend local housing meetings which are attended by staff that support veterans. These meetings provide a good opportunity for planning and development of services to help all levels of military service personnel and their families.

Tobacco Policy

The AI BDHP has both an internal policy and a policy for contracted providers:

Internal Policy: In order to comply with government regulations, smoking is prohibited in AI-BDHP offices. Smoking is permitted outside the AI BDHP buildings in designated locations only. Each employee is protected from retaliatory action, or from being subjected to any adverse personnel action, for exercising or attempting to exercise any rights under this policy or any applicable law/regulation concerning the subject matter of this policy. AI BDHP will promptly investigate any disputes arising under this policy and, in resolving disputes, shall give priority to the health concerns of employees desiring a smoke-free area.

Provider Policy: There is no use of tobacco products permitted in any health service organization operated/funded by the BDHP. There is no use of tobacco products permitted in vehicles operated/funded by the BDHP. Use of tobacco products by staff in homes of consumers is not permitted. BDHP funded organizations are expected to implement this policy during the contract year. Organizations will be monitored for contractual compliance during monitoring visits. Monitoring visits can occur on a more frequent basis if complaints warrant.

Health Disparities Impact Statement

County Specific

In reviewing Indiana County PATH data collected in the PA HMIS in the 2021-2022 fiscal year, one subpopulation identified were those falling into the Youth and young Adult age group. Thirty-three percent (33%) of PATH clients fell between the ages of 18-30. Another subpopulation was those with low income/socioeconomic status with co-occurring disorders and/or criminal justice histories. The number of individuals in domestic violence situations also rose in 2020-2021. These subpopulations present with unique challenges that put them at risk of homelessness and/or from finding safe and affordable housing options such as poor/no rental history, criminal justice history, no/low income, and mental health and/or substance abuse challenges. Indiana County is also experiencing significant wait times for Section 8 vouchers coupled with low available housing stock.

Armstrong County's PATH data from fiscal year 2021-2022 shows that the main subpopulations represented included those between the ages of 30 and 50 who have (1) significance mental health challenges, (2) co-occurring disorders (MH/D&A), and (3) those who have a low socioeconomic status presenting with little to no income and no employment options. Residents are primarily Caucasian, English speaking individuals. The rural nature of the county and its limited resources has a direct impact on their lives, being impacted by limited employment opportunities, limited transportation options, and limited safe and affordable housing options. The majority of 2022-2023 PATH funding is expected to be used to serve these subpopulations.

Youth and Young Adult Population

The YYA population continues to be an underserved population in both of our counties. Although service enhancements have been made in the behavioral health system to better serve this population such the creation of a School Based Outpatient Program and Student Assistance Programs, many youth and young adult remain vulnerable to homeless. In 2022-2023, it is anticipated that the YYA population will represent approximately 21% of the total individuals served in our PATH Program. The total number of unduplicated individuals expected to be served by the AI BDHP's PATH Program is 8. The total amount of PATH funding expected to be used by the Armstrong and Indiana PATH Providers to help this population is $4,350. It is anticipated PATH funded services that will be offered to the Youth and Young Adult Population in Armstrong and Indiana Counties will include the following:

- Outreach

- Engagement
- Education
- Case Management/Housing Support
- Rental Assistance
- Security Deposit Assistance
- Transportation
- Information and Referral
- Document Retrieval

PATH Quality Improvement Plan for the YYA Population

The YYA population presents unique challenges for PATH providers. In order to better serve this population, in 2022-2023, the Armstrong-Indiana PATH Program will take the following action steps to better serve the YYA population.

- PATH service education and collaboration: As the pandemic dictates and it is safe to do so, the BHHL/PATH Case Managers will step educational and outreach efforts to youth and adults about the PATH Program. This effort will also focus on providing education to and collaborating with local area school district staff and behavioral health community based service staff. The goal is to build a more collaborative relationship with school teachers, guidance counselors and Student Assistance Program (SAP) workers. Staff from Blended Case Management, Family Based, Child/Adolescent Outpatient Services and Partial Hospitalization Programs will also be staff targeted to receive training about the PATH Program and what can be done to prevent homelessness.
- Housing partnership improvements: PATH staff will be dedicated to participating in more local planning activities that involve housing. The staff will continue to be advocates for the YYA population so that their needs are heard and programs can be developed to provide support so that they can become successful and productive adults.
- Personal documentation retrieval: The BHHL/PATH Case Managers will help the YYA population retrieve and access all pertinent personal documents such as birth certificates and photo identification that are needed to access services and housing.
- Applying for benefits: The BHHL/PATH Case Managers are to be SOAR trained so that they will be able to assist clients in applying for Social Security benefits. The BHHL/PATH Case Managers must also be knowledgeable about other resources and link clients to those if they so choose.
- Continued collaboration with Peer Support and Recovery Specialists: PATH staff will continue to work on developing better relationships with local Peer Support providers as well as Recovery Specialists who work with the youth and young adult population. This will help ensure a more coordinated service and referral effort improving the overall timeliness and quality of assistance provided.

The outcomes of the proposed plan will be to:

- Increase the overall communication and collaboration with area school districts, behavioral health providers, and other community providers to increase efforts to help YYA individuals who are at risk of becoming homeless to increase the effectiveness and efficiency of service provision.

- Decrease the overall amount of homelessness of the behavioral health YYA population.
- Increase the overall community awareness of the PATH Program and other housing resources available in Armstrong and Indiana Counties.

Limited English Proficiency

Although access to language assistance does not appear to be a great need in our counties, the Armstrong-Indiana Behavioral and Developmental Health Program strives to ensure that assistance is readily available to the behavioral health population when it is needed. A number of options exist to assist consumers and their families. Agreements are in place between the IA BDHP and the Armstrong-Indiana Intermediate Unit 28 and the Indiana University of Pennsylvania to provide interpreter services (oral, written, sight and audibly impaired) for our consumers. These services are free to consumers, regardless of income or insurance. For those individuals with medical assistance coverage who are Health Choices eligible, the AI BDHP may also access interpreter services through the Southwest Behavioral Health Management Corporation and our Managed Care Organization, Beacon Health Options. The AI BDHP also strongly encourages each provider agency to have a policy in place to access to interpreter services for those who have a limited working knowledge of the English language. All Armstrong and Indiana PATH staff is able to access these services through collaboration with our office on an as needed basis.

Budget Narrative

Armstrong/Indiana Behavioral and Developmental Health Program
Comprehensive PATH Budget Narrative
2022-2023

The budget presented below is a comprehensive budget for the Armstrong-Indiana PATH Program. For FY 2022-2023 it is anticipated that the Armstrong-Indiana Behavioral and Developmental Health Program will receive a total PATH allocation of $60,344. This would include a Federal allocation of $45,258 and a State match allocation of $15,086. The total allocation will be divided equally between each PATH provider, with the Family Counseling Center of Armstrong County receiving a total allocation of $30,172 ($22,629 federal dollars and $7,543 in state match funds). The Indiana County Community Action Program will then receive a total allocation of $30,172 ($22,269 federal dollars and $7,543 in state match funds). Along with this comprehensive budget, budgets will also be submitted for our PATH providers, the Family Counseling Center of Armstrong County and the Indiana County Community Action Program.

Personnel:

For the Family Counseling Center of Armstrong County, a total of $22,867.00 in PATH funds is devoted to PATH Program Staff salary. Of that total, $758.00 helps support the supervisor's salary. The remaining allotment designated to staff salary supports the Behavioral Health

Housing Liaison/PATH Case Manager at 25%. The supervisor will be responsible for staff and program oversight. The Behavioral Health Housing Liaison/PATH Case Manager will be responsible for the operation of the program through working with the PATH clients to secure housing and support services they need.

For the Indiana County Community Action Program, a total of $21.450.00 is being requested to provide for the full-time salary (65% of the time) of the Indiana County Behavioral Health Housing Liaison/PATH Case manager position. This position will be located at the Indiana County Community Action Program, Incorporated's office. The housing liaison work concentrates on increasing and creating housing resources for those who are homeless or at imminent risk of becoming homeless and have a behavioral health illness.

Fringe Benefits:

The funding amount of $2,718.00 is being requested to provide the following fringe benefits for Armstrong County PATH Program Staff at the Family Counseling Center. Fringe benefits would have the following costs associated by category: FICA Tax ($1,749.00) Unemployment Compensation ($177.00), Retirement ($591.00), Health Insurance ($75.00), Dental and Vision Insurance ($5.00), and Workman's Compensation ($121.00)

For the Indiana County Community Action Program, the funding amount of $5,022.00 is being requested to provide for the full-time fringe benefits of ICCAP's Behavioral Health Housing Liaison/PATH Case Manager. Fringe benefits include the following costs: FICA Tax ($1,622.00), Workers Compensation ($147.00), Pennsylvania Unemployment ($114.00), Health Insurance ($3052.00), Vision Insurance ($41.00) and Life Insurance ($46.00).

Travel:

At the Family Counseling Center of Armstrong County, PATH Program staff will travel to attend PATH Trainings on homeless/housing/mental health issues related to the PATH Program. Travel will also be used for outreach, distributing education materials and attending necessary meetings such as with the Housing Authority and landlords. A total amount of $442.00 is allotted for travel expenses on the Family Counseling Center's PATH budget.

The Indiana County Community Action Program is requesting funding requests funds to pay for travel costs due to ongoing outreach activities for the PATH program at a total of $900.00. It is projected that $800.00 of that amount will be spent on travel for local outreach and $100.00 spent of travel to training for staff.

Equipment:

The Family Counseling Center is not requesting that any PATH funds be used for equipment to operate the PATH Program in 2022-2023.

The Indiana County Community Action Program is not requesting that any PATH funds be used for equipment to operate the PATH Program in 2022-2023.

Supplies:

As with equipment, the Family Counseling Center is not requesting to use any PATH funds for supplies in 2022-2023.

The Indiana County Community Action Program is requesting and projecting to use PATH funds to cover office supplies, telephone, and internet costs in the amount of $950.00 to operate the program.

Other:

The Family Counseling Center of Armstrong County intends to use PATH funding to provide one-time rental assistance to PATH clients. Assistance will be available up to a maximum of $750.00 per person/family for a total amount of $4,145.00. Monthly rental amounts vary in the county area and are based on fair market value costs for the area.

The Indiana County Community Action Program, Inc. (ICCAP) is requesting to use $1,200.00 on one-time rental assistance at a maximum of $750.00 a per person/family to maintain housing. The agency is also requesting that $650.00 be used to aid with security deposits. Monthly rental amounts vary across the county and are based on fair market value costs for the area.

Projected Numbers to Be Served:

The chart below reflects the number of individuals to be contacted and enrolled in the Armstrong and Indiana County PATH Programs as well as the percentage of those who are projected to be literally homeless.

	Armstrong County	Indiana County	Totals
# of clients projected to be contacted	40	100	140
# of clients projected to be enrolled	28	25	53
% who will be literally homeless	6%	47%	53% Avg, = 27%
# of PATH SOAR trained staff	2	3	5
# of PATH clients anticipated to be assisted through SOAR in 2022-2023	2*	2*	4

***It should be noted that the majority of individuals reaching out for assistance through the PATH Programs in both Armstrong and Indiana Counties have already obtain the Social**

Security and Medical Assistance benefits they are eligible for prior to reaching out for housing assistance through PATH.

TOTAL PROGRAM BUDGET
Armstrong-Indiana PATH Program
Armstrong/Indiana Behavioral and Developmental Health Program
FY 2022-2023 Budget

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Position				
FCC PATH Supervisor			$758.00	$758.00
FCC Behavioral Health Housing Liaison/PATH Case Manager	$83,635.00	.25 FTE	$22,109.00	$22,109.00
ICCAP Behavioral Health Housing Liaison/PATH Case Manager	$40,197.00	.65 FTE	$21,450.00	$21,450.00
Sub-total			**$44,317.00**	**$44,317.00**
Fringe Benefits				
FCC			$2,718.00	$2,718.00
ICCAP			$5,022.00	$5,022.00
Sub-total			**$7,740.00**	**$ 7,740.00**
Travel				
Local Travel for Outreach				
FCC			$442.00	$442.00
ICCAP			$800.00	$800.00
Travel to training and workshops				
FCC			$0	$0
ICCAP			$100.00	$100.00
Sub-total			**$1,342.00**	**$1,342.00**
Equipment				
FCC			$0	$0
ICCAP			$0	$0
Sub-total			**$0**	**$0**
Supplies				
FCC			$0	$0

(Office and Phone Supplies) ICCAP			$950.00	$950.00
Sub-total			**$950.00**	**$950.00**
Other				
Staff training				
FCC			$0	$0
ICCAP			$0	$0
One-time assistance to maintain housing				
FCC			$4,145.00	$4,145.00
ICCAP			$1,200.00	$1,200.00
Security deposits				
FCC			$0	$0
ICCAP			$650.00	$650.00
Sub-total			**$5,995.00**	**$5,995.00**
TOTAL PATH Budget			**$60,344.00**	**$60,344.00**

Blair County - Home Nursing Agency
500 E Chestnut Avenue
Altoona, PA 16601
Contact: Kelly Williams
Email Address:

Provider Type: Community mental health center
PDX ID: PA-029
State Provider ID: 4229
Contact Phone #: 8149430414

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 47,087.00**	**$ 15,696.00**	**$ 62,783.00**	

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

Office: Other (Describe in Comments)	$ 47,087.00	$ 15,696.00	$ 62,783.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 47,087.00	$ 15,696.00	$ 62,783.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**
l. Grand Total (Sum of j and k)	$ 47,087.00	$ 15,696.00	$ 62,783.00	

Source(s) of Match Dollars for State Funds:

Blair County will receive a total of $62,783 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 100

Estimated Number of Persons to be Enrolled: 80

Estimated Number of Persons to be Contacted who are Literally Homeless: 10

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Blair County Human Services Office – PATH Intended Use Plan

UPMC Western Behavioral Health of the Alleghenies
500 East Chestnut Ave.,
Altoona, PA 16601
PDX: PA 029 Home Nursing Agency
2022-2023

Local Provider Description:
UPMC Western Behavioral Health of the Alleghenies (UPMC WBHA) is a non-profit community behavioral health center in Blair County. WBHA (formerly Home Nursing Agency) has been empowering individuals with mental illness/intellectual disabilities, and homeless individuals in personal development and transitioning to community life. WBHA provides a myriad of services including but not limited to outpatient counseling for both mental health and drug and alcohol, student assistant program, intensive behavioral health services, case management, peer support, and psychiatric rehabilitation. WBHA also has a variety of housing options including a Personal Care Home, transitional residences, a single room occupancy house, and independent apartments.

It is currently estimated that the PATH program will receive $62,783 ($47,087 Federal and $15,696 State) during 2021-2022 via a contract with the Blair County Department of Social Services. A budget table is attached and budget justification information is in this IUP. PATH funds will provide for the salary of a full-time case management position (PATH Housing Coordinator) to ensure a housing first model is followed to prevent homelessness or shorten the length of any homeless episode(s) when possible Funds will also supplement the salary of a Housing Supervisor who will provide for an increased level of customer contact, customer satisfaction and community integration of our services.

Collaboration of HUD Continuum of Care Program:
WBHA participates in the South Central RHAB and PA Eastern Continuum of Care Collaborative meetings. In 2021 we renewed our membership with the Continuum of Care as we had lost touch during our leadership transition. Our Continuum of Care works frequently with the Department of Community and Economic Development and we participate in any trainings they have to offer regarding HMIS utilization.

WBHA is active in our local CoC Coordinated Entry program. We work closely with our local Blair County Community Action Agency which is one of our access sites. PATH staff regularly monitor the Coordinated Entry Queue in the HMIS system for referrals. Referrals are also received from PA211. These referrals are screened by a PA211 coordinator and routed to all agencies that may meet the individual's needs. The PATH Housing Coordinator follows up on all referrals and coordinates with 211 to ensure they remain up to date on the services WBHA provides.

WBHA is an active participant of the Blair County LHOT committee and communicate regularly with other LHOT members such as SKILLS of Central PA, Blair County Community Action, Family Services of Blair County, James E. Van Zandt Medical Center and the Blair County Department of Human Services.

Collaboration with Local Community Organizations:
Agency staff work closely with physician practices within Blair County, including but not limited to, UPMC Primary Care Providers, Blair Medical Associates and Mainline Medical both

of which accept Medical Assistance reimbursement. Individuals without health coverage may use the free clinic operated by UPMC Altoona. PATH staff will assess the need for individuals to be linked to the physicians and nurses in these practices, based on individual choice. Blair County Department of Social Services contracts with UPMC Altoona and UPMC WBHA to provide a full continuum of care to persons with serious and persistent mental illness. In addition, the County contracts with SKILLS of Central PA for vocational and housing services and with CCBHfor the Consumer Satisfaction Team. WBHA has letters of agreement with various agencies throughout Blair County to make referrals, complete assessment and coordinate housing.

Listed below are the key mental health services available to PATH participants as part of the Blair County continuum.

Type of Service	Organization(s)
Community Psychiatric Inpatient	UPMC Altoona Clarion Psychiatric Hospital
Blended Case Management	WBHA Alternative Community Resource Program Nulton Diagnostic, Inc. Cen Clear Blair Family Solutions
Resource Coordination	WBHA
Outpatient Mental Health Psychiatric Clinics	WBHA Nulton Diagnostic, Inc. ACRP Blair Family Solutions Primary Health Network
Crisis Services	UPMC Altoona
Community Employment	SKILLS of Central PA Office of Vocational Rehabilitation
Certified Peer Support	WBHA PeerStar, Inc. Cen Clear

Individuals open with the PATH program utilize mental health case management services when appropriate and agreed upon. Operating out of the same office fosters development of well-defined working relationships and shared goals. UPMC WBHA utilizes a RN to assist individuals in coordination between behavioral health and physical health providers through the Behavioral Health Home model. An individual open with PATH and our case management program would receive these services to further integrate physical and behavioral healthcare. Assurance is given to the funding source that PATH will supplement, and not supplant, the role of case management in the provision of services.

Substance Abuse: A full continuum of substance abuse services is available within Blair County. The following services and providers are available to meet the needs of individuals in the PATH program:

Type of Service	Organization(s)
Residential Non-hospital Treatment	Cove Forge

	Pyramid Healthcare White Deer Run
Medical Detoxification	UPMC Altoona
Non-Hospital Detox	Cove Forge Pyramid Healthcare White Deer Run
Non-Medical Detoxification	Pyramid Healthcare
Intensive Outpatient	WBHA Pyramid Healthcare LaRocco Counseling
Outpatient	WBHA Meadows Pyramid Healthcare LaRocco Counseling
Shelter/Halfway House	Pyramid Healthcare White Deer Run
Medication Assisted Therapy	Discovery House Pyramid Clean Slate
Case Management	Blair Drug and Alcohol Partnership

Housing: A number of housing facilities and services exist for the purpose of providing housing for individuals receiving mental health services. Below is a listing of housing projects potentially available to PATH individuals. There is also a variety of funding available to assist individuals in obtaining housing or preventing homelessness due to eviction for nonpayment of rent.

Type of Housing	Organization(s)
Juniata House – permanent SRO	WBHA
Blair House – transitional & permanent	WBHA
Tartaglio Personal Care Home	WBHA
Twin Mountains – permanent housing	SKILLS of Central PA
Union Avenue Apartments – permanent	Improved Dwellings Altoona
Mental Health Housing Fund	SKILLS of Central PA
PATH Project	WBHA
Rapid Re-Housing, ERAP, Homeless Prevention Fund	Blair County Community Action Agency

General public housing services are also available to PATH individuals as follows:

Type of Housing	Organization(s)
Section 8 Program	Altoona Housing Authority Blair County Housing Authority
Public Housing Projects	AHA Improved Dwellings of Altoona
HUD Scattered Site Housing & Supportive Services Project	Blair County Community Action
Family Shelter / Domestic Abuse Shelter / Teen Shelter	Family Services Incorporated

*tentatively a new shelter and permanent apartments will be opening in 2022	

Employment: Several agencies offer services to Mental Health individuals to promote sheltered employment, transitional employment and competitive job training and placement.

Type of Employment	Organization(s)
Sheltered employment	SKILLS of Central PA
Transitional employment	WBHA Lexington Clubhouse SKILLS of Central PA
Competitive training and employment	SKILLS of Central PA Office of Vocational Rehabilitation Goodwill Industries CareerLink

Service Provision:
Our Housing First philosophy strongly focuses on those individuals who are literally homeless and individuals and families who are at-risk of homelessness. Most of Blair County is rural and much of our homeless population is not visible from the streets. It is our experience that more people meet the definition of imminent risk of homelessness. Staff identify and market PATH to key professionals in agencies with regular contact with the homeless, such as Community Crisis Center at UPMC Altoona, Blair Senior Services Housing Program, housing programs at Blair County Community Action, Blair County prison, James E. Van Zandt Medical Center and local emergency shelters. We also canvas the local Wal-Marts, Sheetz, and other businesses that are open 24/7 for people who are homeless. We provide information for employees of these businesses to have on hand to share with individuals if they suspect that someone is homeless. Many local agencies and private organizations i.e. churches, can contact our PATH program by phone regarding PATH services. PATH staff are visible in the community and services are easily accessible to all potential individuals.

The PATH Housing Coordinator meets with individuals at emergency and transitional sites or anywhere in the community in order to engage people in service. WBHA receives many telephone calls from people looking for housing and staff conduct initial telephone assessments. These assessments provide enough information to determine whether the person meets criteria to become enrolled with services if they are agreeable. Once that is determined, PATH staff will schedule a face-to-face meeting with that person to conduct a more detailed assessment and complete necessary paperwork to get the individual enrolled in services.

Blair County has kept pace with development of innovative services for individuals receiving mental health services. However, there remain some gaps in services and areas in which resources are very tight or non-existent. One significant gap is that we do not have an adequate amount of emergency shelters or transitional housing for families who are on the waiting list for subsidized housing as they are usually at full capacity. There is only one local shelter that can take families and single males and/or females. Beds are limited and individuals are often turned away. Family Services Inc, the organization that runs this shelter has also identified this problem and is working to open a much larger shelter later in 2022. The project has been delayed due to various issues related to the COVID pandemic. To further exasperate this issue the 2022 PIT count identified more homeless individuals this year than in the past.

The COVID pandemic has resulted in many new streams of funding available to assist individuals in homeless prevention or obtaining housing. Unfortunately, we are seeing many of these same individuals become homeless again after the funding has been depleted. For example, an individual may receive support with security deposit and first 3 months' rent but they do not have an income to continue paying and this results in eviction.

PATH staff attends the LHOT meetings and participates on the Housing Steering Committees to look further at housing gaps in Blair County and how to adequately solve them. Another obstacle we have is the number of homeless people with no income and are not eligible for programs such as SOAR. Historically, by the time individuals enter our PATH program they have already completed the SSI application and/or are in the appeals process. It is difficult to find housing with zero income. Currently the only available housing to those without an income locally are City Hall Commons, Logan Hills, and Section 8 programs. Unfortunately the waiting lists for these are very long and they often will not consider individuals with a criminal history. Another barrier is that many landlords will not consider renting to an individuals that owes back rent for another unit. Although we work closely with the criminal justice system for reentry, it is very difficult to find housing for individuals with felony charges and offenders that are registered under Megan's Law.

WBHA has a "no wrong door" policy, which simply means that if someone comes through our door, via any programs, we will not send them away without pairing them up with the service(s) needed. We offer open access at our facility for individuals who need our services. Anyone can walk in during certain hours for an intake and can be enrolled into treatment that day or the very next day. During the intake, individuals are screened for homelessness, physical and mental illness as well as drug and/or alcohol dependency. This has tremendously helped to identify homelessness or people imminently at risk of becoming homeless. Referrals may be made to multiple services, depending on the need such as PATH, a primary care physician, outpatient therapy, case management and drug and alcohol counseling, etc. Once stabilized, additional referrals are made for supportive services as needed such as peer support, psychiatric rehabilitation, etc. to assist in forward movement toward recovery for the individual.

WBHA's PATH program is housed in the same building as our adult mental health and drug and alcohol services to ensure access to various levels of treatment. For individuals experiencing both a serious mental illness and a substance use disorder we offer outpatient services in group or one-on-one individual sessions and may be eligible for psychiatric services available on-site.

PATH staff is very knowledgeable of co-occurring treatment and services and attended several co-occurring trainings on assessment, motivational interviewing, ethics and building on the individuals' strengths. WBHA celebrates May is Mental Health Month by participating in an annual evening workshop for individuals receiving mental health services and their families. WBHA also hosts an Art in Healing exhibit displaying artwork of individuals in services during the year.

Using a Housing First model, we focus on those individuals who are literally homeless or at risk of becoming homeless. Because Blair County is mostly rural, much of our homeless population meets the definition of imminent risk of homelessness. Agencies with regular contact with the homeless such as Community Crisis Center at UPMC Altoona, Blair Senior Services Housing Program, housing programs at Blair County Community Action, Blair County prison and local emergency shelters are familiar with our PATH program and make regular referrals to our program. The Housing Supervisor is tasked with ensuring that all applicable local agencies are

aware of the program, understand how to contact us and building bridges in the community for a continuous collaboration of service provision that maximizes the potential of the individuals in the PATH program.

WBHA is a UPMC company and receive technical assistance from Western Psychiatric Hospital and UPMC Western Behavioral Health at Mon Yough on evidence-based practices, such as: Motivational Interviewing, Trauma Informed Care, DBT, CBT, Supportive Employment, Supportive Housing and other models of behavioral health services.

WBHA is required to follow 42 CFR Part 2 regulations for our Drug and Alcohol programming. All staff are trained in confidentiality. We have access to the Compliance Officer through Western Psychiatric Hospital as well as an in-house compliance manager for guidance. Yearly trainings are provided on confidentiality, fraud, compliance and risk.

Our PATH program is housed in the same building as our Certified Peer Specialists (CPS) and can work closely with the CPS in each case. The PATH Housing Coordinator will make referrals for CPS if the individual is not already connected. PATH and CPS staff work closely with the individual to identify needed support and barriers to maintaining housing. The CPS staff model recovery and inspire hope that recovery is possible.

The PATH Housing Coordinator is active with the Blair County Criminal Justice/Mental Health Diversionary Team that meets on a bi-weekly basis with a goal of discharge planning for individuals preparing to leave the criminal justice system or those that have recently been released. There are multiple local providers involved including representatives from Blair County Prison and Blair County Adult Probation and Parole.

Data:
WBHA had been utilizing HMIS for at least 11 years for our HUD programs. We are now entering data into HMIS for the PATH program and have been since July 2013. WBHA is currently utilizing HMIS Eccovia Solutions Client Track Version 19.27. Staff participates in the webinars offered by DCED to remain up to date with changes to the system.

In 2016 PATH staff and the manager attended an on-site training for HMIS technical assistance and were educated on new definitions and reporting measures. Unfortunately, these staff are no longer employed within the PATH program. WBHA would find it extremely beneficial if this in-person technical assistance were to be offered again. The Housing Supervisor was proved with the PA HMIS Policies and Standard Operating Procedures Manual last year as he was introduced to the system. He was also directed to various videos on YouTube to help with learning the system. The PATH Housing Coordinator currently attends all available trainings as HMIS has been updated recently and many changes have occurred. All PATH staff will attend trainings as available and will become knowledgeable in HMIS and have the ability to enter data and run reports. Staff will participate in all available trainings ensuring that we stay up to date on new definitions and reporting measures.

Housing:
Our PATH Housing Coordinator is the clearing house for all other WBHA housing programs. Providing a Housing First Model of case management services is the main objective of the WBHA's PATH project. WBHA's Blair House is an SRO facility that has the capacity to welcome a homeless individual and provide for personal care items and emergency food if needed. The priority at each of our housing facilities is to first provide shelter and second to

arrange for supports such as case management and treatment services. From there, the PATH case manager will assist individuals with locating, securing and maintaining permanent housing.

Permanent Housing is available for homeless mentally ill persons at SKILLS of Central Pa Twin Mountains Apartments (2 facilities, totaling 16 beds) and Union Avenue Apartments (11 beds). WBHA has housing apartments at our Blair House (9 units). These buildings are designated for individuals receiving mental health services and offer single bedroom apartments. Single room occupancy permanent housing is also offered at WBHA Juniata House (6 beds) which is a facility for homeless individuals in the mental health system that are literally or chronically homeless.

PATH staff access permanent housing when available and appropriate. The PATH project staff work with individuals during the time they are homeless, through any of the various levels of housing, and into the period of permanent housing occupancy. Once in permanent housing, PATH staff can work with people on the necessary skills to maintain that permanent housing. The PATH Housing Coordinator is trained in the Prepared Renters Education Program (PREP) offered through our Regional Housing Coordinator. This program educates individuals on becoming good, long-term tenants. PATH staff facilitate the permanent "Housing First" approach.

PATH staff also assist individuals in obtaining emergency funding to maintain or secure housing as needed. Blair County Community Action is the local organization that provides funding through ERAP, homeless prevention, and rapid rehousing.

The PATH Program operates with the philosophy that housing should be separate from treatment. The project advocates with housing providers to offer housing without requirements for treatment as a contingency to housing. We believe that safe, secure and affordable housing can be the first step toward recovery for people experiencing mental illness.

The public mental health system can sometimes be fragmented, and PATH services assist individuals in accessing case management services and needed treatment within the Blair County Mental Health system. The PATH program can connect individuals into the behavioral health system where they may not otherwise know of the services available

Housing projects within the County, like private landlords, are wrestling with the issues of drug abuse, intoxication, drug induced acting out, illegal behavior and disturbances of the peace. WBHA staff seeks ways to help individual's access treatment and avoid the harmful physical, emotional, social and legal consequences of abuse and addiction. PATH staff work with our Local Housing Options Team (LHOT) to identify and secure more housing options for individuals with co-occurring disorders. Our PATH staff have also created direct relationships with local landlords to offer supportive services within their housing to avoid eviction.

PATH staff also sit on the Housing Roundtable of Operation Our Town which gives us access to private landlords that we otherwise may not have an opportunity to interact with. We have made positive connections with potential landlords and are able to educate them on the benefits of renting to someone in services who may have a mental health diagnosis. PATH staff works with individuals to assist them in becoming good tenants and understanding an appropriate landlord/tenant relationship. We review leases with individuals to ensure that they understand what they are signing and what they are agreeing to.

Staff Information:
PATH staff is comprised of one Caucasian female PATH Housing Coordinator and one Caucasian male Housing Supervisor. Staff are reflective of the demographics of the area. All PATH staff participate in cultural competency training on a yearly basis including Trauma-Informed Care and a Network wide LGBTQ+ initiative. All trainings are recovery oriented and person-centered. The Housing Supervisor is trained in English as a Second Language (ESL). PATH staff understand the importance of considering one's cultural or personal preferences when providing services and locating housing and WBHA continually seeks other trainings to build upon what we have learned. PATH staff will participate in all applicable trainings provided by Self-Determination Housing of PA (SDHP). We will continue to work with our Identity Management System (IMS) staff to ensure that we have the ability to change languages on our documentation forms when needed through our software programs. Currently none of our PATH staff are Certified Peer Specialists or Certified Recovery Specialists. The Program Director that oversees community based services is a Certified Peer Specialist Supervisor.

Client Information:
WBHA has served the mental health population of Blair County for the past 40 years. According to the 2020 census, Blair County has a population of about 122,822. The population is primarily Caucasian (95%), Black or African American (2.0%), and Hispanic or Latino (1.3%). The mental health population mirrors the racial breakdown of the County. Rarely do we encounter a person in need of mental health services who does not communicate in English; however, UPMC has resources available should a translator be needed.

About 10% of the PATH individuals we worked with this past fiscal year met the definition of literally homeless. Blair County is an extremely rural area and we do not have the visible "street" homeless that a bigger city may have; our homeless population is primarily people living doubled up with family or friends. WBHA anticipates an increase from the 10% of literally homeless when the moratorium on evictions was lifted. However, the increase in funding opportunities such as ERAP prevented many of these evictions.

WBHA projects to contact 100 individuals and enroll 80 into our PATH program based on the economic situation of our area. This is less than was projected last year as the ending of the moratorium on evictions did not affect as many individuals as anticipated. The area continues to slowly recover from the pandemic and we expect to see continued effects on the homeless population.

Consumer Involvement:
We had one PATH-eligible individual that was employed by the agency as a van driver in 2021. That individual is no longer employed at the agency. PATH-eligible individuals are also eligible to serve on CCBH's Member Advisory Board. Historically 2 individuals from our program have participated in this opportunity. PATH staff are involved with the local CSP committee and attend meetings regularly. This committee is essential in determining the direction for current and new services in our continuum of care.

Blair County and WBHA continue to enlist consumers and family members to participate as members of the LHOT. Individuals who are receiving services, or their family members, are offered the opportunity for participation in this team.

Community members involved in the mental health system in the County are represented on WBHA's Behavioral Health Advisory Committee. This committee welcomes the involvement of PATH individuals and families as opportunities are presented but there are no PATH-eligible individuals currently serving on this Committee. WBHA's Lexington Clubhouse (a psychiatric rehabilitation program) has an independent advisory board that includes members of Lexington Clubhouse. There are two members currently serving on the board, none of which are currently PATH eligible.

One PATH eligible individual worked with the Altoona Police Development to promote the Night Amongst Heroes fundraiser and banquet. Her daughter spoke at the event and presented a community impact award to one of the officers. This is a very prominent event in the area and the foundation continues to support children who encounter first responders during traumatic events. This continues to build positive relationships between PATH individuals and local law enforcement despite criminal histories.

Alignment with State Comprehensive Mental Health Services Plan:
WBHA collaborates with the Blair County Department of Human Services (DHS) when developing the County Mental Health Service Plan. Blair County DHS includes all of our housing services, including PATH, into the Mental Health Plan. The PATH Housing Supervisor also attends public hearings when they are offered regarding the County Plan to establish how housing funds will be used annually.

Other Designated Funds:
WBHA also receives funding from the Community Mental Health Services Block Grant that supplements the PATH program. These funds are designated specifically for serving people who experience homelessness and have serious mental illness.

Programmatic and Financial Oversight:
WBHA sends monthly invoices to Blair County Human Services Offices for review; and they hold regular monitoring meetings with the finance departments. The Department of Human Services is available to review and evaluate the program as needed. WBHA conducts an internal Performance Improvement process in which we review various indicators in the PATH program.

SSI/SSDI Outreach, Access and Recovery (SOAR):
The PATH Housing Coordinator completed the online SOAR training in the first quarter of FY 2021-2022. The WBHA Residential Coordination with also complete this training. The PATH Housing Coordinator will be primarily responsible for the screening of individuals to determine eligibility for SOAR and then assist in the development of an application. The Residential Coordinator will also have the ability to use the SOAR process with residents as needed. The Program Director and current Housing Supervisor also completed the SOAR training in 2013 and can provide support and assistance as needed. Due to their current roles they have not provided assistance with any SSI/SSDI applications using the SOAR model. Once training is completed staff will track outcomes using the SOAR Online Application Tracking (OAT) system. We intend to track approval rates on initial application and average time to get an application approved.
Another local organization also has SOAR trained staff and WBHA's PATH program will support these efforts as appropriate. If a SOAR application has already been started with another agency, the PATH coordinator will provide support rather than tracking the SOAR process independently. For example 2 individuals had already begun the SOAR process with another

provider during FY 2021-2022. The PATH Housing Coordinator provided support but did not track this in OAT in order to avoid duplication.

Coordinated Entry:
Blair County's Coordinated Entry program was up and running in January of 2018. WBHA currently participates in monthly meetings to review our local HMIS Queue for the South Central RHAB. Staff keep their housing program information up to date in HMIS so that other areas are aware of what housing services we provide, including our PATH program. The PATH program also works with PA211 in a similar way.

Justice Involved:
Blair County has implemented Crisis Intervention Team training within law enforcement. A large majority of local police offices have been trained (actual rates vary based on training availability and turnover). Generally, feedback is that this program is very effective in training these first responders to enter a situation with an open mind and to assess for mental health issues. The result is that individuals are getting more appropriate treatment. Our local law enforcement are also trained in Mental Health First Aid.

WBHA's PATH staff participate in the Blair County Criminal Justice/Mental Health Diversionary Team Meetings. This group meets bi-weekly and is comprised of various community service providers including Adult Probation and Parole, Blair County Department of Social Services, Blair County Prison, WBHA Case Management and Primary Health Network. This is a great opportunity for our PATH staff to collaborate with other treatment providers and the criminal justice system to find ways to best serve our justice involved individuals. Through this meeting we have the opportunity to communicate with Probation and Parole and possibly prevent someone from going back to jail just for the sole purpose of not having an address. Individuals identified in these meetings are prioritized. Currently over 85% of the people we serve in PATH have a criminal history and benefit from the relationships we have developed through these meetings. PATH staff also participate in the Criminal Justice Advisory Board's Housing workgroup where our main focus is re-entry and diversion for this vulnerable population.

PATH staff continue to support justice involved individuals in gaining employment. Individuals are linked with services such as PA CareerLink, OVR, and other employment services. PATH Housing Coordinator will also offer PREP training to these individuals as appropriate to improve their relationships with landlords and assist in maintaining housing.

Veterans:
Any individuals that the PATH Coordinator identifies as a veteran would be offered a behavioral health intake with our Agency. We would also make sure to have the proper releases signed, contact our local Veterans Hospital and assist the individual with getting connected to VA services and benefits. Staff work closely with the local VA Hospital's Homeless department as well as the local SVF program and are able to quickly link veterans to those services if they are not already connected. The local VA is currently going through staff transitions but the PATH Housing Coordinator maintains relationships with Hayley Miller and Bethany Farabaugh. Veterans will be linked with the County Veterans Affairs office and assisted in obtaining any necessary documentation, such as a DD214.

Tobacco Policy:

WBHA adheres to the UPMC Tobacco Policy: Staff are not permitted to use tobacco products at any time during their shift whether they are on UPMC property or not. Our residential facilities are also tobacco-free.

Health Disparities Impact Statement:
PATH services are provided in a rural area that is not very culturally diverse; however, PATH staff do complete a thorough assessment with each individual. We have not yet encountered anyone who would require language services, but we do have the ability to access translators or sign language interrupters. Staff coordinates with the Fair Housing Coordinator for the City of Altoona to make sure that individuals are not discriminated against based on race, ethnicity, gender, LGBTQ, and age. We have received training on Fair Housing and are aware of what to look for to ensure housing is available for all who need it. We will continue to use HMIS to measure, track and respond to these disparities.

The WBHA PATH program assisted 6 unduplicated Youth and Young Adult individuals through the 3rd quarter of FY 2021-2022. We expect to assist at least 8 unduplicated Youth and Young Adult individuals during the 2022-2023 FY. Our PATH program is available for any adult 18 years of age and older, capturing the YYA population. WBHA offers an entire continuum of care for children and adolescents in our Children's Community Health Center location. Many of our YYA referrals come from children's case management. We work closely with Family Services Inc., who runs our local Teen Shelter and meet and assess referrals from there as needed.

At this time, WBHA does not have a dollar amount set aside specifically for YYA as they have always been included in our adult population. Historically the YYA population has not been represented disproportionately in our individuals served.

The PATH program does not currently provide services that are funded specifically for YYA individuals. However, this population will be assessed for the desire and need to complete education in PREP. The Prepared Renter Education Program (PREP) is a curriculum that teaches individuals the skills necessary to be a good tenant. The PATH Housing Coordinator will provide this education to any individual in the PATH program who needs or desires it. The PATH Coordinator will also focus on assisting the YYA population with preparing for and obtaining employment. This includes linking to services such as CareerLink, OVR, and community job fairs.

We will continue to collect and monitor data over the next fiscal year on the YYA population that we come in contact with through our PATH program to determine what, if any, disparities exist in access, service use and outcomes for this population.

Limited English Proficiency:
WBHA has the capability to work with any individual who has limited English proficiency although we have not, as yet, needed to access this service. WBHA's Nondiscrimination Policy addresses the ability to serve these individuals stating, "services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative delivery locations."
WBHA also has access to a local resource for individuals with limited English Proficiency through the Altoona Culture and English Club. The Housing Supervisor is trained in English as a Second Language (ESL) and volunteers with this group.

Budget Narrative:

Personnel:

The PATH Housing Coordinator is a FT position integral to the success of PATH. This position supports an increased number of individuals served. The Housing Supervisor supervises the PATH Housing Coordinator which provides for an increased level of PATH services that we have not been able to provide in the past. This supervisory position can assess and screen individuals for services and provide any initial service needs. The Supervisor also coordinates effectively with county stakeholders in housing connected to PATH and ensures that our services are utilized and are effective and efficient.

Fringe Benefits:

Total for benefits is budgeted at $12,696 of personnel expenses.

Travel:

Staff are reimbursed at .58 per mile, which we anticipate spending $450 for travel in the fiscal year.

Equipment:

PATH will provide a smart phone for the PATH Housing Coordinator at $720. Office supplies include maintenance of a laptop for record keeping and HMIS data entry. Record retention is also included covering the cost of preserving records per HIPAA regulations for the PATH program.

Other:

WBHA anticipates receiving considerable training through Western Psychiatric Hospital and paying some registration fees for these trainings.

Total Federal PATH Allocation $62,783.

BUDGET TABLE
WBHA PATH Program
FY 2022-2023 Budget

PERSONNEL **Position**	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Housing Coordinator	$37,095	1	$37,095	$37,095
Housing Supervisor	$57,283	.20	$11,457	$11,457
Sub-total	$94,378		$48,552	$48,552
FRINGE BENEFITS				
FICA Tax	$ 7,220		$3,714	$3,714
Health Insurance	$17,460		$8,982	$8,982
Sub-total	$24,680		$12,696	$12,696
TRAVEL				
Local Travel for Outreach				$450
Travel to training and workshops				
Sub-total				$450
SUPPLIES/EQUIPMENT				
Consumer-related items				
Office supplies				
Cell Phone				$720
Sub-total				$720
Other				
Administrative Expenses			$365	$365
Staff training				
One-time rental assistance				
Security deposits				
Client transportation				
Sub-total			$365	$365
Total PATH Budget				**$62,783**

Bucks County - Penndel Mental Health Center
1517 Durham Rd
Penndel, PA 19047
Contact: Keith Smothers
Email Address:

Provider Type: Other mental health agency
PDX ID: PA-003
State Provider ID: 4203
Contact Phone #: 2157509643

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 51,680.00**	**$ 17,227.00**	**$ 68,907.00**	

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

Office: Other (Describe in Comments)	$ 51,680.00	$ 17,227.00	$ 68,907.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 51,680.00	$ 17,227.00	$ 68,907.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**
l. Grand Total (Sum of j and k)	$ 51,680.00	$ 17,227.00	$ 68,907.00	

Source(s) of Match Dollars for State Funds:

Penndel Mental Health Center will receive a total of $68,907 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 480

Estimated Number of Persons to be Enrolled: 300

Estimated Number of Persons to be Contacted who are Literally Homeless: 240

Number staff trained in SOAR in grant year ending in 2021: 3

Number of PATH-funded consumers assisted through SOAR: 1

2022-23 PATH IUP

Local Provider Description –

Penndel Mental Health Center
2005 Cabot Blvd. W.
Suite 100
Langhorne PA 19047.

- Type of organization
  Community Mental Health Center

- Indicate geographic area(s) to be served by provider(s)
  PMHC PATH serves all areas of Bucks County.

- Amount of PATH funds the organization will receive with federal and state amounts spelled out for each provider
  Federal and State share - $68, 907.00

- List the provider number and name as it appears in PDX
  PA-041

Collaboration with HUD Continuum of Care (CoC) Program –

The PATH Program is a member of the Housing Continuum of Care Bucks County (HCoC-BC) and is represented on a number of subcommittees including the Local Housing Option Team, SSI/SSDI Outreach Access and Recovery (SOAR), Homeless Veterans Outreach, Street Outreach Workgroup, Senior Outreach and participates in the yearly point in time homeless count. Additionally, PATH participates in the Housing Link Case Consultation housing assignment meeting on behalf of their participants and is represented in the county coordinated entry and assessment program for those experiencing homelessness or are at risk of homelessness which is also known as the Bucks County Housing Link. https://www.buckshousinglink.org/

Collaboration with Community Organizations –

The PATH program works closely with a number of local organizations. Chief among these organizations would be those that directly address the homeless. This includes the Bucks County emergency shelter and the Bucks County Housing Group. Together these two organizations provide the vast majority of shelter beds and

housing related programs in the community in the county. PATH also works with the Bucks County Opportunity Council. As well as the other two Street outreach teams in the county one of which is the Street Outreach team overseen by the Bucks County Opportunity Council and the Synergy Project which works with youth.

PATH also works with Advocates for the Homeless and Those in Need, CSSH and AHUB which are community organizations that run the Code Blue shelters during the winter months and PATH provides support by attending the Code Blues and providing support to the attendees.

PATH also works very closely with behavioral health providers as well as substance abuse treatment programs to assist their clients when they experience a housing crisis.

Coordination of the three Street Outreach Teams occurs formally at monthly meetings which includes the Valley Youth House Synergy Project serving unsheltered transition age youth, BCOC serving unsheltered individuals and families, where as PATH focuses on supporting individuals who are experiencing mental health or mental health substance use challenges. There is ongoing contact and collaboration as these three agencies all work to address the needs of Bucks County's resident's experiencing homelessness.

Service Provision –

PATH case managers are mobile and will meet the individual wherever they are. The PATH program is also was designed to be easily accessible with the only eligibility requirements being that the individual have a severe and persistent mental illness or co-occurring disorder and be homeless or in imminent danger of becoming homeless and also be a resident of the County. The predominant form of engagement is motivational interviewing so that the individual's readiness for change informs communication between a path worker and the individual rather than the individual being forced to address something that he or she may not be ready for.

PATH will often collaborate with the other Street outreach teams to pool our resources and better engage our clients. The path program is also aggressively sought out grants to further our mission. In the past two years the PATH program has written grants to extend our funds for using hotels a short-term housing, we have been able to obtain over $23,000 for this purpose. And during the Covid-19 crisis we obtained funding for food and other supplies for our homeless clients in addition to accessing resources leveraged BCOC, a community action agency in Bucks County.

A lot has been done in the past few years to address gaps in service. However one of the fundamental gaps continues and that is the lack of affordable housing. Our county has done much to address our homeless population by making housing

vouchers more available to them. However even what our clients receive these vouchers they cannot find affordable housing in the county and it is not unusual for them to run out of time to use these vouchers and end up back where they started. A Housing Locator position continues to be funded by the Bucks County Department of BH/DP to assist individuals in obtaining affordable housing. Bucks County also has a Bonus for Bucks Landlord project which has had some success in attracting new landlords.

A significant gap in the service delivery is the incredible volume of referrals and the caseload sizes for PATH Street Outreach workers. On average caseload sizes are 60-70 per worker.

At present the only dual diagnosis residential program is a Village of Hope, which is a residential program run by Penn Foundation which has a total of 16 beds, eight male and eight female. There has been better luck with dual diagnosis treatment and there are number of programs which treat people that are dually diagnosed. There are a number of recovery houses in the county that have been a great resource for our dually diagnosed consumers. However, some of these resources are not equipped to support individuals who are more symptomatic. The expansion of this specialty would benefit this population.

PATH eligibility criteria includes individuals who have a severe and persistent mental illness, they must be homeless or in imminent danger of becoming homeless, and they have to be a Bucks County resident. Most of our referrals come to the county's centralized call line for individuals experiencing homelessness or a housing crisis, where a screening will be completed to determine whether a person has a history of behavioral health issues. If they do the intake worker will make a referral to the PATH program and PATH will reach out to the person do a brief intake and make a determination as to whether they fit eligibility criteria. PATH completes the screening process in HMIS and the ongoing PATH interactions are documented in HMIS.

PATH is not required to follow 42 CFR Part 2 regulations.

PATH has utilized a peer specialist for the past 10 years, at present he is our senior case manager and his experience of homelessness has been very helpful in understanding and reaching out to our clients

Data –

PATH is an active participant in Client Track 19 and the Bucks County Department of Housing and Community Development employs an IT specialist who oversees HMIS. This staff reviews HMIS for data quality and provides feedback to the PATH

program in addition to providing ongoing training and support to the PATH HMIS users. Specific policy and training information is shared with existing HMIS users and new staff are trained as hires occur.

Housing –

Where appropriate PATH will make referrals to the Bucks County MH Residential programs, which have a variety of residential providers including CRR, SLP and PSH. These providers are Saint Luke's Penn Foundation, Lenape Valley Foundation, Salisbury, Coman's, Horizon House, Merakey and Penndel Mental Health Center. Additionally, PATH has the capacity to refer to the Mainstream Voucher, EHV, Rapid Rehousing and 811 PRA programs in Bucks County. Tenant Based Rental Assistance may be available depending on meeting eligibility criteria, which could include use of contingency funding.

Staff Information –

PATH currently has one vacant case manager position. We have a case manager who is Caucasian, 53 years old and is also trained as a certified peer specialist. We have a female case manager who is 22 years old and is of Southeast Asian descent. The supervisor of the program is 63 years old and an African-American male.

PATH staff will respect and provide service to clients as specified by Penndel Mental Health Centers nondiscrimination policies. PATH was also invited to participate in Bucks County's Housing First training series provided by Pathways, Training Institute of Philadelphia, which included a training titled Promoting Behavioral Health & Wellness in LGBTQ+ Communities. This is a recorded training and can be viewed by future PATH staff.

When these trainings are made available to PATH staff, participation in these trainings is encouraged.

PATH currently has one certified peer specialist.

Client Information –

According to the PATH annual report survey for fiscal year 2021. 79% of the in the individuals who were served were Caucasian, 11% of the individuals served were African-American. 4% were Latino or Hispanic percent. And 2% were of Asian descent.

We would expect that between 350 and 400 adult clients will be contacted.

We would expect to enroll 300 people.

We would estimate that 80% of our clients will be literally homeless.

Consumer Involvement –

PATH currently has one individual who is employed as a certified peer specialist. Although PATH does not currently have any individuals who volunteer with our program, Penndel Mental Health Center as a whole has a number of individuals who volunteer in various roles with our agency. We currently have two individuals in recovery people who serve on our Board of Directors.

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

The PATH program is consistent with the State Comprehensive Mental Health Plan by focusing our efforts on reducing and eliminating homelessness for individuals with a serious mental illness and or substance abuse disorder with a heavy emphasis on street outreach, case management, and other services individually identified. The Bucks County PATH program has a network of providers for the provision of physical health, behavioral health, housing and other resources to assist individuals to achieve self-sufficiency in their community. This also includes programs to support employment and educational goals.

Other Designated Funds –

Yes. While, Bucks County does dedicate additional funds from the Block Grant, the attached budget includes a not yet approved request for an increase in funding.

Programmatic and Financial Oversight –
Quarterly financial reports are submitted to Bucks County BH/DP and the State OMHSAS for review.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

All PATH workers are trained in SOAR. (3)

3 PATH workers provided assistance with PATH SSI/SSDI applications.

1 Client was referred to a program that used the SOAR model.

0 clients achieved a positive result

PATH has 3 case managers who are trained in PATH however one of our Housing Link partners has a dedicated fulltime staff position to complete SOAR applications and PATH has made several referrals to this program.

Coordinated Entry –

PATH is one of the programs that our centralized intake refers to. An individual will contact the 1 800 number for the County housing crisis response line and that individual is screened and referred to one of several agencies depending on their situation. People who have a severe and persistent mental illness and or co-occurring disorder are referred to the PATH program. Although the process isn't perfect our county continually reflects upon and makes changes to our policies and procedures to better serve clients who are having a housing crisis.

Justice Involved –

The Bucks County CIT task force has trained at least one officer per Police Department. Bucks County continues to have at least two trainings per year. In November 2021, Bucks County CIT held its first in-person CIT class since the Pandemic began, with thirty law enforcement officers graduating. During that training the CIT Task Force introduced virtual role play by utilizing AXON headsets that offer different virtual scenarios of law enforcement responding to individuals with autism, schizophrenia, suicide, and domestic violence. This training initiative began in 2009.

PATH will continue to work with the Bucks County BH/DP, Bucks County Correctional Facility, State Corrections, and our Regional Mental Health Forensic Liaison, as well as maintain participation in county wide initiatives such as the Forensic Re-entry Coalition. As part of our PRA plan, Bucks County Department of BH/DP hired two Re-entry specialists that work closely with the jail, Correctional Mental Health, Adult Probation and Parole, the Forensic State Hospital, and our community providers to assist returning citizens in accessing treatment, housing, employment, income and benefits, as well as other community supports. PATH will continue to support these re-entry specialists, including assisting with access to food, clothing, and shelter. Additionally, PATH will continue to collaborate with BH/DP to assist individuals in finding suitable housing, including those eligible for Tenant Based Rental Assistance for the forensically involved population. There will also be opportunities to enhance PATH's relationship with Lenape Valley

Foundation's Forensic Response Team, having recently worked with this program, as well as the Human Services Co-Responders who are working with several police departments in the County and often assist the forensic population. Lastly, PATH will be available to support individuals involved in the Bucks County Problem-Solving Courts, including Drug Court, which has also has a Co-Occurring Track for those with mental health and substance use disorders, as well as our newly implemented Mental Health Court.

Forensic involvement is not a barrier to receiving PATH support and individuals are even better supported with the county's new forensic liaison positions.

Veterans –

When a veteran is referred to PATH we work in concert with agencies and street outreach teams that work primarily with homeless veterans. In some cases the veteran may not qualify for veterans benefits because the character of their discharge is dishonorable or other than honorable. And in these cases PATH will take the lead in assisting these individuals.

Tobacco Policy –

The campus of Penndel Mental Health Center is a smoke-free environment and anyone who expresses a desire to stop smoking will be referred to the appropriate program.

Health Disparities Impact Statement –

The TAY population is a population that has health disparities as does our elderly population who often suffer from a number of medical issues and find difficulties in accessing proper medical care.

We would expect 30 to 40 of our clients to fit into the above category and collaborate with The synergy Project, which specifically supports youth and young adults experiencing homelessness.

About 30% of our total population is YYA.

The type of services available to the YY a population mirrors the services available to adults in general; linkage to benefits such as Social Security, healthcare, employment, education, emergency housing etc.

PATH will begin working with Family Services Association of Bucks County which will be starting a Street Medicine Program. The Street Medicine Program will have a team of health Professionals who will have a mobile clinic that will be able to bring

health care to the homeless. FSA will team with the 3 Street Outreach teams to identify those individuals experiencing homelessness who need follow up for their physical health needs, and even though the program hasn't officially started, the PATH program has already been working with a nurse employed by the Emergency Shelter to address several individuals who live in an encampment. One gentleman suffered from diabetes the other individual is a pregnant woman. The hope is that we can replicate these efforts with the greater homeless community. Of course finding the homeless and engaging them is a huge part of the job, but now PATH will have ready access to health professionals who are willing to go out in the field with us.

Limited English Proficiency –

Penndel Mental Health Center does have documents that are written in Spanish for our consumers and we also have access to a translation service that is available over the phone.

Budget Narrative

Personnel:

This component of the budget is **$191,732** The personnel costs that are supported by PATH dollars represent 5.74% of the Director's salary, 11.16% of the Coordinator's salary, and 21.21% of one FTE Case Manager salary and 21.19% of other FTE Case Manager Salary and 21.24% of a Certified Peer Specialist salary. It also includes 21.20% of PT Admin Position and 100% County allocation for an additional PATH Case Manager Position.

Federal Share - $30,435 State PATH Share - $8,865 County Share – $152,432

Fringe Benefits:

Fringe benefits are calculated at 23.85% of total salaries (equal **$45,728**) and include FICA, unemployment compensation, health and dental benefits, accidental death & disability/life insurance as well as short term/long term disability.

Federal Share - $7,259 State PATH Share - $2,114 County Share - $36,355

Travel:

The costs for travel are at $**6,612**. The costs for staff travel include local travel for outreach and travel to training and workshops. Client travel includes the cost of vehicle fuel, insurance, maintenance and repairs.

Federal Share - $2,360 State PATH Share - $802 County Share - $3,450

Supplies:

The total budget for supplies for 2022-2023 is **$912.** This includes $510 for office supplies necessary to run the program. Client-related supplies ($765) include those supplies necessary for clients to be able to occupy housing on a successful basis.

Federal Share - $109 State PATH Share - $38 County Share - $765

Other:

The total budget figure includes office expense (rent, utilities, repairs/maintenance/housekeeping communications and property/liability insurance), emergency housing assistance, one time rental assistance, security deposits, move-related travel, assistance in obtaining housing, and staff training. The cost for other expenses for 2022-2023 is **$88,662.**

Federal Share - $9,529 State PATH Share - $2,905 County Share - $ 76,228

Indirect Cost:

Administrative cost at 4% of total direct costs for Federal PATH Allocation but 16.5% Agency overall administrative cost. Indirect cost is **$44,642**

Federal Share - $1,988 State PATH Share - $2,503 County Share - $40,151

Total PATH Funding…….……$378,288

Federal Share - $51,680 State PATH Share - $17,227 County Share - $309,381

Number of Clients Served:

To project the number of clients that will be served by this program, we have included below the number of clients we expect to contact, the number we expect to enroll, and the number of enrolled who we project as being literally homeless. Based on the number of referrals we have received in the last 3 months the projections for FY 2022-2023 are as follows:

Number of clients we expect to contact - 480

Number of clients we expect to enroll - 300

Of those enrolled, we expect that the number of clients who are literally homeless will be approximately 80% for a total of approximately - 240

Bucks County Department of Mental Health/ Developmental Programs
Penndel Mental Health Center, Inc.
PATH Program –State and Federal PATH MATCH Funding
FY 2022-2023 Budget

	Annual Salary	PATH-State & Federal funded FTE	PATH-State & Federal funded salary	Total
Position				
Dir-Path Program AM	$ 81,500	.0574	$ 4,682	
Coordinator KS	54,621	.1116	6,097	
Certified Peer Spec. CC	38,600	.2124	8,036	
Part time Admin AS	22,277	.2120	4,629	
Case Manager VP	38,843	.2119	8,069	
Case Manager OPEN	37,454	.2121	7,787	
Subtotal				$ 39,300
Fringe Benefits (@ 23.85%)			$ 9,373	
Subtotal				$9,373
Travel				
Staff/Client travel-motor vehicle/repairs/maint/ins.			3,162	
Subtotal				$ 3,162
Supplies				
Office supplies			$ 109	
Client-related supplies			$ 38	
Subtotal				$147
Other				
Office expense, including rent, utilities, bldg. insurance, housekeeping, repair and maintenance, depreciation.				
Emergency housing assistance			9,000	
One-time housing rental assistance			1,000	
Security deposits			1,000	

Assistance in obtaining housing-client travel exp.			750	
Staff training			684	
Subtotal				$ 12,434
Total Direct Charges				$ 64,416
Indirect Costs: Administrative Cost @ 4% for Federal share;17.51% for State PATH share - overall Agency administrative rate				$4,491
Total				$ 68,907

Butler County - Catholic Charities
120 West New Castle St
Butler, PA 16001
Contact: Amber Crowe
Email Address:

Provider Type: Social service agency
PDX ID: PA-049
State Provider ID: 4249
Contact Phone #: 7242874011

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 81,903.00**	**$ 27,301.00**	**$ 109,204.00**	

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

Office: Other (Describe in Comments)	$ 81,903.00	$ 27,301.00	$ 109,204.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 81,903.00	$ 27,301.00	$ 109,204.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 81,903.00	$ 27,301.00	$ 109,204.00	

Source(s) of Match Dollars for State Funds:

Butler: Catholic Charities will receive a total of $109,204 in federal and state PATH funds. Detailed budgets and narratives are included in the individual provider IUPs.

Estimated Number of Persons to be Contacted: 240

Estimated Number of Persons to be Enrolled: 95

Estimated Number of Persons to be Contacted who are Literally Homeless: 95

Number staff trained in SOAR in grant year ending in 2021: 1

Number of PATH-funded consumers assisted through SOAR: 0

BUTLER COUNTY
2022-2023 PATH INTENDED USE PLAN

Butler County Human Services is the recipient of the PATH funds which are utilized to serve homeless individuals with serious mental illness in Butler County. Butler County Human Services is a department of the local government that is charged with the development, implementation, and oversight of the human service system for our County residents and includes the following programs: Mental Health, Intellectual Disabilities, Early Intervention, Drug and Alcohol, Children and Youth, Community Action, and Area Agency on Aging. The department does not provide direct services with the PATH funds received and will contract with Catholic Charities to provide specified services to PATH eligible Butler County residents.

Catholic Charities of Butler County is a private, non-profit organization dedicated to championing the dignity of the person, improving the quality of life, and advocating for the social good of the human family, so that the poor and vulnerable, always welcomed and loved, embrace the opportunities necessary to realize their potential. Catholic Charities serves as Coordinated Entry for Butler County with our Western PA Continuum of Care. Additional services provided to the residents of Butler County include; pregnancy and parenting programs, basic needs assistance, housing assistance, homeless outreach and case management, emergency shelter, permanent supportive housing, life skills training, vocational educational guidance, and referral services..

Butler County Human Services total PATH allocation for 2022-2023 is $109,204 with $81,903 in federal funds and $27,301 in state funds. Catholic Charities will receive the full $109,204 to serve PATH eligible individuals.

Provider Name: Butler: Catholic Charities

Provider Number: PA-049

Address: 120 New Castle Street
Butler, PA 16001

Collaboration with HUD CoC Program

Butler County is one of twenty counties to make up the Western PA Continuum of Care (PA-601) and one of seven counties that make up Pennsylvania's Southwest Regional Homeless Advisory Board (SW RHAB). This advisory board functions as the Department of Housing and Urban Development's (HUD) Continuum of Care for the region and is charged with coordination and oversight of the region's homeless services system.

Butler County Human Services holds the HUD Continuum of Care grant that funds the Path Transition Age Project and Home Again Butler County. These permanent supportive housing programs are administered by Catholic Charities. Catholic Charities regularly attends the semi-annual Western Region Continuum of Care meetings and serves as Coordinated Entry Assessment Center for Butler County.

Locally, Catholic Charities is an active participant in the Butler County Local Housing Options Team (LHOT). The Butler County LHOT has 30+ member organizations, as well as additional community members, who work on a community level to implement the regional, state and local goals and objectives in our county. This advisory committee's role is to address program, funding, and networking problems within the homeless and housing service system. The LHOT also assesses housing and homeless service needs within the community, coordinates state and federal grant applications, and serves as an essential information and feedback source for the regional board on homeless programming, services and outcome data. The LHOT participates in many annual needs assessments within our community, focusing on such things as drug prevention, child care needs, and housing and other basic needs. This information is used on a county-wide level to drive planning and programming.

Collaboration with Community Organizations

Catholic Charities is strongly imbedded in our community and has formed excellent working relationships with various organizations which has reduced many barriers to quickly and effectively serving homeless individuals and families. Connection to mainstream services is a critical aspect of Coordinated Entry because it is essential to help homeless individuals and families overcome barriers to self-sufficiency. The following list is comprised of the community organizations that Catholic Charities partners with to serve PATH-eligible clients:

- PATH -eligible clients who are unable to secure employment due to their disability are referred to apply for Social Security benefits. Catholic Charities works closely with the SOAR program through Center for Community Resources for clients who would benefit from assistance in completing a SOAR application.

- PATH-eligible clients are offered assistance in applying for all mainstream resources for which they might be eligible. The County Assistance Office provides many of these resources, including cash assistance (in very limited circumstances as the State of PA has eliminated general assistance), SNAP, and Medicaid to eligible individuals and families. PATH case managers then work with the program participants to access medical care through a network of primary care physicians throughout Butler County. Mental health treatment services are available to PATH-eligible clients through a number of providers, including SPHS Care Center, Glade Run Lutheran Services and Family Services of Butler Hospital. The services available include residential,

assertive community treatment, outpatient, psychiatric rehabilitation and blended case management.

- A variety of drug and alcohol treatment services are also available, both in and out of the county, to give clients an opportunity for recovery. Program participants are referred to the Butler County Drug and Alcohol Program for assessment and referral to the appropriate level of treatment.

- Services for victims of violence are provided by the Victim Outreach Intervention Center (VOICe). VOICe provides free and confidential services to individuals and families who are survivors of various crimes. VOICe works within our community to bring about social change and provide survivors with the ability to take control of their lives.

- PATH eligible clients that are not able to secure medical coverage are connected with the Community Health Clinic of Butler County. The clinic serves county residents with no health insurance and provides them with free outpatient primary medical care, preventive medical services, referrals for specialized services, and free medications when possible.

- Salvation Army, the Lighthouse Foundation, and five local churches offer free community meals for both lunch and dinner during the week, as well as non-prepared food available through a network of over twenty-six different food cupboards across the county.

- Beyond immediate needs, PATH eligible clients are offered numerous ancillary services ranging from peer support and leisure groups, to assistance with furniture, transportation and clothing.

- Individuals and families who are homeless or at risk of homelessness are assessed through Coordinated Entry and determined if they are PATH eligible. Path eligible clients are provided with assistance in accessing other housing in the community, which might involve assisting a client in applying for housing services through another provider within the homeless continuum of care, including the Housing Authority of Butler County, Center for Community Resources, the Lighthouse Foundation, and Victim Outreach Intervention Center.

- Examples of other service programs that meet the needs of PATH eligible clients and assist them in becoming self-sufficient and remaining in permanent housing include, but are not limited to:
    - Representative Payee Program: The Representative Payee program offers community support service through providing a volunteer to handle participants' Social Security benefits on their behalf. This

program assists individuals with disabilities to maintain financial stability in the community.

- Support Groups/Social/Recreational Opportunities: Many homeless individuals, especially the transition-age population, have no experience with, or knowledge of how to access positive and healthy socialization and recreation programs in the community. There are numerous support groups (AA, NA, etc.), as well as socialization and leisure activity programs, in the community available and willing to support PATH-eligible clients.
- S.H.O.P Program: The Supportive Housing Opportunities Program (S.H.O.P) helps participants ready to enter the housing market with all the necessary skills and knowledge to become a successful renter.

Catholic Charities has partnered with the Center for Community Resources, the Grapevine Center and VA Butler Healthcare to provide monthly street outreach to individuals and families who are homeless. However, the outreach team is dispatched as needed and often completes outreach 2-3 times per month. Outreach is completed in known locations, new locations and for the Department of Housing and Urban Development's annual Point-in-Time Count. As a result of Point-in-Time Count planning, the outreach team has formed partnerships with various police departments and food bank managers and we often receive calls from to complete outreach to new persons.

Service Provision

Butler County Human Services enters into a contractual arrangement with Catholic Charities to provide these specific services to ensure that PATH funds are targeted for street outreach and case management services. Contracted providers are only permitted to provide the services dictated under the terms of their contract. A majority of the PATH funds are used to pay for the salary and benefits of the housing and homeless case managers, who, in addition to providing the various supports that fall under the definition of case management are also responsible for conducting street outreach on a monthly basis.

The PATH funded staff have access to two committees that provide the coordination and provision of services necessary to effectively assist PATH enrolled clients. These committees are the Service Coordination Committee (SCC) and the Service Integration Committee (SIC). The SCC meetings are held weekly and are comprised of a variety of mental health treatment providers allowing access to coordination of resources and supports that include services ranging from in home assistive services to the Assertive Community Treatment (ACT) team. This committee also provides treatment and service recommendations for individuals with severe mental illness who are struggling to maintain in the community with their current services. The SIC meeting is held monthly and is comprised of both housing and homeless providers as well as Neighborhood Legal

Services and the local drop in center. The purpose if this meeting is discuss barriers to housing and develop creative solutions to help reduce those barriers.

In Butler County, individuals and families who are homeless or at significant risk of becoming homeless are one of the major target populations. Butler County acknowledges that not one agency or one funding stream can effectively serve all the individuals who are facing a housing crisis, As such, significant resources, including funds from PATH, MH Base, HAP, CSBG, PHARE, Act 137, and HUD, are combined to ensure a comprehensive array of services are available. Our strategy is to utilize PATH funding primarily to support the services within our continuum that focus on engaging homeless people and connecting them with the housing, treatment, and resources they need to gain a greater level of stability.

Safe and affordable housing remains the primary gap in Butler County's homeless system. Units that are desirable quite simply are often unaffordable to the PATH-eligible clients. The units of housing that are available in the private market that are affordable and accessible to the people we serve are often not safe and/or are not conducive to support their continued journey with recovery.

Butler County recognizes the high percentage of individuals who struggle with dual diagnoses. Catholic Charities utilizes PATH funding primarily to target homeless individuals and families with mental illness and substance abuse issue while working to provide or connect them with services such as outreach and engagement, housing, information and referral, case management, healthcare related services, substance abuse and mental health treatment. Butler County is proud to be a Trauma Informed Care Community and is taking the steps necessary to build a trauma informed workforce amongst all the providers. The county also offers several providers who offer dual diagnosis inpatient and outpatient options. These services are often necessary in order to overcome symptoms of their disorders that have likely contributed to their unstable housing situation. In addition, other supportive services are provided that help the target population to build the skills necessary to access and retain permanent housing and also to become productive members of the community. These services include life skills training, personal supports, advocacy, educational/vocational services, socialization, and peer support.

PATH eligibility is determined at the time of assessment through Coordinated Entry. Once placed on the prioritization list for housing, individuals are scheduled for an intake where it is determined whether or not the individuals would benefit from PATH enrollment and would be agreeable to this service. Verification of homeless or at risk status is typically obtained at this time along with releases to verify mental health diagnosis if necessary. PATH case managers complete a PATH enrollment sheet and maintain a file that includes intake and enrollment forms, service plans, eligibility verifications and case notes.

Catholic Charities is not required to follow 42CFR Part 2 regulations.

Referrals will be made to a Certified Peer Specialist program if this support is indicated in service and support planning goals in an effort to connect individuals with community supports.

Data

Catholic Charities utilizes ClientTrack as its Homeless Management Information System. The HMIS administrator for the Western PA CoC does provide HMIS and PATH specific manuals that can be easily referenced for new employees or for staff reference. PATH required data has entered into the HMIS system since December 2014. County administrators of PATH funded staff are educated in running required reports and pulling APR data for reporting purposes. Catholic Charities, with technical assistance from Butler County Human Services as needed, is responsible for training all staff on HMIS required entries and data is monitored a minimum of quarterly for accuracy by Butler County Human Services.

Housing

Butler County and its housing and homeless providers, adhere to the Housing First model, understanding that it is critical for homeless individuals to have a safe place to live before they will be able to focus on fulfilling other needs in their lives, such as treatment, employment, life skills training, medical care, etc., that will help lead them to self-sufficiency. Case Managers work intensively with PATH-eligible clients to identify natural supports whenever possible, such as family or friends, that will welcome them into their home while they work on goals to move themselves toward self-sufficiency, including obtaining and remaining in a permanent housing situation. Many times, however, the individuals served do not have supports available to them.

PATH eligible clients are often eligible for various programs in our continuum that include CoC Permanent Supportive Housing, Emergency Solution Grant program and local or state funded security deposits and rental assistance. Permanent Supportive Housing program units are identified and master leased by the provider. For ESG, and other rental subsidies, clients are responsible to help locate an affordable housing unit. As described earlier, safe affordable housing is a barrier to clients quickly moving from homeless to housed. One of the initiatives that has been taken to improve the situation is that the Local Housing Options Team and its members have been actively working to engage landlords who are willing to become S.M.A.R.T. landlords and support the community by providing affordable housing to low income individuals and families.

Staff Information

The staff serving program clients include the Home Again Butler County Project Case Manager who is a Caucasian female between the age of 30 and 40, the Safe Harbor Coordinator who is a Caucasian female between the age of 40 and 50, and two homeless

case managers a Caucasian female between the ages of 20 and 30 and a Caucasian male between the ages of 50 and 60.

Butler County is a primarily rural county located in the southwestern section of the state of Pennsylvania with a population of approximately 187,000 residents. Although there is only a very small percentage of racial mix within our borders, the PATH staff of Catholic Charities are well aware of the importance of cultural competence and the need to recognize and value differences in clients, even beyond race, including age, gender, disability, sexual orientation, and health disparities.

PATH staff attends annual training at on cultural competence and health disparities and all programs implemented through Catholic Charities adhere to a non-discrimination policy. Cultural competency within Butler County's PATH funded services is further ensured through the participation of consumers and family members in the planning, implementation, and evaluation of the program. These populations have constant input regarding the operation of PATH services and represent a valuable source of information regarding cultural competency, particularly relating to the target population. Catholic Charities does not have any PATH funded staff who are Certified Recovery Specialists or Certified Peer Specialists.

Client Information

We project the number of adults to be contacted will be 240 individuals and we expect to enroll 95 literally homeless individuals.

Over the past 2 years Catholic Charities has served over 2400 unduplicated people and 70% of those individuals reported mental health or mental health and drug and alcohol diagnosis. PATH eligible participants were 85% Caucasian, 57 % female and 75% were between the ages of 31 and 61.

Consumer Involvement

Catholic Charities recognizes the importance of providing PATH eligible clients with opportunities for employment and/or other meaningful activity in order to support them on their journey toward recovery. PATH eligible clients are often paid to provide services for the Path Transition Age Project and Home Again Butler County, such as cleaning and moving, that are necessary in making this a successful program and participants are encouraged to act as mentors for people entering into the programs. Family members are encouraged to participate in goal planning if these members are seen as a positive support and influence.

Consumers and family members are also encouraged to attend the annual strategic planning board retreat and although one is not presently formed and was delayed due to COVID-19, Butler Catholic Charities is in the process of forming a local community advisory committee in which consumers and family members will be invited to sit on.

One former PATH eligible client is employed at Catholic Charities, one former PATH eligible client volunteers at Catholic Charities and one former PATH eligible client is on the Local Housing Options Team which serves as the local advisory board for housing and homeless services.

Alignment with State Comprehensive Mental Health Services Plan

PATH funds received by Catholic Charities are consistent with the State Comprehensive Mental Health Services Plan because funds are targeted for outreach, engagement and case management of homeless and at risk individuals with a mental health or co-occurring diagnosis. Outreach to known and unknown areas where homeless reside is also completed on a bi-weekly basis. PATH funded staff provide case management to coordinate housing and mental health services as priorities and then work to connect the individuals to other mainstream services.

Other Designated Funds

A portion of our federal Community Mental Health Services Block Grant funds, as well other general revenue funds received from the State, are designated specifically for serving people who experience homelessness and have serious mental illness. These funds are used to support a variety of services, including permanent supportive housing programs and case management services. None of these funds, with exception of the State funds we receive specifically as cash match to the Federal PATH funds, are earmarked for PATH services.

Programmatic and Financial Oversight

Butler County Human Services provides programmatic and financial oversight to Catholic Charities. Programmatic oversight includes case reviews and technical assistance as needed, monthly review of PATH HMIS data and annual on-site program monitoring. Financial oversight includes monthly review and approval of invoicing, quarterly reporting and budget calls as needed.

SSI, SSDI Outreach, Access, Recovery (SOAR)

Currently, we have another provider who has completed the SOAR Online Course , as the staff who had completed the online course at Catholic Charities has accepted a different position. In 2021, Center for Community Resources had one staff to provide assistance with SSI/SSDI applications using the SOAR model. Four consumers were assisted and two applications were approved.

Catholic Charities does not intend to use SOAR this grant year, because the primary population that the case managers are serving are those in emergency shelter. In accordance with HUD guidance and the Western PA Continuum of Care, it is our

intention that individuals go from homeless to housed in 30 days and therefore, there is not enough time to see this process through with this specific population.

Coordinated Entry

The Western PA Continuum of Care fully implemented Coordinated Entry in January 2018. Therefore, all PATH eligible individuals who are literally homeless are placed on the prioritization list and pulled for CoC and ESG programs in accordance with federal policy.

Justice Involved

Butler County began participating in Crisis Intervention Team training in 2011. The Crisis Supervisors help organize and implement the week long training that is held yearly in both the spring and fall. Butler County has trained approximately 75 law enforcement personnel (68%) along with numerous other first responders and individuals from both prison and probation. As a result, the Crisis mobile intervention team has seen as significant increase in calls from law enforcement requesting back up assistance.

While justice involved Individuals are not prioritized for PATH funded services, they are taken into consideration in the following ways:

- Catholic Charities staff have been given approval to enter the jail to complete intakes on individuals who are preparing for release and are homeless.

- The Butler County Local Housing Options Team has representatives from Career Link/ Career Track, Center for Community Resources, VA Butler Healthcare, the Community Health Clinic, various managed care organizations that provide monthly updates on opportunities and services available. Examples of recent opportunities specifically targeted to individuals with criminal histories includes classes offered to provide assistance with resume writing and an expungement clinic.

- The Western PA Continuum of Care has a reentry grant from Home 4 Good Funds and has partnered with all counties within the Western PA Continuum of Care to provide rental assistance to the reentry population.

Veterans

VA Butler Healthcare is a collaborative partner within our community and an active participant with the Butler County Local Housing Options Team. Behavioral health needs of veterans and their families is often provided through the VA and the skilled staff are also used to provide resources for other supports and services that directly benefit

veterans and their families. Catholic Charities used PATH funds for case management only and not to provide behavioral health care.

Catholic Charities Tobacco Policy

In keeping with Catholic Charities' intent to provide a safe and healthful work environment, smoking and tobacco use is prohibited throughout the workplace. This includes Catholic Charitie's offices and building entrances and exits as defined by local ordinances or laws. For purposes of this policy, "tobacco" includes cigarettes, cigars, pipes, and any other smoking products; dip, chew, snuff, and any other smokeless tobacco product; and nicotine delivery devices, such as e-cigarettes or vaping devices. The use of tobacco products is allowed only in designated areas outside the building. Smoking and the use of tobacco products is not permitted in company owned vehicles.

This policy applies equally to all employees, clients, consumers, patients, and visitors.

County of Butler Tobacco Policy

Smoking in all indoor areas of the County Government Center and the Courthouse is prohibited. Violations of this provision shall be subject to disciplinary action, up to and including termination of employment, and in accordance with employees applicable Collective Bargaining Agreement or Memorandum of Understanding if any. The general policy regarding daily break periods for employees of the Courthouse and County Government Center has been that employees are entitled to one (1) hour duty-free lunch break with no other break periods during the workday. Alternatively, at the department head's discretion, employees may schedule one of the following daily break allowances:

1. One (1) hour duty-free lunch break with no other breaks during each work day; or
2. One-half hour duty-free lunch break, plus one (1) fifteen (15) minute break for each one-half (1/2) shift during each workday

Employees will be required to utilize their break time for smoking outside the building.

Health Disparities Impact Statement

After review of HMIS data, males and youth are subpopulations that are vulnerable to behavioral health disparities.

It is anticipated that Catholic Charities will serve approximately 35 YYA individuals with PATH funds.

The total amount of PATH funds expected to be expended on the YYA population for Catholic Charities is approximately $40,405.

PATH funds distributed to Catholic Charities are used specifically for street outreach and case management services. Youth and young adults who are at risk or literally, homeless will be outreached to and ideally engaged to enroll in PATH funded case management services.
Based on the general population who will receive services from this grant, the behavioral health outcomes for male youth are worse than other groups. We have prioritized the service needs of this population and will arrange services and activities to be consistent with the needs of the individuals enrolled in the program. Butler County is a rural community and statistically, residents in rural areas do not have health care coverage, proper access to health care needs and often face food insecurity. Outreach and case management will target this population and focus on referrals for these services.

Limited Language Proficiency

Catholic Charities is in compliance with Executive Order 13166, having taking reasonable steps for LEP individuals to access services. Catholic Charities proportion of LEP persons served is >1% and it is extremely infrequent that LEP individuals come into contact with the program.

Butler County consists of a primarily Caucasian population; 95.9% according to the United States Census. Catholic Charities does contract with an interpretation agency; Stratus Audio will be contacted as needed and has a policy in place on how to use this service.

Budget Narrative

Butler County Human Services' total PATH allocation for 2022-2023 is $109,204 receiving $81,903 in federal funds and $27,301 in state funds. Catholic Charities will function of the subrecipient of the PATH funds in Butler County and will receive the entire allocation ($109,204). It is projected that Catholic Charities will use PATH funds to contact 240 adult clients and 95 will become enrolled. It is projected that approximately 100% of the adults served with PATH funds will be "literally" homeless.

Personnel (Salary and Fringe Benefits)- PATH funds in the amount of $102,221 will be utilized to partially fund four positions at Catholic Charities, equaling 2.2 FTE. PATH funds in the amount of $82,237 will be used for salaries and $19,984 will be used for benefits. The four partially funded staff includes two homeless and housing case managers, the Safe Harbor Project Coordinator and one permanent supportive housing case manager. $81,903 will come from federal funding and $20,318 will be state macth.

Travel- PATH funds in the amount of $1,000 will be used to fund staff travel for outreach and travel that is required to assist PATH enrolled individuals in accessing mainstream resources, employment training, and other necessary services in order to begin the journey out of homelessness. Public transportation and shared rides are utilized whenever possible. Outreach is conducted twice a month and other travel is completed on an as needed basis. This will come from state match.

Supplies-PATH funds in the amount of $200 will be used to fund supplies needed in the office and field for the four partially funded positions. This will come from state match.

Occupancy- PATH funds in the amount of $1,315 will be used to partially pay for the office space used for the four partially funded positions. This will come from state match.

Staff Development and Contracted Services- PATH funds in the amount of $100 will be used toward staff training and audit fees. Staff training includes cultural competency and motivational interviewing. This will come from state match.

Administrative- PATH funds in the amount of $4,368 will be used to partially pay the administrative costs that are incurred as a result of operating the PATH program. This is 4% of the total PATH funds awarded to Butler County. This will come from state match.

Butler County Catholic Charities
PATH Program
FY 2022-2023 Budget

	Annual Salary	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Position				
Housing and Homeless Case Manager (K.F.)	$34,320	0.75	$25,740	$25,740
Housing and Homeless Case Manager (C.A.)	$37,523	0.75	$28,142	$28,142
Safe Harbor Project Coordinator (A.J.)	$46,693	0.35	$16,343	$16,343
Home Again PSH Case Manager (C.B.)	$34,320	0.35	$12,012	$12,012
sub-total				**$82,237**
Fringe Benefits				
Housing and Homeless Case Manager (K.F.)	$9,291	0.75	$6,968	$6,968
Housing and Homeless Case Manager (C.A.)	$11,475	0.75	$8,606	$8,606
Safe Harbor Project Coordinator (A.J.)	$3,308	0.35	$1,158	$1,158
Home Again PSH Case Manager (C.B.)	$9,291	0.35	$3,252	$3,252
sub-total				**$19,984**
Travel				$1,000
Equipment				$0
Supplies				$200
Other				
Staff Development and Contracted Services				$100
Occupancy				$1,315
Administration (4%)				$4,368
Total PATH Budget	**$109,204**			

Cameron-Elk Behavioral and Developmental Programs
94 Hospital St.
Ridgeway, PA 15853
Contact: Karol Hill
Email Address:

Provider Type: Social service agency
PDX ID: PA-027
State Provider ID: 4227
Contact Phone #: 8147728016

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 64,421.00**	**$ 21,474.00**	**$ 85,895.00**	

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

Office: Other (Describe in Comments)	$ 64,421.00	$ 21,474.00	$ 85,895.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 64,421.00	$ 21,474.00	$ 85,895.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**Detailed budgets and narratives are included in individual provider IUPs.**
l. Grand Total (Sum of j and k)	$ 64,421.00	$ 21,474.00	$ 85,895.00	

Source(s) of Match Dollars for State Funds:

Cameron-Elk-McKean MH/MR will receive a total of $85,985 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 90

Estimated Number of Persons to be Enrolled: 66

Estimated Number of Persons to be Contacted who are Literally Homeless: 58

Number staff trained in SOAR in grant year ending in 2021: 1

Number of PATH-funded consumers assisted through SOAR: 0

2022-23 PATH IUP Template

Local Provider Description –

PA-027 Cameron-Elk: Cameron-Elk-McKean MH/MR

- Cameron Elk Behavioral and Developmental Program (CE)
  2070 Court St. Ridgway, Pa 15853

- CE is a County Entity which includes Adult and Adolescent Mental Health, Intellectual Disabilities and Early Intervention Services.

- PATH funds serve Cameron, Elk, Clearfield, Jefferson, McKean and Potter Counties. All counties are located in rural Northwest Pennsylvania. Services are provided directly from the CE office. PATH services are not sub-contracted with a local provider.

- CE Behavioral and Developmental Programs PATH allocation for fiscal year 2022/2023 is $85,895. These funds are used to support two full-time PATH Liaisons (please see section titled staff information for a more detailed report on the function of these two positions). Attached is a detailed budget regarding this PATH allocation.

Collaboration with HUD Continuum of Care (CoC) Program –

participation in the HUD Continuum of Care (CoC) program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities.

Cameron-Elk is part of the PA-601- Northwest PA COC.
Collaboration takes place with attendance at all CoC events by the CE Housing Specialist, as well as PATH Liaison's when available.
In addition, Cameron and Elk Counties PATH Program has a representative in attendance at the following meetings to satisfy the above-mentioned criterion. This helps planning, coordination and access to services and activities within the

continuum of care and to continue to make others aware of our services. CE Housing Specialist applied to sit on the Regional Housing Advisory Board (RHAB) to continue gaining knowledge of the assessment tool the CoC has used since its inception in January 2018. That application continues to be denied and Cameron-Elk continues to be the only county program not represented on that board. CE will continue to attempt to gain a seat on the RHAB.
CE works with various counties in an effort to seek new funding to increase our ability to house and serve our individuals.

Participation Includes:

McKean County Housing Stability Coalition
Cameron/Elk Counties LHOT
Clearfield County LHOT
Jefferson County Shelter Task Force
Clarion County Shelter Task Force by invitation
Western Region Housing Option Coalition
Consortium Housing Committee
Youth Consortium/Transition Cameron Elk
Youth Consortium/Transition McKean
Youth Consortium Dubois
Youth Consortium Clearfield
Youth Consortium Jefferson
Youth Consortium Potter
Transition Council Clearfield/Centre Counties
Appeal Hearings at Housing Authorities
IEP upon invitation
McKean County Collaborative Board
Cameron County Collaborative Board
Elk County Family Resource Network Collaborative Board
Potter County Collaborative Board
Clearfield County Collaborative Board
Jefferson County Collaborative Board – COFAC
Independent Living meetings by invitation
Pennsylvania's Homeless Children's Initiative
Recovery in the Stix consumer conference
Clearfield Jefferson CSP Day
Local Health Fairs
WRHOC-Biennial Summit/Conference
Point-In-Time Counts
Homes within Reach Conference
Clearfield/Jefferson Provider Resource Meeting
Continuum of Care
Strengthening Families
Western Region CoC Youth sub-committee

Collaboration with Community Organizations –

- CE Transition Apartment
- The Public Housing Authorities and Section 8 programs
- Shelter + Care Rental Assistance through the DuBois Housing Authority
- Housing Plus, Permanent Supported Housing, Elk & Cameron Counties
- AHEAD Permanent Supported Housing Cameron/Elk Counties
- Lawrence County NWHRA- Phase I & Phase II-
- Home Again
- Housing for Homeless &Disabled Persons through Clarion Jefferson Community Action
- Fairweather Lodges
- Fairweather Training Lodge
- Evergreen Elm Respit
- Northwest Regional Housing Alliance
- Local Housing Assistance Programs (HAP)
- Community Action Agencies
- Homeless shelters-YWCA of Bradford, C.A.P.S.E.A., Just for Jesus, Good Samaritan Shelter, Holmes House, Haven House, Tomorrow's Hope (veteran/sex offenders)
- Area Transportation Authorities
- Office of Vocation and Rehabilitation
- Blended Case Management (multiple providers)
- Forensic Case Management (multiple providers)
- Outpatient Therapy at the local Mental Health Clinics
- Med Management (Beacon Light/Helpmates)
- Department of Human Services (former CAO)
- Independent Living Programs - multiple providers.
- Certified Peer Specialist (multiple providers)
- Local food banks
- Local clothing giveaway programs (i.e. Guardian Angel Center)
- Free meal programs (Multiple Providers)
- Catholic Charities
- Agape
- Mobile Psych Rehab-Provider choice
- COPE Drop-In Center (CE)
- The Cove Drop-In Center (CJ)
- STEPS Drop-in-Center (McKean)
- School Districts and Intermediate Units 6, 9, and 10

- Center for Community Resources
- Workforce Investment and Opportunities Act – Youth Consortia at North Central Regional Planning and Development Commission
- Social Security Administration
- Goodwill Industries of North Central PA
- Drug & Alcohol Counseling and treatment facilities
- Local jails and Probation/Parole
- Children & Youth Agencies
- Children's placement facilities such as Residential Treatment Facilities and Therapeutic Foster Care
- Project Rapport serves pregnant and parenting youth.
- Nurse Family Partnership offers services for first time pregnant youth
- Employment Support Services
- Veteran's Affairs
- Community Guidance

Coordination with those organizations – When not working with these services directly, contact is maintained through several meetings listed in section 4. An example of coordination across systems is The WIOA Summit to connect education and industry, educating our youth for jobs in our local industries and our rural environment.

Service Provision –

As we continue to strengthen relationships with landlords in an effort to utilize resources, we continue to gain knowledge of new housing initiatives, trainings, webinars, as well as, keeping current with housing regulation changes, such as, new definitions, coordinated entry, and Housing First, as well as, close interaction with CE's Housing Specialist and MH Director.

The building of relationships with shelter staff, church groups, police, hospitals, and County Assistance offices remains a priority. PATH in collaboration with CAPSEA's Housing Coordinator conducted a Point in Time count in January 2022 to increase the numbers for our Outreach. Due to living in such a rural area, outreach has always been very difficult. However, we continue to see an increase in word of mouth referrals from past PATH participants.

PATH eligibility is determined through proof of homelessness or risk of homelessness and a Mental Health diagnosis which is documented through Psychological/Psychiatric evaluations and self-reporting.

Enrollment occurs when required documentation confirms eligibility.

CE PATH funding supports wages of liaisons. We constantly refer to other available funds for client services. We have access to PHARE dollars, HAP dollars, County CHIPP/Base funding and Department of Human Services (CAO) funding along with several other small funding streams in our rural communities.

Gaps in services that arise while working with this population are as follows:

- Applications to Housing Authorities are not accepted prior to the individual turning 18 at which time they are placed on a waiting list of 6-12 months. This holds true for the majority of public housing programs.
- Very limited number of shelter beds.
- The push to house the chronically homeless population first has left a huge gap for first time homeless families. The new definition, as well as the By Name List, has created a barrier making it more difficult to house individuals. This has become a large problem for the rural areas.
- There are only two transitional housing projects in any of the counties that can address the limited independent living skills of this population. With the lack of independent living skills when aging out of Residential Treatment Facilities, Foster Care or Juvenile Justice placements, there continues to be a need for a "step down" program. The program offered in Jefferson County is not supervised 24/7 and does not offer services specific to the population.
- Accessing identification (i.e. Photo I.D., Birth Certificate, and Social Security Card) for individuals has also been difficult, and there is an increased cost to obtain them as well. Without it, consumers cannot apply for other needed benefits, such as public assistance, social security, and housing.
- An individual over 19 or out of school has difficulty qualifying for any benefit program.
- Difficulty in coordinating employment opportunities through OVR.
- Difficulty finding employment for individuals who often have limited skills and experience.
- Lack of transportation, especially during non-traditional hours and weekends coupled with very limited county to county routes.
- Young people leaving a Children & Youth placement upon turning 18 while still enrolled in High School.
- Lack of natural supports. These individuals have burned bridges with family, friends, and agencies.

- Accessing services and housing for individuals with a history of sexual offenses.
- Accessing housing for individuals with a history of felony convictions and sometimes even misdemeanors
- Very limited psychiatric time makes it difficult to get evaluations and prescriptions in a timely manner especially for those leaving jail.
- Medical Assistance Transportation Programs discontinue the service for individuals that have missed rides without cancelling.
- Local Behavioral Health and Physical Health providers will close individuals after too many missed appointments.
- Changes in medical coverage at the CAO level that leaves some people without coverage for behavioral health services. However, CE County Base and CHIPP funding supports individuals that have no other resources for services.
- Difficulty of individuals with a criminal background obtaining employment

Although services are available to co-occurring individuals, access is not always immediate. Throughout the six counties the following programs are available:

Bradford Recovery Systems Inpatient Psychiatric Unit/MICA unit.
Maple Manor short term residential facility
Recent expansion of Alcohol and Drug Abuse Services Cameron, Elk, McKean and Potter Counties
Erie City Missions
Community Guidance
Clearfield Jefferson Drug and Alcohol Program
Pyramid Healthcare
Penn Highlands DuBois Behavioral Health
DCI
CenClear Services
The Guidance Center
Blue Dog Counseling
Beacon Light Behavioral Health
County funded Mental Health services in the county prison
Service Access Management

CE MH/MR is not required to follow the 42 CFR Part 2 regulations because we have not Drug and Alcohol programs at our agency. Therefore, our PATH reporting is not bound to these regulations.

Data –

- CE actively participates in HMIS using ClientTrack.
- Housing Specialist and PATH Liaisons participate in monthly Coordinated Entry System training webinars.
- Attendance at update trainings when available.
- Data is updated at least bi-monthly.
- CE utilizes reference materials and on-line support stored on the HMIS website.

Housing –

Individuals involved in the PATH Program are linked with housing based upon their needs and wants. When the PATH Liaison receives a referral and meets with the individual, they discuss their housing needs and what would be acceptable to the individual before exploring options. In some circumstances other temporary housing options are used due to waiting lists being long and closed. Most individuals are moved into apartments and then given the supports they are willing to accept. Support services are geared to development of independent living skills and employment outcomes for them.

Types of Housing Programs Include:

AHEAD-CE Behavioral and Developmental Programs
Shelter + Care-DuBois Housing Authority
Section 8-Local Housing Authorities
Public Housing-Local Housing Authorities
Fairweather Lodge- Clearfield/Jefferson Counties
Housing Plus-CAPSEA
Lawrence County Phase I & Phase II-LCCAP
Home Again- Cameron/Elk Behavioral and Developmental Programs
Housing for Homeless and Disabled Persons-Jefferson/Clarion Community Action
Cenclear Housing
CE Transition Apartment
PHARE Housing Stability Project-Cameron-Elk Behavioral & Developmental Program/CAPSEA
Forensic Contingency funding

Staff Information –
The CE PATH Program employs two female Caucasians who are life-long residents of the area. Both come to the position of PATH Liaison with a multitude of employment experiences – Office of Aging caseworker and ID supports coordinator, Career Link, positions that gave exposure to Mental Health and Homelessness. This experience gives them a broad based understanding of the population served and knowledge of how to relate to these individuals..

Once a referral is received by the PATH Program, the Liaison meets with the individual to assess their needs. PATH has been successful in linking individuals with services to deal with racism, language barriers, sexuality, and other stereotypes. In this rural area there has been an increase in diversity among our population. All individuals are treated with respect and sensitivity. We have contacts with the Self-Determination housing Project through our Regional Housing Coordinator. We also have contacts in the Fair Housing realm.

Staff of the PATH Program attends training in Cultural Competency (most recent training held in April 2018) and will continue to do so as trainings are offered. The PATH Liaisons attended trainings specific to mental health disorders, treatment options, and cross systems training. Many of these trainings offered a cultural competency component. Staff will continue to participate in any Webinars that help us better serve our population.
The PATH staff are not certified peer/recovery specialists.

Client Information –

CE Behavioral and Developmental Program's PATH Project will serve homeless and at risk of homelessness individuals 18 years of age and older, diagnosed with a serious mental illness. PATH Liaisons' will assist these individuals in preparing applications, assist with referrals to needed services, compiling needed documentation required to apply for housing, which includes but is not limited to, photo ID, proof of Social Security and Birth Certificate. The majority of individuals carry a diagnosis of Major Depression, Anxiety, or bipolar disorder. The population served last fiscal year was 27% male and 73% female with the majority being Caucasian. At the time of referral 53% had graduated from High School or received their GED. Of that, 10% had some post-secondary education. PATH eligible individuals usually have little or no income. At the time of referral 34% were employed. Many are applying for SSI or waiting for an appeal hearing. Prior to becoming homeless, the individuals referred to PATH came from family, "couch surfing", Residential Treatment Facilities, Foster Care, friends who take them in temporarily, jail or shelters. Of those engaged w/ PATH 41% are

diagnosed with a substance abuse disorder, as well as a serious mental illness. We have noticed an increase in co-occurring individuals.

It is predicted, based on looking at previous figures, that this PATH Program will serve at least 90 new individuals during fiscal year 22/23 and continue to serve at least 86 individuals who are already in the program for a total of 176 people. Because of the length of waiting lists and new criteria for "chronic first", the number of those still in the program will continue to grow.

Path Liaisons project that 66 individuals will be enrolled into the PATH Program.

The PATH Liaisons estimate that approximately 65% of these individuals will be literally homeless in addition to those who are at risk of homelessness. The trend of seeing increased numbers of single parents finding themselves without a place to live continues.

Consumer Involvement –
When meeting with a PATH eligible individual for the first time, they are told about the program and how it can assist them in finding safe affordable housing. If they are interested in enrolling with PATH, we discuss various other natural supports and options available to them. These include but are not limited to connections with other services in the community as well as connections with family and friends for support. All PATH services are voluntary, and these individuals choose what they feel will best meet their needs.
Currently the budget does not allow for PATH eligible individuals to be employed by the program. If employment is what they seek we can refer them to Employment Support Services or our local Career Links.
We encourage volunteering and participation on formal or governing boards. We continue to have a PATH individual on our Local Housing Options Team (LHOT), as well as participate in the Community Support Program (CSP). PATH Liaisons will continue to encourage individuals to become involved in the Certified Peer Specialist program as they work towards their own recovery.

Alignment with State Comprehensive Mental Health Services Plan –
CE's PATH program follows the Housing First model to stay with the states plan to end homelessness. Our agency has CoC funded HUD dollars to administer a chronic housing program, making chronically homeless a priority. This is applied to all CE housing programs in an effort to reduce/eliminate homelessness.

Other Designated Funds –
CE Behavioral and Developmental Programs do not utilize Block Grant Funding from any source for PATH Services.

CE MH funds are utilized to provide services to the MH population.

Programmatic and Financial Oversight –
PATH services are provided by CE. Programmatic oversight is provided by the CE MH Program Director. Referrals, enrollments, goals, etc. occur on a regular basis through bi-weekly staffing or sooner if needed. Financial oversight is completed internally by CE's Fiscal Department and is reviewed quarterly prior to the submission of the quarterly PATH reports.

SSI/SSDI Outreach, Access, Recovery (SOAR) –
CE Behavioral and Developmental Programs were originally SOAR trained October 28 & 29 2013. There were 2 PATH workers trained along with administration, supervisors, and BCM's from our Provider Agencies. Currently, CE has one hired PATH Liaison completing the on line SOAR training and the other PATH Liaison has completed the online training and is SOAR certified. In addition, the CE Forensic Boundary spanner has been Soar trained and a provider based BCM recently became SOAR trained.
To date, we have had 6 SOAR eligible consumers, with 3 being awarded within a 90-day period. As a requirement of the SOAR training, a county lead had to be identified. CE's Housing Specialist was chosen to be designated the SOAR lead to provide technical assistance with SOAR applications on an as needed basis. Currently, at CE, there are, as part of their job responsibilities, 4 FT staff dedicated to do SOAR applications (this includes the CE SOAR Lead).

Coordinated Entry –
CE has been following the Western CoC coordinated entry plan since its inception in January 2018 and is in full compliance. Any homeless PATH individual is immediately added to the "By Name list" (coordinated entry) by the CE Housing Specialist, as well as, a PATH Liaison that has been trained in that system for back-up.
PATH individuals that are "at risk" for homelessness cannot be added to the By Name List because they are not chronically homeless.
The By Name List has made it difficult to house Cameron-Elk individuals, primarily in a timely manner. The process adds a wait time for individuals that might otherwise be housed with more immediacy.

Justice Involved –

Utilizing grant dollars awarded to a provider agency specific to CIT, Cameron-Elk hosted its first CIT training in the Fall of 2018. Now an annual training, the second was completed in the Fall of 2019. Approximately 25 individuals have been trained. Participants included law enforcement, (state and local), probation, sheriff's department, children and youth and crisis staff.
PATH counties currently are not utilizing specialized courts (i.e. veteran courts, drug courts). Our county MH program has funding for in- jail services to decrease recidivism in our forensic population. In addition, a CE County based Boundary Spanner has been hired and utilizes PATH to assist with reentry when housing is needed.
PATH Liaisons work to connect consumers to community services while collaborating with the Boundary Spanner.
PATH workers are also kept abreast of CJAB meetings and planning.
Approximately 37% of PATH individuals being served are justice involved.

Veterans –
There is a veteran preference when entering into th By Name List (veteran status offers higher scores). In addition, there are programs that CE can access by collaborating with Northern Tier for rental assistance that is specific to military service members.

Tobacco Policy –
This policy provides a safe and healthy work and living environment for staff and clients and to ensure compliance with Pennsylvania's Clean Indoor Act and to include the prohibition of smoking in Agency vehicles.

CE-B&D is committed to providing a safe and healthy environment for staff and consumers. In keeping with this philosophy, a drug, alcohol and tobacco-free work environment is maintained.

This policy also applies to any visitors on CE-B&D property. Smoking and/or the use of tobacco is not permitted anywhere on CE-B&D property at any time. The definition of CE-B&D property for the purpose of this policy includes all buildings, structures and means of transportation owned by or leased to CE-B&D.

Failure to comply with this policy may lead to disciplinary action.

Health Disparities Impact Statement –

We expect to serve 160 YYA individuals with PATH funds. This will include current and new individuals who will pass through our program throughout the fiscal year.

- PATH funding covers 6 counties in this rural area of Pennsylvania. These dollars are used to fund 2 PATH Liaisons to assist individuals with housing, as well as connect them with services and supports within the community. In addition, when individuals have no payment resources for services, CE MH Base and CHIPP dollars can be requested for said service.

  PATH funds two full time liaisons that cover Cameron, Clearfield, Elk, Jefferson, McKean, and Potter Counties. Our allocation does not allow for us to directly fund services for our consumers. Our Liaisons are a direct link to services and make referrals to outside providers for the following services:

- Blended Case Management
- Recovery
- Mobile Psych Rehab
- Outpatient
- Peer Support
- Employment Support Services
- Food banks
- Transportation
- Med Clinics
- Security Deposits
- Utility Assistance
- Medication Management
- Other housing stability needs

  Although PATH does not fund these services directly, we encourage their use and can have them authorized through other funding sources.

In serving this population we are continuously reaching out to area providers regarding their policies and terms of services. In some instances, their policies have a negative effect by increasing these disparities. We do have a county mental health plan in place that addresses some of these issues on a larger scale. However, for PATH, we address these issues as they arise with the providers as necessary. For example, some of our providers have a no show policy that if you miss 3 appointments you can only re-enter services after attending 3 consecutive group sessions at their site. This creates a hardship for some of our consumer's schedules. CE will continue to have discussions with Provider

agencies to ensure the quality and quantity of service delivery remains consistent.
Moving forward, a quality improvement plan will be put in place which will be data driven. For example, data will be collected on a quarterly basis to try and determine patterns for missed appointments, such as, transportation issues, lack of medical assistance benefits, no shows, etc.

Limited English Proficiency –

Cameron –Elk has limited resources for LEP individuals. Because the need is minimal in our area, on an as need basis, we will access the following:

- Local Public Libraries reading program.
- Cameron and Elk County Assistance offices as a resource to translation services.
- Utilize, on an as needed basis, via phone/video, *Language Line Solutions*.

Cameron/Elk Counties PATH 22/23 Budget Narrative

Our PATH funding will consist of: $ 64,421 Federal allocation, $ 21,474 State allocation, $2,386 Local match for State funds. The Federal and State amounts are given to us. The Local match is figured on the State funds only - Federal does not require match.

Our allocation for PATH is going to be used on Personnel, Fringe Benefits, Travel, Supplies and various categories under Other including Occupancy, Insurance, Telephone, Postage, Training and Computer Expenses. We are projecting that total expenses for the PATH program in 2022/2023 will be $88,281. The accompanying Budget will total this amount.

Personnel - We have 2 case managers who provide PATH services. One case manager spends 82% of their time on the program, the other 80%. We have arrived at these figures with a time study.

Fringe Benefits - FICA, Healthcare, Retirement, Unemployment Compensation, Worker's Compensation and Life and Disability Insurance are all included as fringe benefits. All of the calculations are based on the time study as well, with each expense charged at the PATH percentage of time for each Case Manager.

Travel - Travel is calculated using 2 categories of expenses. Projected expenses for 2 Case Managers traveling for both outreach and consumer contact equals $611 for the year. Aside from this expense which will cover gas and a $0.40 per mile reimbursement when necessary, another $389 has been added for incidental vehicle maintenance according to our cost allocation plan.

Supplies - Projected expenditures for this category total $279. Included are expenses for office supplies, $214, and for the cost of copies for various files, $65. Both of these are based on historical use over the past few years.

Other - As mentioned, we have several categories under the "Other" line item:

Occupancy - Total cost for occupancy is $2,589 for the year which is calculated using our cost allocation plan which takes our overall price per square foot times the amount of space our Case Managers occupy times the percentage of their time spent on the PATH program.

Insurance - Total cost for insurance is $1,200 which includes all required coverage for Professional Liability, Auto, Property, etc. The amount is calculated using our cost allocation plan which, depending on what kind of coverage, is based on time, office space, vehicle use as tracked by the mile, or a combination of several of these items.

Telephone - Telephone expenses are budgeted at a total cost of $1,562. Verizon cell phone expenses and Windstream telephone service are paid at the percentage of use as tracked by usage per program.

Postage - This Expense is estimated to be around $31 from prior year comparisons to send out various correspondence.

Staff Training - $175 for various Training opportunities that's may benefit the program throughout the year.

Computer Expense - $223 for Internet, updates, upgrades, etc.

Cameron and Elk Counties
Cameron Elk County Behavioral and Developmental Programs
PATH Program
FY 2022-2023 Budget

Line Item	Annual Salary	PATH-funded FTE	PATH-funded salary	Total
Position				
Case Manager	$ 37,854	.82	$ 27,088	$ 27,088
Case Manager	$ 28,272	.80	$ 19,737	$ 19,737
sub-total	**$ 66,126**		**$ 46,825**	**$ 46,825**
Fringe Benefits				
FICA Tax	$ 4,024		$ 3,512	$ 3,512
Health Insurance	$ 27,392		$ 23,904	$ 23,904
Retirement	$ 3,917		$ 3,418	$ 3,418
PA Unemployment	$ 282		$ 246	$ 246
Worker's Compensation	$ 398		$ 348	$ 348
Life Insurance	$ 668		$ 583	$ 583
sub-total	**$ 36,681**		**$ 32,011**	**$ 32,011**
Travel				
Clients/Outreach	$ 700		$ 611	$ 611
Vehicle Exp	$ 446		$ 389	$ 389
sub-total	**$ 1,146**		**$ 1,000**	**$ 1,000**
Supplies				
Office Supplies	$ 245		$ 214	$ 214
Copies	$ 75		$ 65	$ 65
sub-total	**$ 320**		**$ 279**	**$ 279**
Other				
Occupancy	$ 2,967		$ 2,589	$ 2,589
Insurance	$ 1,375		$ 1,200	$ 1,200
Telephone	$ 1,791		$ 1,562	$ 1,562
Postage	$ 35		$ 31	$ 31
Staff training	$ 200		$ 175	$ 175
Computer Exp	$ 255		$ 223	$ 223
sub-total	**$ 6,623**		**$ 5,780**	**$ 5,780**
Total PATH Budget				**$ 85,895**

Clarion County - Center for Community Resources
214 South 7th Avenue
Clarion, PA 16214
Contact: Sarah Knepper
Email Address:

Provider Type: Social service agency
PDX ID:
State Provider ID:
Contact Phone #: 8142261080

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 34,814.00**	**$ 11,605.00**	**$ 46,419.00**	

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

Office: Other (Describe in Comments)	$ 34,814.00	$ 11,605.00	$ 46,419.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 34,814.00	$ 11,605.00	$ 46,419.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 34,814.00	$ 11,605.00	$ 46,419.00	

Source(s) of Match Dollars for State Funds:

Clarion County Mental Health Administration will receive a total of $46,419 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 112

Estimated Number of Persons to be Enrolled: 42

Estimated Number of Persons to be Contacted who are Literally Homeless: 10

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

2022-23 PATH IUP

Local Provider Description –

The Clarion County Mental Health Administration is the PATH program of record and is located at 214 South 7th Avenue, Clarion, Pennsylvania 16214. The Clarion County Mental Health Administration is a County Government agency that provides oversight to Clarion County's mental health providers. The region served is limited to Clarion County. According to the U.S. Census Bureau, the county has a total area of 610 square miles (1,600 km^2), of which 601 square miles (1,560 km^2) is land and 9.0 square miles (23 km^2) (1.5%) is water. The PATH provider is "Center for Community Resources" (CCR), provider number PA-074. CCR became the PATH provider on January 1, 2015.

CCR is a non-profit human services company that originated in Butler County. The CCR office location in Clarion County is found at 214 South 7th Avenue, Clarion, PA 16214. CCR provides Clarion County with base service unit functions, crisis intervention services, mental health Drop In Center, transitional housing services, early intervention service coordination, Specialty Courts liaison services, Student Assistance Program service coordination, and Representative Payee services. The Clarion County Mental Health Administration serves as the pass-through agent for PATH funding and monitors the services provided.

The PATH program is located in the Base Service Unit (BSU), located at the above listed address. The BSU serves as point of intake and referral for mental health related services, information and resources.

CCR's housing program serves individuals who are 18 and older. Adults with children are also served. As of March 2022, approximately 84 new individuals were contacted and 32 individuals were enrolled in PATH. It is projected that CCR will contact 112 individuals and will enroll approximately 42 individuals with an estimated 10 individuals identifying as literally homeless.

The amount of PATH funds that Center for Community Resources will receive is expected to be $46,419. The federal allocation is $34,814 and that state match is $11,605.

Collaboration with HUD Continuum of Care (CoC) Program –

Clarion County is a partner in the Northwestern Region Continuum of Care, Local Housing Options Team, Regional Housing Collaborative, and Clarion County Shelter Task Force. Emergency Housing continues to be a need in Clarion County and the Shelter Task Force is still working to establish a solution to emergency shelter to meet the needs of literally homeless individuals in Clarion County. Clarion County also participates in the yearly Point In Time homeless count. Due to COVID-19, the Point In Time count in 2022 was limited to those homeless individuals who were in shelter.

CCR works closely with the Clarion County Housing Authority to assess homelessness, monitor housing availability, and coordinate housing for the homeless and imminently homeless population. CCR and the Clarion County Housing Authority also have a good working relationship regarding connecting individuals served by CCR with HUD housing vouchers to maintain permanent housing. Further, the Housing Coordinator has established good working relationship with Clarion County Housing Authority and is often able to assist individuals with securing permanent housing in rentals located at propertied managed by the Clarion County Housing Authority.

Along with funding received from PATH, homeless or imminently homeless individuals working with CCR are also eligible for financial assistance from the Behavioral Health Alliance of Rural Pennsylvania (BHARP). These funds can be used to assist individuals from becoming homeless, or to assist with other housing needs. Clarion County Mental Health Administration also has forensic funding available to assist forensic individuals in need of permanent housing. These funds can be used to pay for security deposits and first month's rent.

CCR makes referral to the coordinated entry list monitored through the CoC as needed. There has been turn over in Clarion County's lead CoC agency from Clarion County Community Action to the Clarion County Housing Authority. Availability of the coordinated entry list has been limited due to the turn over. It is understood that agencies outside of Clarion County are available to complete the coordinated assessment if needed.

Collaboration with Community Organizations –

Clarion County's Local Housing Options Team (LHOT), called Shelter Task Force (STF), continues to hold monthly meetings. Representation from CCR, CYS/Adult Services, Clarion County Housing Authority, domestic violence shelter (Stop Abuse for Everyone), local ministries, Fair Housing, Veterans Affairs and other human service agencies is present at each meeting. Members of STF work together to find solutions for emergency housing and provide community outreach. STF also receives financial resources from the Bridge Builders. Historically these funds are utilized to assist individuals overcome barriers to permanent housing, housing repairs to prevent homelessness, and transportation needs among other appropriate uses. STF also holds a biannual soup luncheon fundraiser which has proven to be successful.

The Clarion County Human Service Council, Overdose Task Force, and Drug Free Coalition also serves as venue to exchange program updates and information with other human service agencies within Clarion County. Clarion County Mental Health Administration and CCR are both active participants in these meetings.

CCR makes frequent referrals for PATH consumers to local mental health agencies, outpatient drug and alcohol agencies, other housing agencies, Career Link and Office of Vocational Rehabilitation.

Service Provision –

Along with PATH funding, Clarion County also has BHARP (Behavioral Health Alliance for Rural Pennsylvania) funding available to assist with homeless or imminently homeless individuals' housing needs. It was understood that these funds were not available for much of the 21/22 fiscal year. Recently, CCR was informed that these funds are available. To date, no BHARP funds have needed to be utilized by housing consumers working with CCR.

The County Mental Health Administration also has forensic funds available to assist with obtaining permanent housing for forensically involved individuals who are homeless or imminently homeless. These funds can be used for security deposit and first month's rent.

During the 21/22 fiscal year, CCR has made 11 PATH funding requests to assist homeless or imminently homeless individuals with securing and/or maintaining permanent housing. The total amount requested to date is $4,651.31. The funding was utilized to make payment on Security Deposit, first month's rent or rent to avoid eviction.

The Housing Coordinator at CCR often refers homeless or imminently homeless individuals to the Clarion County Housing Authority and the Emergency Rental Assistance Program (ERAP). Because the ERAP program is so easily accessible, we have found the PATH funding and other housing funding resources are not being as utilized for rent assistance. CCR also refers homeless veterans in Clarion County to the Supportive Service for Veteran Families (SSVF) for assistance with their housing needs including, but not limited to, emergency shelter and securing permanent housing.

The Housing Coordinator leverages PATH funds by assisting individuals with applying for medical assistance, food stamps and utility assistance. The resources assist with decreasing the amount of funds consumers must pay out each month, and adds to their funding available for permanent housing. As noted previously, the Housing Coordinator also refers individuals to community mental health agencies, substance abuse treatment agencies, and other community resources such as food banks. The Housing Coordinator also assists individuals with obtaining birth certificates, photo identification cards and Social Security cards if needed. Funding assistance for these documents is often provided by Shelter Task Force.

CCR is not required to follow 42 CFR Part regulations.

The Base Service Unit Service Coordinator is a valuable referral source for individuals who need housing services. While completing the intake, the Base Service Unit Service Coordinator is able to assess an individual's housing needs and refer to the Housing Coordinator if appropriate. Several referrals are provided from the Base Service Unit Service Coordinator for incarcerated individuals. The Housing Coordinator then works closely with the Jail Counselor and Probation Department to develop an appropriate home plan. If a PATH client is released from jail to Hope Homes (CCR's transitional housing unit), then the Housing Coordinator communicates frequently with the Probation Office to ensure program compliance and that the individual is meeting their goals.

The services provided with PATH funding include:

1) Screenings – The Housing Coordinator will provide screening to determine the consumer's eligibility for PATH services. Eligibility requirements are as follows:
    - Clarion County Resident
    - Mental Health Diagnosis
    - At-risk of being homeless or homeless
    - Have not yet met their yearly PATH allocation amount

2) Referrals – When appropriate, the Housing Coordinator will provide referrals to primary and behavioral health services, job training, and educational services. The HC will also refer the consumer to other services, resources and supports that will be appropriate in helping them to remain in or access housing.

3) Supportive Services- Designed to stabilize and maintain the individual in a residential setting. The Housing Coordinator can provide assistance on a one-to-one basis in those areas which are needed for the individual to be able to maintain their housing. This includes activities such as budgeting,

housekeeping skills, self-advocacy skills, scheduling, utilizing community resources, time management and other daily living skills.

In Clarion County, CCR utilizes PATH funds to assist with first month's rent, security deposits and moving expenses. Weekly outreach is completed by scanning local communities for homeless individuals. It is a goal to being doing more robust outreach by advertising services on social media and on local resource boards. CCR staff also provides outreach by attending various community meetings including but not limited to Shelter Task Force, Family Net, Human Service Council, Overdose Task Force, Drug Free Coalition, and Human Service Soup. CCR also provides follow up service to PATH consumers to ensure that their housing situation is being sustained. A monthly budget is created to ensure that PATH funds are being utilized adequately throughout the entire fiscal year.

The Mental Health Program has a variety of services available to persons with a serious mental illness who are homeless or near homeless. These services are also available to those who have co-occurring diagnosis. These services include:

- Outpatient counseling
- Crisis intervention
- Case management
- Housing services
- Psychiatric Rehabilitation
- Representative Payee
- Drop-in Center for socialization and recreational activities
- Peer Support services

Because the PATH Program is an integral part of the Base Service Unit, access to community based mental health services are readily facilitated and becomes part of the overall service planning process. Once releases are obtained, the Housing Coordinator works closely with blended case managers and other mental health service providers to keep them informed of the consumer's housing situation.

Substance abuse services include the Armstrong-Indiana Clarion Drug and Alcohol Commission which provides prevention and education programs, case management and referrals to more intensive services, such as detoxification, inpatient or residential treatment and Certified Recovery Specialist services. Outpatient counseling, intensive outpatient counseling, medication assisted treatment and referral for inpatient treatment is provided through Cen Clear. Intensive Outpatient, Outpatient and Relapse Prevention level of care programs are available at Cen Clear.

Coordination of services for those with co-occurring issues is done via collaborations between mental health providers, the BSU, case management and the Armstrong Indiana Clarion Drug and Alcohol Commission, and Cen Clear.

The Housing Coordinator collaborates with Peer supports to work on budgets, maintaining housing fiscally, maintaining housing conditions and other daily living skills. Peer supports are part of the ongoing process of attaining and retaining permanent housing.

Clarion County continues to experience similar gaps to what has been reported in the past. Emergency housing and transitional housing continue to be a need in the Clarion County community. Hope Homes is currently the only transitional housing program available to homeless or imminently homeless individuals in Clarion County until the Clarion County Housing Authority can open their newly acquired transitional housing program. The emergency housing unit that CCR has available, has been utilized as a transitional housing unit to fulfill the need for this resource which has further limited the available emergency housing in the county.

Individuals with serious mental illness, criminal history and/or negative rental histories continue to face significant barriers with landlords when attempting to obtain permanent housing. Landlords are often unwilling to rent to individuals who are being released from incarceration due to concerns with the individual's ability to sustain the rental financially and behaviorally.

The PATH eligibility process for homeless or imminently homeless involves a housing program screen that is completed by the Housing Coordinator. The screening includes questions related to County of residency, mental health diagnosis, income information, veteran status, HUD status, insurance status, employment status, criminal history and substance abuse history. Should the individual not meet residency, mental health diagnosis and/or homeless or imminently homeless criteria, the Housing Coordinator will refer the individual to other housing agencies within the County such as, but not limited to, the Salvation Army or Community Action. When it is determined that the individual is PATH eligible, the Housing Coordinator explains Hope Homes, PATH case management and PATH financial assistance to the individual and inquires what, if any, service the individual is interested in participating in. The Housing Coordinator will then schedule an intake and request verification of mental health diagnosis from the diagnosing mental health provider. Once the appropriate intake is completed (either Hope Homes or PATH), the Housing Coordinator will enroll the individual in to the PATH program via the Homeless Management Information System (HMIS). While providing service to the individual, the Housing Coordinator will enter all case notes, current living situations, and services provided to the individual in HMIS. Case notes are also entered in to the Esystem database utilized by Center for Community Resources.

Data –

The Housing Coordinator is utilizing HMIS-ClientTrack to enter all enrolled and non-enrolled PATH consumers. The data entered in to HMIS is utilized to generate the information provided in the PATH annual report. Both current and new employees participate in webinars that are available to train on the HMIS system. Further, Program Manager has developed job aides regarding the utilization of HMIS to help assist with the training of new employees. The CoC does have a HMIS user manual that can be referenced by staff. This document is provided via pdf to all new employees.

Housing –

- Clarion County Ministerium provides church donated financial support for overnight emergency shelter for those who are homeless and passing through Clarion County. This also includes funding for transportation to their home county.

- Clarion County Housing Authority provides public housing units for disabled and/or seniors via Liberty Hill Apartment and Regency Commons. The Housing Authority also provides approximately 5 public housing units. Section 8 and Northwest 9 housing vouchers are available to assist with monthly rent amounts owed by individuals. Emergency Rental Assistance Program (ERAP) will be available in Clarion County through 2025 to assist with emergency shelter, moving costs, security and first month's rent, as well as rent to avoid eviction. The Housing Authority also has disabled housing, permanent supportive housing and transitional housing since becoming the lead CoC agency for Clarion County.

- Managed care reinvestment funds, in conjunction with nine other counties, provide Bridge Housing Subsidies and Master leasing opportunities in Clarion County.

- The Housing Coordinator develops rapport with local landlords to maintain working knowledge of available units for rent, assist with lease negotiation, and obtaining permanent housing.

- There are four personal care/assisted living centers in Clarion County if this level of care if to be utilized by individuals.

- Clarion County Mental Health is able to fund short term (30 day) transitional unit for those individuals who are in need of emergency shelter.

- HSDF can provide emergency shelter funds for a 3 night stay in a hotel. These funds are provided by Salvation Army.

- Housing Assistance Program (HAP) through Clarion County Adult Services, provides rental assistance, payment of security deposits, utility assistance, and moving costs for individuals who are homeless or imminently homeless.

- Community Action provides housing assistance for veterans through the SSVF program. Further, Community Action will assist with up to 14 days of emergency shelter funds if a homeless or imminently homeless individual was previous assisted with emergency shelter funds by a non-profit agency.

- CCR provides Hope Homes transitional housing to individuals who are homeless or imminently homeless who also present with a serious mental illness. There are currently 3 units with a total of 9 bedrooms available. These units are typically full with a waiting list.

- The United Way currently has funding available to assist working individuals or individuals who have recently lost their jobs at no fault of their own with rent, mortgage, utilities, or emergency hotel stays. This agency also has funding available to assist with utility payments for those individuals who have had their income effected by COVD-19.

- Stop Abuse for Everyone (SAFE) has both Bridge Housing and Shelter programs available for those individuals who are fleeing domestic violence situations.

- Veteran Affairs has transitional housing programs available for both male and female veterans.

Staff Information –

Center for Community Resources has one female full-time staff that facilitates the PATH program. This position is funded by 25% of the PATH program. This staff also coordinates the Hope Homes Transitional Housing program and provides case management services to individuals residing at Hope Homes. The current Housing Coordinator was previously a Certified Peer Specialist, however, is not currently working in that role.

All Center for Community Resources staff members receive training in cultural competency and are required to have at least 1 hour of training on this topic each year. Recent training was also provided to staff on the LGBTQI issues and resources available to assist this population. Center for Community Resources staff are trained in person centered approaches and trauma informed care. Staff are assigned trainings as available. Ongoing trainings are provided to staff typically on a monthly basis.

Client Information –

The current demographic of client population in Clarion County ranges from age 18 through 62 years old. The client population in Clarion County is 51% female and 49% male. The population in the county is predominantly white with 97% of the population reporting their race as white alone. These numbers were collected in 2021 and are derived from the United States Census Bureau.

The number of adult clients to be contacted by the PATH program is projected to be 112 during the 2021-2022 fiscal year. Of those contacted, it is projected that 42 will be enrolled. It can be assumed that similar numbers will be reported for the 2022-2023 fiscal year if current trends continue. Of those enrolled, it is estimated that approximately 10 individuals will be literally homeless.

Consumer Involvement –

The Mission of Center for Community Resources is to make a positive difference in everyday lives by connecting people to a network of supports and services essential for actively learning, working and living in the community.

The agency's goal is to coordinate supportive services for individuals and families seeking information & referral for mental health, intellectual disabilities, substance abuse and other human service needs.

We are an integrated point of contact working in collaboration with other human service agencies to identify needs in the community and effectively respond to assist anyone seeking help.

CCR offers free trainings to individuals and families in the community including Youth Mental Health First Aid.

Individuals are given a consent to services to sign and review during each intake to ensure that they understand their right to accept or decline services. Individuals are also given information on the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of all services, unless it is a life-threatening situation.

Individuals are given satisfaction surveys at initial contact and at discharge. Individuals can also opt to be contacted for a Consumer Satisfaction Survey for any mental health services that were received.

In this case, people who experience homelessness and are seeking funding work on goals to improve their current situation, whether it is finding employment or seeking out help for their mental illness and take an active role in their recovery, and ultimately have a say in their future and their future role in the community. They will do this by actively establishing goals and working on them with community members. Most of the people generally serve their community and the place they are staying by helping others in a peer driven role. It can be difficult for some individuals to see that by sharing their challenges with others, that they can help someone else who is in the same position that they were in.

Family members are seen as a support to individuals in PATH and are sometimes called upon for assistance in housing or moving in certain situations. It is important to surround our PATH individuals with natural supports that will support them in their daily living. Family members may be involved in the home search and the moving process. Family members may also provide feedback on what may be best for each individual.

Clarion County offers the Community Support Program (CSP), which provides a platform for consumers, families and professionals to discuss mental health programming issues that are being experienced in Clarion County. Currently, no PATH eligible individuals are employed at CCR. However, a tentative offer of employment has been made to a prior PATH eligible consumer to work as a casual maintenance worker at CCR.

Alignment with State Comprehensive Mental Health Services Plan –

The Housing Coordinator works closely with the Base Service Unit Service Coordinator who refers individuals who are discharging from psychiatric hospitals, both state and local, as well as individuals who are being released from county jail. The County Forensic Liaison also works closely with the Housing Coordinator by referring individuals being released from state prison or state hospitals that need PATH housing services. CCR provides transitional housing for homeless or imminently homeless individuals up to six months after discharge or release if beds are available. The Housing Coordinator will provide additional support while working with the individual to aid in their recovery. The additional support provided to individuals is done so through case management services. The Housing Coordinator uses person centered approaches and assists the individual with achieving identified goals and overcoming barriers to housing. Referrals are made for community-based services should an individual need those services. The

Housing Coordinator will implement the CCR Emergency Plan in the event of an emergency or disaster. This plan is reviewed annually and updated as needed.

Other Designated Funds –

The PATH program does not participate in the Mental Health Services Block Grant. However, Clarion County does have CHIPP dollars which are being used to fund two transitional housing homes that include a total of 5 bedrooms. Consumers are permitted to reside in this housing program for up to six months. Extensions are granted should a consumer be in need. Emergency housing is also available in an additional unit. Individuals are permitted to reside in this unit up to 30 days. The Housing Coordinator is responsible for identifying eligibility for transitional housing, ensuring move in, providing case management services and assisting the individual with securing permanent housing. These funds are not specifically assigned for PATH services.

Programmatic and Financial Oversight –

Center for Community Resources monitors PATH funds through quarterly audits. Further, Clarion County Mental Health Administration also reviews the use of PATH funds by completing audits. Should the Administration find areas that can be improved upon, Center for Community Resources is provided with a performance improvement plan and a target date to make requested changes.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

There are currently no SOAR certified staff at Center for Community Resources. Further, it is understood that there is not a SOAR provider in Clarion County at this time. Typically, the Housing Coordinator refers individuals to their blended case manager for assistance with the application process for Social Security benefits.

Coordinated Entry –

As mentioned in previous sections of this plan, the coordinated entry point of contact in Clarion County is still in transition from Community Action to the Clarion County Housing Authority. Various outside agencies have been reported to assist with the coordinated entry process for Clarion County residents until such time that the Clarion County Housing Authority has the capabilities to complete assessments and add individuals to the list. Because of the transition, Center for Community Resources has not been referring individuals to be assessed for the coordinated entry list but will do so in the future.

Justice Involved –

Center for Community Resources and Clarion County provides a yearly Crisis Intervention Team training to all County law enforcement officials. To date, Clarion County Sheriff, State Parole, Clarion Borough Police and Knox Borough Police have sent officers to complete the training. Various staff from local Children and Youth, schools, and ministerium have also completed the training. A neighboring County Probation Department has sent several of their Probation Officers to complete the training. It is the goal to train more law enforcement officers during future trainings. Due to the small department sizes, it is difficult for police officers to be pulled from patrol to attend training. Please note that the Housing Coordinator is trained in Crisis Intervention and is capable of providing crisis intervention services with individuals as necessary.

As noted, the Housing Coordinator works closely with the Base Service Unit Service Coordinator and County Forensic Liaison on identifying individuals in the forensic population who are in need of housing assistance. Once these individuals are identified, the Housing

Coordinator meets with them at the jail to develop a plan of action to assist with the housing needs. Hope Homes is often used as a home plan for homeless individuals being released from jail or state prison. The Housing Coordinator then provides case management services with the individual while they are residing at Hope Homes to ensure that their housing, employment, physical health, mental health and any other areas of needs are being met. Often times extensive criminal history is a barrier to achieving permanent housing. The Housing Coordinator often advocates on behalf of the forensic individual with landlords when good behaviors are being displayed as a resident at Hope Homes. The majority of individuals residing in Hope Homes are forensically involved. Because of this, the Housing Coordinator also works closely with County Probation and State Parole.

Veterans –

Veterans who meet criteria for PATH services will be provided case management services or financial assistance. Referrals will be accepted for Veterans returning from active duty with no home to return to. The Housing Coordinator will work with the Veteran to ensure that their mental health needs are being met as well as their housing needs. The Housing Coordinator will work closely with Veteran Affairs and Supportive Services for Veterans with Families (SSVF) staff.

Tobacco Policy –

CENTER FOR COMMUNITY RESOURCES, INC.			
HUMAN RESOURCES POLICIES AND PROCEDURES			Click Here to go to Master Index
POLICY SECTION **HEALTH AND SAFETY**	**POLICY TITLE** **NICOTINE PRODUCTS**	**POLICY NUMBER** **Function 5** **Section 5.6**	
EFFECTIVE DATE:	7/1/06	**REVISED DATE:**	9/1/13
APPROVED BY:	Executive Director		DATE:
APPROVED BY:	Board of Directors		DATE:

POLICY: CCR encourages employees to use good judgment in maintaining their personal health and wellness, and in demonstrating their respect for the wellness of others. In keeping with the philosophical premise of this policy, all CCR facilities, vehicles, and CCR sponsored events are smoke and nicotine free. Smoking and use of nicotine products is only permitted outside of CCR facilities, vehicles, and events. CCR will not receive any sponsorship from tobacco companies.

PURPOSE: The intent of this policy is to encourage an enlightened view about the health risks associated to the use of nicotine products. This policy ensures the Agency and all employees are in compliance with Federal, State, and local regulations.

SCOPE: Applies to all agency personnel.

Procedures:

Definitions: Nicotine Products: Nicotine products include but are not limited to cigarettes, electronic cigarettes, cigars, pipe tobacco, smokeless tobacco, and snuff.

1. Expectations of CCR Employees

1.1.1 Employees will not use nicotine products in CCR buildings, vehicles, CCR sponsored event, and while representing CCR in a professional capacity or while in a client's presence. This is valid 24 hours a day, 365 days a year.

1.2 Employees must maintain a distance no less than 15 feet from CCR entrances when smoking

1.3 The activities listed above are considered in violation of CCR policy. First offence employees will receive a written warning and be asked to review the Nicotine Product policy with their immediate supervisor. If an employee violates the policy a second time they will receive disciplinary action up to and including termination.

2. Expectations of CCR Visitors/Clients/Contractors

2.1 Visitors, clients, and contractors will not use nicotine products in CCR buildings, vehicles, and CCR sponsored events.

2.2 Contractors must maintain a distance no less than 15 feet from CCR entrances when smoking

2.3 Signage that CCR is a nicotine free environment, and educational materials will be available in the CCR lobby.

2.4 These activities are considered in violation of CCR policy. Any contractor found in violation of this policy will receive a verbal warning for the first offense and immediate termination of their contract with CCR for a second violation.

2.5 Visitors and clients who are found in violation of this policy will receive a verbal warning and be asked to dispose of the nicotine product. If a second violation occurs the visitor or client will not be allowed back on CCR property until they review and sign their agreement to adhere to the CCR Nicotine Products policy. If a third violation occurs, the visitor or client will not be allowed back on CCR property.

3. Cessation Assistance

3.1 CCR will offer educational materials to employees, contractors, visitors, and clients who are found in violation of this policy or for whomever requests assistance to quit using nicotine products.

3.2 CCR will offer referrals to cessation programs for any employee, contractor, visitor, and client who is found in violation of this policy or for whomever requests assistance to quit using nicotine products.

3.3 CCR employees, contractors, visitors, and clients are permitted to use cessation devices such as nicotine patches and nicotine gum to help assist them to quit using nicotine products.

Health Disparities Impact Statement –

As noted, Clarion County's population is predominantly white and therefore approximately 50% of the individuals served in the PATH program are non-hispanic and white. The HMIS report reflects that 5% of the individuals served in the PATH program are black and 2% are hispanic. However, please note that race and ethnicity data was not collected from 43% of individuals screened for PATH housing services. Data regarding sexual orientation is not collected from individuals being served in the PATH program. Individuals served in the PATH program predominantly identify as female or male with 38% being reported for both genders. Four (4) percent (%) report identifying as multiple genders and this data was not collected from 21% of the individuals that were screened for PATH services. Data shows that 18-45 year old individuals are the most served age group at 66% followed by 46-62 year old individuals at 12%. It appears that the senior population of over 63 years of age is very minimally being served with only 2% being reported. Data was not collected on 5% of individuals screened for PATH services. Please note, that it is quite likely that the population of 63 years of age and older is being serviced by local Area Agency on Aging. Further, youth under the age of 18, are likely to be served by Children and Youth Services, as well as Independent Living programs.

The unduplicated number of YYA served by PATH funds during the 21-22 fiscal year at this time is 16. It is projected that these funds will be used to assist at least 18 YYA. The types of services that PATH funds assist with for this age group include transitional housing and case management services. Assistance with obtaining permanent housing and learning to establish good rental history are also provided. The amount of PATH funding utilized to assist the YYA population has historically be $0 since these funds are primarily utilized for security deposits and one-time rental assistance. Center for Community Resources ahs not had any financial assist requests from this population during the 21-22 fiscal year.

The data driven quality improvement plan at Center for Community Resources includes strategies to decrease disparities in access, service use, and outcomes among the YYA population that includes providing outreach to the seven school districts in Clarion County and educating school officials on the PATH housing program. Center for Community Resources also works with Children and Youth Services, specifically the Independent Living Program to aid with housing needs of youth involved in that program. By working in conjunction with agencies that work directly with the YYA population, it is the goal to decrease the number of YYA in need of housing services in Clarion County.

Limited English Proficiency –

Center for Community Resources has a contract with Optimal Phone Interpreters (OPI) which is an agency that can provide interpretation services in any language when language is a barrier to meeting the needs of consumers.

Budget Narrative –

Provider BUDGET

Clarion County PATH Program
FY 2022 - 2023 Budget

PERSONNEL Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Housing Case Manager	$35,000	.60	$21,000	$21,000
Outreach Liaison (Certified Peer Specialist)				
Outreach Liaison #2				
Program Manager	$45,390	.10	$4,539	$4,539
sub-total			$25,539	$25,539
FRINGE BENEFITS Position				
Housing Case Manager	$6,000	.60	$3,600	$3,600
Outreach Liaison (Certified Peer Specialist)				
Outreach Liaison #2				
Program Manager	$6,000	.10	$600	$600
sub-total				$4,200
TRAVEL				
Local Travel for Outreach				$580
Travel to training and workshops				
sub-total				$580
SUPPLIES/EQUIPMENT				
Consumer-related items				$1,000
Office supplies				$500
Cell Phone				$400
sub-total				$1,900
Other				
Occupancy				$1,700
One-time rental assistance	$8,500	100%	$8,500	$8,500
Security deposits	$4,000	100%	$4,000	$4,000
Client transportation				
sub-total			$14,200	$14,200
Total PATH Budget				**$46,419**

Crawford County - CHAPS
944 Liberty Street
Meadville, PA 16335
Contact: Lynn McUmber
Email Address:

Provider Type: Consumer-run mental health agency
PDX ID: PA-028
State Provider ID: 4228
Contact Phone #: 8143332924

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 47,087.00**	**$ 15,696.00**	**$ 62,783.00**	

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

Office: Other (Describe in Comments)	$ 47,087.00	$ 15,696.00	$ 62,783.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 47,087.00	$ 15,696.00	$ 62,783.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 47,087.00	$ 15,696.00	$ 62,783.00	

Source(s) of Match Dollars for State Funds:

Crawford County Mental Health Awareness Program will receive a total of $62,783 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 60

Estimated Number of Persons to be Enrolled: 48

Estimated Number of Persons to be Contacted who are Literally Homeless: 30

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 3

PATH Grant Intended Use Plan
2022-2023

Crawford County Mental Health Awareness Program (CHAPS)
944 Liberty Street ~ Meadville, PA 16335 ~ (814)333-2924

Local Provider Description –
Crawford County Mental Health Awareness Program, Inc (CHAPS) is a nonprofit mental health organization founded in October 1988. CHAPS' mission is to support consumers of mental health services, to encourage and enhance the formation of a consumer self-help and support network in Crawford County, and to engage in activities that better the lives of persons with mental illness. CHAPS provides a variety of services that were developed to meet the needs of consumers. CHAPS services include:

~ Community Education and Outreach
~ Drop In Center
~ Representative Payee
~ Transitional Housing
~ CHIPP (Community Hospital Integration Project Program)
~ BRIDGES Housing
~ Fairweather Lodge
~ Warmline
~ Housing Now
~ Shelter Plus Care
~ Family Housing
~ Clubhouse and Vocational Counseling (Journey Center)
~ McKinney Housing Advocacy
~ Mobile Psychiatric Rehabilitation
~ Certified Peer Support
~ Homeless Outreach
~ Community Support Services
~ Host Homes
~ Pathfinders (Site-Based Psych Rehab for youth ages 15-17)
~ Compass (Certified Peer Support for youth ages 14 – 18)

Crawford County Human Services will subcontract with Crawford County Mental Health Awareness Program (CHAPS) to provide all work pertaining to this PATH Award. Crawford County Mental Health Awareness Program, Inc. (CHAPS) will receive $62,783 in federal PATH allocation and state cash match with an additional county cash match of $1,956 for a total of $64,739 for this PATH Project. These funds will be utilized to provide 30 hours per week of Homeless Outreach and case management to eligible participants throughout Crawford County.

The provider name and number as listed in PDX is Crawford County MH/MR, CHAPS.

Collaboration with HUD Continuum of Care (CoC) Program –

CHAPS actively participates in the region's Continuum of Care process in a number of ways. CHAPS' Executive Director is a board member of the Western PA CoC (One By One). CHAPS Housing staff also attend general meetings of the CoC and CoC – sponsored trainings. In

addition, CHAPS' Housing Solutions Supervisor is a member of the Coordinated Entry Subcommittee, which is integral in the policies and procedures of the Coordinated Entry System. CHAPS began using the Coordinated Entry system through ClientTrack in January 2018 and is considered the General Assessment Center for Coordinated Entry in Crawford County. CHAPS has a strong partnership with Women's Services, who is the designated Domestic Violence Assessment Center in Crawford County. Staff have attended numerous trainings and webinars pertaining to the topic.

Collaboration with Community Organizations –
Consistent with HUD's definition, our community recognizes that a community plan must exist to organize and deliver services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. In our community, the Crawford County Coalition on Housing Needs spearheads this effort by bringing all players together for a common goal of permanent, decent, affordable housing for all citizens of Crawford County. In existence since 1986, the Housing Coalition's Board is comprised of numerous social service agencies (including CHAPS), staff from the housing authority, and community members at large who bring their own skills and talents to the table. The Housing Coalition has started having community roundtable meetings to discuss the housing issues, barriers, and needs in the county.

Numerous agencies in conjunction with the Housing Coalition have worked diligently to establish a system of housing and services which assist persons experiencing homelessness move to stable housing and obtain self-sufficiency. This work has included: development of numerous affordable housing units, homeowner programs for persons with low income and/or disabilities, Transitional Housing, Emergency Shelter, Shelter Plus Care Vouchers, Section 811 Housing Units, Housing Counseling and Advocacy Programs, and the expansion and/or creation of various support services. Among the newly expanded services are the BRIDGES temporary housing program and Host Homes Program for transition age youth. CHAPS also oversees the CHIPP Program, which is designed to assist consumers being released from state hospital with their transition back to community living. This strong network has made it possible for individuals to have increased access to permanent housing, often directly from homelessness.

An array of community agencies are involved with providing services to PATH participants in Crawford County. CHAPS works in close partnership with numerous programs to help participants access the supports and resources needed to move forward in their lives and continue on their recovery journey. Referral systems are in place to access services (as well as referrals for CHAPS services). The same system is utilized for PATH participants.

Key services include:

Housing Continuum: Crawford County, through much collaboration and support, has made great progress in developing a wide range of housing options for low-income, disabled, and homeless persons. The Crawford County Coalition on Housing Needs and many provider agencies have worked diligently to ensure there is a continuum of decent housing-first options. CCCHN offers a transitional housing program for families with children. CHAPS offers Shelter Plus Care, Housing Now, Family Housing, Host Homes, which are accessible for literally homeless consumers via the Coordinated Entry System. With funding from Crawford County Human Services Mental Health Block Grant, CHAPS was able to develop the BRIDGES Program,

which offers temporary emergency housing for mental health consumers experiencing a housing crisis.

Primary Health: Numerous primary care physicians practice throughout Crawford County and are included in the Physicians Referral Service. Also, Meadville Community Health serves as the primary care clinic for persons in Crawford County with Medical Assistance Cards. The Meadville Free Clinic is also available to persons in need of treatment who have no insurance. Meadville Dental Center is also an option for consumers with a Medical Assistance card to receive needed dental services. The Crawford County VA Clinic is also available for veterans in need of medical or mental health treatment. In addition, CHAPS assists individuals with accessing and understanding available medical benefit programs including: Medical Assistance, Medicare Private Insurance, Veteran's Benefits, Medicare Part D, and Medical Assistance for Workers with Disabilities (MAWD).

Mental Health: All Mental Health services are coordinated through the Base Service Unit at Crawford County Human Services. Once an individual accesses the BSU, they can be referred to an array of services including: Outpatient, Partial Hospitalization, Medication Monitoring, Blended Case Management, Mobile Medication Nurses, Mobile Psychiatric Rehabilitation, Site-based Psychiatric Rehabilitation, Housing Advocacy, Rep Payee, CHIPP Diversionary Shared Housing, BRIDGES, and Shared Housing and Transitional Housing. There are also two Drop-In Centers and a Mobile Crisis Program which do not need BSU referrals. The primary providers of Mental Health services in Crawford County are Crawford County Human Services, Meadville Behavioral Health Center, Crawford County Drug and Alcohol Program Executive Commission, and CHAPS. If a consumer has Beacon Insurance, they do not require a referral or authorization from the Base Service Unit for Mobile Psych Rehab or Certified Peer Support services provided by CHAPS.

Substance Abuse: Substance Abuse services are readily available to consumers and are primarily coordinated through Crawford County Drug and Alcohol Executive Commission. Services available include: Intensive Case Management, Resource Coordination, Recovery Specialists, Outpatient, Intensive Outpatient, Dual-Diagnosis Support Groups, access to Detox programs, Halfway Houses, and Residential Treatment Programs. Meadville Medical Center offers drug and alcohol rehabilitation support through a program called Stepping Stones. Also, there are faith-based Day Program and Residential Treatment options available including Mercy House and Life Building Ministries. In addition, there are numerous AA and NA groups held throughout the county.

Service Provision –

This program will maximize the use of PATH funds to serve literally homeless and chronically homeless adults with serious mental illness (SMI) through the Homeless Outreach/Case Manager position. This worker will provide street outreach services, engage, and support PATH eligible individuals by assisting them with developing the resources and skills needed to access and remain in decent affordable housing. A housing first model will be utilized, with the goal of helping persons move from homelessness to permanent housing as quickly as possible. Also, an emphasis is placed on strong inter-agency collaboration to meet the needs of PATH clients. CHAPS partners with numerous programs in the community to ensure that participants are able to develop the knowledge, resources and skills needed to become responsible and empowered tenants and citizens. CHAPS has formed professional relationships with numerous agencies who assist veterans who are experiencing homelessness/near homelessness. CHAPS makes sure to connect the veteran in need with the appropriate agency who will

best meet their needs. We work with Soldier On and the Veteran's Associations on a regular basis and assist our consumers with connecting to them for services.

This program will maximize the use of PATH funds to serve literally homeless or near homeless single adults with serious mental illness through the PATH Outreach Worker/Case Manager Position. The PATH Outreach Worker/Case Manager will provide street outreach services, engage, and support PATH eligible individuals by assisting them with developing the resources and skills needed to access and remain in decent affordable housing. PATH Outreach Worker performs outreach once per week hanging PATH Outreach fliers throughout Crawford County as well as searching for homeless persons on the streets, in wooded areas, and in areas identified as "tent cities." The worker uses a variety of methods to engage the consumer such as offering them a comfortable place to spend time (CHAPS' Drop-In-Center) and offering them a cup of coffee. An effort is made to get the person experiencing homelessness off the street immediately and place them in an emergency shelter, if they are willing. A housing first model is utilized, with the goal of helping persons move from homelessness to permanent housing as quickly as possible. The goal is move from shelter and into permanent housing in less than 30 days. Also, an emphasis is placed on strong inter-agency collaboration to meet the needs of PATH clients. CHAPS partners with numerous programs in the community to ensure that participants are able to develop the knowledge, resources and skills needed to become responsible and empowered tenants and citizens.

In Crawford County, there is access to many housing resources along with other resources which help the consumer maintain and remain in permanent housing. This includes housing programs CHAPS administers, such as Fairweather Lodge, Shelter Plus Care, Housing Now, Host Homes, and regional rapid rehousing programs along with support services such as Mobile Psychiatric Rehabilitation, Certified Peer Support, Site-Based Psychiatric Rehabilitation (Clubhouse Model), Drop In Center, and Rep Payee Program. CHAPS also refers to housing programs and case management services provided by partnering agencies, such as Soldier On, Child to Family Connections, Crawford County Human Services, and Life NWPA if appropriate. The opportunity for affordable housing with strong supports maximizes the chance for success.

CHAPS has been advocating for additional services for transition age youth in our service area. We plan to apply for grant funding through Youth Homelessness Demonstration Project when the NOFO becomes available. CHAPS received funding from Crawford County System of Care for the Host Homes Program, which started in 2021. CHAPS also signed a Memorandum of Understanding with the Housing Authority of the City of Meadville recently in order to be able to refer youth aging out of foster care a housing voucher through Foster Youth to Independence (FYI). This program allows adult youth to utilize a housing voucher for up to 36 months of assistance.

There is limited housing for individuals on Megan's Law and individuals with other significant felony offenses. Utilizing community partnerships, we are coming up with creative solutions to house individuals with forensic backgrounds, such as master leasing temporary and permanent housing options. From this housing barrier, the BRIDGES Program was created. BRIDGES is a temporary housing option, funded through the Crawford County Mental Health Block Grant, which consists of four master leased apartments by CHAPS, which are utilized for the hardest to place individuals experiencing a housing crisis (i.e. those who cannot reside in other emergency shelters, those who are exiting an institution, mental health consumers who cannot live in a shared housing environment, etc.).

There are long waiting lists for one bedroom subsidized housing units. There is also a lack of affordable one bedroom apartments that meet the Fair Market Rent guidelines. Landlords continue to increase their rent, which makes it difficult to obtain units for low income individuals. CHAPS' utilizes housing voucher programs such as Shelter Plus Care and Housing Now for literally homeless individuals with serious mental illness. CHAPS' Housing Now voucher is used for chronically homeless individuals (per HUD's definition) with serious mental illness. CHAPS' has a positive working relationship with the various subsidized housing agencies in the county and work diligently to assist consumers with applying for and obtaining necessary documents to be accepted into subsidized housing. CHAPS also works to obtain and maintain positive relationships with local landlords.

We have noticed that many young adults lack the skills needed to obtain and maintain employment. The PATH Outreach Worker/Case Manager will work with PATH eligible individuals to connect to employment resources such as Crawford County Career link and temporary employment agencies. The worker will help the consumer learn skills related to obtaining and maintaining employment, such as resume-writing, completing applications, communication with prospective and current employers, employment expectations and good practices. The worker will also aid in job search as well. Referrals to the CHAPS Journey Center Vocational Unit can also occur.

Transitional age individuals also need assistance establishing themselves as a separate household and learning the skills necessary to maintain their household. Relationships have been established with Child to Family Connections, Children and Youth Services, Juvenile Probation, and the schools to identify and coordinate services for homeless and near homeless individuals in need of services. CHAPS recently began providing Peer Support Services and Site-Based Psychiatric Rehabilitation for Transition Age Youth, and also is active with the development of other TAY opportunities in Crawford County and throughout the region. CHAPS started a Host Homes Program in 2021, but we have struggled to obtain hosts. We are working with technical assistance specialists to increase our efforts for host recruitment.

The Crawford County Drug and Alcohol Executive Commission Inc.'s (CCDAEC) outpatient treatment program provides drug and alcohol services for individuals who are dually diagnosed, which includes both individual and group sessions. The group sessions are psycho-therapeutic in nature and include a number of relevant topics such as:

~ Dual Illness and the Family
~ Understanding Dual Illness and Recovery
~ How to Benefit from Services in Your Dual Recovery
~ The Role of Medication in Recovery
~ Developing a Dual Recovery / Relapse Prevention Plan
~ Using Support Systems in Dual Recovery
~ Dual Disorders, Understanding: Depression, Borderline Personality, Bipolar Disorder, Panic Disorder, among others.

The psycho-therapeutic group series incorporates workbooks and related information. During individual sessions, the Primary Counselor reviews each psycho-therapeutic group attended by the client to confirm the client understands and feels ready to apply information. Counselors work closely with the agency's Case Coordination department with regard to referrals for possible mental health counseling, pharmacotherapy, and

other support services. If at any time during an individual's treatment episode, a non-treatment need is identified, they will be offered case coordination services to address the need (i.e. health, transportation, child care, housing, employment, life-skills). Recovery support is also offered by a Certified Recovery Specialist to county eligible adults (age 18 and over) struggling with co-occurring substance abuse and mental health issues in need of outreach, mentoring and peer support in all stages of the recovery process. Additionally, if the client requires a higher level of care, CCDAEC contracts with a number of dually licensed residential treatment facilities throughout the state that eligible clients can be referred to for services.

In order to be eligible for PATH services, the consumer must be a single unaccompanied adult residing in Crawford County who has a serious mental illness. The consumer must be literally homeless or near homeless. The caseworker provides outreach services and attempts to engage consumers who are experiencing homeless. Through motivational interviewing and completion of an intake file, the worker is able to determine eligibility. The worker must obtain homeless documentation and also assists the consumer with connecting to mental health services and obtains documentation of serious mental illness. Consumers become enrolled once they begin intake paperwork and documentation of homelessness is obtained. Documentation of mental illness is required within 60 days.

Our agency is not required to follow 42 CFR Part 2 regulations.

CHAPS presently employs eight trained Certified Peer Specialists, with four of them having specialized TAY training. Many individuals who are originally identified as needing PATH services are often referred to the Certified Peer Support Program for ongoing assistance. This support plays a key role in assisting individuals with accessing permanent housing, and also with establishing skills and resources to successfully maintain housing. Many of our Peer Specialists have personal past experience with both serious mental illness and homelessness, and therefore are able to establish strong effective peer relationships.

Data –

All homeless data must be entered into ClientTrack, per CoC regulations, in order to utilize the Coordinated Entry System. CHAPS's currently enters all PATH clients into the HMIS system. CHAPS' staff participates in regularly scheduled HMIS trainings, webinars, and conference calls. New staff would be fully trained on HMIS procedures and would also participate in the trainings, webinars, and conference calls. PATH case file forms have been redesigned to capture the information required for data entry in HMIS. CHAPS has a copy of the HMIS manual to be used for reference when needed.

Housing –

Consistent with the services being presently provided at CHAPS, a Housing First Model is followed when assisting PATH clients. A variety of housing options are available depending on each participant's unique circumstances. Intensive advocacy and support will be provided in an effort to help participants establish decent affordable housing. Whenever possible, permanent housing is the primary goal and often the initial and only placement. Emergency shelter and transitional housing options are utilized only when necessary or as a very temporary bridge to allow time for locating a suitable permanent dwelling. Crawford County's continuum of housing

includes the following options, which can be accessed at any level rather than having to start at the beginning:

Emergency Shelter Options:

- Emergency Shelter Program (Crawford County Coalition on Housing Needs) – for men, women, and families.
- Women's Services Greenhouse – for women and children.
- St. James Haven – for men.
- Titusville YWCA (St. James House) – for women and children.
- BRIDGES Program (Temporary Supportive Housing)
- Hotel paid for by an agency (Salvation Army, Epiphany of the Lord Parish, Community Support Services)

Transitional Housing Options:

- Liberty House - CCCHN – for families
- Titusville YWCA St. James House – for single women and women with children.
- Transitional Apartment - CHAPS – for persons with mental illness.
- Transitional Apartment – Child to Family Connections

Permanent Housing Options:

- Bartlett Gardens – Cambridge Springs, PA – housing for seniors
- Shryock Apartments – housing for seniors
- South Main Place – CCCHN – for individuals and families.
- Snodgrass Building - CCCHN – for single persons
- HANDS Triad, Jefferson Street and Terrace Overview – Section 811 for persons with mental illness and/or developmental disabilities.
- HANDS Highland Pointe- Section 811 for persons with mental illness
- Meadville and Titusville Housing Authority – Affordable Housing for individuals and families.
- Shelter Plus Care – CHAPS – for homeless single persons with mental illness.
- Housing Now – CHAPS – for chronically homeless single persons with mental illness.
- Fairview Fairmont – Affordable Housing for individuals and families.
- Forest Green - Affordable Housing for individuals and families.
- The Housing Authority of the City of Meadville – Affordable housing for individuals and families. Section 8 Program
- Private Landlords – numerous apartments available through participating landlords for singles and families.
- Fairweather Lodge – CHAPS – for persons with mental illness who are homeless or at imminent risk of homelessness.
- Rural Development – Homeownership and Homeowner Rehabilitation programs for individuals and families.
- HUD - VASH vouchers available through the Veterans Administration.
- Emergency Solutions Grant (Rapid Rehousing) – Lawrence County Community Action Partnership (regional grant) – for single persons or families

- Rapid Rehousing Program – McKean County (regional grant) – for single person or families
- SSVF for Veterans – Soldier On
- Host Homes – CHAPS – for youth and young adults
- Foster Youth to Independence (FYI) vouchers – CHAPS, Auberle, and The Housing Authority of the City of Meadville – for ages 18-24 years
- Parkside Commons – limited subsidized apartments – for single or families
- Shared Housing Program – Active Aging – for a senior and a single person
- Evans Square – Senior Living apartments
- Renewed Life Haven – Crawford County – assisted living facility for singles
- Hillcrest and Northgate – Meadville Housing Corp. – for singles or families
- Titusville Housing Authority – Sec. 8 – for singles and families
- Briarwood Apartments – for singles and families
- Titusville Apartments – for singles and families

Staff Information –

CHAPS has a solid history of hiring qualified consumers for professional positions and will continue to value this position. There are presently 57 CHAPS employees, and 30 individuals or 52% of them have shared that they have a mental illness and receive treatment. Of the 57 staff at CHAPS, 97% are White, 2% are black or African American, and 1% are Hispanic. This is consistent with the diversity of the overall population of Crawford County. Currently, eight staff have received Certified Peer Specialist Training.

CHAPS is committed to cultural sensitivity and competency toward those we serve. Ongoing opportunities are provided to ensure staff receives training focusing on sensitivity to gender, age, disability, and LGTBQ+ status. Opportunities for training in racial/ethnic sensitivity, cultural competence, and health disparities will be accessed by staff at least annually. When working with specific groups (such as transitional-age youth or present or previous members of the Amish community), staff will be supported with training and opportunities for more intensive study. In addition, staff would have training and understanding of both persons with serious mental illness and co-occurring substance abuse disorders. Efforts will be made to assist clients needing any accommodations during the referral and evaluation/intake process. This may include assistance with transportation, reading and writing challenges, language barriers, scheduling conflicts, health disparities and any other unique situations. Access and enrollment in services for the above named subpopulations will be tracked using the PATH Demographic form which has been updated to collect information regarding gender and LGBTQ+ status, and language disparities in addition to racial and ethnic information already collected on the form.

Client Information –

Crawford County is a rural county in Pennsylvania with a population of 84,629 individuals and covering a land area of 1,012 square miles. The three largest ethnic groups in Crawford County are white (94.8%), multiracial (non-Hispanic) (1.66%), and black or African American (non-

Hispanic) (1.57%). The median age of all citizens of Crawford County is 43 years. Crawford County has a large population of military personnel who served in Vietnam. According to US News, 16.8% of adults in Crawford County experience "frequent mental distress."

During the 8 months of the current year fiscal year (2021-2022), the Crawford County PATH project has served the following demographics: 18% TAY range, 2% Veterans, 2% were Black, 2% Native Hawaiian or Pacific Islander, 0% Hispanic and 89% were White. Additional demographics of the population served by PATH - 100% of participants were below poverty level with 39% having no income at entry, 45% of PATH participants were male and 55% were female, 0% were transgender, and 0% didn't identify as male or female. Also one hundred percent of those served had mental illness and 39% had co-occurring substance use disorder.

During the 2022-2023 fiscal year it is projected that 60 clients will be contacted using PATH funds. It is projected that 48 individuals will be enrolled utilizing PATH funds. It is estimated that 50% of adult clients served using PATH funds will be literally homeless.

Consumer Involvement
Actual numbers are needed for those who are PATH-eligible that:

1. *Are employed as staff - 12*
2. *Volunteer with provider - 29*
3. *Serve on governing board - 2*
4. *Serve on formal advisory board - 5*

Homeless consumers and their family members will be encouraged to participate in the planning, implementation and evaluation of the PATH program. CHAPS is a consumer-driven organization in all aspects of its operation; CHAPS bylaws require that 60% of Board Members are consumers of mental health services or family members. One board member has previously been homeless. CHAPS currently employs 30 individuals who experience mental illness. Many of these employees were PATH eligible. Also, CHAPS offers an array of volunteer opportunities for participants, which build skills, self-esteem and opportunities for future employment. Many PATH participants are active in volunteer roles at CHAPS.
All CHAPS programs, including the PATH programs, receive ongoing consumer input and are evaluated on a regular basis through focus groups, surveys, suggestion boxes, and open dialogue. CHAPS believes it to be essential for stakeholders to have a significant voice in all programming.

Alignment with State Comprehensive Mental Health Services Plan –

The PATH Outreach Worker/Case Manager provides weekly street outreach services in order to locate and engage individuals experiencing homelessness/near homelessness and connect them to permanent housing. A variety of housing options are available, which prioritize individuals with serious mental illness who meet the chronic homeless definition. CHAPS has a limited number of housing vouchers through Shelter Plus Care and Housing Now.. When there is an opening in one of those programs, the Housing Solutions Supervisor utilizes the ClientTrack System through Coordinated Entry to locate the most vulnerable person within the Continuum of Care and is required to offer that individual the housing opportunity. The individual who is offered the opportunity and/or their case worker must respond to the offer within three business days. If they accept the offer, the consumer is quickly connected to permanent housing. If they refuse the

offer, the Housing Solutions Supervisor follows the same procedure with the next most vulnerable person on the list.

CHAPS was an active participant in the Crawford County Human Services Mental Health Block Grant planning and implementation meetings. Many community stakeholders (i.e. Drug and Alcohol, Educators, Housing Advocates, Shelter Managers, Veteran's Assistance Workers, Child Welfare) presented data and discussed the needs of the underserved residents of Crawford County. It was evident that homelessness was a priority among residents with mental illness. With funding from the Crawford County Human Services Mental Health Block Grant, CHAPS was able to implement the BRIDGES Program, a temporary supportive housing program which serves as a bridge to permanent housing for homeless individuals with mental illness (target population to be served in the PATH Program).

When consumers experiencing homelessness who are enrolled in the PATH Program require more intensive mental health treatment or primary health treatment, the PATH Outreach Worker/Case Manager completes referrals and supports the individual with obtaining the mental health or primary health services. Referrals can be made to the local behavioral health and/or primary health providers, the Base Service Unit, and internal referrals at CHAPS can also be made to Mobile Psychiatric Rehabilitation or Certified Peer Support Services. Consumers can also be referred to the Mobile Psych Nursing Program for assistance with medication management in order to prevent hospitalization.

Other Designated Funds –

The Mental Health Block Grant funds various support services including an emergency apartment, Housing Advocates at CHAPS, Drop In Center, Representative Payee services, and the BRIDGES temporary housing program. CHAPS is an active participant in the Crawford County Human Services Mental Health Block Grant planning and implementation meetings. Many community stakeholders (i.e. Drug and Alcohol, Educators, Housing Advocates, Shelter Managers, Veteran's Assistance Workers, Child Welfare) presented data and discussed the needs of the underserved residents of Crawford County. It was evident that homelessness was a priority among residents with mental illness. With funding from the Crawford County Human Services Mental Health Block Grant, CHAPS was able to implement the BRIDGES Program, a temporary supportive housing program which serves as a bridge to permanent housing for homeless individuals with mental illness (target population to be served in the PATH Program).

Programmatic and Financial Oversight –

PATH funds are monitored through an Internal Compliance Committee and with an Independent Financial Single Audit by a Certified Public Accountant. In addition, CHAPS reports on all aspects of service provision to Crawford County Human Services.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

CHAPS recognizes the value of SOAR in assisting homeless consumers with completing applications for Social Security and Supplemental Security Income. All appropriate CHAPS staff and supervisors, including the PATH Outreach Worker/Case Manager participated in SOAR training in September 2013. The current number of SOAR trained staff is eleven. Updates to

SOAR training have been provided through various webinars, which PATH staff continue to attend. Staff has a thorough understanding of SOAR philosophy and procedures. Trained staff serve as SOAR liaisons and assist consumers with completing Social Security and SSI applications. CHAPS continues to build a partnership with the local Social Security Administration, through multiple conversations with John Johnston, Public Affairs Specialist at the Social Security Administration. Mr. Johnston met with CHAPS staff in June 2018 to further discuss the SOAR Program and provide valuable training updates, so we are more comfortable utilizing the system to assist our consumers in obtaining benefits. During the first eight months of the 2021-2022 fiscal year, one SOAR application was submitted and tracked in OAT. Three staff provided assistance with SSI/SSDI using the SOAR model. The number of consumers assisted through SOAR is three, although two are in the beginning stages of the process. For the completed SOAR application, the consumer received an approval at 90 days. Staff also assist consumers with applying for benefits via the online Social Security application and/or contacting the local Social Security Office to apply over the phone (due to Covid-19 protocols). Since the initial SOAR training was received in 2013, the Housing Solutions Supervisor will be making plans to have full-time staff in the Housing Solutions Department at CHAPS complete the Online SOAR Training modules.

Coordinated Entry –

CHAPS is the General Assessment Center for Coordinated Entry in Crawford County, so CHAPS has attended all required Coordinated Entry webinars and trainings to be in compliance with expectations of the Western PA CoC. PATH eligible client data is entered into ClientTrack and prioritized based on the CoC's most vulnerable populations through completion of the VI-SPDAT. PATH eligible consumers answer questions from the VI-SPDAT – Single or VI-SPDAT – TAY tool and their answers are entered into ClientTrack Coordinated Entry. PATH eligible consumers experiencing domestic violence are entered anonymously into the By Name List document by the DV Assessment Centers. The By Name List document is a Google Doc, which is separate from ClientTrack. This system is tedious, as the consumers to be offered CoC-funded housing opportunities are entered in two different locations and data must be compared to make sure the most vulnerable person is being offered the housing opportunities. CHAPS' Housing Solutions Supervisor is a member of the CoC's Coordinated Entry Sub-Committee and attends scheduled meetings to discuss program successes and advocate for changes to the current system, in an effort to better serve homeless consumers.

Justice Involved –

CIT training is not being used in our county at this time. Crawford County Human Services is willing to offer this training to law enforcement in our county.

There are numerous proactive initiatives occurring to increase housing options and supports for the forensic involved population. CHAPS Executive Director is an active member of our County's Criminal Justice Advisory Board (CJAB), and is able to share challenges and suggest solutions to our judges, probation, and other stakeholders. Also, CHAPS staff actively participates in a Mental Health Forensic Subcommittee, where best practices, barriers and solutions are discussed. CHAPS has very positive working relationships with our police departments, probation offices, and District Justices. CHAPS staff members attend Mental Health Block Grant meetings and advocate for increasing housing options for the forensic population. Several CHAPS staff typically attend the annual CJAB Conference in State College,

in order to be knowledgeable on best practices for the forensic population.

CHAPS helps consumers access forensic programs that are offered in the county. Crawford County Human Services has funding available for consumers with a forensic background who also have a mental health diagnosis. Forensic funds can be used for a variety of needs such as rent, furniture, supplies, and utilities. They also employ a Forensic Boundary Spanner, who often refers consumers being released from prison to a CHAPS program such as PATH. The consumer is wrapped in supports in an effort to provide a smooth and successful transition to the community.

During the first eight months of the current fiscal year, 67% of our PATH clients served had a criminal history. CHAPS has had significant success working with forensic related individuals. Some examples include: master leasing units for diversion or returning to the community, coordination with the jail to ensure a smoother re-entry to the community, writing letters and appearing in court to testify on behalf of clients, which result in jail diversion, and immediate engagement upon release from jail (utilizing a Mental Health Court Model).

CHAPS has a strong working relationship with our County and State Prison system, and we recognize the need to be ready for a highly supportive transition plan for those being released from jail or prison. Through temporary (BRIDGES Program) mastered leased apartments along with immediate and intensive support, we have experienced much success with individuals coming from jail. Whenever possible, relationships are established prior to release, followed by immediate engagement to help ensure a healthy transition and reduce the chance of recidivism. CHAPS has a working relationship and receives referrals from the Forensic Boundary Spanner, who is often requesting temporary housing placement for consumers being released from prison who cannot go to congregate shelter.

Veterans –

Veterans are a high priority in our community, our region, state and nationwide. We have formed strong working relationships with many organizations who support Veterans and their families. This includes our local Veterans Office, the VA Medical Center, SSVF Program, ESG and HUD's VASH Program. In addition, one of the first referrals we make is to Soldier On for SSVF services, so our veterans are linked to supports very quickly. Our region's HUD VASH and SSVF workers are frequently on site working with Veterans, their families and their caseworkers. Veterans are also referred to mental health treatment of their preference, whether through the VA or a local mental health service provider. It is our goal to wrap our veterans in supportive services in order to prevent and end their homelessness.

Tobacco Policy –

CHAPS is committed to protecting the health, safety, and comfort of consumers, visitors and staff. No use of tobacco products, including cigarettes, smokeless tobacco, and electronic cigarettes, is permitted within the agency or on the property of CHAPS at any time. It is CHAPS policy that staff are not permitted to smoke in the presence of those we serve. Smoking cessation classes are offered on a regular basis. In addition, individuals are provided with education and connection to numerous resources. We work closely with Crawford County Drug and Alcohol who offers smoking cessation resources and education.

Health Disparities Impact Statement –

During the first 8 months of 2021-2022 program year, 10 YYA were served with PATH funds. We anticipate 15 YYA will be served in 2022-2023.

During the fiscal year 2022-2023, we anticipate spending $14,597 of PATH funding on the YYA population.

The PATH Outreach Worker/Case Manager will assist YYA individuals in searching for appropriate housing, completing/submitting affordable housing applications, completing/submitting applications for private landlords, applying for SNAP benefits and medical insurance benefits, searching for employment, applying for Social Security/SSI, obtaining security deposit for housing, obtaining furniture and household items, teaching independent living skills, and supporting YYA individuals with maintaining permanent housing. When appropriate, referrals will be made to other service providers for assistance with mental health concerns, physical health concerns, drug and alcohol abuse, education, employment, and trauma. Internal referrals at CHAPS will also be made, if applicable. The PATH Outreach Worker/Case Manager can connect YYA to various CHAPS programs such as Drop in Center, Representative Payee, Certified Peer Support, Mobile Psychiatric Rehabilitation, Community Support Services, BRIDGES, and Journey Center Clubhouse.

CHAPS staff will outreach to common sites where YYA frequently spend time (YMCA, Diamond Park, Downtown Mall, etc) and maintain a positive relationship with schools in order to identify homeless YYA. CHAPS has positive working relationships with agencies that serve youth; such as Children and Youth Services, school guidance counselors, probation, and mental health/behavioral health agencies. We will continue to further foster these relationships. CHAPS staff will refer YYA to relevant services and assist them with attending appointments, if needed. Transportation is often a barrier, so CHAPS will help YYA arrange transportation to appointments. Ongoing staff training on motivational interviewing, engagement techniques, supportive strategies, and addressing special needs of the YYA population will occur. ClientTrack is used to track outcomes for the general population and YYA population. CHAPS staff attend Mental Health Block Grant meetings and express concerns and advocate for the need for additional support for YYA in the community. CHAPS created Pathfinders – a Site-based Psych Rehab Clubhouse for 16-17 year olds as well as Compass – Certified Peer Support for ages 14 – 18. CHAPS has been holding Focus Groups for YYA that have experienced homelessness or housing instability in order to gain more insight into their struggles and develop better strategies to help serve them. We are planning to apply for YHDP funds once the Request for Proposals is released. This funding will serve YYA experiencing housing instability in our region. CHAPS was instrumental in making sure that FYI housing vouchers were available for YYA in Crawford County through the Housing Authority of the City of Meadville.

Limited English Proficiency –

CHAPS is committed to cultural sensitivity and competency toward the consumers we serve.

Ongoing opportunities are provided to ensure staff receives training focusing on cultural competence and health disparities at least annually. Efforts will be made to identify and assist individuals with limited English proficiency or in need of special accommodations during the evaluation process. This may include assistance with transportation, reading and writing challenges, language and cultural disparities, scheduling conflicts, health disparities and any other unique situations. CHAPS makes persons with LEP aware that we will provide an interpreter free of charge for all appointments to make communication meaningful and accurate. CHAPS also allows and encourages friends or family members to serve as an interpreter, if that is what the consumer wishes.

Crawford County
Crawford County Mental Health Awareness Program, Inc.
PATH Program
FY 2022-2023 Budget

	Annual Salary	PATH-funded FTE	PATH-funded Salary	Match-funded Salary	TOTAL
	Position				
PATH CaseMan/Outreac	43,262	0.75	23,600	8,847	32,447
Housing Services Coor.	56,005	0.100	4,073	1,526	5,599
Housing Admin Assist.	39,919	0.133	3,871	1,452	5,323
sub-total	**$139,186**	**.983**	**$31,544**	**$11,825**	**$43,369**
	Fringe Benefits				
FICA Tax/WC/UI			3,656	1,389	5,045
Health Insurance			7,131	2,673	9,804
Retirement			2,524	946	3,470
Staff Development			351	113	464
sub-total			**$13,662**	**$5,121**	**$18,783**
	Other				
Admin			1,881	706	2,587
sub-total			**$1,881**	**$706**	**$2,587**
Total Budget			**$47,087**	**$17,652**	**$64,739**
Total PATH Budget			**$47,087**		
State cash Match				**$15,696**	
County Cash Match				**$1,956**	
Total Allocation			**$47,087**	**$17,652**	**$64,739**

Crawford County Mental Health Awareness Program, Inc.
Budget Narrative
PATH 2022-2023
Budget

Personnel: CHAPS full time work week = 40
The PATH Case manager/ Outreach worker provides 30 hours a week of PATH direct service work.
The Housing Services Coordinator will provide 4 hours a week of supervision to the PATH Case manager/ Outreach worker and coordinated entry.
The Housing Admin Assistant will provide 5 hours a week of assistance to the PATH program including migrating PATH data into HMIS, referrals and landlord relationships

Fringe Benefits:
Insurance-Individual health, dental and vision insurance are provided to employees.
Insurance costs are pro-rated based on hours worked per week.
Retirement-after one year of service, CHAPS contributes 8% of annual salary to a 401K on the employees' behalf. All PATH employees are eligible for retirement benefits.
Staff development for all PATH staff some trainings provided: Cultural Competency, Housing First, Documentation, HIPPA, Motivational interviewing and Ethics and Boundaries.

Admin:

Executive Director 2 hr per month @ 44.27	1,062.48
Financial Director 2 hr per month @ 37.04	888.96
Fiscal Assistant 2 hr per month @ 21.02	504.48
Payroll Taxes	236.26
Benefits	538.80
Audit expense – additional for Single audit	696.00
Total	$3,926.98

In-Kinds Supports

-CHAPS Administrative costs not included on budget page	$ 1,340
-HUD Grant for Housing Now	$148,988
-County MH base service dollars CHAPS Drop in Center, Clubhouse, Mobile Psych Rehabilitation, Representative Payee program will be available to PATH Consumers	$ 42,857

-Agencies offering in-Kind support: Housing Authority of City of Meadville, NAMI, Consumer Empowerment Project, Crawford County Assistance Office, PA Career Link , READ Program, Crawford Area Transportation Authority, Penn State Cooperative Extension, Crawford County Drug & Alcohol Executive Commission, Inc., Visiting Nurse Association of Crawford County, Inc., US Dept of Agriculture Rural Development - Crawford office, Court of Common Pleas-Probation/Parole Department, Crawford County Coalition on Housing Needs, Crawford County Human Services.

Dauphin County - Case Management Unit
100 Chestnut Street, 1st Floor
Harrisburg, PA 17101
Contact: Frank Magel
Email Address:

Provider Type: Social service agency
PDX ID:
State Provider ID: PA
Contact Phone #: 717-780-7045

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 6,018.00**	**$ 2,006.00**	**$ 8,024.00**	

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

Office: Other (Describe in Comments)	$ 6,018.00	$ 2,006.00	$ 8,024.00	Case Management Unit is one of three PATH providers in Dauphin County. Detailed budget narrative and budget table are found in the CMU IUP.
j. Total Direct Charges (Sum of a-i)	$ 6,018.00	$ 2,006.00	$ 8,024.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 6,018.00	$ 2,006.00	$ 8,024.00	

Source(s) of Match Dollars for State Funds:

Dauphin County Case Management Unit will receive a total of $8,024 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 4

Estimated Number of Persons to be Enrolled: 4

Estimated Number of Persons to be Contacted who are Literally Homeless: 4

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 8

Dauphin County MH/A/DP
CMU (Case Management Unit)
FY 22-23 PATH Intended Use Plan

LOCAL PROVIDER DESCRIPTION

The Dauphin County Department of Mental Health/Autism/Developmental Programs (MH/A/DP) has the legal responsibility to provide administration, fiscal management, and assure the provision of treatment and support services to adults and children with and at-risk of a serious mental illness and co-occurring disorders (MH and SUD) under the Mental Health/Intellectual Disabilities Act of 1966. The Dauphin County MH/A/DP is a department within the County of Dauphin and is the local recipient of the Commonwealth's allocation of PATH funds. The Dauphin County MH/A/DP oversees the operations of the PATH services and is the responsible fiscal entity.

MH/A/DP's mission is to assure that all services are of the highest quality possible, are cost effective and readily available for individuals and families experiencing serious mental illness and/or co-occurring disorders (MH and Drug & Alcohol) and for children and teens a severe emotional disturbance. Dauphin County promotes recovery and resiliency in our mental health program. The contact persons for PATH at the Dauphin County MH/A/DP and CMU are:

Rose M. Schultz MSW	Deputy MH Administrator	717/780-7054	rschultz@dauphinc.org
Frank Magel	MH Program Specialist 2	717/780-7045	fmagel@dauphinc.org
Greg McCutcheon	CMU Executive Director	717/232-8761	gmccutcheon@cmu.cc

Address: CMU PDX: 080
1100 South Cameron Street
Harrisburg, PA 17104

With all PATH contracted agencies, Dauphin County requests OMHSAS works through the County MH/A/DP office as OMHSAS does not have a contract directly with the Counties' PATH providers.

CMU (Case Management Unit) is contracted for PATH funds for Housing Support services, specifically to screen and enroll individuals for PATH eligibility and use PATH funds to support the one-time need for security deposits or first/last month rents. This is because other State funds have historically been used to meet the needs of persons enrolled in MH case management who are at risk of homelessness or who are currently homeless at the time of their registration into publicly funded MH services. This service can provide quicker access to more permanent housing options for individuals. The CMU is also the PATH training fiduciary assuring PATH network has access to mental health training annually.

CMU (Case Management Unit) is registered under PDX# PA-080 is non-profit organization and contracted PATH provider.

Dauphin County is located in the South-Central Pennsylvania, and it is comprised of 40 scenic municipalities and is a mix of rural, urban, and suburban areas. There are 525 square miles, and the Susquehanna River is one of its borders. Dauphin County population according to the 2020 census is estimated at 286,401 and the largest city is Harrisburg. Dauphin County is located in Pennsylvania's state capital and ninth largest city with a mix of rural, urban, and suburban areas.

Dauphin County will contract with the CMU for $8,024 of PATH funds for these services and 25% will be State Funds and 75% will be Federal funds. $3,223 dollars are budgeted to help with Housing support. The balance of funds is budgeted for training for the PATH providers and the homeless provider network. Table 1 illustrates the projected enrollment and service goals in FY 22-23 for the CMU.

Table 1 – Projected PATH Services FY 2022-23

Provider	CMU	TOTAL
Estimated Number of Outreach	Persons are enrolled with CMU	4
Estimated Number Enrolled	Referrals from Crisis/DDB or new enrollees from BSU Intakes/ 4	4
Estimated Number Literally Homeless	4	4

COLLABORATION WITH HUD CONTINUUM OF CARE (CoC) PROGRAM

CMU actively participates directly in various committees and activities of the Capital Area Coalition on Homelessness (CACH) and is actively involved in serving the homeless community. CMU has extensive knowledge and expertise and collaborates effectively with traditional and non-tradition MH services.

The Dauphin County MH/A/DP and its provider network participates actively in the local HUD Continuum of Care. The Capital Area Coalition on Homelessness (CACH) is the lead agency for the planning and development of Continuum of Care for the County of Dauphin and routinely has over 40 agencies actively participating in this leadership group. CACH resources are leveraged and coordinated to maximize the efficient and effective use of HAP funds, HUD Emergency Solutions Grant funds managed by both the County of Dauphin and the City of Harrisburg, HUD Continuum of Care funds and local and private funds such as The Foundation for Enhancing Communities and the United Way of the Capital Region. The Dauphin County /Harrisburg CoC number is PA501. MH/A/DP has been involved in the establishing an updated CES (Coordinated Entry System) manual, policies/procedures governing the CES process and CES process reviews.

MH/A/DP and PATH providers participate directly in several CACH committees. Dauphin County MH collaborates in many CACH activities such as the point in time surveys and networking. CACH is designated the Local Lead Agency (LLA) for Dauphin County by Department of Human Services and PHFA (PA Housing Finance Agency) to assist with the development and monitoring of the HUD 811 PRA demonstration project awarded in 2015. CACH has been instrumental in establishing new housing initiatives due to collaboration with PA Housing and Finance

Agency (PHFA). CACH is responsible for monitoring the HUD 811 PRA programs and has housed a total of 39 individuals of which there were 23 individuals with serious mental illness. HUD 811 MH only HCV vouchers has housed a total of 8 individuals since its inception. There are total of 94 HUD 811 Mainstream vouchers for individuals experiencing homelessness of which 47 have been housed and among them 30 individuals had serious mental illness. It has been especially challenging to secure housing due to the pandemic, increases in rents, and lack of available housing stock to locate affordable housing. Demand for rental properties has impacted landlord and property managements interest in accepting person with rental subsidies.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

Dauphin County MH/A/DP contracts with a network of private non-profit agencies and for-profit agencies in collaboration with the CIP staff and the homeless provider network for uninsured individuals or services that are not eligible for Medicaid funding. There are also additional community services and supports available that are not contracted by MH/A/DP or PATH funded through Dauphin County MH/A/DP. MH/A/DP contracts with provider agencies in developing an array of MH services and supports but does not provide Direct Care Services. The Crisis Intervention Program works in collaboration with the homeless provider network and conducts homeless outreach and accessing emergency and non-emergency MH services. There are additional services available to those experiencing homelessness that are not funded through DC MH/A/DP or through PATH. All providers must apply for regulatory waivers to continue using telehealth beyond standards set during the pandemic and COVID positivity rates have dramatically been reduced.

Dauphin County's Medicaid behavioral health managed care organization is PerformCare, a company of AmeriHealth *Caritas.* All of the resources will be available to individuals served as needed and eligible within the limitations of available funding.

The County Department of Drugs & Alcohol Services functions as the Single County Authority (SCA) for the County and is responsible for the provision of prevention, screening, assessment, treatment, case management and recovery support services in Dauphin County for the uninsured. Most services are available and can accessed directly from private-non & for -profit contracted agencies. PerformCare (BH-MCO) is also responsible for maintaining a network of drug & alcohol services for Medicaid recipients. Collaboration occurs frequently between mental health and drug & alcohol service providers.

The CMU (Case Management Unit) is the MH/A/DP contracted agency responsible to perform the duties of the Base Service Unit and registers all individuals for county-funded mental health services. Walk-in intake interviews are available five-days per week. These include mental health and financial liability assessments to determine eligibility and the individual's ability to participate in the cost of services, if any, according to State regulations. During the COVID pandemic, CMU used telehealth methods of interviewing, registering eligible persons for mental health services and the delivery of administrative and targeted mental health case management services. Since March 2021 telehealth is only done at the preference of the person or due to COVID-related health reasons. Intakes are also available to be conducted in our local mental health inpatient unit PPI for those needing case management service and supports prior to discharge from inpatient care.

CMU is contracted by MH/A/DP to provide blended case management, administrative case management. A homeless case manager also serves as the SOAR coordinator for Dauphin County. SOAR is not funded by PATH. No PATH funded staff were trained in SOAR and there is no plan to do so at this time. CMU also operates the Jeremy Project for individuals ages 16-22 and focuses on identifying at risk youth with a primary mental health diagnosis and supports individuals transitioning to independence. Keystone Human Services provides intensive case management (ICM) services and Merakey operates an Assertive Community Treatment (ACT) Team in dauphin County.

The Wellspan-Philhaven, and Keystone offer Certified Peer Specialist services that are approved by OMHSAS and credentialed by PerformCare (BH-MCO). Certified Peer Specialists are also imbedded in Dauphin County's local psychiatric inpatient unit at Pennsylvania Psychiatric Institute (PPI), Merakey ACT, and PPI's CAPSTONE (FEP/CSC) and social rehabilitation services. Some positions are free-standing and others are embedded in a type of service. MH/A/DP has requested that PerformCare expand the number of CPS providers to serve Dauphin County residents, including teens.

Dauphin County has nine (9) contracted licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Many outpatient clinics in Dauphin County offer Tele-Psychiatry to address the demand for psychiatry services. All outpatient clinics use telehealth during the COVID pandemic and offer some face-to-face appointments when clinically warranted or due to no access to telehealth.

MH/A/DP contracts with nine (9) outpatient psychiatric clinics offering service options based on the individual's preference and clinical needs. MH/A/D/P also provides specialty outpatient clinics such as the two integrated co-occurring (MH and D&A) clinics as well as an intensive outpatient treatment and recovery center operated by Pennsylvania Counseling Services called Live-Up! Recovery designed to meet the needs of individuals also with criminal justice involvement. Several of the clinics specialize in LGBTQ, HIV/AIDS, Hispanic, Older Adult, Sexual Offenders, MH/ID and an Open Access Clinic. Dauphin County also offers licensed outpatient services in public school settings. The Federally Qualified Health Center, Hamilton Health Center also provides some outpatient services.

CAPSTONE, Dauphin County's first episode psychosis (FEP) program is for individuals ages 16 to 30 experiencing first signs and diagnosis of a psychotic disorder. Three agencies work collaboratively with individuals in CAPSTONE to provide comprehensive services under a NVIGATE-model. Pennsylvania Psychiatric Institute (PPI) provides the clinical services and peer support services, YWCA provides Supported Education and Employment, and CMU provides targeted case management services. Cumberland & Perry Counties continue to participate in referring individuals to CAPSTONE.

Partial Hospitalization programs are operated by Community Services Group (CSG), Merakey and PPI. A social rehabilitation programs is operated by Aurora Club and a consumer run drop-in center is operated by Patch-N-Match. A state licensed psychiatric rehabilitation program

offers site based and mobile services operated by Keystone Human Services and funded by the BH-MCO and MH/A/DP for uninsured persons.

Employment is viewed as a measure of personal success and recovery. Employment services are provided by the YWCA using the SAMHSA Supported Employment (SE) model to focusing on competitive employment and recovery. Additional employment services are offered through the State Office of Vocational Rehabilitation (OVR).

Community Residential Rehabilitation (CRR) services offer many choices to individuals to gain independence skills in their recovery journey. Licensed residential programs offer varying degrees of support and are in a group setting, as well as, in scattered apartment settings. The Dauphin County contracted residential providers are Merakey, Elwyn, Keystone Service Systems and Gaudenzia. Supportive living services are provided by Volunteers of America (VOA) and Keystone.

MH/A/DP contracts with several agencies that have expertise in providing Community Residential Rehabilitation (CRR) services. Elwyn, Keystone Human Services and Merakey operate Maximum-Care CRR providing 24/7 staffed services in group home and scattered apartment settings. Keystone Human Services also operates a Moderate-Care CRR which uses an on-call system for overnight hours. There are three (3) short-term 45–90-day CRR programs operated by Merakey and Community Services Group (CSG). One of the short-term CRR programs is designed for individuals forensically involved for up to 90 day stays before transitioning to independent living. Gaudenzia operates a Maximum-Care CRR for person with MH and criminal justice issues with a length of stay of up to two (2) years. All CRR programs in Dauphin County are licensed through OMHSAS.

Keystone Human Services, Merakey, and Paxton Ministries provide enhanced personal care home services in neighborhood locations. Staff are trained to admit and work with persons with a serious mental illness and typically are smaller than the general personal care homes.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist PATH eligible individuals in receiving the right combination of supportive services while they are securing permanent housing to live successfully in the community. MH/A/DP collaborates with the homeless provider network and its contracted providers to assist individuals in securing permanent housing with the right combination of services and supports needed to support their recovery and resiliency in the community.

The Housing Authority of the County of Dauphin (HACD) continues to work collaboratively with MH/A/DP in developing several housing programs for persons with serious mental illness. Shelter Plus Care and Project Access vouchers have been successful in maintaining 35 individuals in the program and has moved 3 individuals into permanent section 8 vouchers and will continue this process as vouchers come available. A Bridge Rental Subsidy program is also a joint venture with HACD in which there are at present 10 individuals in the program. During the past 12-15 months ten (10) individuals moved to permanent Section 8 vouchers and will continue to do so as vouchers come online. Housing reinvestment funds have been planned to continue the Bridge Rental Subsidy program and serve approximately 22 persons per year.

Christian Churches United operates as Safe Haven for 25 for men experiencing homelessness as well as transitional housing in the same facility. YWCA assists in providing permanent supportive housing for women experiencing homelessness.

Dauphin County has several well-established HUD 811 projects including New Song Village and Creekside Village operated by Volunteers of America (VOA) which were new constructions. The new wave of HUD 811 programs offering affordable housing voucher for individuals experiencing homelessness, transitioning from institutions, at risk of being in an institution, or living in congregate living situations has been expanding. The priority populations consist of Serious Mental illness, Autism. Physical Disabilities and Transitional Age Youth. HUD 811 PRA vouchers were established in Dauphin County and have housed up to 39 individuals of which 23 have a serious mental illness. HUD 811 Housing Choice Vouchers (HCV) were established exclusively for individuals with mental illness and consist of 15 vouchers of which 6 are currently housed. The Mainstream HUD 811 program is focused primarily on individuals experiencing homelessness and has housed 47 individuals of which 26 have a mental illness.

A capital investment housing project with LIHTC using HealthChoices reinvestment funds is Sunflower Fields and was constructed in FY 2013-14. MH /A/DP established preference for five (5) homes of the thirty-five (35) homes constructed. All units have been occupied and a waiting list is maintained.

Dauphin County has two (2) community Lodges designed using the Fairweather Lodge model, which has an employment component called Paxton Cleaning Solutions. The Lodges have a capacity to serve eight (8) individuals.

UPMC-Pinnacle and Mission of Mercy offer medical outreach in Dauphin County. Mission of Mercy operates a mobile medical and dental clinic and UPMC conducts street outreach in collaboration with homeless outreach providers to assists individual in obtaining medical treatment and accessing medical coverage for those experiencing homelessness.

The HELP office, a program of Christian Church United, coordinates assistance with basic needs and access to emergency housing throughout Dauphin County. The HELP office employs several homeless outreach workers and a Coordinated Entry System Manager. Emergency Shelter is available at Bethesda Mission, which is limited to their Life Coach program, Salvation Army, Shalom House, Interfaith Shelter and the YWCA and Domestic Violence services. Access to food is readily available at several soup kitchens and food pantries to assist individuals and families with food insecurities.

MH/A/DP provides consumer contingency funds to all case management entities, and Crisis Intervention Program has available funds to support emergency housing needs such as back rent, utilities and first month's rent and security deposits. Dauphin County continues its commitment to improving the wellness of individuals served in the MH system: ongoing information sharing on effective strategies among provider agencies to promote healthy lifestyle choices, team building on how to make lifestyle changes in group living arrangements, in addition to improved communication between primary care physicians and psychiatrists facilitated by outpatient clinics and case managers.

SERVICE PROVISION

A description of the PATH funded services provided by the CMU are listed below:

PATH Outreach/Enrollment Services at CMU

CMU enrolls individuals experiencing mental illness and or co-occurring disorders into case management services and identifies individuals who are experiencing homelessness or at risk of homelessness. Individuals already enrolled in case management or scheduled for intake are screened and assessed for PATH eligibility. Outreach activities are not funded by PATH. Individuals meeting PATH eligibility are enrolled when requesting and receive assistance with first month's rent and/or security deposits to exit from homelessness or to prevent homelessness.

PATH Screening and Assessment for Treatment Services at CMU

CMU provides screening and ongoing assessment of individuals enrolled in case management services. CMU conducts screening and assessment of PATH eligibility of these individuals prior to providing PATH funds. CMU administrative and targeted mental health case management services are not PATH funded. Individuals experiencing homelessness or at risk of homelessness identified by CIP outreach services are enrolled and then referred to CMU. When assessments lead to recommended mental health treatment and supports or other community resources, referrals and follow-up are conducted.

PATH Case Management Services at CMU

PATH funds are not used for CMU case management services. Referrals are made by DDB and CIP to the CMU to assure individuals have access to formal mental health and drug and alcohol services as well as case management supports. PATH funds are expended on individuals already open with the CMU experiencing mental health and co-occurring disorders that are experiencing homelessness or are at risk of homelessness. CMU has access to PATH funds to assist with providing a one-time security deposit and first month rent to individuals who are exiting homelessness or to preventing homelessness that are PATH eligible.

PATH Staff Training

CMU is the fiduciary for PATH training funds to benefit the homeless provider network and PATH contracted providers. In FY 20-21 a virtual training was conducted by Drexel University developed entitled "Engagement Skills and Healing Alliances" for 55 individuals.

PATH Housing Services

Dauphin County MH/A/DP is innovative and continually searches for additional affordable housing opportunities and funding that is available.

- Planning for Housing: MH/A/DP assists in assuring that service providers are made aware of housing opportunities available in the community either managed though the County or other entities that are working collaboratively to develop additional housing such as

through the Local Lead Agency (LLA) and Capital Area Coalition on homelessness (CACH) and other reinvestment opportunities in Dauphin County. MH/A/DP utilizes team meetings and planning with individuals in service regarding their housing and they are not PATH funded.

- Technical Assistance in Applying for Housing Services: Knowing what housing resources are available and assisting individuals in the application process for housing can be challenging. PATH contracted providers are well informed about available housing opportunities and are able to assist individuals in navigating the system and obtaining necessary documentation that is needed to complete and submit housing applications and securing safe and affordable in the community.
- Improving the Coordination of Housing Services: CACH in coordination with the homeless provider network and PATH providers are committed to assuring that safe and affordable housing is available to those experiencing homeless or are at risk of homelessness. The LLA has been instrumental in working with PHFA and local regional housing coordinators in developing increased affordable housing options with introducing additional HUD 811 PRA, Housing Choice Vouchers and Mainstream vouchers.
- Security Deposits: Security deposits are provided to PATH eligible individuals by the CMU using PATH funds. Additional contingency funds are available to assist with housing needs and are managed by CMU and CIP but are not PATH funded.
- Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations: There are always additional costs associated with establishing housing such as rental applications, furnishing, moving expenses, addressing poor/bad credit, and establishing utilities. CMU is contracted to provide assistance for individuals literally homeless in securing permanent housing. CIP and case management entities have available contingency funds to assist with some of these additional expenses.
- One-time Rental Payments to Prevent Eviction: CMU uses PATH funds to assist eligible individuals with one- time rental payments. CIP and case management entities have available contingency funds to assist with rental payments.

MH/A/DP is a department also in the Block Grant and our office also manages MATP, HAP (Homeless Assistance Program) funds and ESG (Emergency Solutions Grant) funds. Dauphin County MH/ID administrator is also an officer in CACH (Capital Area Coalition on Homelessness) which also functions as the Local lead Agency (LLA) The mental health funds are part of the Block grant and are the largest system. Services through contracts account for 94-5% of the funds managed by the MH program. Administrative costs are only 5-6% of the MH funding in Dauphin County. The MH program is positioned to understand a wider range of funding than a typical mental health program and persons that may be PATH eligible need to access funds through other components of the homeless network funding prior to using PATH funds. For example, individuals must seek HELP Office resources for assistance with utility bills and though the LIHEAP program before seeking help from PATH providers. Another example is sharing costs of assisting a PATH eligible person in housing by agencies sharing the costs of a security deposit or providing some basic household items to establish housing.

The CMU is Dauphin County's only Base Service Unit which is wholly responsible for registering persons in the public MH system in PA regardless of insurance, etc. In PA the priority adult population group, as determined by OMHSAS, are adults with a serious mental illness or

adults with an SMI and co-occurring drug & alcohol disorder. When individuals already registered in the public MH system are at risk of homelessness or are referred to the MH system for registration, CMU staff assess them for PATH eligibility based upon a MH psychosocial assessment, screening for drug & alcohol needs and identification of a working diagnosis. The intake staff and assigned MH case manager work with the person to identify needs and link them with resources both in the MH system and with other services and supports, including basic needs and housing.

CMU screens and verifies that individual is PATH eligible due to being literally homeless or at imminent risk of homelessness. A service plan is developed with the individual. In the cases of literal homelessness, housing resources are identified and the CMU may assist the person with securing housing via assistance with a rental deposit and/or the first month's rent. In the case of a person at imminent risk of homelessness, the person may identify the reason why they are at risk of losing their housing and one time limit rental assistance may help maintain housing as well as the provision of other services and supports.

Service Gaps:

MH/A/DP is committed to addressing the unique needs of PATH eligible individuals and being as flexible as possible in using PATH funds. Efforts county-wide to use new and emergency funding to decrease service gaps have improved many homeless and housing areas. Some are emerging issues, and some are ongoing challenges:

- Safe and affordable housing is hard to come by and is especially challenging for low to very low-income individuals. Housing stock in Dauphin County has decreased due to the lack of landlords accepting Section 8 and other housing vouchers. This may be due to the rental housing demands in which landlords are increase rents, shutting out persons on fixed and low incomes. Individuals with criminal histories, complex credit issues and poor rental histories are locked out of a competitive housing rental market.
- Human service programs continue to be taxed with increased demands for services and limited resources. Significant staff shortages have limited the ability to maintain services. Staff salaries are stagnant and there is not much flexibility to expand salaries that are often 80% or more of agency costs. Applicants have less qualitied work experience and require more training resources, supervision, and supports.
- Persons with Medicare only have limited access to mental health services due to Medicare credentialing requirements and reimbursement rates.
- SOAR could be expanded with additional resources. This would allow MH/A/DP to hire experienced mental health staff to complete the detailed and extensive SOAR application process.

Needs of the Co-Occurring Population

MH/A/DP is committed to providing services for individuals with co-occurring disorders and has developed specialty outpatient programs with TW Ponessa and Pennsylvania Counseling Services that are dually licensed by D&A and Mental Health to provide these services.

Live-up! Recovery is one of the newer programs established with PA Counseling in Dauphin County that operates an intensive COD outpatient program and recovery center for individuals with forensic involvement and co-occurring disorders. The program capacity is 20 persons. Double Trouble and traditional NA/AA support groups are available throughout Dauphin County to provide additional support to individuals with co-occurring disorders.

The Dauphin County mental health system is charged with assuring there are established services to meet the needs of individuals who also have substance use disorders and a serious mental illness. While the regulatory authority of services lies with both the Department of Human Services (mental health) and the Department of Drugs and Alcohol, County administered programs face challenges to implement integrated treatment model services to meet the needs of individuals with co-occurring disorders. Among individuals who are Medical Assistance eligible, services are administered through the same behavioral health managed care organization, PerformCare.

PATH contracted providers and Dauphin Count MH/A/DP are not required to follow 42 CFR Part 2 regulations since they do not diagnosis or provide any direct drug and alcohol treatment services to PATH recipients. If needed referrals are made for these services by PATH providers.

There are two certified peer support specialist programs in Dauphin County operated by Keystone Human Services and Wellspan Behavioral Health. Several certified peer specialists are embedded in services in assertive community treatment, inpatient care, FEP and social rehabilitation services. Certified Peer Support is not PATH funded and currently there are no peer support specialist employed in out PATH programs.

DATA

MH/A/DP contracted PATH providers have been trained by Capital Area Coalition on Homelessness (CACH) in using the HMIS training manual in collaboration with Wellsky/ServicePoint the established HMIS vender. All new employees are provided HMIS training by HMIS Administrator. Data entry into HMIS is monitored on a monthly basis for data quality and integrity by designated County PATH program Staff. DC MH/A/DP works collaboratively with HMIS administrator to address any data issues and provides ongoing technical assistance and support to PATH providers.

HOUSING

MH/A/DP goal is to assist individuals who are experiencing homelessness and are at risk of homelessness by providing linkages to treatment and supports as well as securing permanent housing. Dauphin County has large homeless provider network and has many available housing options to meet the unique needs of individuals we serve.

General shelter/housing programs:

- Shalom House and the YWCA provide shelter and transitional housing to women.
- Bethesda Mission no longer an emergency shelter and is only available to individuals interested in treatment and Recovery.

- Interfaith Shelter, operated by Catholic Charities is primarily a shelter for intact families.
- Downtown Daily Bread operates a day shelter and winter overnight shelter and Christian Churches United provides a winter overnight shelter.

Private and public resources outside the conventional human service agency framework:

- Dauphin County has two housing authority agencies; Harrisburg Housing Authority for housing with the city limits and Housing Authority of the County of Dauphin for housing in the balance of the County.
- The YMCA has some expanded single room occupancy and is looking to provide a supportive housing model. Veterans are offered supported housing though the YMCA and have been recognized for their efforts.
- Susquehanna Safe Haven is available with a capacity to serve 25 homeless men with serious mental illness and have a transitional housing component on the second floor.
- Hotels and Motels have been widely used especially during the COVID pandemic where quarantining was necessary prior to admission to shelters. Many agencies provide assistance with short term stays at hotels and motels based on individuals and family's situation and when shelters are at capacity.

Housing Partnerships in Dauphin County:

MH/A/DP continues to work collaboratively with many partners in providing ongoing affordable housing options for individuals with serious mental illness. The organizations we partner with are CACH, Housing Authority of the County of Dauphin, Paxton Ministries and Volunteers of America. HUD 811 programs have been expanding with the assistance of Capital Area Coalition on Homelessness (CACH) as the Local Lead Agency (LLA), Regional Housing Coordinator and with PHFA funding additional tax credit housing projects.

Bridge Rental Subsidy Program was developed in collaboration with the Housing Authority of the County of Dauphin (HACD) using reinvestment funds. MH/A/DP proves subsidy to individuals for up to 2-5 years of successful tenancy. Individuals must have been on Section 8 waiting list or were purged from the list and were able to be reinstated. Once individuals have completed the program, a permanent voucher is assigned and moved out of Bridge funding to a permanent funded voucher. A request for additional housing funds through reinvestment is pending State approval and the future expectation is to serve 22 persons per year.

Shelter Plus Care program was developed in collaboration with HACD for individuals experiencing homeless with a serious mental illness. The program has housed a total of 35 individuals this fiscal year and three (3) individuals transitioned to permanent housing vouchers. Through attrition new individuals will be referred to program by the Coordinated Entry CES Manager.
There are two Fairweather Lodges in Dauphin County operated by Paxton Ministries and have a capacity to serve a total of 8 individuals. Residents decide who is admitted to the Lodge and rent and utilities are shared by those living in the residence. The Lodges provide employment for

individuals and have a cleaning service named Paxton Cleaning Solutions. Residents are also able to have employment outside of the cleaning service.

STAFF INFORMATION

MH/A/DP is committed to cultural competence and a recovery-oriented service system. Contracted PATH providers are responsible for training their staff in cultural competencies and being sensitive to the needs of individuals based on age, gender, disability, LGTBQ or racial/ethnic differences.

PATH contracted providers are responsible to seek to hire individual's representative of the general population based on the experience and qualifications of the applicants received in order to fulfill the position requirements.

CMU a PATH contracted provider provides ongoing case management services in Dauphin County and has a diverse workforce. CMU provides ongoing training in cultural competence and recovery and resiliency.

None of the staff hired at CMU are paid for using PATH funds, and therefore, no PATH funds are involved in hiring Certified Peer Specialists (CPS).

CONSUMER INFORMATION

The 2021 Point in Time (PIT) in Dauphin County identified 358 men, women and children experiencing homelessness which is a decrease from 408 the in 2020. Of the 358 there were a total of 236 or 66% males and 122 or 34% females. Thirty-six (36) or 10% unsheltered and a total 322 or 90% were in shelters or temporary homeless housing.

MH/A/DP anticipates the demographic profile of persons served in FY 22-23 to be higher than the previous year's PATH annual data. The chart below illustrates the demographics of individuals served in the PATH program for FY 20-21 (n=180) the most recent full year of data.

Table 3-PATH Consumer Information Demographics for PATH Planning

Demographic Information	FY20-21 Persons Served	FY1 20-21 Percentage Persons Served
Age: 18-30	49	27%
31-61	118	66%
62+	13	7%
Gender: Male	123	68%
Female	54	30%
Transgender	3	2%
Race: African American	65	36%
Caucasian	114	63%
Asian	1	.005%

American Indian Unknown	1 1	.005% .005%
Ethnicity: Hispanic Non-Hispanic, Non-Latino	23 157	13% 87%
Diagnosis: MH Only COD MH/D&A	62 118	34% 66%
Veteran Status: Yes No Unknown	8 172	4% 96%
Housing Status: Emergency Shelter/ Not meant for Habitation Transitional Housing Safe Haven Institutional Situation Unknown (refused)	 108 55 1 12 4	 60% 31% .005% 6% 2%
Chronically Homeless	36	20%

Based on data collected in the PATH Annual Report for FY 2020-21 and year-to-date in FY 21-22 it is estimated that CMU will serve 4 persons who are literally homeless. Table 4 illustrates the projected enrollment and service goals in FY 22-23 for the CMU.

Table 4 illustrates the projected enrollment and service goals in FY22-23 by provider.

Provider	CMU	TOTAL
Estimated Number Outreach	Persons are enrolled with CMU	4
Estimated Number Enrolled	Referrals from Crisis/DDB or new enrollees/ 4	4
Estimated Number Literally Homeless	4	4

CONSUMER INVOLVEMENT

MH/A/DP incorporates consumers into the planning processes for all mental health services in Dauphin County though the Dauphin County Community Support Program CSP, the Dauphin County Human Service Block grant planning process and the MH/A/DP Advisory Board. Consumers are recruited for participation in the Board's MH Committee also. Due to the pandemic in the past two years, consumer participation has been extremely limited. CSP has continued its efforts to engage individuals in service to participate in virtual and hybrid meetings throughout the pandemic. CSP is in the planning stages of restarting in person meetings.

Certified Peer Specialist services are available to individuals registered in the mental health system and through the BH-MCO, PerformCare. Recovery Specialist in the County's D&A system are available to PATH enrolled individuals.

The Capital Area Coalition on Homelessness (CACH) has many Committees and subcommittees that individuals experiencing homelessness can participate in and are welcome to attend to provide input and suggestions into improving homeless services.

CMU has an advisory committee that recruits individuals in service for the purpose of providing feedback and input in CMU services and supports. Satisfaction surveys are also used to get consumer's input.

MH/A/DP, CMU and DDB PATH providers do not have any PATH enrolled consumers serving on boards, or committees at this point in time. As we emerge from COVID, more effort will be put into representation from person experiencing homelessness.

ALIGNMENT WITH COMPREHENSIVE STATE MENTAL HEALTH SERVICES PLAN

MH/A/DP and its PATH contracted providers are committed to serving individuals experiencing homelessness and providing the best quality services rooted in Recovery and Resiliency. Collaboration and planning for needed homeless services and supports in Dauphin County are spearheaded by CACH, the local COC PA-501 organization, and also the designated Local Lead agency that oversees the HUD 811 housing development programs. CACH is also the planning body for the Blueprint on Homelessness that demonstrates active planning and development of the needed services and support for individual experiencing homelessness in Dauphin County.

All contracted PATH providers are required to determine PATH eligibility and to serve persons and families experiencing homelessness and or at risk of homelessness that have a serious mental illness and or co-occurring (MH & D&A) disorders. PATH Services and supports are prioritized to focus on homeless outreach services provided by Crisis Intervention Program, DDB homeless case management services and the CMU with housing supports with first month's rent and security deposits for PATH eligible individuals. CMU also has access to a small amount of PATH funds for training PATH providers and the homeless provider network.

PATH providers are responsible for developing their own internal agency disaster preparedness policies and procedures and the homeless provider network have been assisted by CACH as part of the Continuity of Care and Blueprint as a priority in developing and maintain current emergency preparedness practices. Continuity of business plans are important for all contracted agencies and programs.

MH/A/DP through its Crisis Intervention Program works collaboratively with the County Emergency Management agency (EMA) through training activities and actual outreach. Crisis Intervention Program staff also participates in the County-wide TMI disaster preparedness drill every other year.

MH/A/DP is a trainer for CIT training offered to law enforcement and other first responders.

OTHER DESIGNATED FUNDS

The Department of MH/A/DP is part of the Commonwealth's Human Services Block Grant. The funds allocated by the State in mental health support a homeless CMU position and are not PATH funded.

Dauphin County has an Emergency Solutions Grant (ESG) funded by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371–11378). This program authorized by HUD provides grants to rehabilitate or convert buildings used for Emergency Shelters for individuals experiencing homelessness. ESG assists with funding for essential services for homeless prevention and street outreach services and rapid rehousing programs. Homeless Assistance Services (HAP) is used in Dauphin County for individuals and families that fall below the 200% poverty level and provides emergency shelter, case management, rental assistance, and bridge housing programs.

The HELP Office in Dauphin County received additional rental assistance funds from Cares Act to assist individual in maintaining their current living situation but had fallen behind due to COVID job lost, etc. in their rent and utilities. The County HSDO has also funded some additional homeless outreach staff.

The City of Harrisburg and the Dauphin County Humans Services received Emergency Rental Assistance (ERAP 1&2) funds to assist individuals in preventing evictions by assisting with providing back rent and utility payments for individuals negatively affected by the pandemic and were unable to keep up with monthly rent and utility costs.

HealthChoices re-investment funds have been used in Dauphin County to support additional housing programs and filling current gaps in treatment services.

PROGRAMATIC AND FINANCIAL OVERSIGHT

The Office of Mental Health and Substance Abuse (OMHSAS) provides State and Federal PATH funds to MH/A/DP and are contracted among PATH contracted Providers: County operated CIP, DDB and the CMU. Quarterly reviews and financial audits are performed by MH program and fiscal staff. Quarterly reports are submitted for OMHSAS review. Programmatic meetings are provide as needed to PATH provider agencies. The CIP Compliance Committee conducts routine chart reviews and reports on any findings and plan of corrections.

SSI/SSDI OUTREACH, ACCESS, RECOVERY (SOAR)

The CMU is the SOAR trained agency in Dauphin County and has one dedicated staff to process SSI/SSD applications. The SOAR position is not PATH funded. The SOAR Coordinator works with Mid Penn Legal Services, Social Security Administration, and the Bureau of Disability Determination (BDD) in order to expedite the submission to applications. All potential SOAR applicants are screened, and the process has been used to secure benefits for fifty-one (51) persons since SOAR was introduced to Dauphin County in 2012. The process is very time-consuming,

detail oriented and comprehensive. In FY 21-22 SOAR applications consisted of four (4) new approvals, seventeen (17) referrals, three (3) appeals/ two approved and one (1) withdrawn, one (1) new application is in process and one (1) denial.

COORDINATED ENTRY

CACH has sole responsibility for the Coordinated Entry system in Dauphin County for individuals that have the highest priority for housing that are literally homeless persons, including Transition Age Youth (TAY) living on the streets or in locations unfit for habitation. The CES Manager is an employee of the HELP Office whose role is to assist in managing and monitoring the Coordinated Entry System and the CES priority names list. The position works with providers in identifying openings and referring individuals in the system to needed resources. Individuals can self -identify and use CONTACT Helpline 211 to learn about CES and gain enrollment into the system.

JUSTICE INVOLVED

Dauphin County has been focusing its efforts for many years on addressing the needs of the forensic population following the review of the data collected in the County Stepping Up initiative. As a result, Dauphin County MH/A/DP developed 2 forensic CRR programs to address the specific population needs. A short-term (90 day) Maximum-Care CRR program with 14 beds is the newest program operated by Community Services Group (CSG) and a Maximum-Care CRR with 16 beds is operated by Gaudenzia. The Gaudenzia program has a length of stay of about two (2) years.

Pennsylvania Counseling Services is operating an intensive outpatient COD program and recovery center called Live-Up! Recovery which has a capacity to serve 20 persons.

Case Management entities in Dauphin County have access to reinvestment forensic contingency funds available to use for forensically involved individuals to assist with securing and maintaining housings.

Team MISA addresses the needs of individuals being incarcerated who may benefit from release while waiting for Court in order to be in treatment. Team MISA uses a comprehensive and multi-disciplinary team approach to evaluate and mitigate charges, if possible, as well as assessing and planning for a person's needs for treatment and supports to successfully transition into the community. A Re-entry Team was initiated to monthly plan for services and supports being in place when a person is completing their County Jail sentence.

VETERANS

Veterans and their families that are non-service-connected experiencing homelessness or at risk of homeless are eligible to receive PATH services and supports as well as mental health treatment. Service-connected veterans are referred to the Office of Veterans Affairs and are assisted in applying for veterans benefits and housing through the veteran system. The VA organizes "Standdown" event to assist veterans experiencing homelessness and linking individuals to needed supports. It is clear by the data received during point in time counts that the number of homeless

veterans has decreased due to extensive funding available to expand and create new housing opportunities and supports. The VA is also underway and secured land and funding to work with a developer to construct a tiny village housing project in Dauphin County.

TOBACCO POLICY

MH/A/DP has initiated many wellness events and information over the past decade and is interested in improving the physical health and behavioral health of individuals served. There are many programs available through Medicaid through PerformCare as well as with other physical Health MCO's to assist individuals in reducing or eliminating their dependence of tobacco. All Dauphin County contracted providers including PATH providers have smoke free environments.

HEALTH DISPARITIES IMPACT STATEMENT

In Dauphin County Health disparities exist but are identified and prioritized by analyzing the data available and identifying trends with underserved populations and their equal access to appropriate and affordable health care. Data is routinely reviewed and examined regarding subpopulations in County funded and Medicaid funded services. State and federal funds allocated to Counties have not kept up with the cost-of-living and significant funding cuts have never been restored.

DDB PATH position was transformed into a homeless case manager due to the need identified by individuals served in PATH to provide ongoing case management and supports for individuals to secure and maintain their housing and supports in the community. The duties of the homeless case manager were expanded to meet that demand and prioritize the needs of those individuals served in PATH.

Alder Health OP Services are focused on serving and improving the physical and behavioral health needs of the LGBTQ and AIDS community. Dauphin County has an established LGBTQ center available to support the needs for this growing community.

Policies and Procedures have been established and put in place to address the linguistic needs and disparities in Dauphin County with County funded services and PerformCare Medicaid funded services. Language line and the International Service Center are used for interpreter services to address the many languages spoken by Dauphin County residents.

Wellness activities undertaken include efforts with the BH-MCO PerformCare: Medication Review Toolkit and Natural Supports Toolkits for family, friends and others supporting an individual with a serious mental illness. All the toolkits are available on PerformCare's website.

Dauphin County is involved in a county-based grievance and complaint process to address identified disparities related to lack of access and service use. A full time Quality Assurance Program Specialist is support by all County MH staff to track and address concerns about the system. All mental health staff also play a role in grievance and complaints from members under the Medicaid managed care program.

Information on the persons in County-funded mental health services, including PATH eligible individuals are documented annually in State reporting requirements. PATH reporting is not integrated to the State data system and when an individual becomes registered for the provision of County-funded service there is not currently a PATH designator to track service use even though their homeless status may have improved. The system includes annual data on race, ethnicity, gender, age, income and living arrangement. Continued homelessness has not been a barrier to treatment and support access in Dauphin County while efforts continue on addressing homeless issues/status.

The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. MH/A/DP and its contracted providers work collaboratively in filing Adult Protective Services (APS) for adults ages 18-60 and above which is AAA is responsible.

PATH enrolled individual who are identified as transition age Youth (TAY) ages 18-30 have unique needs and challenges. The TAY population continues to grow and in FY 20-21 a total of 49 or 27% of the individuals were served in the PATH program which is a slight increase from the previous fiscal year. Increased emphasis on increasing outreach and housing efforts have been made by the homeless provider network and especially by

Dauphin County takes a flexible approach to determining with a person's support system and interagency team which system (child/adolescent or adult) may fit their needs best and how to individualize the transition period to gain the most success and recovery. Persons under the age of 18 may also be involved with a children and youth agency if they require care and supervision. Mental health treatment in Pennsylvania may be accessed by person 14 years of age and older without parental consent, however efforts are made to engage responsible adults in all aspects of treatment. Person under 18 years requiring inpatient psychiatric or medical care will require the involvement of Children & Youth and the Courts, as needed.

The CMU operates the Jeremy Project, a program focusing on transitional age persons ages 16-22 for individuals who have significant risk factors for homelessness, forensic involvement, drug & alcohol addiction, family conflicts, and poor relationships. Services provided are education, employment, independent living skills, socialization, and community involvement.

CAPSTONE Dauphin County's First Episode Psychosis program (FEP) also serves the TAY population and serves approximately 26-28 individuals in Dauphin and Cumberland Perry Counties. CAPSTONE is a joint venture with three partners: PPI for clinical services and peer specialist services, CMU for mental health case management and the YWCA for supported education and employment.

LIMITED ENGLISH PROFICIENCY

MH/A/DP contracted MH and PATH providers have access the Language Line and the International Service Center to address the linguistic needs of individual experiencing homelessness as well as the general population in Dauphin County. Provider agencies in Dauphin

County actively recruit for individuals who are bilingual and bicultural with the ability to speak the multiple languages to effectively communicate with Dauphin County residents.

FY22-23 CMU (Case Management Unit) PATH BUDGET NARRATIVE:

Personnel: ($ 0): No CMU personnel costs are funded with PATH.

Fringe Benefits (0% and $0): No fringe benefits are funded with PATH at the CMU.

Travel ($0): No travel costs are funded by PATH at the CMU.

Equipment ($0): No PATH funds are used in this category by the CMU.

Supplies ($ 0): Other ($7,703): Homeless Provider Network Training ($4,480): The CMU will serve as the fiduciary for the Annual PSTH Training. One-time Rental Assistance ($1,612): This budget line represents costs incurred on behalf of PATH enrolled people for whom one-time expenditures can address literal homelessness through the CMU. Security Deposits ($1,611): This budget line represents cost in securing stable housing to resolve conditions of homelessness for enrolled PATH persons also active with the CMU.

Indirect Costs/Administrative Cost 4% @ $ 321): Four (4) percent of the PATH grant is allocated to cover administrative expenses at CMU.

Total CMU PATH Request ($ 2,006 State funds and $6,018 Federal funds) **…….……$ 8,024**

DAPHIN COUNTY MH/A/DP
FY 2022-23 CMU IUP PATH BUDGET

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Personnel Position				
No CMU Staff			0	0
Salary sub-total			**0**	0

Fringe Benefits (0%)				
No CMU Fringe			0	0
Fringe sub-total			**0**	**0**
Travel				
No CMU travel			0	0
Travel sub-total			0	**0**
Equipment				
No CMU equipment			0	0
sub-total			0	0
Supplies				
No CMU supplies			0	0
Supplies sub-total			0	**0**
Other				
Staff training			4,480	4,480
One-time rental assistance			1,612	1,612
Security deposits			1,611	1,611
Other sub-total				**7,703**
Indirect Administration @ 4%				**$ 321**
Total PATH Budget ($ 2,006 State funds and $6,018 Federal funds)				**$ 8,024**

Dauphin County - Downtown Daily Bread
310 N 3rd St
Harrisburg, PA 17101
Contact: Elaine Strokoff
Email Address:

Provider Type: Shelter or other temporary housing resource
PDX ID: PA-063
State Provider ID: 4263
Contact Phone #: 7172384717

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 46,672.00**	**$ 15,557.00**	**$ 62,229.00**	

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

Office: Other (Describe in Comments)	$ 46,672.00	$ 15,557.00	$ 62,229.00	Downtown Daily Bread is one of three PATH providers in Dauphin County. Detailed budget narrative and budget table are found in the Downtown Daily Bread IUP.
j. Total Direct Charges (Sum of a-i)	$ 46,672.00	$ 15,557.00	$ 62,229.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 46,672.00	$ 15,557.00	$ 62,229.00	

Source(s) of Match Dollars for State Funds:

Downtown Daily Bread will receive a total of $62229 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 40

Estimated Number of Persons to be Enrolled: 30

Estimated Number of Persons to be Contacted who are Literally Homeless: 25

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Dauphin County MH/A/DP
Downtown Daily Bread
FY 22-23 PATH Intended Use Plan

LOCAL PROVIDER DESCRIPTION

The Dauphin County Department of Mental Health/Autism/Developmental Programs (MH/A/DP) has the legal responsibility to provide administration, fiscal management, and assure the provision of treatment and support services to adults and children with and at-risk of a serious mental illness and co-occurring disorders (MH and drug & alcohol) under the Mental Health/Intellectual Disabilities Act of 1966. The Dauphin County MH/A/DP is a department within the County of Dauphin and is the local recipient of the Commonwealth's allocation of PATH funds. Dauphin County MH/A/DP oversees the operations of the PATH services and is the responsible fiscal entity.

MH/A/DP's mission is to assure that all services are of the highest quality possible, are cost effective and readily available for individuals and families experiencing serious mental illness and/or co-occurring disorders (MH and Drug & Alcohol) and for children and teens a severe emotional disturbance. Dauphin County promotes recovery and resiliency in our mental health program. The contact persons for PATH at MH/A/DP and Downtown Daily Bread are:

Rose M. Schultz MSW	Deputy MH Administrator	717/780-7054	rschultz@dauphinc.org
Frank Magel	MH Program Specialist 2	717/780-7045	fmagel@dauphinc.org
Anne Guenin	DDB Executive Director	717/238-4717	aguenin@pinestreet.org

Address: The Presbyterian Church of Harrisburg
Downtown Daily Bread
Boyd Building 310 North Third Street
Harrisburg, PA 17101

PDX: PA 063

With all PATH contracted agencies, Dauphin County requests OMHSAS through the MH/A/DP office as OMHSAS does not have a contract directly with the Counties' PATH providers.

Downtown Daily Bread (DDB) is another point of contact for PATH services contracted by Dauphin County MH/A/DP. This program provides homeless case management to individuals experiencing homelessness with a mental illness and/or co-occurring disorder. The DDB also operates a kitchen that provides hot lunches on a daily basis for over thirty-five (35) years. And a day drop-in center. MH/A/DP continues to provide support and guidance in increasing the number of persons enrolled as a critical component of PATH and homeless service delivery to person with a serious mental illness.

Downtown Daily Bread (DDB) is registered under PDX # PA-063 is non-profit organization and contracted PATH provider with MH/A/DP. DDB's service model changed from homeless outreach to a homeless case management model in FY20-21 due to the increase in homeless outreach workers hired in Dauphin County. This also coincided with the COVID pandemic. The DDB homeless case manager collaborates with the homeless provide network as well as mental

health case management entities to better serve persons experiencing homelessness or are at risk of homelessness.

The Homeless Case Management position was filled in FY21-22 and works with the larger homeless network but focus on homeless case management activities. OMHSAS approved this change in PATH funding for DDB in late February 2021. Crisis and CMU MH case management staff work closely with DDB assisting individuals in getting persons enrolled and engaging in MH services and supports as individual needs change.

Dauphin County is located in the South-Central Pennsylvania, and it is comprised of 40 scenic municipalities and is a mix of rural, urban, and suburban areas. There are 525 square miles, and the Susquehanna River is one of its borders. Dauphin County population according to the 2020 census is estimated at 286,401 and the largest city is Harrisburg. Dauphin County is located in Pennsylvania's state capital and ninth largest city with a mix of rural, urban, and suburban areas.

Dauphin County MH/A/DP will contract with Downtown Daily Bread in FY22-23 using a total of $ 62,229 which consists of $ 15,557 in State Funds and $ 46,672 in Federal Funds of PATH funds for the Homeless Case Manager position and related costs.

PATH annual reporting for FY 20-21 indicated there was a significantly lower number of individuals served and enrolled, primarily due to the pandemic Based on data collected in the PATH Annual Report for FY20-21 and current reporting for FY 21-22, it is projected that efforts will be made to contact approximately forty (40) new individuals and approximately thirty (30) individuals will be enrolled in PATH services. Table 1 illustrates the projected enrollment and service goals in FY 22-23 by Downtown Daily Bread.

Table 1 – Projected PATH DDB Services FY22-23

Provider	Downtown Daily Bread
Estimated Number Outreach including In-reach	40
Estimated Number Enrolled	30
Estimated Number Literally Homeless	25

COLLABORATION WITH HUD CONTINUUM OF CARE (CoC) PROGRAM

The Dauphin County MH/A/DP and its provider network participates actively in the local HUD Continuum of Care. The Capital Area Coalition on Homelessness (CACH) is the lead agency for the planning and development of Continuum of Care for the County of Dauphin and routinely has over 40 agencies actively participating in this leadership group. CACH resources are leveraged and coordinated to maximize the efficient and effective use of HAP funds, HUD Emergency Solutions Grant funds managed by both the County of Dauphin and the City of Harrisburg, HUD Continuum of Care funds and local and private funds such as The Foundation for Enhancing Communities and the United Way of the Capital Region. The Dauphin County /Harrisburg CoC number is PA501. MH/A/DP has been involved in the establishing an updated CES (Coordinated Entry System) manual, policies/procedures governing the CES process and CES process reviews.

MH/A/DP and PATH providers participate directly in several CACH committees. Dauphin County MH collaborates in many CACH activities such as the point in time surveys and networking. CACH is designated the Local Lead Agency (LLA) for Dauphin County by Department of Human Services and PHFA (PA Housing Finance Agency) to assist with the development and monitoring of the HUD 811 PRA demonstration project awarded in 2015. CACH has been instrumental in establishing new housing initiatives due to collaboration with PA Housing and Finance Agency (PHFA). CACH is responsible for monitoring the HUD 811 PRA programs and has housed a total of 39 individuals of which there were 23 individuals with serious mental illness. HUD 811 MH only HCV vouchers has housed a total of 8 individuals since its inception. There are total of 94 HUD 811 Mainstream vouchers for individuals experiencing homelessness of which 47 have been housed and among them 30 individuals had serious mental illness. It has been especially challenging to secure housing due to the pandemic, increases in rents, and lack of available housing stock to locate affordable housing. Demand for rental properties has impacted landlord and property managements interest in accepting person with rental subsidies.

COLLABORATION WITH COMMUNITY ORGANIZATIONS

Dauphin County MH/A/DP contracts with a network of private non-profit agencies and for-profit agencies in collaboration with the CIP staff and the homeless provider network for uninsured individuals or services that are not eligible for Medicaid funding. There are also additional community services and supports available that are not contracted by MH/A/DP or PATH funded through Dauphin County MH/A/DP. MH/A/DP contracts with provider agencies in developing an array of MH services and supports but does not provide Direct Care Services. The Crisis Intervention Program works in collaboration with the homeless provider network and conducts homeless outreach and accessing emergency and non-emergency MH services. There are additional services available to those experiencing homelessness that are not funded through DC MH/A/DP or through PATH. All providers must apply for regulatory waivers to continue using telehealth beyond standards set during the pandemic and COVID positivity rates have dramatically been reduced.

Dauphin County's Medicaid behavioral health managed care organization is PerformCare, a company of AmeriHealth *Caritas.* All of the resources will be available to individuals served as needed and eligible within the limitations of available funding.

The County Department of Drugs & Alcohol Services functions as the Single County Authority (SCA) for the County and is responsible for the provision of prevention, screening, assessment, treatment, case management and recovery support services in Dauphin County for the uninsured. Most services are available and can accessed directly from private-non & for -profit contracted agencies. PerformCare (BH-MCO) is also responsible for maintaining a network of drug & alcohol services for Medicaid recipients. Collaboration occurs frequently between mental health and drug & alcohol service providers.

The CMU (Case Management Unit) is the MH/A/DP contracted agency responsible to perform the duties of the Base Service Unit and registers all individuals for county-funded mental health services. Walk-in intake interviews are available five-days per week. These include mental health

and financial liability assessments to determine eligibility and the individual's ability to participate in the cost of services, if any, according to State regulations. During the COVID pandemic, CMU used telehealth methods of interviewing, registering eligible persons for mental health services and the delivery of administrative and targeted mental health case management services. Since March 2021 telehealth is only done at the preference of the person or due to COVID-related health reasons. Intakes are also available to be conducted in our local mental health inpatient unit PPI for those needing case management service and supports prior to discharge from inpatient care.

CMU is contracted by MH/A/DP to provide blended case management, administrative case management. A homeless case manager also serves as the SOAR coordinator for Dauphin County. SOAR is not funded by PATH. No PATH funded staff were trained in SOAR and there is no plan to do so at this time. CMU also operates the Jeremy Project for individuals ages 16-22 and focuses on identifying at risk youth with a primary mental health diagnosis and supports individuals transitioning to independence. Keystone Human Services provides intensive case management (ICM) services and Merakey operates an Assertive Community Treatment (ACT) Team in dauphin County.

The Wellspan-Philhaven, and Keystone offer Certified Peer Specialist services that are approved by OMHSAS and credentialed by PerformCare (BH-MCO). Certified Peer Specialists are also imbedded in Dauphin County's local psychiatric inpatient unit at Pennsylvania Psychiatric Institute (PPI), Merakey ACT, and PPI's CAPSTONE (FEP/CSC) and social rehabilitation services. Some positions are free-standing and others are embedded in a type of service. MH/A/DP has requested that PerformCare expand the number of CPS providers to serve Dauphin County residents, including teens.

Dauphin County has nine (9) contracted licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Many outpatient clinics in Dauphin County offer Tele-Psychiatry to address the demand for psychiatry services. All outpatient clinics use telehealth during the COVID pandemic and offer some face-to-face appointments when clinically warranted or due to no access to telehealth.

MH/A/DP contracts with nine (9) outpatient psychiatric clinics offering service options based on the individual's preference and clinical needs. MH/A/D/P also provides specialty outpatient clinics such as the two integrated co-occurring (MH and D&A) clinics as well as an intensive outpatient treatment and recovery center operated by Pennsylvania Counseling Services called Live-Up! Recovery designed to meet the needs of individuals also with criminal justice involvement. Several of the clinics specialize in LGBTQ, HIV/AIDS, Hispanic, Older Adult, Sexual Offenders, MH/ID and an Open Access Clinic. Dauphin County also offers licensed outpatient services in public school settings. The Federally Qualified Health Center, Hamilton Health Center also provides some outpatient services.

CAPSTONE, Dauphin County's first episode psychosis (FEP) program is for individuals ages 16 to 30 experiencing first signs and diagnosis of a psychotic disorder. Three agencies work collaboratively with individuals in CAPSTONE to provide comprehensive services under a NVIGATE-model. Pennsylvania Psychiatric Institute (PPI) provides the clinical services and

peer support services, YWCA provides Supported Education and Employment, and CMU provides targeted case management services. Cumberland & Perry Counties continue to participate in referring individuals to CAPSTONE.

Partial Hospitalization programs are operated by Community Services Group (CSG), Merakey and PPI. A social rehabilitation programs is operated by Aurora Club and a consumer run drop-in center is operated by Patch-N-Match. A state licensed psychiatric rehabilitation program offers site based and mobile services operated by Keystone Human Services and funded by the BH-MCO and MH/A/DP for uninsured persons.

Employment is viewed as a measure of personal success and recovery. Employment services are provided by the YWCA using the SAMHSA Supported Employment (SE) model to focusing on competitive employment and recovery. Additional employment services are offered through the State Office of Vocational Rehabilitation (OVR).

Community Residential Rehabilitation (CRR) services offer many choices to individuals to gain independence skills in their recovery journey. Licensed residential programs offer varying degrees of support and are in a group setting, as well as, in scattered apartment settings. The Dauphin County contracted residential providers are Merakey, Elwyn, Keystone Service Systems and Gaudenzia. Supportive living services are provided by Volunteers of America (VOA) and Keystone.

MH/A/DP contracts with several agencies that have expertise in providing Community Residential Rehabilitation (CRR) services. Elwyn, Keystone Human Services and Merakey operate Maximum-Care CRR providing 24/7 staffed services in group home and scattered apartment settings. Keystone Human Services also operates a Moderate-Care CRR which uses an on-call system for overnight hours. There are three (3) short-term 45–90-day CRR programs operated by Merakey and Community Services Group (CSG). One of the short term CRR programs is designed for individuals forensically involved for up to 90 day stays before transitioning to independent living. Gaudenzia operates a Maximum-Care CRR for person with MH and criminal justice issues with a length of stay of up to two (2) years. All CRR programs in Dauphin County are licensed through OMHSAS.

Keystone Human Services, Merakey, and Paxton Ministries provide enhanced personal care home services in neighborhood locations. Staff are trained to admit and work with persons with a serious mental illness and typically are smaller than the general personal care homes.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist PATH eligible individuals in receiving the right combination of supportive services while they are securing permanent housing to live successfully in the community. MH/A/DP collaborates with the homeless provider network and its contracted providers to assist individuals in securing permanent housing with the right combination of services and supports needed to support their recovery and resiliency in the community.

The Housing Authority of the County of Dauphin (HACD) continues to work collaboratively with MH/A/DP in developing several housing programs for persons with serious mental illness. Shelter Plus Care and Project Access vouchers have been successful in maintaining 35

individuals in the program and has moved 3 individuals into permanent section 8 vouchers and will continue this process as vouchers come available. A Bridge Rental Subsidy program is also a joint venture with HACD in which there are at present 10 individuals in the program. During the past 12-15 months ten (10) individuals moved to permanent Section 8 vouchers and will continue to do so as vouchers come online. Housing reinvestment funds have been planned to continue the Bridge Rental Subsidy program and serve approximately 22 persons per year.

Christian Churches United operates as Safe Haven for 25 for men experiencing homelessness as well as transitional housing in the same facility. YWCA assists in providing permanent supportive housing for women experiencing homelessness.

Dauphin County has several well-established HUD 811 projects including New Song Village and Creekside Village operated by Volunteers of America (VOA) which were new constructions. The new wave of HUD 811 programs offering affordable housing voucher for individuals experiencing homelessness, transitioning from an institution, at risk of being in an institution, or living in congregate living situations has been expanding. The priority populations consist of Serious Mental illness, Autism. Physical Disabilities and Transitional Age Youth. HUD 811 PRA vouchers were established in Dauphin County and have housed up to 39 individuals of which 23 have a serious mental illness. HUD 811 Housing Choice Vouchers (HCV) were established exclusively for individuals with mental illness and consist of 15 vouchers of which 6 are currently housed. The Mainstream HUD 811 program is focused primarily on individuals experiencing homelessness and has housed 47 individuals of which 26 have a mental illness.

A capital investment housing project with LIHTC using HealthChoices reinvestment funds is Sunflower Fields and was constructed in FY 2013-14. MH /A/DP established preference for five (5) homes of the thirty-five (35) homes constructed. All units have been occupied and a waiting list is maintained.

Dauphin County has two (2) community Lodges designed using the Fairweather Lodge model, which has an employment component called Paxton Cleaning Solutions. The Lodges have a capacity to serve eight (8) individuals.

UPMC-Pinnacle and Mission of Mercy offer medical outreach in Dauphin County. Mission of Mercy operates a mobile medical and dental clinic and UPMC conducts street outreach in collaboration with homeless outreach providers to assists individual in obtaining medical treatment and accessing medical coverage for those experiencing homelessness.

The HELP office, a program of Christian Church United, coordinates assistance with basic needs and access to emergency housing throughout Dauphin County. The HELP office employs several homeless outreach workers and a Coordinated Entry System Manager. Emergency Shelter is available at Bethesda Mission, which is limited to their Life Coach program, Salvation Army, Shalom House, Interfaith Shelter and the YWCA and Domestic Violence services. Access to food is readily available at several soup kitchens and food pantries to assist individuals and families with food insecurities.

MH/A/DP provides consumer contingency funds to all case management entities, and Crisis Intervention Program has available funds to support emergency housing needs such as back rent, utilities and first month's rent and security deposits. Dauphin County continues its commitment to improving the wellness of individuals served in the MH system: ongoing information sharing on effective strategies among provider agencies to promote healthy lifestyle choices, team building on how to make lifestyle changes in group living arrangements, in addition to improved communication between primary care physicians and psychiatrists facilitated by outpatient clinics and case managers.

SERVICE PROVISION

A list and description of PATH provided services in Dauphin County during FY 2022-23 is detailed by provider below:

PATH Outreach/In-reach/Enrollment Services at Downtown Daily Bread

Outreach/In-reach services are provided by Downtown Daily Bread (DDB) by the homeless case manager position hired in the fall 2021. DDB homeless case manager receives referrals from various community agencies including but not limited to shelters, winter shelters, soup kitchens and individuals enrolled in traditional case management services. Once referrals are received the homeless case manager screens and assesses individual for PATH eligibility and develops a service plan when agreeable to services. The DDB case manager meets the individuals where they are and builds rapport and trust which is imperative in moving forward with individuals to accept assistance and to engaging in services.

PATH Screening and Assessment for Treatment Services at Downtown Daily Bread

DDB Homeless Case Manager conducts initial screening and assessment for PATH eligibility through face-to-face contact with individuals. Individuals have to meet eligibility by have a serious mental illness and or co-occurring disorder and be experiencing homelessness or at risk of homelessness. Once an individual is assessed and determined to be PATH eligible and is acceptable to receiving services, the homeless case manager completes and Intake a service plan is developed with the individual and contact is documented in case notes. The DDB homeless case manager will enter individuals into HMIS if they are not already in the system. All literally homeless individuals are entered into the Coordinated Entry System (CES) and prioritized and placed on a by names list in HMIS to assist with housing when openings occur. DDB homeless case manager is available to work in tandem with individuals already involved in traditional mental health case management who are experiencing homelessness or at risk of homelessness.

PATH Case Management Services at Downtown Daily Bread

DDB enrolls individuals in PATH as a result of in-reach and referrals from the homeless provider network and well as traditional mental health case management. The DDB homeless case manager completes an intake and screens and assesses PATH eligibility. Once individual meets eligibility criteria and consents to services they are enrolled in PATH and entered into HMIS and a service plan is completed. DDB program traditionally provides for individuals basic needs by offering

lockers for storing individual belongings, a mailing address, showers, personal care items, clothing, and meals though their soup kitchen. DDB homeless case manager assists individuals in obtaining photo ID, applications for medical assistance and income benefits, housing and other treatment and supports. Individuals eligible for SSI are referred to SOAR coordinator at the CMU, not funded through PATH. Case management services provided at Downtown Daily Bread sustain the relationship and assist in reaching the goals of the individual and reducing the stigma and anxieties in using formal supports.

PATH Housing Services

Dauphin County MH/A/DP is innovative and continually searches for additional affordable housing opportunities and funding that is available.

- Planning for Housing: MH/A/DP assists in assuring that service providers are made aware of housing opportunities available in the community either managed though the County or other entities that are working collaboratively to develop additional housing such as through the Local Lead Agency (LLA) and Capital Area Coalition on homelessness (CACH) and other reinvestment opportunities in Dauphin County. MH/A/DP utilizes team meetings and planning with individuals in service regarding their housing and they are not PATH funded.
- Technical Assistance in Applying for Housing Services: Knowing what housing resources are available and assisting individuals in the application process for housing can be challenging. PATH contracted providers are well informed about available housing opportunities and are able to assist individuals in navigating the system and obtaining necessary documentation that is needed to complete and submit housing applications and securing safe and affordable in the community.
- Improving the Coordination of Housing Services: CACH in coordination with the homeless provider network and PATH providers are committed to assuring that safe and affordable housing is available to those experiencing homeless or are at risk of homelessness. The LLA has been instrumental in working with PHFA and local regional housing coordinators in developing increased affordable housing options with introducing additional HUD 811 PRA, Housing Choice Vouchers and Mainstream vouchers.
- Security Deposits: Security deposits are provided to PATH eligible individuals by the CMU using PATH funds. Additional contingency funds are available to assist with housing needs and are managed by CMU and CIP but are not PATH funded.
- Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations: There are always additional costs associated with establishing housing such as rental applications, furnishing, moving expenses, addressing poor/bad credit, and establishing utilities. CMU is contracted to provide assistance for individuals literally homeless in securing permanent housing. CIP and case management entities have available contingency funds to assist with some of these additional expenses.
- One-time Rental Payments to Prevent Eviction: CMU uses PATH funds to assist eligible individuals with one-time rental payments. CIP and case management entities have available contingency funds to assist with rental payments.

Service Gaps:

MH/A/DP is committed to addressing the unique needs of PATH eligible individuals and being as flexible as possible in using PATH funds. Efforts county-wide to use new and emergency funding to decrease service gaps have improved many homeless and housing areas. Some are emerging issues, and some are ongoing challenges:

- Safe and affordable housing is hard to come by and is especially challenging for low to very low-income individuals. Housing stock in Dauphin County has decreased due to the lack of landlords accepting Section 8 and other housing vouchers. This may be due to the rental housing demands in which landlords are increase rents, shutting out persons on fixed and low incomes. Individuals with criminal histories, complex credit issues and poor rental histories are locked out of a competitive housing rental market.
- Human service programs continue to be taxed with increased demands for services and limited resources. Significant staff shortages have limited the ability to maintain services. Staff salaries are stagnant and there is not much flexibility to expand salaries that are often 80% or more of agency costs. Applicants have less qualitied work experience and require more training resources, supervision, and supports.
- Persons with Medicare only have limited access to mental health services due to Medicare credentialing requirements and reimbursement rates.
- SOAR could be expanded with additional resources. This would allow MH/A/DP to hire experienced mental health staff to complete the detailed and extensive SOAR application process.

Needs of the Co-Occurring Population

MH/A/DP is committed to providing services for individuals with co-occurring disorders and has developed specialty outpatient programs with TW Ponessa and Pennsylvania Counseling Services that are dually licensed by D&A and Mental Health to provide these services.

Live-up! Recovery is one of the newer programs established with PA Counseling in Dauphin County that operates an intensive COD outpatient program and recovery center for individuals with forensic involvement and co-occurring disorders. The program capacity is 20 persons. Double Trouble and traditional NA/AA support groups are available throughout Dauphin County to provide additional support to individuals with co-occurring disorders.

The Dauphin County mental health system is charged with assuring there are established services to meet the needs of individuals who also have substance use disorders and a serious mental illness. While the regulatory authority of services lies with both the Department of Human Services (mental health) and the Department of Drugs and Alcohol, County administered programs face challenges to implement integrated treatment model services to meet the needs of individuals with co-occurring disorders. Among individuals who are Medical Assistance eligible, services are administered through the same behavioral health managed care organization, PerformCare.

PATH contracted providers and Dauphin Count MH/A/DP are not required to follow 42 CFR Part 2 regulations since they do not diagnosis or provide any direct drug and alcohol treatment services to PATH recipients. If needed referrals are made for these services by PATH providers.

There are two certified peer support specialist programs in Dauphin County operated by Keystone Human Services and Wellspan Behavioral Health. Several certified peer specialists are embedded in services in assertive community treatment, inpatient care, FEP and social rehabilitation services. Certified Peer Support is not PATH funded and currently there are no peer support specialist employed in out PATH programs.

DATA

MH/A/DP contracted PATH providers have been trained by Capital Area Coalition on Homelessness (CACH) in using the HMIS training manual in collaboration with Wellsky/ServicePoint the established HMIS vender. All new employees are provided HMIS training by HMIS Administrator. Data entry into HMIS is monitored on a monthly basis for data quality and integrity by designated County PATH program Staff. DC MH/A/DP works collaboratively with HMIS administrator to address any data issues and provides ongoing technical assistance and support to PATH providers.

HOUSING

MH/A/DP goal is to assist individuals who are experiencing homelessness and are at risk of homelessness by providing linkages to treatment and supports as well as securing permanent housing. Dauphin County has large homeless provider network and has many available housing options to meet the unique needs of individuals we serve.

General shelter/housing programs:

- Shalom House and the YWCA provide shelter and transitional housing to women.
- Bethesda Mission no longer an emergency shelter and is only available to individuals interested in treatment and Recovery.
- Interfaith Shelter, operated by Catholic Charities is primarily a shelter for intact families.
- Downtown Daily Bread operates a day shelter and winter overnight shelter and Christian Churches United provides a winter overnight shelter.

Private and public resources outside the conventional human service agency framework:

- Dauphin County has two housing authority agencies; Harrisburg Housing Authority for housing with the city limits and Housing Authority of the County of Dauphin for housing in the balance of the County.
- The YMCA has some expanded single room occupancy and is looking to provide a supportive housing model. Veterans are offered supported housing though the YMCA and have been recognized for their efforts.
- Susquehanna Safe Haven is available with a capacity to serve 25 homeless men with serious mental illness and have a transitional housing component on the second floor.
- Hotels and Motels have been widely used especially during the COVID pandemic where quarantining was necessary prior to admission to shelters. Many agencies provide

assistance with short term stays at hotels and motels based on individuals and family's situation and when shelters are at capacity.

Housing Partnerships in Dauphin County:

MH/A/DP continues to work collaboratively with many partners in providing ongoing affordable housing options for individuals with serious mental illness. The organizations we partner with are CACH, Housing Authority of the County of Dauphin, Paxton Ministries and Volunteers of America. HUD 811 programs have been expanding with the assistance of Capital Area Coalition on Homelessness (CACH) as the Local Lead Agency (LLA), Regional Housing Coordinator and with PHFA funding additional tax credit housing projects.

Bridge Rental Subsidy Program was developed in collaboration with the Housing Authority of the County of Dauphin (HACD) using reinvestment funds. MH/A/DP proves subsidy to individuals for up to 2-5 years of successful tenancy. Individuals must have been on Section 8 waiting list or were purged from the list and were able to be reinstated. Once individuals have completed the program, a permanent voucher is assigned and moved out of Bridge funding to a permanent funded voucher. A request for additional housing funds through reinvestment is pending State approval and the future expectation is to serve 22 persons per year.

Shelter Plus Care program was developed in collaboration with HACD for individuals experiencing homeless with a serious mental illness. The program has housed a total of 35 individuals this fiscal year and three (3) individuals transitioned to permanent housing vouchers. Through attrition new individuals will be referred to program by the Coordinated Entry CES Manager.

There are two Fairweather Lodges in Dauphin County operated by Paxton Ministries and have a capacity to serve a total of 8 individuals. Residents decide who is admitted to the Lodge and rent and utilities are shared by those living in the residence. The Lodges provide employment for individuals and have a cleaning service named Paxton Cleaning Solutions. Residents are also able to have employment outside of the cleaning service

STAFF INFORMATION

MH/A/DP is committed to cultural competence and a recovery-oriented service system. Contracted PATH providers are responsible for training their staff in cultural competencies and being sensitive to the needs of individuals based on age, gender, disability, LGTBQ or racial/ethnic differences.

PATH contracted providers are responsible to seek to hire individual's representative of the general population based on the experience and qualifications of the applicants received in order to fulfill the position requirements. The PATH contracted Provider Downtown Daily Bread does not have PATH funded Certified Peer Specialist employed in their programs at this time.

Downtown Daily Bread (DDB) a PATH contracted provider and has a diverse workforce involved in many facets in this agency. The DDB homeless case manager was hired in September of 2021

and has several years of MH case management experience and received training in PATH by MH/A/DP program staff and the homeless provider network.

There are no employed Certified Peer Specialists working in any PATH funded services using PATH funds.

CONSUMER INFORMATION

The 2021 Point in Time (PIT) in Dauphin County identified 358 men, women and children experiencing homelessness which is a decrease from 408 the in 2020. Of the 358 there were a total of 236 or 66% males and 122 or 34% females. Thirty-six (36) or 10% unsheltered and a total 322 or 90% were in shelters or temporary homeless housing.

MH/A/DP anticipates the demographic profile of persons served in FY 22-23 to be higher than the previous year's PATH annual data. The chart below illustrates the demographics of individuals served in the PATH program for FY 20-21 (n=180) the most recent full year of data.

Table 3-PATH Consumer Information Demographics for PATH Planning

Demographic Information	FY20-21 Persons Served	FY1 20-21 Percentage Persons Served
Age: 18-30	49	27%
31-61	118	66%
62+	13	7%
Gender: Male	123	68%
Female	54	30%
Transgender	3	2%
Race: African American	65	36%
Caucasian	114	63%
Asian	1	.005%
American Indian	1	.005%
Unknown	1	.005%
Ethnicity: Hispanic	23	13%
Non-Hispanic, Non-Latino	157	87%
Diagnosis: MH Only	62	34%
COD MH/D&A	118	66%
Veteran Status: Yes	8	4%
No	172	96%
Unknown		
Housing Status: Emergency Shelter/ Not meant for Habitation	108	60%
Transitional Housing	55	31%

Safe Haven Institutional Situation Unknown (refused)	1 12 4	.005% 6% 2%
Chronically Homeless	36	20%

Table 4 illustrates the projected enrollment and service goals in FY22-23 by for Downtown Daily Bread.

Table 4 – Projected PATH Services FY2022-23 for Downtown Daily Bread

Provider	Downtown Daily Bread
Estimated Number Outreach including In-reach	40
Estimated Number Enrolled	30
Estimated Number Literally Homeless	25

Based on the PATH annual report for FY 20-21 and year to date in FY 21-22 it is projected that outreach, including in-reach will be made to 40 individuals and approximately 30 individuals will be enrolled in PATH services. The literally homeless population to be served are projected at 25 persons.

CONSUMER INVOLVEMENT

MH/A/DP incorporates consumers into the planning processes for all mental health services in Dauphin County though the Dauphin County Community Support Program CSP, the Dauphin County Human Service Block grant planning process and the MH/A/DP Advisory Board. Consumers are recruited for participation in the Board's MH Committee also. Due to the pandemic in the past two years, consumer participation has been extremely limited. CSP has continued its efforts to engage individuals in service to participate in virtual and hybrid meetings throughout the pandemic. CSP is in the planning stages of restarting in person meetings.

Certified Peer Specialist services are available to individuals registered in the mental health system and through the BH-MCO, PerformCare. Recovery Specialist in the County's D&A system are available to PATH enrolled individuals.

The Capital Area Coalition on Homelessness (CACH) has many Committees and subcommittees that individuals experiencing homelessness can participate in and are welcome to attend to provide input and suggestions into improving homeless services.

Downtown Daily Bread (DDB) has three (3) volunteer persons participating in volunteering in the soup kitchen and conduct an orientation to new individuals experiencing homelessness who come to DDB for the first time. DDB is considering offering additional opportunities in the near future.

DDB PATH provider does not have any PATH enrolled consumers serving on boards, or committees at this point in time. As we emerge from COVID, more effort will be put into representation from person experiencing homelessness.

ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

MH/A/DP and its PATH contracted providers are committed to serving individuals experiencing homelessness and providing the best quality services rooted in Recovery and Resiliency. Collaboration and planning for needed homeless services and supports in Dauphin County are spearheaded by CACH, the local COC PA-501 organization, and the designated Local Lead agency that oversees the HUD 811 housing development programs. CACH is also the planning body for the Blueprint on Homelessness that demonstrates active planning and development of the needed services and support for individual experiencing homelessness in Dauphin County.

All contracted PATH providers are required to determine PATH eligibility and to serve persons and families experiencing homelessness and or at risk of homelessness that have a serious mental illness and or co-occurring (MH & D&A) disorders. PATH Services and supports are prioritized to focus on homeless outreach services provided by Crisis Intervention Program, DDB homeless case management services and the CMU with housing supports with first month's rent and security deposits for PATH eligible individuals. CMU also has access to a small amount of PATH funds for training PATH providers and the homeless provider network.

PATH providers are responsible for developing their own internal agency disaster preparedness policies and procedures and the homeless provider network have been assisted by CACH as part of the Continuity of Care and Blueprint as a priority in developing and maintain current emergency preparedness practices. Continuity of business plans are important for all contracted agencies and programs.

MH/A/DP through its Crisis Intervention Program works collaboratively with the County Emergency Management agency (EMA) through training activities and actual outreach. Crisis Intervention Program staff also participates in the County-wide TMI disaster preparedness drill every other year.

MH/A/DP is a trainer for CIT training offered to law enforcement and other first responders.

OTHER DESIGNATED FUNDS

The Department of MH/A/DP is part of the Commonwealth's Human Services Block Grant. The funds allocated by the State in mental health support a homeless CMU position and are not PATH funded.

Dauphin County has an Emergency Solutions Grant (ESG) funded by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371–11378). This program authorized by HUD provides grants to rehabilitate or convert buildings used for Emergency Shelters for individuals experiencing homelessness. ESG assists with funding for essential services for homeless

prevention and street outreach services and rapid rehousing programs. Homeless Assistance Services (HAP) is used in Dauphin County for individuals and families that fall below the 200% poverty level and provides emergency shelter, case management, rental assistance, and bridge housing programs.

The HELP Office in Dauphin County received additional rental assistance funds from Cares Act to assist individual in maintaining their current living situation but had fallen behind due to COVID job lost, etc. in their rent and utilities. The County HSDO has also funded some additional homeless outreach staff.

The City of Harrisburg and the Dauphin County Humans Services received Emergency Rental Assistance (ERAP 1&2) funds to assist individuals in preventing evictions by assisting with providing back rent and utility payments for individuals negatively affected by the pandemic and were unable to keep up with monthly rent and utility costs.

HealthChoices re-investment funds have been used in Dauphin County to support additional housing programs and filling current gaps in treatment services.

PROGRAMATIC AND FINANCIAL OVERSIGHT

The Office of Mental Health and Substance Abuse (OMHSAS) provides State and Federal PATH funds to MH/A/DP and are contracted among PATH contracted Providers: County operated CIP, DDB and the CMU. Quarterly reviews and financial audits are performed by MH program and fiscal staff. Quarterly reports are submitted for OMHSAS review. Programmatic meetings are provide as needed to PATH provider agencies. The CIP Compliance Committee conducts routine chart reviews and reports on any findings and plan of corrections.

SSI/SSDI OUTREACH, ACCESS, RECOVERY (SOAR)

The CMU is the SOAR trained agency in Dauphin County and has one dedicated staff to process SSI/SSD applications. The plan is to improve access to SOAR by establishing a closer linkage between CMU, CIP and DDB Homeless case management position. A goal is to increase the ability to process additional SOAR referrals at the CMU. In FY 21-22 SOAR applications consisted of four (4) new approvals, seventeen (17) referrals, three (3) appeals/ two approved and one (1) withdrawn, one (1) new application is in process and one (1) denial.

COORDINATED ENTRY

CACH has sole responsibility for the Coordinated Entry system in Dauphin County for individuals that have the highest priority for housing that are literally homeless persons, including Transition Age Youth (TAY) living on the streets or in locations unfit for habitation. The CES Manager is an employee of the HELP Office whose role is to assist in managing and monitoring the Coordinated Entry System and the CES priority names list. The position works with providers in identifying openings and referring individuals in the system to needed resources. Individuals can self -identify and use CONTACT Helpline 211 to learn about CES and gain enrollment into the system.

JUSTICE INVOLVED

Dauphin County has been focusing its efforts for many years on addressing the needs of the forensic population following the review of the data collected in the County Stepping Up initiative. As a result, Dauphin County MH/A/DP developed 2 forensic CRR programs to address the specific population needs. A short-term (90 day) Maximum-Care CRR program with 14 beds is the newest program operated by Community Services Group (CSG) and a Maximum-Care CRR with 16 beds is operated by Gaudenzia. The Gaudenzia program has a length of stay of about two (2) years.

Pennsylvania Counseling Services is operating an intensive outpatient COD program and recovery center called Live-Up! Recovery which has a capacity to serve 20 persons.

Case Management entities in Dauphin County have access to reinvestment forensic contingency funds available to use for forensically involved individuals to assist with securing and maintaining housings.

Team MISA addresses the needs of individuals being incarcerated who may benefit from release while waiting for Court in order to be in treatment. Team MISA uses a comprehensive and multi-disciplinary team approach to evaluate and mitigate charges, if possible, as well as assessing and planning for a person's needs for treatment and supports to successfully transition into the community. A Re-entry Team was initiated to monthly plan for services and supports being in place when a person is completing their County Jail sentence.

VETERANS

Veterans and their families that are non-service-connected experiencing homelessness or at risk of homeless are eligible to receive PATH services and supports as well as mental health treatment. Service-connected veterans are referred to the Office of Veterans Affairs and are assisted in applying for veterans benefits and housing through the veteran system. The VA organizes "Standdown" event to assist veterans experiencing homelessness and linking individuals to needed supports. It is clear by the data received during point in time counts that the number of homeless veterans has decreased due to extensive funding available to expand and create new housing opportunities and supports. The VA is also underway and secured land and funding to work with a developer to construct a tiny village housing project in Dauphin County.

TOBACCO POLICY

MH/A/DP has initiated many wellness events and information over the past decade and is interested in improving the physical health and behavioral health of individuals served. There are many programs available through Medicaid through PerformCare as well as with other physical Health MCO's to assist individuals in reducing or eliminating their dependence of tobacco. All Dauphin County contracted providers including PATH providers have smoke free environments.

HEALTH DISPARITIES IMPACT STATEMENT

In Dauphin County Health disparities exist but are identified and prioritized by analyzing the data available and identifying trends with underserved populations and their equal access to appropriate and affordable health care. Data is routinely reviewed and examined regarding subpopulations in County funded and Medicaid funded services. State and federal funds allocated to Counties have not kept up with the cost-of-living and significant funding cuts have never been restored.

DDB PATH position was transformed into a homeless case manager due to the need identified by individuals served in PATH to provide ongoing case management and supports for individuals to secure and maintain their housing and supports in the community. The duties of the homeless case manager were expanded to meet that demand and prioritize the needs of those individuals served in PATH.

Alder Health OP Services are focused on serving and improving the physical and behavioral health needs of the LGBTQ and AIDS community. Dauphin County has an established LGBTQ center available to support the needs for this growing community.

Policies and Procedures have been established and put in place to address the linguistic needs and disparities in Dauphin County with County funded services and PerformCare Medicaid funded services. Language line and the International Service Center are used for interpreter services to address the many languages spoken by Dauphin County residents.

Wellness activities undertaken include efforts with the BH-MCO PerformCare: Medication Review Toolkit and Natural Supports Toolkits for family, friends and others supporting an individual with a serious mental illness. All the toolkits are available on PerformCare's website.

Dauphin County is involved in a county-based grievance and complaint process to address identified disparities related to lack of access and service use. A full time Quality Assurance Program Specialist is support by all County MH staff to track and address concerns about the system. All mental health staff also play a role in grievance and complaints from members under the Medicaid managed care program.

Information on the persons in County-funded mental health services, including PATH eligible individuals are documented annually in State reporting requirements. PATH reporting is not integrated to the State data system and when an individual becomes registered for the provision of County-funded service there is not currently a PATH designator to track service use even though their homeless status may have improved. The system includes annual data on race, ethnicity, gender, age, income and living arrangement. Continued homelessness has not been a barrier to treatment and support access in Dauphin County while efforts continue on addressing homeless issues/status.

The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. MH/A/DP and its contracted providers work

collaboratively in filing Adult Protective Services (APS) for adults ages 18-60 and above which is AAA is responsible.

PATH enrolled individual who are identified as transition age Youth (TAY) ages 18-30 have unique needs and challenges. The TAY population continues to grow and in FY 20-21 a total of 49 or 27% of the individuals were served in the PATH program which is a slight increase from the previous fiscal year. Increased emphasis on increasing outreach and housing efforts have been made by the homeless provider network and especially by

Dauphin County takes a flexible approach to determining with a person's support system and interagency team which system (child/adolescent or adult) may fit their needs best and how to individualize the transition period to gain the most success and recovery. Persons under the age of 18 may also be involved with a children and youth agency if they require care and supervision. Mental health treatment in Pennsylvania may be accessed by person 14 years of age and older without parental consent, however efforts are made to engage responsible adults in all aspects of treatment. Person under 18 years requiring inpatient psychiatric or medical care will require the involvement of Children & Youth and the Courts, as needed.

The CMU operates the Jeremy Project, a program focusing on transitional age persons ages 16-22 for individuals who have significant risk factors for homelessness, forensic involvement, drug & alcohol addiction, family conflicts, and poor relationships. Services provided are education, employment, independent living skills, socialization, and community involvement.

CAPSTONE Dauphin County's First Episode Psychosis program (FEP) also serves the TAY population and serves approximately 26-28 individuals in Dauphin and Cumberland Perry Counties. CAPSTONE is a joint venture with three partners: PPI for clinical services and peer specialist services, CMU for mental health case management and the YWCA for supported education and employment.

LIMITED ENGLISH PROFICIENCY

MH/A/DP contracted MH and PATH providers have access the Language Line and the International Service Center to address the linguistic needs of individual experiencing homelessness as well as the general population in Dauphin County. Provider agencies in Dauphin County actively recruit for individuals who are bilingual and bicultural with the ability to speak the multiple languages to effectively communicate with Dauphin County residents.

FY22-23 DOWNTOWN DAILY BREAD IUP PATH BUDGET NARRATIVE:

Personnel: ($ 40,000): Salary of the Full-Time Equivalent (FTE) position as a Homeless Case Manager position for a twelve-month period.

Fringe Benefits (40.6%% percent of salary or $16,240): FICA tax, Health insurance, retirement/pension costs are included in the fringe benefit costs for the Downtown Daily Bread position.

Travel ($2,000): Travel costs for the Homeless Case Manager are factored at 51 cents per mile for 52 miles per month for a total of three hundred and twenty dollars and parking costs.

Equipment ($0): Equipment totals include the purchase of a laptop computer, notebook and software. Office furniture and a locked file cabinet. Office furniture will be all located in a setting where literally homeless persons frequent.

Supplies ($ 1,500): Costs of supplies to be applied to this PATH grant are solely those related to the basic and re(habilitative) needs of PATH eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as public transportation bus passes.

Other ($0): Staff Training and Homeless Provider Network Training ($0) Training is hosted for PATH contracted providers and the homeless network. One-time Rental Assistance ($0): This budget line represents costs incurred on behalf of PATH eligible people for whom one-time expenditures can address literal homelessness. Security Deposits ($0): This budget line represents a special cost in securing stable housing to resolve conditions of homelessness.

Indirect Costs/Administrative Cost 4% @ $2,489): Four (4) percent of the PATH grant is allocated to cover administrative expenses at Downtown Daily Bread.

Total Downtown Daily Bread PATH Request……$ 62,229($ 15,557 State funds and $46,672 Federal funds)

Dauphin County MH/A/DP
FY2022-23 PATH Downtown Daily Bread IUP Budget

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Personnel Position				
DDB Homeless Case Manager	40,000	100%	40,000	40,000
Salary sub-total			40,000	**40,000**
Fringe Benefits (45.8%)				
DDB Outreach Spec (40.6%)				
FICA, Health, Ret/pens			16,240	16,240
Fringe sub-total			16,240	**16,240**

Travel				
Local Travel for Outreach DDB and parking			2,000	2,000
Travel sub-total			2,000	**2,000**
Equipment				
(list individually)			0	0
sub-total			0	0
Supplies				
Consumer-related items			1,500	1,500
Supplies sub-total			1,500	**1,500**
Other				
Staff training			0	0
One-time rental assistance			0	0
Security deposits			0	0
Independent Living Resource			0	0
Other sub-total			0	**0**
Indirect Administration @ 4%				**2,489**
Total PATH Budget ($ 15,557 State funds and $46,672 Federal funds)				**$ 62, 229**

Dauphin County Comprehensive, not provider
100 Chestnut Street
Harrisburg, PA 17101
Contact: Rose Shultz
Email Address:

Provider Type: Social service agency
PDX ID:
State Provider ID:
Contact Phone #: 7177807054

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

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

No Data Available

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

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

No Data Available

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)

i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

j. Total Direct Charges (Sum of a-i)	$ 0.00	$ 0.00	$ 0.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 0.00	$ 0.00	$ 0.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 0

Estimated Number of Persons to be Enrolled: 0

Estimated Number of Persons to be Contacted who are Literally Homeless: 0

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

DAUPHIN COUNTY MH/A/DP
PATH COMPREHENSIVE INTENDED USE PLAN AND CONTINUATION OF FUNDS REQUEST
FY 2022-2023

LOCAL PROVIDER DESCRIPTION

The Dauphin County Department of Mental Health/Autism/Developmental Programs (MH/A/DP) has the legal responsibility to provide administration, fiscal management, and assure the provision of treatment and support services to adults and children with and at-risk of a serious mental illness and co-occurring disorders (MH and drug & alcohol) under the Mental Health/Intellectual Disabilities Act of 1966. The Dauphin County MH/A/DP is a department within the County of Dauphin and is the local recipient of the Commonwealth's allocation of PATH funds. Dauphin County MH/A/DP oversees the operations of the PATH services and is the responsible fiscal entity.

MH/A/DP's mission is to assure that all services are of the highest quality possible, are cost effective and readily available for individuals and families experiencing serious mental illness and/or co-occurring disorders (MH and Drug & Alcohol) and for children and teens a severe emotional disturbance. Dauphin County promotes recovery and resiliency in our mental health program. The contact persons for PATH at the Dauphin County Department of MH/A/DP are:

Rose M. Schultz MSW	Deputy MH Administrator	717-780-7054	rschultz@dauphinc.org
Frank Magel	MH Program Specialist 2	717-780-7045	fmagel@dauphinc.org

Address: 100 Chestnut Street, First Floor
Harrisburg, PA 17101

With all PATH contracted agencies, Dauphin County requests OMHSAS work through the County MH/A/DP office as OMHSAS does not have a contract directly with the County's PATH providers.

The Dauphin County Crisis Intervention Program (CIP), is a direct service and under the supervision of the Dauphin County MH/A/DP and is an important provider of PATH services. Dauphin County CIP is the most frequent point of first contact for PATH funded services to individuals with a serious mental illness and/or a co-occurring disorder and homelessness. Services include but are not limited to 24-hour, 7 day per week availability via telephone, walk in, mobile outreach to individuals experiencing a crisis. During FY21-22 less teleconferencing has been used as COVID-19 level have been significantly reduced. This trend will continue as needed for the safety of individuals and staff. The CIP provides MH assessments, brief counseling, service planning and referral information as well as MH stabilization to any Dauphin county resident. Agreements are in place with our local case management entities establishing roles and responsibilities in response to emergencies for individuals currently enrolled in services with the

Base Service Unit. For individuals in which a language is a barrier to services, the CIP utilizes the Language Line to meet linguistic needs, and they have one bilingual/bicultural Hispanic staff.

The Dauphin County Crisis Intervention Program (CIP) is registered under PDX # PA-006. Individuals experiencing homeless and are at risk of homelessness are also provided with street outreach and additional homeless services through community resource collaboration.

Downtown Daily Bread (DDB) is another point of contact for PATH services contracted by Dauphin County MH/A/DP. This program provides homeless case management to individuals experiencing homelessness with a mental illness and/or co-occurring disorder. The DDB also operates a kitchen that provides hot lunches on a daily basis for over thirty-five (35) years. And a day drop-in center. MH/A/DP continues to provide support and guidance in increasing the number of persons enrolled as a critical component of PATH and homeless service delivery to person with a serious mental illness.

Downtown Daily Bread (DDB) is registered under PDX # PA-063 is non-profit organization and contracted PATH provider with MH/A/DP. DDB's service model changed from homeless outreach to a homeless case management model in FY20-21 due to the increase in homeless outreach workers hired in Dauphin County. This also coincided with the COVID pandemic. The DDB homeless case manager collaborates with the homeless provide network as well as mental health case management entities to better serve persons experiencing homelessness or are at risk of homelessness.

The Homeless Case Management position was filled in FY21-22 and works with the larger homeless network but focus on homeless case management activities. OMHSAS approved this change in PATH funding for DDB in late February 2021. Crisis and CMU MH case management staff work closely with DDB assisting individuals in getting persons enrolled and engaging in MH services and supports as individual needs change.

CMU (Case Management Unit) is contracted for PATH funds for Housing Support services, specifically to screen and enroll individuals for PATH eligibility and use PATH funds to support the one-time need for security deposits or first/last month rents. This is because other State funds have historically been used to meet the needs of persons enrolled in MH case management who are at risk of homelessness or who are currently homeless at the time of their registration into publicly funded MH services. This service can provide quicker access to more permanent housing options for individuals. The CMU is also the PATH training fiduciary assuring PATH network has access to mental health training annually.

CMU (Case Management Unit) is registered under PDX# PA-080 is non-profit organization and contracted PATH provider.

Dauphin County is located in the South Central Pennsylvania and it is comprised of 40 scenic municipalities and is a mix of rural, urban and suburban areas. There are 525 square miles, and the Susquehanna River is one of its borders. Dauphin County population according to the 2020 census is estimated at 286,401 and the largest city is Harrisburg. Dauphin County is located in Pennsylvania's state capital and ninth largest city with a mix of rural, urban and suburban areas.

The amount of PATH funds allocated to Dauphin County MH/A/DP by the Department of Human Services (DHS) , Office of Mental Health and Substance Abuse Services (OMHSAS) in FY 22-23 is $111,307 of which $27,827 consists of State Funds and $83,480 are Federal Funds.

PATH annual reporting for FY 20-21 indicated there was a significantly lower number of individuals served and enrolled, primarily due to the pandemic as well as one of the PATH positions being vacant during the reporting period. It is projected that in FY 22-23 outreach and in-reach will be provided to 294 individuals of which 234 are estimated to be enrolled and 153 would be literally homeless.

Table 1- Projected PATH Services FY 2022-2023

Provider	Crisis Intervention Program	Downtown Daily Bread	CMU	Total
Estimated Number Outreach and In-Reach	250	40	4	294
Estimated Number of Enrolled	200	30	4	234
Estimated Number Literally Homeless	124	25	4	153

COLLABORATION WITH HUD CONTINUUM OF CARE (CoC) PROGRAM

The Dauphin County MH/A/DP and its provider network participates actively in the local HUD Continuum of Care. The Capital Area Coalition on Homelessness (CACH) is the lead agency for the planning and development of Continuum of Care for the County of Dauphin and routinely has over 40 agencies actively participating in this leadership group. CACH resources are leveraged and coordinated to maximize the efficient and effective use of HAP funds, HUD Emergency Solutions Grant funds managed by both the County of Dauphin and the City of Harrisburg, HUD Continuum of Care funds and local and private funds such as The Foundation for Enhancing Communities and the United Way of the Capital Region. The Dauphin County /Harrisburg CoC number is PA501. MH/A/DP has been involved in the establishing an updated CES (Coordinated Entry System) manual, policies/procedures governing the CES process and CES process reviews.

MH/A/DP and PATH providers participate directly in several CACH committees. Dauphin County MH collaborates in many CACH activities such as the point in time surveys and networking. CACH is designated the Local Lead Agency (LLA) for Dauphin County by Department of Human Services and PHFA (PA Housing Finance Agency) to assist with the development and monitoring of the HUD 811 PRA demonstration project awarded in 2015. CACH has been instrumental in establishing new housing initiatives due to collaboration with PA Housing and Finance Agency (PHFA). CACH is responsible for monitoring the HUD 811 PRA programs and has housed a total of 39 individuals of which an there were 23 individuals with serious mental illness. HUD 811 MH only HCV vouchers has housed a total of 8 individuals since its

inception. There are total of 94 HUD 811 Mainstream vouchers for individuals experiencing homelessness of which 47 have been housed and among them 30 individuals had serious mental illness. It has been especially challenging to secure housing due to the pandemic, increases in rents, and lack of available housing stock to locate affordable housing. Demand for rental properties has impacted landlord and property managements interest in accepting person with rental subsidies.

COLLABORATION WITH COMMUNITY ORGANIZATIONS

Dauphin County MH/A/DP contracts with a network of private non-profit agencies and for-profit agencies in collaboration with the CIP staff and the homeless provider network for uninsured individuals or services that are not eligible for Medicaid funding. There are also additional community services and supports available that are not contracted by MH/A/DP or PATH funded through Dauphin County MH/A/DP. MH/A/DP contracts with provider agencies in developing an array of MH services and supports but does not provide Direct Care Services. The Crisis Intervention Program works in collaboration with the homeless provider network and conducts homeless outreach and accessing emergency and non-emergency MH services. There are additional services available to those experiencing homelessness that are not funded through DC MH/A/DP or through PATH. All providers must apply for regulatory waivers to continue using telehealth beyond standards set during the pandemic and COVID positivity rates have dramatically been reduced.

Dauphin County's Medicaid behavioral health managed care organization is PerformCare, a company of AmeriHealth *Caritas.* All of the resources will be available to individuals served as needed and eligible within the limitations of available funding.

The County Department of Drugs & Alcohol Services functions as the Single County Authority (SCA) for the County and is responsible for the provision of prevention, screening, assessment, treatment, case management and recovery support services in Dauphin County for the uninsured. Most services are available and can accessed directly from private-non & for -profit contracted agencies. PerformCare (BH-MCO) is also responsible for maintaining a network of drug & alcohol services for Medicaid recipients. Collaboration occurs frequently between mental health and drug & alcohol service providers.

The CMU (Case Management Unit) is the MH/A/DP contracted agency responsible to perform the duties of the Base Service Unit and registers all individuals for county-funded mental health services. Walk-in intake interviews are available five-days per week. These include mental health and financial liability assessments to determine eligibility and the individual's ability to participate in the cost of services, if any, according to State regulations. During the COVID pandemic, CMU used telehealth methods of interviewing, registering eligible persons for mental health services and the delivery of administrative and targeted mental health case management services. Since March 2021 telehealth is only done at the preference of the person or due to COVID-related health reasons. Intakes are also available to be conducted in our local mental health inpatient unit PPI for those needing case management service and supports prior to discharge from inpatient care.

CMU is contracted by MH/A/DP to provide blended case management, administrative case management. A homeless case manager also serves as the SOAR coordinator for Dauphin County. SOAR is not funded by PATH. No PATH funded staff were trained in SOAR and there is no plan to do so at this time. CMU also operates the Jeremy Project for individuals ages 16-22 and focuses on identifying at risk youth with a primary mental health diagnosis and supports individuals transitioning to independence. Keystone Human Services provides intensive case management (ICM) services and Merakey operates an Assertive Community Treatment (ACT) Team in dauphin County.

The Wellspan-Philhaven, and Keystone offer Certified Peer Specialist services that are approved by OMHSAS and credentialed by PerformCare (BH-MCO). Certified Peer Specialists are also imbedded in Dauphin County's local psychiatric inpatient unit at Pennsylvania Psychiatric Institute (PPI), Merakey ACT, and PPI's CAPSTONE (FEP/CSC) and social rehabilitation services. Some positions are free-standing and others are embedded in a type of service. MH/A/DP has requested that PerformCare expand the number of CPS providers to serve Dauphin County residents, including teens.

Dauphin County has nine (9) contracted licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Many outpatient clinics in Dauphin County offer Tele-Psychiatry to address the demand for psychiatry services. All outpatient clinics use telehealth during the COVID pandemic and offer some face-to-face appointments when clinically warranted or due to no access to telehealth.

MH/A/DP contracts with nine (9) outpatient psychiatric clinics offering service options based on the individuals preference and clinical needs. MH/A/D/P also provides specialty outpatient clinics such as the two integrated co-occurring (MH and D&A) clinics as well as an intensive outpatient treatment and recovery center operated by Pennsylvania Counseling Services called Live-Up! Recovery designed to meet the needs of individuals also with criminal justice involvement. Several of the clinics specialize in LGBTQ, HIV/AIDS, Hispanic, Older Adult, Sexual Offenders, MH/ID and an Open Access Clinic. Dauphin County also offers licensed outpatient services in public school settings. The Federally Qualified Health Center, Hamilton Health Center also provides some outpatient services.

CAPSTONE, Dauphin County's first episode psychosis (FEP) program is for individuals ages 16 to 30 experiencing first signs and diagnosis of a psychotic disorder. Three agencies work collaboratively with individuals in CAPSTONE to provide comprehensive services under a NVIGATE-model. Pennsylvania Psychiatric Institute (PPI) provides the clinical services and peer support services, YWCA provides Supported Education and Employment, and CMU provides targeted case management services. Cumberland & Perry Counties continue to participating in referring individuals to CAPSTONE.

Partial Hospitalization programs are operated by Community Services Group (CSG), Merakey and PPI. A social rehabilitation programs is operated by Aurora Club and a consumer run drop in center is operated by Patch-N-Match. A state licensed psychiatric rehabilitation program

offers site based and mobile services operated by Keystone Human Services and funded by the BH-MCO and MH/A/DP for uninsured persons.

Employment is viewed as a measure of personal success and recovery. Employment service are provided by the YWCA using the SAMHSA Supported Employment (SE) model to focusing on competitive employment and recovery. Additional employment services are offered through the State Office of Vocational Rehabilitation (OVR).

Community Residential Rehabilitation (CRR) services offer many choices to individuals to gain independence skills in their recovery journey. Licensed residential programs offer varying degrees of support and are in a group setting, as well as, in scattered apartment settings. The Dauphin County contracted residential providers are Merakey, Elwyn, Keystone Service Systems and Gaudenzia. Supportive living services are provided by Volunteers of America (VOA) and Keystone.

MH/A/DP contracts with several agencies that have expertise in providing Community Residential Rehabilitation (CRR) services. Elwyn, Keystone Human Services and Merakey operate Maximum-Care CRR providing 24/7 staffed services in group home and scattered apartment settings. . Keystone Human Services also operates a Moderate-Care CRR which uses an on-call system for overnight hours. There are three (3) short-term 45-90 day CRR programs operated by Merakey and Community Services Group (CSG). One of the short term CRR programs is designed for individuals forensically involved for up to 90 day stays before transitioning to independent living. Gaudenzia operates a Maximum-Care CRR for person with MH and criminal justice issues with a length of stay of up to two(2) years. All CRR programs in Dauphin County are licensed through OMHSAS.

Keystone Human Services, Merakey, and Paxton Ministries provide enhanced personal care home services in neighborhood locations. Staff are trained to admit and work with persons with a serious mental illness and typically are smaller than the general personal care homes.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist PATH eligible individuals in receiving the right combination of supportive services while they are securing permanent housing to live successfully in the community. MH/A/DP collaborates with the homeless provider network and its contracted providers to assist individuals in securing permanent housing with the right combination of services and supports needed to support their recovery and resiliency in the community.

The Housing Authority of the County of Dauphin (HACD) continues to worked collaboratively with MH/A/DP in developing several housing programs for persons with serious mental illness. Shelter Plus Care and Project Access vouchers have been successful in maintaining 35 individuals in the program and has moved 3 individuals into permanent section 8 vouchers and will continue this process as vouchers come available. A Bridge Rental Subsidy program is also a joint venture with HACD in which there are at present 10 individuals in the program. During the past 12-15 months ten (10) individuals moved to permanent Section 8 vouchers and will continue to do so as vouchers come online. Housing reinvestment funds have been planned to continue the Bridge Rental Subsidy program and serve approximately 22 persons per year.

Christian Churches United operates as Safe Haven for 25 for men experiencing homelessness as well as transitional housing in the same facility. YWCA assists in providing permanent supportive housing for women experiencing homelessness.

Dauphin County has several well established HUD 811 projects including New Song Village and Creekside Village operated by Volunteers of America (VOA) which were new constructions. The new wave of HUD 811 programs offering affordable housing voucher for individuals experiencing homelessness, transitioning from an institutions, at risk of being in an institution, or living in congregate living situations has been expanding. The priority populations consist of Serious Mental illness, Autism. Physical Disabilities and Transitional Age Youth. HUD 811 PRA vouchers were established in Dauphin County and have housed up to 39 individuals of which 23 have a serious mental illness. HUD 811 Housing Choice Vouchers (HCV) were established exclusively for individual's with mental illness and consist of 15 vouchers of which 6 are currently housed. The Mainstream HUD 811 program is focused primarily on individuals experiencing homelessness and has housed 47 individuals of which 26 have a mental illness.

A capital investment housing project with LIHTC using HealthChoices reinvestment funds is Sunflower Fields and was constructed in FY 2013-14. MH /A/DP established preference for five (5) homes of the thirty-five (35) homes constructed. All units have been occupied and a waiting list is maintained.

Dauphin County has two (2) community Lodges designed using the Fairweather Lodge model, which has an employment component called Paxton Cleaning Solutions. The Lodges have a capacity to serve eight (8) individuals.

UPMC-Pinnacle and Mission of Mercy offer medical outreach in Dauphin County. Mission of Mercy operates a mobile medical and dental clinic and UPMC conducts street outreach in collaboration with homeless outreach providers to assists individual in obtaining medical treatment and accessing medical coverage for those experiencing homelessness.

The HELP office, a program of Christian Church United, coordinates assistance with basic needs and access to emergency housing throughout Dauphin County. The HELP office employs several homeless outreach workers and a Coordinated Entry System Manager. Emergency Shelter is available at Bethesda Mission, which is limited to their Life Coach program, Salvation Army, Shalom House, Interfaith Shelter and the YWCA and Domestic Violence services. Access to food is readily available at several soup kitchens and food pantries to assist individuals and families with food insecurities.

MH/A/DP provides consumer contingency funds to all case management entities, and Crisis Intervention Program has available funds to support emergency housing needs such as back rent, utilities and first month's rent and security deposits. Dauphin County continues its commitment to improving the wellness of individuals served in the MH system: ongoing information sharing on effective strategies among provider agencies to promote healthy lifestyle choices, team building on how to make lifestyle changes in group living arrangements, in addition to improved communication between primary care physicians and psychiatrists facilitated by outpatient clinics and case managers.

SERVICE PROVISION

A list and description of PATH provided services in Dauphin County during FY 2022-23 is detailed by provider below:

PATH Outreach/Enrollment Services at Crisis Intervention Program

PATH street outreach and enrollment is provided by the Dauphin County Crisis Intervention Program (CIP). CIP program provides 24/7 assessment of individuals experiencing a mental health crisis or are in need of additional support services while addressing basic needs. Individuals who are experiencing homeless or at risk of homelessness that have mental illness and or co-occurring disorders are the target population served in the PATH program. CIP receives referrals for PATH services from a variety of sources in the community in addition to self-referrals. The CIP worker completes an initial face-to-face screening and assessment and determines PATH eligibility. Once individual has agreed to PATH enrollment the worker completes a service plan and completes needed referrals based on individual's needs.

PATH Outreach/In-reach/Enrollment Services at Downtown Daily Bread

Outreach/In-reach services are provided by Downtown Daily Bread (DDB) by the homeless case manager position hired in the fall 2021. DDB homeless case manager receives referrals from various community agencies including but not limited to shelters, winter shelters, soup kitchens and individuals enrolled in traditional case management services. Once referrals are received the homeless case manger screens and assesses individual for PATH eligibility and develops a service plan when agreeable to services. The DDB case manager meets the individuals where they are and builds rapport and trust which is imperative in moving forward with individuals to accept assistance and to engaging in services.

PATH Outreach/Enrollment Services at CMU

CMU enrolls individuals experiencing mental illness and or co-occurring disorders into case management services and identifies individuals who are experiencing homelessness or at risk of homelessness. Individuals already enrolled in case management or scheduled for intake are screened and assessed for PATH eligibility. Outreach activities are not funded by PATH. Individuals meeting PATH eligibility are enrolled when requesting and receive assistance with first month's rent and/or security deposits to exit from homelessness or to prevent homelessness.

PATH Screening and Assessment for Treatment Services at Crisis Intervention Program

CIP conducts an initial screening and assessment based on information provided by meeting face to face with individuals and determining PATH eligibility which is documented in case notes. Once deemed eligible for PATH, a service plan is developed with the individual based on their needs. CIP program assesses individuals for emergency mental health inpatient treatment and refer them to appropriate settings. When individuals need enrolled in case management services CIP worker will facilitate CMU intake as well as making additional referrals for treatment and supports. The CIP program maintains a small supply food and clean clothing to assist individuals

experiencing homelessness or are at risk of homelessness with their basic needs on an emergency basis.

PATH Screening and Assessment for Treatment Services at Downtown Daily Bread

DDB Homeless Case Manager conducts initial screening and assessment for PATH eligibility through face to face contact with individuals. Individuals have to meet eligibility by have a serious mental illness and or co-occurring disorder and be experiencing homelessness or at risk of homelessness. Once an individuals is assessed and determined to be PATH eligible and is acceptable to receiving services, the homeless case manager completes and Intake a service plan is developed with the individual and contact is documented in case notes. The DDB homeless case manager will enter individuals into HMIS if they are not already in the system. All literally homeless individuals are entered into the Coordinated Entry System (CES) and prioritized and placed on a by names list in HMIS to assist with housing when openings occur. DDB homeless case manager is available to work in tandem with individuals already involved in traditional mental health case management who are experiencing homelessness or at risk of homelessness.

PATH Screening and Assessment for Treatment Services at CMU

CMU provides screening and ongoing assessment of individuals enrolled in case management services. CMU conducts screening and assessment of PATH eligibility of these individuals prior to providing PATH funds. CMU administrative and targeted mental health case management services are not PATH funded. Individuals experiencing homelessness or at risk of homelessness identified by CIP outreach services are enrolled and then referred to CMU. When assessments lead to recommended mental health treatment and supports or other community resources, referrals and follow-up are conducted.

PATH Case Management Services at Crisis

The PATH Eligibility and Support Plan is developed with the person for the purposes of case management services. CIP refers many individuals to the CMU for case management services. CIP also assesses individuals needing emergency mental health treatment and refers them to the appropriate level of care. CIP is also a resource to assist with addressing basic needs such as food, shelter and clothing. Case management services through CIS are short term and attempt to engage the individual through outreach and enrollment. The main focus is to engage individuals where they are and starting with meeting basic needs and work toward assisting individuals in engaging in treatment services and recovery supports.

PATH Case Management Services at Downtown Daily Bread

DDB enrolls individuals in PATH as a result of in-reach and referrals from the homeless provider network and well as traditional mental health case management. The DDB homeless case manager completes an intake and screens and assesses PATH eligibility. Once individual meets eligibility criteria and consents to services they are enrolled in PATH and entered into HMIS and a service plan is completed. DDB program traditionally provides for individuals basic needs by offering lockers for storing individual belongings, a mailing address, showers, personal care items, clothing

and meals though their soup kitchen. DDB homeless case manager assists individuals in obtaining photo ID, applications for medical assistance and income benefits, housing and other treatment and supports. Individuals eligible for SSI are referred to SOAR coordinator at the CMU, not funded through PATH. Case management services provided at Downtown Daily Bread sustain the relationship and assist in reaching the goals of the individual and reducing the stigma and anxieties in using formal supports.

PATH Case Management Services at CMU

PATH funds are not used for CMU case management services. Referrals are made by DDB and CIP to the CMU to assure individuals have access to formal mental health and drug and alcohol services as well as case management supports. PATH funds are expended on individuals already open with the CMU experiencing mental health and co-occurring disorders that are experiencing homelessness or are at risk of homelessness. CMU has access to PATH funds to assist with providing a one-time security deposit and first month rent to individuals who are exiting homelessness or to preventing homelessness that are PATH eligible.

PATH Staff Training

CMU is the fiduciary for PATH training funds to benefit the homeless provider network and PATH contracted providers. In FY 20-21 a virtual training was conducted by Drexel University developed entitled "Engagement Skills and Healing Alliances" for 55 individuals.

PATH Housing Services

Dauphin County MH/A/DP is innovative and continually searches for additional affordable housing opportunities and funding that is available.

- Planning for Housing: MH/A/DP assists in assuring that service providers are made aware of housing opportunities available in the community either managed though the County or other entities that are working collaboratively to develop additional housing such as through the Local Lead Agency (LLA) and Capital Area Coalition on homelessness (CACH) and other reinvestment opportunities in Dauphin County. MH/A/DP utilizes team meetings and planning with individuals in service regarding their housing and they are not PATH funded.
- Technical Assistance in Applying for Housing Services: Knowing what housing resources are available and assisting individuals in the application process for housing can be challenging. PATH contracted providers are well informed about available housing opportunities and are able to assist individuals in navigating the system and obtaining necessary documentation that is needed to complete and submit housing applications and securing safe and affordable in the community.
- Improving the Coordination of Housing Services: CACH in coordination with the homeless provider network and PATH providers are committed to assuring that safe and affordable housing is available to those experiencing homeless or are at risk of homelessness. The LLA has been instrumental in working with PHFA and local regional housing coordinators in developing increased affordable housing options with introducing additional HUD 811 PRA, Housing Choice Vouchers and Mainstream vouchers.

- Security Deposits: Security deposits are provided to PATH eligible individuals by the CMU using PATH funds. Additional contingency funds are available to assist with housing needs and are managed by CMU and CIP but are not PATH funded.
- Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations: There are always additional costs associated with establishing housing such as rental applications, furnishing, moving expenses, addressing poor/bad credit, and establishing utilities. CMU is contracted to provide assistance for individuals literally homeless in securing permanent housing. CIP and case management entities have available contingency funds to assist with some of these additional expenses.
- One-time Rental Payments to Prevent Eviction: CMU uses PATH funds to assist eligible individuals with one time rental payments. CIP and case management entities have available contingency funds to assist with rental payments.

Service Gaps:

MH/A/DP is committed to addressing the unique needs of PATH eligible individuals and being as flexible as possible in using PATH funds. Efforts county-wide to use new and emergency funding to decrease service gaps have improved many homeless and housing areas. Some are emerging issues, and some are on going challenges:

- Safe and affordable housing is hard to come by and is especially challenging for low to very low income individuals. Housing stock in Dauphin County has decreased due to the lack of landlords accepting Section 8 and other housing vouchers. This may be due to the rental housing demands in which landlords are increase rents; shutting out persons on fixed and low incomes. Individuals with criminal histories, complex credit issues and poor rental histories are locked out of a competitive housing rental market.
- Human service programs continue to be taxed with increased demands for services and limited resources. Significant staff shortages have limited the ability to maintain services. Staff salaries are stagnant and there is not much flexibility to expand salaries that are often 80% or more of agency costs. Applicants have less qualitied work experience and require more training resources, supervision, and supports.
- Persons with Medicare only have limited access to mental health services due to Medicare credentialing requirements and reimbursement rates.
- SOAR could be expanded with additional resources. This would allow MH/A/DP to hire experienced mental health staff to complete the detailed and extensive SOAR application process.

Needs of the Co-Occurring Population

MH/A/DP is committed to providing services for individuals with co-occurring disorders and has developed specialty outpatient programs with TW Ponessa and Pennsylvania Counseling Services that are dually licensed by D&A and Mental Health to provide these services.

Live-up! Recovery is one of the newer programs established with PA Counseling in Dauphin County that operates an intensive COD outpatient program and recovery center for individuals

with forensic involvement and co-occurring disorders. The program capacity is 20 persons. Double Trouble and traditional NA/AA support groups are available throughout Dauphin County to provide additional support to individuals with co-occurring disorders.

The Dauphin County mental health system is charged with assuring there are established services to meet the needs of individuals who also have substance use disorders and a serious mental illness. While the regulatory authority of services lies with both the Department of Human Services (mental health) and the Department of Drugs and Alcohol, County administered programs face challenges to implement integrated treatment model services to meet the needs of individuals with co-occurring disorders. Among individuals who are Medical Assistance eligible, services are administered through the same behavioral health managed care organization, PerformCare.

PATH contracted providers and Dauphin Count MH/A/DP are not required to follow 42 CFR Part 2 regulations since they do not diagnosis or provide any direct drug and alcohol treatment services to PATH recipients. If needed referrals are made for these services by PATH providers.

There are two certified peer support specialist programs in Dauphin County operated by Keystone Human Services and Wellspan Behavioral Health. Several certified peer specialist are embedded in services in assertive community treatment, inpatient care, FEP and social rehabilitation services. Certified Peer Support is not PATH funded and currently there are no peer support specialist employed in out PATH programs.

DATA

MH/A/DP contracted PATH providers have been trained by Capital Area Coalition on Homelessness (CACH) in using the HMIS training manual in collaboration with Wellsky/ServicePoint the established HMIS vender. All new employees are provided HMIS training by HMIS Administrator. Data entry into HMIS is monitored on a monthly basis for data quality and integrity by designated County PATH program Staff. DC MH/A/DP works collaboratively with HMIS administrator to address any data issues and provides ongoing technical assistance and support to PATH providers.

HOUSING

MH/A/DP goal is to assist individuals who are experiencing homelessness and are at risk of homelessness by providing linkages to treatment and supports as well as securing permanent housing. Dauphin County has large homeless provider network and has many available housing options to meet the unique needs of individuals we serve.

General shelter/housing programs:

- Shalom House and the YWCA provide shelter and transitional housing to women.
- Bethesda Mission no longer an emergency shelter and is only available to individuals interested in treatment and Recovery.
- Interfaith Shelter, operated by Catholic Charities is primarily a shelter for intact families.

- Downtown Daily Bread operates a day shelter and winter overnight shelter and Christian Churches United provides a winter overnight shelter.

Private and public resources outside the conventional human service agency framework:

- Dauphin County has two housing authority agencies; Harrisburg Housing Authority for housing with the city limits and Housing Authority of the County of Dauphin for housing in the balance of the County.
- The YMCA has some expanded single room occupancy and is looking to provide a supportive housing model. Veterans are offered supported housing though the YMCA and have been recognized for their efforts.
- Susquehanna Safe Haven is available with a capacity to serve 25 homeless men with serious mental illness and have a transitional housing component on the second floor.
- Hotels and Motels have been widely used especially during the COVID pandemic where quarantining was necessary prior to admission to shelters. Many agencies provide assistance with short term stays at hotels and motels based on individuals and families situation and when shelters are at capacity.

Housing Partnerships in Dauphin County:

MH/A/DP continues to work collaboratively with many partners in providing ongoing affordable housing options for individuals with serious mental illness. The organizations we partner with are CACH, Housing Authority of the County of Dauphin, Paxton Ministries and Volunteers of America. HUD 811 programs have been expanding with the assistance of Capital Area Coalition on Homelessness (CACH) as the Local Lead Agency (LLA), Regional Housing Coordinator and with PHFA funding additional tax credit housing projects.

Bridge Rental Subsidy Program was developed in collaboration with the Housing Authority of the County of Dauphin (HACD) using reinvestment funds. MH/A/DP proves subsidy to individuals for up to 2-5 years of successful tenancy. Individuals must have been on Section 8 waiting list or were purged from the list and were able to be reinstated. Once individuals have completed the program, a permanent voucher is assigned and moved out of Bridge funding to a permanent funded voucher. An request for additional housing funds through reinvestment is pending State approval and the future expectation is to serve 22 persons per year.

Shelter Plus Care program was developed in collaboration with HACD for individuals experiencing homeless with a serious mental illness. The program has housed a total of 35 individuals this fiscal year and three (3) individuals transitioned to permanent housing vouchers. Through attrition new individuals will be referred to program by the Coordinated Entry CES Manager.

There are two Fairweather Lodges in Dauphin County operated by Paxton Ministries and have a capacity to serve a total of 8 individuals. Residents decide who is admitted to the Lodge and rent and utilities are shared by those living in the residence. The Lodges provide employment for individuals and have a cleaning service named Paxton Cleaning Solutions. Residents are also able to have employment outside of the cleaning service

STAFF INFORMATION

MH/A/DP is committed to cultural competence and a recovery-oriented service system. Contracted PATH providers are responsible for training their staff in cultural competencies and being sensitive to the needs of individuals based on age, gender, disability, LGTBQ or racial/ethnic differences.

PATH contracted providers are responsible to seek to hire individuals representative of the general population based on the experience and qualifications of the applicants received in order to fulfill the position requirements. The PATH contracted Providers, Downtown Daily Bread, CMU and Crisis Intervention Program do not have PATH funded Certified Peer Specialist employed in their programs at this time.

Dauphin County Crisis Intervention Program (CIP) has one bilingual/bicultural staff that is Hispanic. All CIP staff have availability to the Language Line to address the linguistic needs of the population served in Dauphin County. CIP PATH homeless outreach worker is a veteran and has many years' experience working with individuals experiencing homelessness or at risk of homelessness.

CMU a PATH contracted provider provides ongoing case management services in Dauphin County and has a diverse workforce. CMU provides ongoing training in cultural competence and recovery and resiliency.

Downtown Daily Bread (DDB) a PATH contracted provider and has a diverse workforce involved in many facets in this agency. The DDB homeless case manger was hired in September of 2021 and has several years of MH case management experience and received training in PATH by MH/A/DP program staff and the homeless provider network.

CONSUMER INFORMATION

The 2021 Point in Time (PIT) in Dauphin County identified 358 men, women and children experiencing homelessness which is a decrease from 408 the in 2020. Of the 358 there were a total of 236 or 66% males and 122 or 34% females. Thirty-six (36) or 10% unsheltered and a total 322 or 90% were in shelters or temporary homeless housing.

MH/A/DP anticipates the demographic profile of persons served in FY 22-23 to be higher than the previous year's PATH annual data. The chart below illustrates the demographics of individuals served in the PATH program for FY 20-21 (n=180) the most recent full year of data.

Table 3-PATH Consumer Information Demographics for PATH Planning

Demographic Information	FY20-21 Persons Served	FY1 20-21 Percentage Persons Served
Age: 18-30	49	27%
31-61	118	66%
62+	13	7%

Gender: Male Female Transgender	123 54 3	68% 30% 2%
Race: African American Caucasian Asian American Indian Unknown	65 114 1 1 1	36% 63% .005% .005% .005%
Ethnicity: Hispanic Non-Hispanic, Non-Latino	23 157	13% 87%
Diagnosis: MH Only COD MH/D&A	62 118	34% 66%
Veteran Status: Yes No Unknown	8 172	4% 96%
Housing Status: Emergency Shelter/ Not meant for Habitation Transitional Housing Safe Haven Institutional Situation Unknown (refused)	 108 55 1 12 4	 60% 31% .005% 6% 2%
Chronically Homeless	36	20%

Table 4 illustrates the projected enrollment and service goals in FY22-23 by provider.

Table 4 – Projected PATH Services FY2022-23

Provider	MH/ID Crisis Intervention Program	Downtown Daily Bread	CMU	TOTAL
Estimated Number Outreach including in-reach	250	40	4 Persons are enrolled with CMU	294
Estimated Number Enrolled	200	30	Referrals from Crisis/DDB or new enrollees/ 4	234
Estimated Number Literally Homeless	124	25	4	153

Based on the PATH annual report for FY 20-21 and year to date in FY 21-22 it is projected that outreach, including in-reach will be made to 294 individuals and approximately 234 individuals will be enrolled in PATH services. The literally homeless population to be served Is estimated at 153.

CONSUMER INVOLVEMENT

MH/A/DP incorporates consumers into the planning processes for all mental health services in Dauphin County though the Dauphin County Community Support Program CSP, the Dauphin County Human Service Block grant planning process and the MH/A/DP Advisory Board. Consumers are recruited for participation in the Board's MH Committee also. Due to the pandemic in the past two years, consumer participation has been extremely limited. CSP has continued its efforts to engage individuals in service to participate in virtual and hybrid meetings throughout the pandemic. CSP is in the planning stages of restarting in person meetings.

Certified Peer Specialist services are available to individuals registered in the mental health system and through the BH-MCO, PerformCare. Recovery Specialist in the County's D&A system are available to PATH enrolled individuals.

The Capital Area Coalition on Homelessness (CACH) has many Committees and subcommittees that individuals experiencing homelessness can participate in and are welcome to attend to provide input and suggestions into improving homeless services.

CMU has an advisory committee that recruits individuals in service for the purpose of providing feedback and input in CMU services and supports. Satisfaction surveys are also used to get consumer's input.

Downtown Daily Bread (DDB) has three (3) volunteer persons participating in volunteering in the soup kitchen and conduct an orientation to new individuals experiencing homelessness who come to DDB for the first time. DDB is considering offering additional opportunities in the near future.

MH/A/DP, CMU and DDB PATH providers do not have any PATH enrolled consumers serving on boards, or committees at this point in time. As we emerge from COVID, more effort will be put into representation from person experiencing homeless ness.

ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

MH/A/DP and its PATH contracted providers are committed to serving individuals experiencing homelessness and providing the best quality services rooted in Recovery and Resiliency. Collaboration and planning for needed homeless services and supports in Dauphin County are spearheaded by CACH, the local COC PA-501 organization, and also the designated Local Lead agency that oversees the HUD 811 housing development programs. CACH is also the planning body for the Blueprint on Homelessness that demonstrates active planning and development of the needed services and support for individual experiencing homelessness in Dauphin County.

All contracted PATH providers are required to determine PATH eligibility and to serve persons and families experiencing homelessness and or at risk of homelessness that have a serious mental illness and or co-occurring (MH & D&A) disorders. PATH Services and supports are prioritized to focus on homeless outreach services provided by Crisis Intervention Program, DDB homeless case management services and the CMU with housing

supports with first month's rent and security deposits for PATH eligible individuals. CMU also has access to a small amount of PATH funds for training PATH providers and the homeless provider network.

PATH providers are responsible for developing their own internal agency disaster preparedness policies and procedures and the homeless provider network have been assisted by CACH as part of the Continuity of Care and Blueprint as a priority in developing and maintain current emergency preparedness practices. Continuity of business plans are important for all contracted agencies and programs.

MH/A/DP through its Crisis Intervention Program works collaboratively with the County Emergency Management agency (EMA) through training activities and actual outreach. Crisis Intervention Program staff also participates in the County-wide TMI disaster preparedness drill every other year.

MH/A/DP is a trainer for CIT training offered to law enforcement and other first responders.

OTHER DESIGNATED FUNDS

The Department of MH/A/DP is part of the Commonwealth's Human Services Block Grant. The funds allocated by the State in mental health support a homeless CMU position and are not PATH funded.

Dauphin County has an Emergency Solutions Grant (ESG) funded by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371–11378). This program authorized by HUD provides grants to rehabilitate or convert buildings used for Emergency Shelters for individuals experiencing homelessness. ESG assists with funding for essential services for homeless prevention and street outreach services and rapid rehousing programs. Homeless Assistance Services (HAP) is used in Dauphin County for individuals and families that fall below the 200% poverty level and provides emergency shelter, case management, rental assistance , and bridge housing programs.

The HELP Office in Dauphin County received additional rental assistance funds from Cares Act to assist individual in maintaining their current living situation but had fallen behind due to COVID job lost, etc. in their rent and utilities. The County HSDO has also funded some additional homeless outreach staff.

The City of Harrisburg and the Dauphin County Humans Services received Emergency Rental Assistance (ERAP 1&2) funds to assist individuals in preventing evictions by assisting with providing back rent and utility payments for individuals negatively affected by the pandemic and were unable to keep up with monthly rent and utility costs.
HealthChoices re-investment funds have been used in Dauphin County to support additional housing programs and filling current gaps in treatment services.

PROGRAMATIC AND FINANCIAL OVERSIGHT

The Office of Mental Health and Substance Abuse (OMHSAS) provides State and Federal PATH funds to MH/A/DP and are contracted among PATH contracted Providers: County operated CIP, DDB and the CMU. Quarterly reviews and financial audits are performed by MH program and fiscal staff. Quarterly reports are submitted for OMHSAS review. Programmatic meetings are provide as needed to PATH provider agencies. The CIP Compliance Committee conducts routine chart reviews and reports on any findings and plan of corrections.

SSI/SSDI OUTREACH, ACCESS, RECOVERY (SOAR)

The CMU is the SOAR trained agency in Dauphin County and has one dedicated staff to process SSI/SSD applications. The SOAR position is not PATH funded. The SOAR Coordinator works with Mid Penn Legal Services, Social Security Administration and the Bureau of Disability Determination (BDD) in order to expedite the submission to applications. All potential SOAR applicants are screened and the process has been used to secure benefits for fifty-one (51) persons since SOAR was introduced to Dauphin County in 2012. The process is very time-consuming, detail oriented and comprehensive. In FY 21-22 SOAR applications consisted of four (4) new approvals, seventeen (17) referrals, three (3) appeals/ two approved and one (1) withdrawn, one (1) new application is in process and one (1) denial.

COORDINATED ENTRY

CACH has sole responsibility for the Coordinated Entry system in Dauphin County for individuals that have the highest priority for housing that are literally homeless persons, including Transition Age Youth (TAY) living on the streets or in locations unfit for habitation. The CES Manager is an employee of the HELP Office whose role is to assist in managing and monitoring the Coordinated Entry System and the CES priority names list. The position works with providers in identifying openings and referring individuals in the system to needed resources. Individuals can self -identify and use CONTACT Helpline 211 to learn about CES and gain enrollment into the system.

JUSTICE INVOLVED

Dauphin County has been focusing its efforts for many years on addressing the needs of the forensic population following the review of the data collected in the County Stepping Up initiative. As a result Dauphin County MH/A/DP developed 2 forensic CRR programs to address the specific population needs. A short-term (90 day) Maximum-Care CRR program with 14 beds is the newest program operated by Community Services Group (CSG) and a Maximum-Care CRR with 16 beds is operated by Gaudenzia. The Gaudenzia program has a length of stay of about two (2) years.

Pennsylvania Counseling Services is operating an intensive outpatient COD program and recovery center called Live-Up! Recovery which has a capacity to serve 20 persons.
Case Management entities in Dauphin County have access to reinvestment forensic contingency funds available to use for forensically involved individuals to assist with securing and maintaining housings.

Team MISA addresses the needs of individuals being incarcerated who may benefit from release while waiting for Court in order to be in treatment. Team MISA uses a comprehensive and multi-disciplinary team approach to evaluate and mitigate charges, if possible, as well as assessing and planning for a person's needs for treatment and supports to successfully transition into the community. A Re-entry Team was initiated to monthly plan for services and supports being in place when a person is completing their County Jail sentence.

VETERANS

Veterans and their families that are non-service connected experiencing homelessness or at risk of homeless are eligible to receive PATH services and supports as well as mental health treatment. Service connected veterans are referred to the Office of Veterans Affairs and are assisted in applying for veterans benefits and housing through the veteran system. The VA organizes "Standdown" event to assist veterans experiencing homelessness and linking individuals to needed supports. It is clear by the data received during point in time counts that the amount of homeless veterans has decreased due to extensive funding available to expand and create new housing opportunities and supports. The VA is also underway and secured land and funding to work with a developer to construct a tiny village housing project in Dauphin County.

TOBACCO POLICY

MH/A/DP has initiated many wellness events and information over the past decade and is interested in improving the physical health and behavioral health of individuals served. There are many programs available through Medicaid through PerformCare as well as with other physical Health MCO's to assist individuals in reducing or eliminating their dependence of tobacco. All Dauphin County contracted providers including PATH providers have smoke free environments.

HEALTH DISPARITIES IMPACT STATEMENT

In Dauphin County Health disparities exist but are identified and prioritized by analyzing the data available and identifying trends with underserved populations and their equal access to appropriate and affordable health care. Data is routinely reviewed and examined regarding subpopulations in County funded and Medicaid funded services. State and federal funds allocated to Counties have not kept up with the cost-of-living and significant funding cuts have never been restored.

DDB PATH position was transformed into a homeless case manager due to the need identified by individuals served in PATH to provide ongoing case management and supports for individuals to secure and maintain their housing and supports in the community. The duties of the homeless case manager was expanded to meet that demand and prioritize the needs of those individuals served in PATH.

Alder Health OP Services are focused on serving and improving the physical and behavioral health needs of the LGBTQ and AIDS community. Dauphin County has an established LGBTQ center available to support the needs for this growing community.

Policies and Procedures have been establish and put in place to address the linguistic needs and disparities in Dauphin County with County funded services and PerformCare Medicaid funded services. Language line and the International Service Center are used for interpreter services to address the many languages spoken by Dauphin County residents.

Wellness activities undertaken include efforts with the BH-MCO PerformCare: Medication Review Toolkit and Natural Supports Toolkits for family, friends and others supporting an individual with a serious mental illness. All the toolkits are available on PerformCare's website.

Dauphin County is involved in a county-based grievance and complaint process to address identified disparities related to lack of access and service use. A full time Quality Assurance Program Specialist is support by all County MH staff to track and address concerns about the system. All mental health staff also play a role in grievance and complaints from members under the Medicaid managed care program.

Information on the persons in County-funded mental health services, including PATH eligible individuals are documented annually in State reporting requirements. PATH reporting is not integrated to the State data system and when an individual becomes registered for the provision of County-funded service there is not currently a PATH designator to track service use even though their homeless status may have improved. The system includes annual data on race, ethnicity, gender, age, income and living arrangement. Continued homelessness has not been a barrier to treatment and support access in Dauphin County while efforts continue on addressing homeless issues/status.

The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. MH/A/DP and its contracted providers work collaboratively in filing Adult Protective Services (APS) for adults ages 18-60 and above which is AAA is responsible.

PATH enrolled individual who are identified as transition age Youth (TAY) ages 18-30 have unique needs and challenges. The TAY population continues to grow and in FY 20-21 a total of 49 or 27% of the individuals where served in the PATH program which is a slight increase from the previous fiscal year. Increased emphasis on increasing outreach and housing efforts have been made by the homeless provider network and especially by

Dauphin County takes a flexible approach to determining with a person's support system and interagency team which system (child/adolescent or adult) may fit their needs best and how to individualized the transition period to gain the most success and recovery. Persons under the age of 18 may also be involved with a children and youth agency if they require care and supervision. Mental health treatment in Pennsylvania may be accessed by person 14 years of age and older without parental consent, however efforts are made to engage responsible adults in all aspects of treatment. Person under 18 years requiring inpatient psychiatric or medical care will require the involvement of Children & Youth and the Courts, as needed.

The CMU operates the Jeremy Project, a program focusing on transitional age persons ages 16-22 for individuals who have significant risk factors for homelessness, forensic involvement, drug & alcohol addiction, family conflicts, and poor relationships. Services provided are education, employment, independent living skills, socialization, and community involvement.

CAPSTONE Dauphin County's First Episode Psychosis program (FEP) also serves the TAY population and serves approximately 26-28 individuals in Dauphin and Cumberland Perry Counties. CAPSTONE is a joint venture with three partners: PPI for clinical services and peer specialist services, CMU for mental health case management and the YWCA for supported education and employment.

LIMITED ENGLISH PROFICIENCY

MH/A/DP contracted MH and PATH providers have access the Language Line and the International Service Center to address the linguistic needs of individual experiencing homelessness as well as the general population in Dauphin County. Provider agencies in Dauphin County actively recruit for individuals who are bilingual and bicultural with the ability to speak the multiple languages to effectively communicate with Dauphin County residents.

FY22-23 DAUPHIN COUNTY COMPREHENSIVE IUP PATH BUDGET NARRATIVE:

Personnel ($ 62,362): $22,362 approximates one-half the salary of the Full-Time Equivalent (FTE) position with the Dauphin County Crisis Intervention Program. The salary amount is 50% of the actual costs for the Crisis Intervention Program's Lead PATH Worker's position. $40,000 is the full-time salary of the Downtown Daily Bread Homeless Case Manager position.

Fringe Benefits ($28,566): $ 12,326 or 55.12% references the benefits for one position within the Crisis Intervention Program. $16,240 or 40.6 % are the fringe benefit costs for the Homeless Case Manager position at Downtown Daily Bread.

Travel ($2,000): Local Travel at $.54 cents per mile X 80 miles/month X 12 months for the DDB Homeless Case Manager position and parking.

Supplies ($3,000): Costs of supplies to be applied to this PATH grant are solely those related to the basic and rehabilitative needs of PATH eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as for accessories important to improve prospects for safe and conventional independent living. Costs for bus passes to assist clients to get to housing related services such as supported employment programs, county assistance offices, benefits counseling.

Other ($10,927): Staff Training (4,480): This budget line represents costs of speakers, room arrangements, presentation aids, and dining for the PATH training sponsored for the personnel of emergency shelters and other agencies that serve PATH eligible people. Staff conference costs for specialized training. **One-time Rental Assistance ($ 3,223):** This budget line represents costs

incurred on behalf of PATH eligible people for whom one-time expenditures can relieve the risk of possible eviction and homelessness. **Security Deposits ($3,224):** This budget line represents a special cost in securing stable housing to prevent or resolve conditions of homelessness. **Assistance in obtaining housing –client travel expenses ($0):** No costs. **Maintenance of Equipment ($0):** No costs related to maintaining equipment.

Indirect Costs/Administrative Cost 4% @ ($ 4,452): Four (4) percent of the PATH grant is allocated to cover administrative expenses at MH/A/DP Crisis and Downtown Daily Bread.

Total PATH Request (Federal $83,480 /State $27,827)**…….$ 111,307**

Dauphin County MH/A/DP
FY 2022-23 PATH Comprehensive Intended Use Plan Budget

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Personnel Position				
Crisis Caseworker	44,723	50%	22,362	22,362
DDB Homeless Case Manager	40,000	100%	40,000	40,000
Salary sub-total			62,362	**62,362**
Fringe Benefits (55.12% & 40.6%)				
Crisis (55.12%)				
FICA, Health, Ret, Life			12,326	12,326
DDB Homeless CM (40.6%)				
FICA, Health, Ret			16,240	16,240
Fringe sub-total			28,566	**28,566**
Travel				
DDB Local Travel & Parking			2,000	2,000
Travel sub-total			2,000	**2,000**
Equipment				
(list individually)			0	0
sub-total			0	**0**
Supplies				
Consumer-related items			3,000	3,000
Supplies sub-total			3,000	**3,000**

Other				
Staff training			4,480	4,480
One-time rental assistance			3,223	3,223
Security deposits			3,224	3,224
Other sub-total			10, 927	**10,927**
Indirect Administration @ 4%				**$ 4,452**
Total PATH Budget (Federal $83,481 /State $27,826)				**$ 111,307**

Dauphin County MH/ID Crisis Intervention
100 Chestnut Street
Harrisburg, PA 17101
Contact: Frank Magel
Email Address:

Provider Type: Social service agency
PDX ID: PA-006
State Provider ID: 4206
Contact Phone #: 7177807045

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 30,791.00**	**$ 10,263.00**	**$ 41,054.00**	

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

Office: Other (Describe in Comments)	$ 30,791.00	$ 10,263.00	$ 41,054.00	Crisis Intervention is one of three PATH providers in Dauphin County. Detailed budget narrative and budget table are found in the Crisis Intervention IUP.
j. Total Direct Charges (Sum of a-i)	$ 30,791.00	$ 10,263.00	$ 41,054.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**none**
l. Grand Total (Sum of j and k)	$ 30,791.00	$ 10,263.00	$ 41,054.00	

Source(s) of Match Dollars for State Funds:

Dauphin County MH/A/DP Crisis Intervention Program will receive a total of $41054 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 250

Estimated Number of Persons to be Enrolled: 200

Estimated Number of Persons to be Contacted who are Literally Homeless: 124

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Dauphin County MH/A/DP
Crisis Intervention Program
FY 22-23 PATH Intended Use Plan

LOCAL PROVIDER DESCRIPTION

The Dauphin County Department of Mental Health/Autism/Developmental Programs (MH/A/DP) has the legal responsibility to provide administration, fiscal management, and assure the provision of treatment and support services to adults and children with and at-risk of a serious mental illness and co-occurring disorders (MH and drug & alcohol) under the Mental Health/Intellectual Disabilities Act of 1966. The Dauphin County MH/A/DP is a department within the County of Dauphin and is the local recipient of the Commonwealth's allocation of PATH funds. Dauphin County MH/A/DP oversees the operations of the PATH services and is the responsible fiscal entity.

MH/A/DP's mission is to assure that all services are of the highest quality possible, are cost effective and readily available for individuals and families experiencing serious mental illness and/or co-occurring disorders (MH and Drug & Alcohol) and for children and teens a severe emotional disturbance. Dauphin County promotes recovery and resiliency in our mental health program. The contact persons for PATH at the Dauphin County Department of MH/A/DP are:

Rose M. Schultz MSW	Deputy MH Administrator	717/780-7054	rschultz@dauphinc.org
Frank Magel	MH Program Specialist 2	717/780-7045	fmagel@dauphinc.org
David DeSanto	Crisis Intervention Director	717/780-7070	ddesanto@dauphinc.org

Address: Dauphin County MH/A/DP
100 Chestnut Street, First Floor
Harrisburg, PA 17101

PDX: PA 006

With all PATH contracted agencies, Dauphin County requests OMHSAS work through the County MH/A/DP office as OMHSAS does not have a contract directly with the County's PATH providers.

The Dauphin County Crisis Intervention Program (CIP) is a direct service and under the supervision of the Dauphin County MH/A/DP and is an important provider of PATH services. Dauphin County CIP is the most frequent point of first contact for PATH funded services to individuals with a serious mental illness and/or a co-occurring disorder and homelessness. Services include but are not limited to 24-hour, 7 day per week availability via telephone, walk in, mobile outreach to individuals experiencing a crisis. During FY21-22 less teleconferencing has been used as COVID-19 level have been significantly reduced. This trend will continue as needed for the safety of individuals and staff. The CIP provides MH assessments, brief counseling, service planning and referral information as well as MH stabilization to any Dauphin County resident. Agreements are in place with our local case management entities establishing roles and responsibilities in response to emergencies for individuals currently enrolled in services with the

Base Service Unit. For individuals in which a language is a barrier to services, the CIP utilizes the Language Line to meet linguistic needs, and they have one bilingual/bicultural Hispanic staff.

The Dauphin County Crisis Intervention Program (CIP) is registered under PDX # PA-006. Individuals experiencing homeless and are at risk of homelessness are also provided with street outreach and additional homeless services through community resource collaboration.
With all PATH contracted agencies, Dauphin County requests OMHSAS works through the County MH/A/DP office as OMHSAS does not have a contract directly with the County's PATH providers.

Dauphin County is located in the South-Central Pennsylvania, and it is comprised of 40 scenic municipalities and is a mix of rural, urban, and suburban areas. There are 525 square miles, and the Susquehanna River is one of its borders. Dauphin County population according to the 2020 census is estimated at 286,401 and the largest city is Harrisburg. Dauphin County is located in Pennsylvania's state capital and ninth largest city with a mix of rural, urban, and suburban areas.

The amount of PATH funds designated for Dauphin County MH/A/DP's Crisis Intervention Program for FY 2022-23 is $41,054 of which $10,263 is State Funds and $30,791 are Federal Funds.

Based on data collected in the PATH Annual Report for FY 2020-21 and year-to-date in FY 2021-22, it is projected that Crisis Intervention Program outreach efforts will be made to approximately 250 individuals and approximately 200 individuals will be enrolled in PATH services. Table 1 illustrates the projected PATH enrollment and service goals in FY 22-23 for Crisis Intervention Program.

Table 1 – Projected PATH Services FY 2022-23

Provider	MH/ID Crisis Intervention Program
Estimated Number Outreach	250
Estimated Number Enrolled	200
Estimated Number Literally Homeless	124

COLLABORATION WITH HUD CONTINUUM OF CARE (CoC) PROGRAM

The Dauphin County MH/A/DP and its provider network participates actively in the local HUD Continuum of Care. The Capital Area Coalition on Homelessness (CACH) is the lead agency for the planning and development of Continuum of Care for the County of Dauphin and routinely has over 40 agencies actively participating in this leadership group. CACH resources are leveraged and coordinated to maximize the efficient and effective use of HAP funds, HUD Emergency Solutions Grant funds managed by both the County of Dauphin and the City of Harrisburg, HUD Continuum of Care funds and local and private funds such as The Foundation for Enhancing Communities and the United Way of the Capital Region. The Dauphin County /Harrisburg CoC number is PA501. MH/A/DP has been involved in the establishing an updated CES (Coordinated Entry System) manual, policies/procedures governing the CES process and CES process reviews.

MH/A/DP and PATH providers participate directly in several CACH committees. Dauphin County MH collaborates in many CACH activities such as the point in time surveys and networking. CACH is designated the Local Lead Agency (LLA) for Dauphin County by Department of Human Services and PHFA (PA Housing Finance Agency) to assist with the development and monitoring of the HUD 811 PRA demonstration project awarded in 2015. CACH has been instrumental in establishing new housing initiatives due to collaboration with PA Housing and Finance Agency (PHFA). CACH is responsible for monitoring the HUD 811 PRA programs and has housed a total of 39 individuals of which there were 23 individuals with serious mental illness. HUD 811 MH only HCV vouchers has housed a total of 8 individuals since its inception. There are total of 94 HUD 811 Mainstream vouchers for individuals experiencing homelessness of which 47 have been housed and among them 30 individuals had serious mental illness. It has been especially challenging to secure housing due to the pandemic, increases in rents, and lack of available housing stock to locate affordable housing. Demand for rental properties has impacted landlord and property managements interest in accepting person with rental subsidies.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS

Dauphin County MH/A/DP contracts with a network of private non-profit agencies and for-profit agencies in collaboration with the CIP staff and the homeless provider network for uninsured individuals or services that are not eligible for Medicaid funding. There are also additional community services and supports available that are not contracted by MH/A/DP or PATH funded through Dauphin County MH/A/DP. MH/A/DP contracts with provider agencies in developing an array of MH services and supports but does not provide Direct Care Services. The Crisis Intervention Program works in collaboration with the homeless provider network and conducts homeless outreach and accessing emergency and non-emergency MH services. There are additional services available to those experiencing homelessness that are not funded through DC MH/A/DP or through PATH. All providers must apply for regulatory waivers to continue using telehealth beyond standards set during the pandemic and COVID positivity rates have dramatically been reduced.

Dauphin County's Medicaid behavioral health managed care organization is PerformCare, a company of AmeriHealth *Caritas.* All of the resources will be available to individuals served as needed and eligible within the limitations of available funding.

The County Department of Drugs & Alcohol Services functions as the Single County Authority (SCA) for the County and is responsible for the provision of prevention, screening, assessment, treatment, case management and recovery support services in Dauphin County for the uninsured. Most services are available and can accessed directly from private-non & for -profit contracted agencies. PerformCare (BH-MCO) is also responsible for maintaining a network of drug & alcohol services for Medicaid recipients. Collaboration occurs frequently between mental health and drug & alcohol service providers.

The CMU (Case Management Unit) is the MH/A/DP contracted agency responsible to perform the duties of the Base Service Unit and registers all individuals for county-funded mental health services. Walk-in intake interviews are available five-days per week. These include mental health

and financial liability assessments to determine eligibility and the individual's ability to participate in the cost of services, if any, according to State regulations. During the COVID pandemic, CMU used telehealth methods of interviewing, registering eligible persons for mental health services and the delivery of administrative and targeted mental health case management services. Since March 2021 telehealth is only done at the preference of the person or due to COVID-related health reasons. Intakes are also available to be conducted in our local mental health inpatient unit PPI for those needing case management service and supports prior to discharge from inpatient care.

CMU is contracted by MH/A/DP to provide blended case management, administrative case management. A homeless case manager also serves as the SOAR coordinator for Dauphin County. SOAR is not funded by PATH. No PATH funded staff were trained in SOAR and there is no plan to do so at this time. CMU also operates the Jeremy Project for individuals ages 16-22 and focuses on identifying at risk youth with a primary mental health diagnosis and supports individuals transitioning to independence. Keystone Human Services provides intensive case management (ICM) services and Merakey operates an Assertive Community Treatment (ACT) Team in dauphin County.

The Wellspan-Philhaven, and Keystone offer Certified Peer Specialist services that are approved by OMHSAS and credentialed by PerformCare (BH-MCO). Certified Peer Specialists are also imbedded in Dauphin County's local psychiatric inpatient unit at Pennsylvania Psychiatric Institute (PPI), Merakey ACT, and PPI's CAPSTONE (FEP/CSC) and social rehabilitation services. Some positions are free-standing and others are embedded in a type of service. MH/A/DP has requested that PerformCare expand the number of CPS providers to serve Dauphin County residents, including teens.

Dauphin County has nine (9) contracted licensed outpatient psychiatric clinic providers that offer medication management, outpatient therapies and psychiatric evaluations to adults, older adults, transition-age youth and children with serious mental illness or serious emotional disturbance and/or adults and children with co-occurring disorders. Many outpatient clinics in Dauphin County offer Tele-Psychiatry to address the demand for psychiatry services. All outpatient clinics use telehealth during the COVID pandemic and offer some face-to-face appointments when clinically warranted or due to no access to telehealth.

MH/A/DP contracts with nine (9) outpatient psychiatric clinics offering service options based on the individual's preference and clinical needs. MH/A/D/P also provides specialty outpatient clinics such as the two integrated co-occurring (MH and D&A) clinics as well as an intensive outpatient treatment and recovery center operated by Pennsylvania Counseling Services called Live-Up! Recovery designed to meet the needs of individuals also with criminal justice involvement. Several of the clinics specialize in LGBTQ, HIV/AIDS, Hispanic, Older Adult, Sexual Offenders, MH/ID and an Open Access Clinic. Dauphin County also offers licensed outpatient services in public school settings. The Federally Qualified Health Center, Hamilton Health Center also provides some outpatient services.

CAPSTONE, Dauphin County's first episode psychosis (FEP) program is for individuals ages 16 to 30 experiencing first signs and diagnosis of a psychotic disorder. Three agencies work collaboratively with individuals in CAPSTONE to provide comprehensive services under a NVIGATE-model. Pennsylvania Psychiatric Institute (PPI) provides the clinical services and

peer support services, YWCA provides Supported Education and Employment, and CMU provides targeted case management services. Cumberland & Perry Counties continue to participate in referring individuals to CAPSTONE.

Partial Hospitalization programs are operated by Community Services Group (CSG), Merakey and PPI. A social rehabilitation programs is operated by Aurora Club and a consumer run drop-in center is operated by Patch-N-Match. A state licensed psychiatric rehabilitation program offers site based and mobile services operated by Keystone Human Services and funded by the BH-MCO and MH/A/DP for uninsured persons.

Employment is viewed as a measure of personal success and recovery. Employment services are provided by the YWCA using the SAMHSA Supported Employment (SE) model to focusing on competitive employment and recovery. Additional employment services are offered through the State Office of Vocational Rehabilitation (OVR).

Community Residential Rehabilitation (CRR) services offer many choices to individuals to gain independence skills in their recovery journey. Licensed residential programs offer varying degrees of support and are in a group setting, as well as, in scattered apartment settings. The Dauphin County contracted residential providers are Merakey, Elwyn, Keystone Service Systems and Gaudenzia. Supportive living services are provided by Volunteers of America (VOA) and Keystone.

MH/A/DP contracts with several agencies that have expertise in providing Community Residential Rehabilitation (CRR) services. Elwyn, Keystone Human Services and Merakey operate Maximum-Care CRR providing 24/7 staffed services in group home and scattered apartment settings. Keystone Human Services also operates a Moderate-Care CRR which uses an on-call system for overnight hours. There are three (3) short-term 45-90 day CRR programs operated by Merakey and Community Services Group (CSG). One of the short term CRR programs is designed for individuals forensically involved for up to 90 day stays before transitioning to independent living. Gaudenzia operates a Maximum-Care CRR for person with MH and criminal justice issues with a length of stay of up to two (2) years. All CRR programs in Dauphin County are licensed through OMHSAS.

Keystone Human Services, Merakey, and Paxton Ministries provide enhanced personal care home services in neighborhood locations. Staff are trained to admit and work with persons with a serious mental illness and typically are smaller than the general personal care homes.

Ongoing collaboration with many of the Dauphin County contracted providers and the homeless provider network, assist PATH eligible individuals in receiving the right combination of supportive services while they are securing permanent housing to live successfully in the community. MH/A/DP collaborates with the homeless provider network and its contracted providers to assist individuals in securing permanent housing with the right combination of services and supports needed to support their recovery and resiliency in the community.

The Housing Authority of the County of Dauphin (HACD) continues to work collaboratively with MH/A/DP in developing several housing programs for persons with serious mental illness. Shelter Plus Care and Project Access vouchers have been successful in maintaining 35

individuals in the program and has moved 3 individuals into permanent section 8 vouchers and will continue this process as vouchers come available. A Bridge Rental Subsidy program is also a joint venture with HACD in which there are at present 10 individuals in the program. During the past 12-15 months ten (10) individuals moved to permanent Section 8 vouchers and will continue to do so as vouchers come online. Housing reinvestment funds have been planned to continue the Bridge Rental Subsidy program and serve approximately 22 persons per year.

Christian Churches United operates as Safe Haven for 25 for men experiencing homelessness as well as transitional housing in the same facility. YWCA assists in providing permanent supportive housing for women experiencing homelessness.

Dauphin County has several well-established HUD 811 projects including New Song Village and Creekside Village operated by Volunteers of America (VOA) which were new constructions. The new wave of HUD 811 programs offering affordable housing voucher for individuals experiencing homelessness, transitioning from an institution, at risk of being in an institution, or living in congregate living situations has been expanding. The priority populations consist of Serious Mental illness, Autism. Physical Disabilities and Transitional Age Youth. HUD 811 PRA vouchers were established in Dauphin County and have housed up to 39 individuals of which 23 have a serious mental illness. HUD 811 Housing Choice Vouchers (HCV) were established exclusively for individuals with mental illness and consist of 15 vouchers of which 6 are currently housed. The Mainstream HUD 811 program is focused primarily on individuals experiencing homelessness and has housed 47 individuals of which 26 have a mental illness.

A capital investment housing project with LIHTC using HealthChoices reinvestment funds is Sunflower Fields and was constructed in FY 2013-14. MH /A/DP established preference for five (5) homes of the thirty-five (35) homes constructed. All units have been occupied and a waiting list is maintained.

Dauphin County has two (2) community Lodges designed using the Fairweather Lodge model, which has an employment component called Paxton Cleaning Solutions. The Lodges have a capacity to serve eight (8) individuals.

UPMC-Pinnacle and Mission of Mercy offer medical outreach in Dauphin County. Mission of Mercy operates a mobile medical and dental clinic and UPMC conducts street outreach in collaboration with homeless outreach providers to assists individual in obtaining medical treatment and accessing medical coverage for those experiencing homelessness.

The HELP office, a program of Christian Church United, coordinates assistance with basic needs and access to emergency housing throughout Dauphin County. The HELP office employs several homeless outreach workers and a Coordinated Entry System Manager. Emergency Shelter is available at Bethesda Mission, which is limited to their Life Coach program, Salvation Army, Shalom House, Interfaith Shelter and the YWCA and Domestic Violence services. Access to food is readily available at several soup kitchens and food pantries to assist individuals and families with food insecurities.

MH/A/DP provides consumer contingency funds to all case management entities, and Crisis Intervention Program has available funds to support emergency housing needs such as back rent, utilities and first month's rent and security deposits. Dauphin County continues its commitment to improving the wellness of individuals served in the MH system: ongoing information sharing on effective strategies among provider agencies to promote healthy lifestyle choices, team building on how to make lifestyle changes in group living arrangements, in addition to improved communication between primary care physicians and psychiatrists facilitated by outpatient clinics and case managers.

SERVICE PROVISION

A list and description of PATH provided services in Dauphin County during FY 2022-23 is detailed by provider below:

PATH Outreach/Enrollment Services at Crisis Intervention Program

PATH street outreach and enrollment is provided by the Dauphin County Crisis Intervention Program (CIP). CIP program provides 24/7 assessment of individuals experiencing a mental health crisis or are in need of additional support services while addressing basic needs. Individuals who are experiencing homeless or at risk of homelessness that have mental illness and or co-occurring disorders are the target population served in the PATH program. CIP receives referrals for PATH services from a variety of sources in the community in addition to self-referrals. The CIP worker completes an initial face-to-face screening and assessment and determines PATH eligibility. Once individual has agreed to PATH enrollment the worker completes a service plan and completes needed referrals based on individual's needs.

PATH Screening and Assessment for Treatment Services at Crisis Intervention Program

CIP conducts an initial screening and assessment based on information provided by meeting face to face with individuals and determining PATH eligibility which is documented in case notes. Once deemed eligible for PATH, a service plan is developed with the individual based on their needs. CIP program assesses individuals for emergency mental health inpatient treatment and refer them to appropriate settings. When individuals need enrolled in case management services CIP worker will facilitate CMU intake as well as making additional referrals for treatment and supports. The CIP program maintains a small supply food and clean clothing to assist individuals experiencing homelessness or are at risk of homelessness with their basic needs on an emergency basis.

PATH Case Management Services at Crisis

The PATH Eligibility and Support Plan is developed with the person for the purposes of case management services. CIP refers many individuals to the CMU for case management services. CIP also assesses individuals needing emergency mental health treatment and refers them to the appropriate level of care. CIP is also a resource to assist with addressing basic needs such as food, shelter, and clothing. Case management services through CIS are short term and attempt to engage the individual through outreach and enrollment. The main focus is to engage

individuals where they are and starting with meeting basic needs and work toward assisting individuals in engaging in treatment services and recovery supports.

PATH Housing Services

Dauphin County MH/A/DP is innovative and continually searches for additional affordable housing opportunities and funding that is available.

- Planning for Housing: MH/A/DP assists in assuring that service providers are made aware of housing opportunities available in the community either managed though the County or other entities that are working collaboratively to develop additional housing such as through the Local Lead Agency (LLA) and Capital Area Coalition on homelessness (CACH) and other reinvestment opportunities in Dauphin County. MH/A/DP utilizes team meetings and planning with individuals in service regarding their housing and they are not PATH funded.
- Technical Assistance in Applying for Housing Services: Knowing what housing resources are available and assisting individuals in the application process for housing can be challenging. PATH contracted providers are well informed about available housing opportunities and are able to assist individuals in navigating the system and obtaining necessary documentation that is needed to complete and submit housing applications and securing safe and affordable in the community.
- Improving the Coordination of Housing Services: CACH in coordination with the homeless provider network and PATH providers are committed to assuring that safe and affordable housing is available to those experiencing homeless or are at risk of homelessness. The LLA has been instrumental in working with PHFA and local regional housing coordinators in developing increased affordable housing options with introducing additional HUD 811 PRA, Housing Choice Vouchers and Mainstream vouchers.
- Security Deposits: Security deposits are provided to PATH eligible individuals by the CMU using PATH funds. Additional contingency funds are available to assist with housing needs and are managed by CMU and CIP but are not PATH funded.
- Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations: There are always additional costs associated with establishing housing such as rental applications, furnishing, moving expenses, addressing poor/bad credit, and establishing utilities. CMU is contracted to provide assistance for individuals literally homeless in securing permanent housing. CIP and case management entities have available contingency funds to assist with some of these additional expenses.
- One-time Rental Payments to Prevent Eviction: CMU uses PATH funds to assist eligible individuals with one- time rental payments. CIP and case management entities have available contingency funds to assist with rental payments.

Service Gaps:

MH/A/DP is committed to addressing the unique needs of PATH eligible individuals and being as flexible as possible in using PATH funds. Efforts county-wide to use new and emergency funding to decrease service gaps have improved many homeless and housing areas. Some are emerging issues, and some are ongoing challenges:

- Safe and affordable housing is hard to come by and is especially challenging for low to very low-income individuals. Housing stock in Dauphin County has decreased due to the lack of landlords accepting Section 8 and other housing vouchers. This may be due to the rental housing demands in which landlords are increase rents, shutting out persons on fixed and low incomes. Individuals with criminal histories, complex credit issues and poor rental histories are locked out of a competitive housing rental market.
- Human service programs continue to be taxed with increased demands for services and limited resources. Significant staff shortages have limited the ability to maintain services. Staff salaries are stagnant and there is not much flexibility to expand salaries that are often 80% or more of agency costs. Applicants have less qualitied work experience and require more training resources, supervision, and supports.
- Persons with Medicare only have limited access to mental health services due to Medicare credentialing requirements and reimbursement rates.
- SOAR could be expanded with additional resources. This would allow MH/A/DP to hire experienced mental health staff to complete the detailed and extensive SOAR application process.

Needs of the Co-Occurring Population

MH/A/DP is committed to providing services for individuals with co-occurring disorders and has developed specialty outpatient programs with TW Ponessa and Pennsylvania Counseling Services that are dually licensed by D&A and Mental Health to provide these services.

Live-up! Recovery is one of the newer programs established with PA Counseling in Dauphin County that operates an intensive COD outpatient program and recovery center for individuals with forensic involvement and co-occurring disorders. The program capacity is 20 persons. Double Trouble and traditional NA/AA support groups are available throughout Dauphin County to provide additional support to individuals with co-occurring disorders.

The Dauphin County mental health system is charged with assuring there are established services to meet the needs of individuals who also have substance use disorders and a serious mental illness. While the regulatory authority of services lies with both the Department of Human Services (mental health) and the Department of Drugs and Alcohol, County administered programs face challenges to implement integrated treatment model services to meet the needs of individuals with co-occurring disorders. Among individuals who are Medical Assistance eligible, services are administered through the same behavioral health managed care organization, PerformCare.

PATH contracted providers and Dauphin Count MH/A/DP are not required to follow 42 CFR Part 2 regulations since they do not diagnosis or provide any direct drug and alcohol treatment services to PATH recipients. If needed referrals are made for these services by PATH providers.

There are two certified peer support specialist programs in Dauphin County operated by Keystone Human Services and Wellspan Behavioral Health. Several certified peer specialists are embedded in services in assertive community treatment, inpatient care, FEP and social rehabilitation services. Certified Peer Support is not PATH funded and currently there are no peer support specialist employed in out PATH programs.

DATA

MH/A/DP contracted PATH providers have been trained by Capital Area Coalition on Homelessness (CACH) in using the HMIS training manual in collaboration with Wellsky/ServicePoint the established HMIS vender. All new employees are provided HMIS training by HMIS Administrator. Data entry into HMIS is monitored on a monthly basis for data quality and integrity by designated County PATH program Staff. DC MH/A/DP works collaboratively with HMIS administrator to address any data issues and provides ongoing technical assistance and support to PATH providers.

HOUSING

MH/A/DP goal is to assist individuals who are experiencing homelessness and are at risk of homelessness by providing linkages to treatment and supports as well as securing permanent housing. Dauphin County has large homeless provider network and has many available housing options to meet the unique needs of individuals we serve.

General shelter/housing programs:

- Shalom House and the YWCA provide shelter and transitional housing to women.
- Bethesda Mission no longer an emergency shelter and is only available to individuals interested in treatment and Recovery.
- Interfaith Shelter, operated by Catholic Charities is primarily a shelter for intact families.
- Downtown Daily Bread operates a day shelter and winter overnight shelter and Christian Churches United provides a winter overnight shelter.

Private and public resources outside the conventional human service agency framework:

- Dauphin County has two housing authority agencies; Harrisburg Housing Authority for housing with the city limits and Housing Authority of the County of Dauphin for housing in the balance of the County.
- The YMCA has some expanded single room occupancy and is looking to provide a supportive housing model. Veterans are offered supported housing though the YMCA and have been recognized for their efforts.
- Susquehanna Safe Haven is available with a capacity to serve 25 homeless men with serious mental illness and have a transitional housing component on the second floor.
- Hotels and Motels have been widely used especially during the COVID pandemic where quarantining was necessary prior to admission to shelters. Many agencies provide assistance with short term stays at hotels and motels based on individuals and family's situation and when shelters are at capacity.

Housing Partnerships in Dauphin County:

MH/A/DP continues to work collaboratively with many partners in providing ongoing affordable housing options for individuals with serious mental illness. The organizations we partner with are

CACH, Housing Authority of the County of Dauphin, Paxton Ministries and Volunteers of America. HUD 811 programs have been expanding with the assistance of Capital Area Coalition on Homelessness (CACH) as the Local Lead Agency (LLA), Regional Housing Coordinator and with PHFA funding additional tax credit housing projects.

Bridge Rental Subsidy Program was developed in collaboration with the Housing Authority of the County of Dauphin (HACD) using reinvestment funds. MH/A/DP proves subsidy to individuals for up to 2-5 years of successful tenancy. Individuals must have been on Section 8 waiting list or were purged from the list and were able to be reinstated. Once individuals have completed the program, a permanent voucher is assigned and moved out of Bridge funding to a permanent funded voucher. A request for additional housing funds through reinvestment is pending State approval and the future expectation is to serve 22 persons per year.

Shelter Plus Care program was developed in collaboration with HACD for individuals experiencing homeless with a serious mental illness. The program has housed a total of 35 individuals this fiscal year and three (3) individuals transitioned to permanent housing vouchers. Through attrition new individuals will be referred to program by the Coordinated Entry CES Manager.

There are two Fairweather Lodges in Dauphin County operated by Paxton Ministries and have a capacity to serve a total of 8 individuals. Residents decide who is admitted to the Lodge and rent and utilities are shared by those living in the residence. The Lodges provide employment for individuals and have a cleaning service named Paxton Cleaning Solutions. Residents are also able to have employment outside of the cleaning service

STAFF INFORMATION

MH/A/DP is committed to cultural competence and a recovery-oriented service system. Contracted PATH providers are responsible for training their staff in cultural competencies and being sensitive to the needs of individuals based on age, gender, disability, LGTBQ or racial/ethnic differences.

PATH contracted providers are responsible to seek to hire individual's representative of the general population based on the experience and qualifications of the applicants received in order to fulfill the position requirements. Crisis Intervention Program do not have PATH funded Certified Peer Specialist employed in their programs at this time.

Dauphin County Crisis Intervention Program (CIP) has one bilingual/bicultural staff that is Hispanic. All CIP staff have availability to the Language Line to address the linguistic needs of the population served in Dauphin County. CIP PATH homeless outreach worker is a veteran and has many years' experience working with individuals experiencing homelessness or at risk of homelessness.

CLIENT INFORMATION

The 2021 Point in Time (PIT) in Dauphin County identified 358 men, women and children experiencing homelessness which is a decrease from 408 the in 2020. Of the 358 there were a total

of 236 or 66% males and 122 or 34% females. Thirty-six (36) or 10% unsheltered and a total 322 or 90% were in shelters or temporary homeless housing.

MH/A/DP anticipates the demographic profile of persons served in FY 22-23 to be higher than the previous year's PATH annual data. The chart below illustrates the demographics of individuals served in the PATH program for FY 20-21 (n=180) the most recent full year of data.

Table 3-PATH Consumer Information Demographics for PATH Planning

Demographic Information	FY20-21 Persons Served	FY1 20-21 Percentage Persons Served
Age: 18-30	49	27%
31-61	118	66%
62+	13	7%
Gender: Male	123	68%
Female	54	30%
Transgender	3	2%
Race: African American	65	36%
Caucasian	114	63%
Asian	1	.005%
American Indian	1	.005%
Unknown	1	.005%
Ethnicity: Hispanic	23	13%
Non-Hispanic, Non-Latino	157	87%
Diagnosis: MH Only	62	34%
COD MH/D&A	118	66%
Veteran Status: Yes	8	4%
No	172	96%
Unknown		
Housing Status:		
Emergency Shelter/ Not meant for Habitation	108	60%
Transitional Housing	55	31%
Safe Haven	1	.005%
Institutional Situation	12	6%
Unknown (refused)	4	2%
Chronically Homeless	36	20%

Table 4 illustrates the projected enrollment and service goals in FY22-23 by provider.

Table 4 Crisis Intervention Program Goals FY 22-23

Provider	MH/A/DP Crisis Intervention Program
Estimated Number Outreach	250
Estimated Number Enrolled	200
Estimated Number Literally Homeless	124

Based on the FY20-21 Annual Report and information in FY21-22, persons identified by Crisis Intervention Program (CIP) in FY 22-23 are estimated at 250 outreached and 200 persons are targeted for enrollment by the CIP as PATH eligible. Among those enrolled 124 (or 62%) will be literally homeless.

CONSUMER INVOLVEMENT

MH/A/DP incorporates consumers into the planning processes for all mental health services in Dauphin County though the Dauphin County Community Support Program CSP, the Dauphin County Human Service Block grant planning process and the MH/A/DP Advisory Board. Consumers are recruited for participation in the Board's MH Committee also. Due to the pandemic in the past two years, consumer participation has been extremely limited. CSP has continued its efforts to engage individuals in service to participate in virtual and hybrid meetings throughout the pandemic. CSP is in the planning stages of restarting in person meetings.

Certified Peer Specialist services are available to individuals registered in the mental health system and through the BH-MCO, PerformCare. Recovery Specialist in the County's D&A system are available to PATH enrolled individuals.

The Capital Area Coalition on Homelessness (CACH) has many Committees and subcommittees that individuals experiencing homelessness can participate in and are welcome to attend to provide input and suggestions into improving homeless services.

MH/A/DP, CMU and DDB PATH providers do not have any PATH enrolled consumers serving on boards, or committees at this point in time. As we emerge from COVID, more effort will be put into representation from person experiencing homelessness.

ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

MH/A/DP and its PATH contracted providers are committed to serving individuals experiencing homelessness and providing the best quality services rooted in Recovery and Resiliency. Collaboration and planning for needed homeless services and supports in Dauphin County are spearheaded by CACH, the local COC PA-501 organization, and also the designated Local Lead agency that oversees the HUD 811 housing development programs. CACH is also the planning body for the Blueprint on Homelessness that demonstrates active planning and development of the needed services and support for individual experiencing homelessness in Dauphin County.

All contracted PATH providers are required to determine PATH eligibility and to serve persons and families experiencing homelessness and or at risk of homelessness that have a serious mental illness and or co-occurring (MH & D&A) disorders. PATH Services and supports are prioritized to focus on homeless outreach services provided by Crisis Intervention Program, DDB homeless case management services and the CMU with housing supports with first month's rent and security deposits for PATH eligible individuals. CMU also has access to a small amount of PATH funds for training PATH providers and the homeless provider network.

PATH providers are responsible for developing their own internal agency disaster preparedness policies and procedures and the homeless provider network have been assisted by CACH as part of the Continuity of Care and Blueprint as a priority in developing and maintain current emergency preparedness practices. Continuity of business plans are important for all contracted agencies and programs.

MH/A/DP through its Crisis Intervention Program works collaboratively with the County Emergency Management agency (EMA) through training activities and actual outreach. Crisis Intervention Program staff also participates in the County-wide TMI disaster preparedness drill every other year.

MH/A/DP is a trainer for CIT training offered to law enforcement and other first responders.

OTHER DESIGNATED FUNDS

The Department of MH/A/DP is part of the Commonwealth's Human Services Block Grant. The funds allocated by the State in mental health support a homeless CMU position and are not PATH funded.

Dauphin County has an Emergency Solutions Grant (ESG) funded by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371–11378). This program authorized by HUD provides grants to rehabilitate or convert buildings used for Emergency Shelters for individuals experiencing homelessness. ESG assists with funding for essential services for homeless prevention and street outreach services and rapid rehousing programs. Homeless Assistance Services (HAP) is used in Dauphin County for individuals and families that fall below the 200% poverty level and provides emergency shelter, case management, rental assistance, and bridge housing programs.

The HELP Office in Dauphin County received additional rental assistance funds from Cares Act to assist individual in maintaining their current living situation but had fallen behind due to COVID job lost, etc. in their rent and utilities. The County HSDO has also funded some additional homeless outreach staff.

The City of Harrisburg and the Dauphin County Humans Services received Emergency Rental Assistance (ERAP 1&2) funds to assist individuals in preventing evictions by assisting with providing back rent and utility payments for individuals negatively affected by the pandemic and were unable to keep up with monthly rent and utility costs.
HealthChoices re-investment funds have been used in Dauphin County to support additional housing programs and filling current gaps in treatment services.

PROGRAMATIC AND FINANCIAL OVERSIGHT

The Office of Mental Health and Substance Abuse (OMHSAS) provides State and Federal PATH funds to MH/A/DP and are contracted among PATH contracted Providers: County operated CIP, DDB and the CMU. Quarterly reviews and financial audits are performed by MH program and fiscal staff. Quarterly reports are submitted for OMHSAS review. Programmatic meetings are provide as needed to PATH provider agencies. The CIP Compliance Committee conducts routine chart reviews and reports on any findings and plan of corrections.

SSI/SSDI OUTREACH, ACCESS, RECOVERY (SOAR)

Dauphin County Crisis Intervention Program is not involved in SOAR, except to recommend SOAR and refer persons to the CMU for SOAR support. Training was provided by OMHSAS. SOAR activities are not PATH funded in Dauphin County.

The CMU is the SOAR trained agency in Dauphin County and has one dedicated staff to process SSI/SSD applications. The SOAR position is not PATH funded. CIP staff will continue to refer individuals to SOAR at the CMU when they do not have income or resources.

COORDINATED ENTRY

CACH has sole responsibility for the Coordinated Entry system in Dauphin County for individuals that have the highest priority for housing that are literally homeless persons, including Transition Age Youth (TAY) living on the streets or in locations unfit for habitation. The CES Manager is an employee of the HELP Office whose role is to assist in managing and monitoring the Coordinated Entry System and the CES priority names list. The position works with providers in identifying openings and referring individuals in the system to needed resources. Individuals can self -identify and use CONTACT Helpline 211 to learn about CES and gain enrollment into the system.

JUSTICE INVOLVED

Dauphin County has been focusing its efforts for many years on addressing the needs of the forensic population following the review of the data collected in the County Stepping Up initiative. As a result, Dauphin County MH/A/DP developed 2 forensic CRR programs to address the specific population needs. A short-term (90 day) Maximum-Care CRR program with 14 beds is the newest program operated by Community Services Group (CSG) and a Maximum-Care CRR with 16 beds is operated by Gaudenzia. The Gaudenzia program has a length of stay of about two (2) years.

Pennsylvania Counseling Services is operating an intensive outpatient COD program and recovery center called Live-Up! Recovery which has a capacity to serve 20 persons.
Case Management entities in Dauphin County have access to reinvestment forensic contingency funds available to use for forensically involved individuals to assist with securing and maintaining housings.

Team MISA addresses the needs of individuals being incarcerated who may benefit from release while waiting for Court in order to be in treatment. Team MISA uses a comprehensive and multi-

disciplinary team approach to evaluate and mitigate charges, if possible, as well as assessing and planning for a person's needs for treatment and supports to successfully transition into the community. A Re-entry Team was initiated to monthly plan for services and supports being in place when a person is completing their County Jail sentence.

VETERANS

Veterans and their families that are non-service-connected experiencing homelessness or at risk of homeless are eligible to receive PATH services and supports as well as mental health treatment. Service-connected veterans are referred to the Office of Veterans Affairs and are assisted in applying for veterans benefits and housing through the veteran system. The VA organizes "Standdown" event to assist veterans experiencing homelessness and linking individuals to needed supports. It is clear by the data received during point in time counts that the number of homeless veterans has decreased due to extensive funding available to expand and create new housing opportunities and supports. The VA is also underway and secured land and funding to work with a developer to construct a tiny village housing project in Dauphin County.

TOBACCO POLICY

MH/A/DP has initiated many wellness events and information over the past decade and is interested in improving the physical health and behavioral health of individuals served. There are many programs available through Medicaid through PerformCare as well as with other physical Health MCO's to assist individuals in reducing or eliminating their dependence of tobacco. All Dauphin County contracted providers including PATH providers have smoke free environments

HEALTH DISPARITIES IMPACT STATEMENT

In Dauphin County Health disparities exist but are identified and prioritized by analyzing the data available and identifying trends with underserved populations and their equal access to appropriate and affordable health care. Data is routinely reviewed and examined regarding subpopulations in County funded and Medicaid funded services. State and federal funds allocated to Counties have not kept up with the cost-of-living and significant funding cuts have never been restored.

DDB PATH position was transformed into a homeless case manager due to the need identified by individuals served in PATH to provide ongoing case management and supports for individuals to secure and maintain their housing and supports in the community. The duties of the homeless case manager were expanded to meet that demand and prioritize the needs of those individuals served in PATH.

Alder Health OP Services are focused on serving and improving the physical and behavioral health needs of the LGBTQ and AIDS community. Dauphin County has an established LGBTQ center available to support the needs for this growing community.

Policies and Procedures have been established and put in place to address the linguistic needs and disparities in Dauphin County with County funded services and PerformCare Medicaid funded

services. Language line and the International Service Center are used for interpreter services to address the many languages spoken by Dauphin County residents.

Wellness activities undertaken include efforts with the BH-MCO PerformCare: Medication Review Toolkit and Natural Supports Toolkits for family, friends and others supporting an individual with a serious mental illness. All the toolkits are available on PerformCare's website.

Dauphin County is involved in a county-based grievance and complaint process to address identified disparities related to lack of access and service use. A full time Quality Assurance Program Specialist is support by all County MH staff to track and address concerns about the system. All mental health staff also play a role in grievance and complaints from members under the Medicaid managed care program.

Information on the persons in County-funded mental health services, including PATH eligible individuals are documented annually in State reporting requirements. PATH reporting is not integrated to the State data system and when an individual becomes registered for the provision of County-funded service there is not currently a PATH designator to track service use even though their homeless status may have improved. The system includes annual data on race, ethnicity, gender, age, income and living arrangement. Continued homelessness has not been a barrier to treatment and support access in Dauphin County while efforts continue on addressing homeless issues/status.

The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. The AAA/MH/ID Coordination committee meets on a quarterly basis in Dauphin County to review and work collaboratively to address the needs and concerns of the aging population who have cross systems involvement. MH/A/DP and its contracted providers work collaboratively in filing Adult Protective Services (APS) for adults ages 18-60 and above which is AAA is responsible.

PATH enrolled individual who are identified as transition age Youth (TAY) ages 18-30 have unique needs and challenges. The TAY population continues to grow and in FY 20-21 a total of 49 or 27% of the individuals were served in the PATH program which is a slight increase from the previous fiscal year. Increased emphasis on increasing outreach and housing efforts have been made by the homeless provider network and especially by

Dauphin County takes a flexible approach to determining with a person's support system and interagency team which system (child/adolescent or adult) may fit their needs best and how to individualize the transition period to gain the most success and recovery. Persons under the age of 18 may also be involved with a children and youth agency if they require care and supervision. Mental health treatment in Pennsylvania may be accessed by person 14 years of age and older without parental consent, however efforts are made to engage responsible adults in all aspects of treatment. Person under 18 years requiring inpatient psychiatric or medical care will require the involvement of Children & Youth and the Courts, as needed.

The CMU operates the Jeremy Project, a program focusing on transitional age persons ages 16-22 for individuals who have significant risk factors for homelessness, forensic involvement, drug & alcohol addiction, family conflicts, and poor relationships. Services provided are education, employment, independent living skills, socialization, and community involvement.

CAPSTONE Dauphin County's First Episode Psychosis program (FEP) also serves the TAY population and serves approximately 26-28 individuals in Dauphin and Cumberland Perry Counties. CAPSTONE is a joint venture with three partners: PPI for clinical services and peer specialist services, CMU for mental health case management and the YWCA for supported education and employment.

LIMITED ENGLISH PROFICIENCY

MH/A/DP contracted MH and PATH providers have access to the Language Line and the International Service Center to address the linguistic needs of individual experiencing homelessness as well as the general population in Dauphin County. Provider agencies in Dauphin County actively recruit for individuals who are bilingual and bicultural with the ability to speak the multiple languages to effectively communicate with Dauphin County residents.

FY 22-23 DAUPHIN COUNTY MH/A/DP PROGRAM CRISIS INTERVENTION PROGRAM (CIP) IUP PATH BUDGET NARRATIVE:

Personnel ($ 22,362): $22,362 approximates one-half the salary of the Full-Time Equivalent (FTE) position within the PATH local provider's Crisis Intervention Program. The salary amount is 50% of the actual costs for the Crisis Intervention Program's Lead PATH Worker's position.

Fringe Benefits ($ 12,326): Conforming to methodology for ascertaining personnel costs, or $ 12,326 or 55.12% references the benefits attending one position within the Crisis Intervention Program, with the amount assigned to benefits based on actual costs for the lead PATH Crisis Intervention Worker's position.

Travel ($0): No travel costs under PATH funds for MH/A/DP Crisis Intervention Program.

Supplies ($1,500): Costs of supplies to be applied to this PATH grant are solely those related to the basic and rehabilitative needs of PATH eligible consumers. Among supplies anticipated are small stocks of non-perishable food items, clothing and blankets, as well as for accessories important to improve prospects for safe and conventional independent living. Costs for bus passes to assist clients to get to housing related services such as supported employment programs, county assistance offices, benefits counseling.

Other ($ 3,224): **Staff Training ($0):** Crisis Intervention program has no costs related to training. **One-time Rental Assistance ($1,612):** This budget line represents costs incurred on behalf of PATH eligible people for whom one-time expenditures can relieve the risk of possible eviction and homelessness. **Security Deposits ($1,612):** This budget line represents a special cost in

securing stable housing to prevent or resolve conditions of homelessness. **Assistance in obtaining housing –client travel expenses ($0):** No costs. **Maintenance of Equipment ($0):** No costs related to maintaining equipment.

Indirect Costs/Administrative Cost 4% @ $1,642): Four (4) percent of the PATH grant is allocated to cover administrative expenses at MH/A/DP Crisis.

Total Dauphin County MH/ID Crisis Intervention Program PATH Request……$41,054
($ 10,263 State Funds $ 30,791 Federal Funds)

Dauphin County MH/A/DP Crisis Intervention Program
FY 2022-23 PATH IUP Budget

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Personnel Position				
Crisis Caseworker	44,723	50%	22,362	22,362
Salary sub-total			22,362	**22,362**
Fringe Benefits (55.12%)				
Crisis (55.12%)				
FICA, Health, Ret, Life			12,326	12,326
Fringe sub-total			12,326	**12,326**
Travel				
Mileage			0	0
Travel sub-total			0	**0**
Equipment				
(list individually)			0	0
sub-total			0	**0**
Supplies				
Consumer-related items			1,500	1,500
Supplies sub-total			1,500	**1,500**
Other				
Staff training			0	0

One-time rental assistance			1,612	1,612
Security deposits			1,612	1,612
Other sub-total			3,224	**3,224**
Indirect Administration @ 4%				**$ 1,642**
Total PATH Budget ($10,263 State Funds $ 30,791 Federal Funds)				**$ 41,054**

Delaware County - Horizon House
1601 Parklane Road
Swathmore, PA 19018
Contact: Theresa Murphy
Email Address:

Provider Type: Social service agency
PDX ID: PA-013
State Provider ID: 4213
Contact Phone #: 610-328-2165

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 131,919.00**	**$ 43,973.00**	**$ 175,892.00**	

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

Office: Other (Describe in Comments)	$ 131,919.00	$ 43,973.00	$ 175,892.00	Horizon House is Delaware County's only PATH provider for FY21.22. Detailed breakdown of budget is in corresponding IUP budget narrative and budget table.
j. Total Direct Charges (Sum of a-i)	$ 131,919.00	$ 43,973.00	$ 175,892.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 131,919.00	$ 43,973.00	$ 175,892.00	

Source(s) of Match Dollars for State Funds:

Delaware Co will receive a total of $175,892 in PATH funds.

Estimated Number of Persons to be Contacted: 185

Estimated Number of Persons to be Enrolled: 88

Estimated Number of Persons to be Contacted who are Literally Homeless: 179

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 3

Local Provider Description –

Horizon House Inc.
1601 Parklane Rd.
Swarthmore, PA 19081

Horizon House, Inc. is a private, non-profit organization that is committed to helping individuals we serve live a fulfilling life who have psychiatric and substance use disorders, intellectual disabilities, including those who have been homeless by providing community based services. Through the years, Horizon House has responded to the needs of individuals by broadening its scope of programs and services and combining recovery with integrated approaches that addresses an individual's psychiatric, medical and behavioral needs. Our goal is for everyone we serve to have the opportunity for growth, community and a quality of life. The Delaware County Office of Behavioral Health sub-contracts with Horizon House, Inc. to provide PATH services in Delaware County.

In Delaware County, Horizon House provides Representative Payee Services, Residential Housing and Supportive Services, Mobile Psychiatric Rehabilitation Services, Clubhouse, Peer Supportive Services, Employment and Education Services, ACT, Street Outreach and Homeless Services to individuals with mental illness and co-occurring substance use disorders. The PATH funds and services operate within Horizon House Delaware County Homeless Services unit. Our continuum of services ranges from outreach to case management, to permanent housing support. We partner with individuals by helping them obtain appropriate and necessary treatment, rehabilitation and stable housing. Our homeless services assist individuals find a path to recovery by developing goals that support self-determination, self-sufficiency and re-entry into the community where they can lead productive lives.

The service area targeted for the purpose of these funds is Delaware County, Pennsylvania**.** These areas are inclusive of Brookhaven, Broomall, Chester, Collingdale, Clifton Heights, Crum Lynne, Darby, Drexel Hill, Essington, Folcroft, Folsom, Havertown, Lansdowne, Marcus Hook, Media, Norwood, Prospect Park, Ridley Park, Sharon Hill, Springfield, Swarthmore, Upper Darby, and Woodlyn. We have also incorporated The Philadelphia International Airport in our geographic areas because it is located on the county line and many PATH eligible individuals travel there for shelter.

The total amount of PATH funds, Federal and State to be allocated to Horizon House is indicated at $129,369 ($97,027 Federal and $32,342 State). Horizon House receives PATH funding from the State of Pennsylvania through the Delaware County Office of Behavioral Health response provided in email.

PA 103
PDX: Horizon House, Inc.

Collaboration with HUD Continuum of Care (CoC) Program –

The PA 502 Continuum of Care for Delaware County consists of 10 key homeless service providers and over 50 partner organizations. The Delaware County Office of Behavioral Health (OBH) is the Collaborative applicant for the CoC and is the lead agency for the HMIS. OBH is also the grantee for PATH. Horizon House and the PATH staff play a key role in the planning, development, and coordination of overall behavioral health and homeless services in Delaware County, including the HUD Continuum of Care program and recipients. Horizon House is the only provider who conducts "street outreach" in Delaware County on a 24/7 basis. There are three shifts of two staff working around the clock to perform street outreach. We also have an Emergency on-call system in place where staff can be reached 24 hours a day, 7 days a week. In addition, we now have a PATH staff stationed at the 69th Street Transportation Terminal, which is a prime location for PATH eligible homeless individuals to congregate. We are looking forward to working with a new shelter/café, Breaking Bread, that will be opening in Delaware County in late spring, early summer. This will be another resource used by PATH eligible individuals. PATH services and staff are an essential component within a comprehensive array of homeless services, providers, and various funding sources currently available or planned within the local Continuum of Care. The PATH Program is an integral part of the Delaware County Homeless Services Coalition (HSC), which represents the full range of community services and housing available to homeless individuals and families in Delaware County. Horizon House, as part of the Delaware County Homeless Services Coalition, and HUD Continuum of Care Program participates in all CoC general meetings, which occurs quarterly, as well as committees, and other Continuum of Care planning activities. Horizon House has maintained membership on the CoC Governing Board, which meets quarterly.

Horizon House's current involvement in Continuum of Care Committees include:

- Governing Board
- HSC Outreach/Crisis Response
- Coordinated Entry
- Chronic Homeless Committee
- Joint Outreach Committee with Septa, Philadelphia, ODAAT and Philadelphia International Airport
- Permanent Housing Clearinghouse Committee
- Emergency Shelter Collaboration Committee
- HMIS User Committee
- CIT Training Committee
- Point In Time Committee

Horizon House is the recipient of a HUD CoC Coordinated Entry grant and the PATH services are integrated within the CoC coordinated entry process directly providing coordinated entry activities. However, due to the closing one of Delaware County Shelters, where Horizon House was appointed to be the entry point for Coordinated Entries to be completed, our numbers fell drastically over the last year. Prior to the closing of this shelter, we were faced with a pandemic that prohibited face to face contacts. This also affected our ability to complete Coordinated Entries.

Collaboration with Community Organizations –

Horizon House continues to provide a number of services, in addition to PATH funded services that are available to PATH-eligible clients. These services include: Specialized Residence for the Homeless (transitional housing), HUD Permanent Supported Housing, Community Residential Rehabilitation (transitional housing), Clubhouse (site-based psychiatric rehabilitation) Mobile Psychiatric Rehabilitation Services, Peer Support Services, ACT (Assertive Community Treatment) and Representative Payee Services.

Horizon House provides ACT services including targeting for transition age youth and young adults, which are available to PATH eligible individuals.

The PATH Program identifies and works collaboratively with an array of external supports offered by other community organizations to PATH-eligible clients. These external supports include: emergency shelters, drop-in centers, MH/MR Base Service Units, mental health and/or substance abuse services, health care, education, employment, food banks, financial and medical benefits,

housing subsidies, and other housing services. The PATH program includes collaboration with supports and services for families and children.

The PATH Program is designed to target homeless individuals with behavioral health needs who tend to be underserved and experience difficulties or barriers in accessing and maintaining services. Behavioral health services, housing, and finances are seen as most critical. The PATH staff works with the available behavioral health service providers to improve client access to and coordination of treatment. PATH staff and others engaged in coordinated entry activities use a standardized process for assessment and referral to housing and other supports.

Horizon House maintains coordination agreements with the County's primary behavioral health services.

Horizon House is actively involved in the planning and coordination of activities and services through the Homeless Services Coalition/CoC as well as through the Delaware County Office of Behavioral Health and provider network. The CoC has developed policies and practices which are followed by all member agencies including Horizon House.

Horizon House coordinates directly with The Office of Behavioral Health and through the CoC meetings and committees formed and through joint outreach efforts with other agencies and personnel from other counties. We have continued to be an intricate part in conducting special outreach designed to identify and engage the most vulnerable and hard to reach homeless individuals to come into the shelter for services. We participate in bi monthly Teams meetings with the transit police and other personnel, a Philadelphia drug and alcohol provider, a Delaware County drug and alcohol provider, the Office of Behavioral Health for Delaware County, the airport personnel and homeless providers from the city of Philadelphia to discuss the locations of the homeless and the hours where outreach is needed most. We then coordinate days and times to join them in conducting the outreach. Horizon House is also a lead provider ensuring that the annual Point In Time outreach is scheduled and completed.

Service Provision –

PATH Services are provided through three program components: PATH Homeless Outreach, PATH/Coordinated Entry team (including outreach) and PATH Housing First. Coordinated Entry, Homeless Outreach and the PATH outreach services are integrated within the coordinated entry process.

The PATH Homeless Outreach and PATH/Coordinated Entry teams focus its efforts on outreach, engagement, assessment, screening and referrals for homeless services, housing and other community services. Staff engage homeless individuals through coordinated entry access points and/or outreach; assess the individual needs, barriers, resources, and preferences; and assist the individual in accessing CoC services and other community supports. In addition to initial outreach, engagement and coordinated entry services, PATH eligible individuals may receive additional case management and referral services for behavioral health and other community supports to assist in accessing and utilizing those services, primarily targeting those individuals who are literally and chronically homeless.

Referrals and coordination of services may include areas such as health, mental health and substance abuse, job training, education, income/benefits and housing referral services. A client record is maintained for all individuals documenting referrals and services received.

The PATH Housing First staff provides case management, habilitation/rehabilitation, and residential supportive/supervisory assistance required for clients to achieve successful, permanent housing outcomes. We will be initiating the same level of supports with our PATH Homeless Outreach staff. This is a new position that was added to our Homeless Outreach program. The position has only been filled since November 2021. Almost all individuals served in chronically homeless housing slots meet the HUD definition for chronically homeless. Case management supports are provided to assist individuals with linkage and access to mainstream community services.

Habilitation/Rehabilitation supports are provided to assist individuals with improving functioning, a sense of wellbeing, and a satisfying level of independence. Staff completes individualized assessments of skill competencies and assist individuals with gaining the skills required to:

- Maintain personal hygiene
- Perform household activities, including house cleaning, cooking, grocery shopping, and laundry
- Improve money management
- Use public transportation
- Obtain effective medical/dental care
- Manage medications and behavioral health symptoms

Residential supportive and supervisory assistance is provided to assist individuals to maintain stability in their homes as they transition to mainstream supports. To support individuals in their homes, PATH staff:

- Assist with ADL and social/interpersonal skill improvements necessary to maintain housing and successfully utilize community resources.
- Assist with budget development prior to housing placement, bill paying, and controlling spending within the limits of each consumer's budget.
- Assist with managing issues that occur with landlords, other tenants, and neighbors.
- Identify a representative payee for individuals who cannot independently manage their own funds.
- Help establish and maintain schedules required to keep appointments for treatment/rehabilitation, health care, social services, and other personal needs.
- Coordinate on-call emergency contacts with consumers.

Since its inception Horizon House PATH services have maintained its focus on outreach and case management as priority services, and the target populations are the most vulnerable adults who are literally and chronically homeless. With our new PATH Homeless Outreach position, we will join in the efforts of our PATH services already in place.

Literally and chronically homeless individuals are identified as the priority population in the marketing of services through the countywide Homeless Services Coalition/CoC and through information materials provided to referral sources. Case management, the linking and coordination of services to support individual's transition to housing and self-sufficiency, continues to be a priority service for this program, as well as our PATH Homeless Outreach position. PATH Homeless Outreach staff is located in a centralized location, which gives staff access to individuals with the most severe service needs and levels of vulnerability who are prioritized for housing and homeless assistance. Staff in both PATH funded programs, will also visit locations where literally and chronically homeless are located and conduct street outreach as needed.

Delaware County Homeless Services Coalition has a strong collaborative approach to ensuring a continuum of care from street outreach to permanent housing. The Horizon House PATH services work with the CoC, Delaware County Office of Behavioral Health to assess the current street outreach activities and facilitate improvements. The CoC and PATH also coordinate with Philadelphia County's outreach teams to implement joint outreach in an attempt to connect more homeless persons to services, recognizing that there are many homeless persons traveling between counties.

Overall Services provided through the PATH Homeless Outreach and PATH/Coordinated Entry funding include:

- Outreach
- Screening
- Case management
- Referrals for primary health, job training, educational services, and relevant housing services
- Habilitation/Rehabilitation supports
- Residential Supportive and Supervisory Services

Horizon House utilizes PATH funds in a manner that leverages other significant funds and resources for PATH client services. PATH funds are used to partially support multiple positions that are members of a Coordinated Entry team and a Housing First team. Additional resources are leveraged to fully support the PATH teams and services as well as to leverage additional services and supports for PATH eligible clients. Specific additional resources leveraged include:

- Human Services Block Grant dollars received to support the PATH services and other homeless services
- HUD funds for Coordinated Entry Services
- Several HUD grants received for housing subsidies and services
- Access to the full CoC resources/services
- Access to other Human Service Block grant funded services
- Access to MA funded behavioral health and health services
- Access to other mainstream funds/services (i.e. income benefits, nutrition assistance, health benefits)
- Any gaps that exist in the current service systems

A lack of income continues to present challenges for individuals to meet even basic needs such as personal hygiene. This also limits a person's access to transportation, medications, and other supports that may assist in their recovery process. Delaware County Office of Behavioral Health, Family and Community Services of Delaware County and Community Action Agency of Delaware County have made funds available or alternative resources i.e.: gift cards, Septa Key Cards, etc., to address some of the basic needs but longer-term solutions are needed. The PATH service assists individuals with obtaining income benefits. Additional financial resources are typically needed for the individual during the benefit application and the appeals process.

The lack of employment opportunities and limited employability for individuals continues to present challenges, particularly for those who have a criminal background. The CoC has maintained this as a priority area to address.

Extensive medical issues have had a significant impact on chronically homeless individuals with serious mental illness and requires additional focus and services. Our PATH services have joined partnerships with medical providers in Delaware County who provides basic medical services to homeless individuals, which has been extremely beneficial to this population. There seems to be an ongoing need for nursing home services for many individuals; however, lack of income and early age continue to present barriers to accessing appropriate housing and services for individuals. The PATH service provides case management and linkages to assist with health care issues in conjunction with the medical teams that we work alongside of.

The program and the CoC continues to be successful in expanding housing opportunities particularly for individuals who meet the chronic homeless definition. For literally homeless individuals with serious mental illness and other significant needs who do not meet the chronic homeless definition, access to housing can be challenging. There have been efforts through the county, OBH and CoC to improve coordination of housing and there has been some improvement in housing access.

The recent closing of psych services at a major hospital in Delaware County have increased the already shortage and frequent turnover in psychiatrists in community mental health centers. This has added to longer wait times for assessments and access for behavioral health services. PATH staff works with individuals to facilitate access through community mental health center open intakes.

The PATH Team continues to participate in the county wide Homeless Services Coalition/Continuum of Care to actively address the services, needs, and gaps within the service system.

The PATH service includes identifying, engaging, assessing, and serving homeless clients with co-occurring serious mental illness and substance use disorders. The PATH services engage clients wherever they are in their recovery. An individual is not required to be abstinent in their substance use or active in D&A/MH treatment to receive PATH services. Horizon House and the PATH service have an effective working relationship with the County Office of Behavioral Health and Magellan Behavioral Health of PA which coordinate and fund MH, D&A, and MISA services. The PATH program staff has access to a range of MH, D&A, and MISA service providers throughout the County including outpatient, inpatient, detox, crisis, rehabilitation, and residential services.

Specialized training on dual diagnosis is available to staff through Horizon House, College of Social and Behavioral Science Students, Delaware County Office of Behavioral Health, Drexel University College of Medicine, Behavioral Healthcare

Education, Magellan, Behavioral Health Training and Education Network (BHTEN) and the Pennsylvania Certification Board through Eagleville Hospital. PATH staff has also had the opportunity to receive training via on line trainings offered through SAMSHA and Relias Learning.

Horizon House provides supported housing, mobile psychiatric rehabilitation, site-based Psychiatric Rehabilitation, Peer Support Services, and ACT services in Delaware County. PATH clients with co-occurring disorders have opportunities to access all agency services as well as other homeless and mainstream behavioral healthcare services. As an ongoing concern regarding opioid overdose, Horizon House ensures that staff, including PATH staff, have access to Narcan kits and have received related training.

The PATH-Housing First component facilitates housing supports and access to housing subsidies for PATH eligible clients including the co-occurring population, and there are other subsidies and housing available, which can be accessed.

Services available to all PATH clients include:

- Homeless: PATH/Coordinated Entry, Housing First
- Mental Health: Psychiatry, Outpatient, Intensive Outpatient, Mobile Psychiatric Rehabilitation, Site-Based Psychiatric Rehabilitation, Peer Support Services, Case Management, Compeer, Vocational Rehabilitation, Crisis Intervention, Inpatient, Residential and MISA Residential, Crisis Residential, ACT, FACT, Peer Warm Line, Delaware County Crisis Connections Team (Mobile Crisis Team), Voice and Vision
- Substance Abuse: Prevention, Outpatient, MISA Intensive Outpatient, Intensive Outpatient, Detoxification, Inpatient Rehabilitation, Case Management, Recovery Support Specialists.

Specific integrated services utilized include:

- Inpatient/Rehabilitation **(**Rejuvenations/Crozer, Eagleville Hospital, Fairmount Behavioral Health, Keystone, Kirkbride, Brooke Glen Behavioral Health),
- Outpatient Treatment (Holcomb, Merakey, OMNI, Crozer Chester Medical Center).

Initial contact is through the Coordinated Entry/PATH staff for initial assessment including determination of eligibility. PATH eligibility is determined by confirming homeless and mental health status per self-report and then with follow up confirmation. If individual meets eligibility criteria and chooses to receive PATH services, enrollment occurs. Eligibility is documented through CoC verification of disability, documented psychiatric evaluation, and homeless verification which are scanned into HMIS and are reviewed by CoC/OBH. If determined to not be PATH eligible, individuals are referred to other CoC or community services.

While not licensed to provide Drug and Alcohol services, Horizon House does follow 42 CFR Part 2 regulations. There are policies and procedures in place which address these regulations. The Horizon House PATH services do not directly provide substance abuse treatment services. Staff are trained upon hire and annually on all confidentiality requirements. QI staff monitors to ensure compliance

Horizon House uses Certified Peer Specialists to support our participants in their recovery who are living with a serious behavioral health disorder. They model self-care and effective use of recovery skills. They are used for outreach to help with engagement. Certified Peer Specialists offer a level of acceptance and understanding and validation not found in other professional relationships. They help our population develop their own goals, create strategies for self-empowerment and take concrete steps towards building fulfilling and self-determining lives for themselves. All of these steps help to maintain healthy lifestyles and stable housing.

Data –

PATH data is entered into the HMIS system and all staff receives HMIS training upon hire and retraining as needed. The HMIS system is utilized for collecting and recording information as well as a case management tool to coordinate within the Continuum of Care. The County provides ongoing training on the HMIS system. There is a HMIS user committee that meets monthly to address any HMIS issues and to assess the effectiveness of the system and identify necessary revisions with the system.

Horizon House PATH utilizes CARES-HMIS product/software. There is ongoing activity to update the HMIS system to capture all PATH required data. The Delaware County Office of Behavioral Health, Adult and Family Services Division is the organization in charge of HMIS for all providers.

There is a written HMIS user manual on the home page of the HMIS website. It is available for all HMIS users. It is available to reference by view and/or download.

Staff Information –

Race/Ethnicity

Black	67%
White	33%
Hispanic	0%

Gender

Male	0 %
Female	100%

All new hires at Horizon House receive cultural competency training during new hire orientation and all staff is required to take it annually. This training is designed to educate and sensitize staff to age, gender, disability, lesbian, gay, bisexual, transgender, and racial/ethnic differences of clients. Additional training in cultural competency is also available through Horizon House training department and other training resources as needed.. Any additional training that is needed for individual case load needs or targeted populations can be requested through Horizon House or the Office of Behavioral Health to meet the needs of the participants being served through increased education and resources

All new hires participates in an orientation which includes various training including Cultural Competency, Ethics, Overview of Mental Health, Suicide Prevention and HIPPA. These trainings are required annually as well. Within their first year of hire, they are required to additional trainings ie: Language of Recovery, Recovery Principles to Practices, LGBTQI, Accessibilities and Trauma Informed Principles and Practices. Additional trainings are offered throughout the CoC and other providers. Supervisors are expected to assess the needs of staff trainings on an as needed basis

At present, we do not employ any CPS or CRS that are certified through the Pennsylvania Certification Board; however, they have completed the peer training course through Mental Health Partnership and have lived experience. The county and Horizon House both have Certified CPS and CRS resources available for PATH eligible participants. Horizon House, Inc supports and encourages staff to pursue training and certification assisting with training support and economic reimbursement.

Client Information –

Race/Ethnicity

Black	60%
White	39%
Hispanic/Latino	0%
Indian/Native American	1%

Gender

Male	54%
Female	46%

Age

62+	21%
51-61	37%
31-50	31%
18-30	11%

- Project the number of adult clients to be contacted

  185

- Identify expected number of adult clients to be enrolled

  88

- Give estimated percentage of adult clients to be served using PATH funds who are literally homeless

  We anticipate that 97% of consumers served with PATH funds are projected to be literally homeless.

Consumer Involvement –

There are no PATH eligible participants employed by the agency. Due to the pandemic, Horizon House have not used any PATH eligible participants to assist with any volunteer work. Prior to the pandemic, PATH eligible participants volunteered to present at the Bi Annual CIT training, we had one who volunteered to sit on the Governance Board, however, all board meetings had been canceled, and the agency, Recovery Steering Committee discontinued

all meetings and have not yet resumed. We had PATH eligible participants serving on that committee.

Horizon House and its services, including the PATH Program, support and promote the involvement of consumers and family members at the organizational level in the planning, implementation, and evaluation of services, which is reflected in the organization's mission: "Horizon House, in partnership with individuals with disabilities and their families, advocates and provides comprehensive, community-based rehabilitation services to create opportunities for those served to manage their lives through environments emphasizing individual strength and choice."

Employment opportunities are available to consumers throughout Horizon House services and many of the services currently employ consumers. Horizon House Human Resource policies includes consumers in the employee recruitment process when staff vacancies occur, including PATH project positions. In Delaware County, Horizon House employs Certified Peer Specialists that are utilized across all services and are available to provide supports to PATH eligible individuals. All staff receives training both internally and outside of the agency on recovery and overall consumer and family related issues. Horizon House has developed a training on family inclusion, which assists staff in developing skills to improve working with families.

Outreach and assessment with individuals are completely voluntary and those seeking services are informed of the benefits and any possible risks of services as part of their intake. There is also a "Consent" that is signed if individuals are willing to receive services. Consumers receive information on their rights and responsibilities, which is informed by information from the President's Advisory Commission.

Due to the COVID-19 pandemic some of the below activities were suspended or modified. Horizon House is currently planning a soft opening in April 2022. These plans are determined based on transmission rates in Delaware and Philadelphia counties. Horizon House ensures opportunities for family and consumer involvement in program planning, administration, governance, policy determination, and evaluation of services through committees, focus groups, and satisfaction surveys. The Horizon House Board of Directors actively recruits and includes mental health consumer and family representation and the Board currently includes a formerly homeless consumer. There is also a consumer representative on the Horizon House Quality Improvement and Compliance Committee. There are a number of countywide and agency opportunities for involvement of consumers and family members in the planning, implementation, and evaluation of

the range of mental health and homeless services offered in the county, including PATH funded services. These include:

- Participant Advisory Council, which includes clients of Horizon House/PATH services to provide input and advice to program management including program development, operations, and evaluation.
- Voice and Vision – is an organization that challenges the human service system and the broader community to value the gifts and strengths of all people through their own strengths, creativity and unique experiences.
- The Community Support Program, which is an ongoing planning and advisory committee for county mental health services with membership including providers, consumers, and family members.
- The Homeless Services Coalition, which invites and includes participation of consumers in its activities and functions, including the planning and evaluation of services.
- Consumer satisfaction surveys are completed by PATH eligible participants

The Recovery Steering Committee also invites and includes participation of consumers in its activities and functions, including the planning and evaluation of services

Alignment with State Comprehensive Mental Health Services Plan –

"The goal of the PATH program is to reduce or eliminate homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance use disorders who experience homelessness or are at imminent risk of becoming homeless."

Horizon House PATH provides outreach and assessment to homeless individuals, refers individuals to appropriate CoC/homeless services and provides case management and referral services to assist individuals with serious mental illness or co-occurring disorders to access and utilize mainstream behavioral health services and housing supports. Once housing has been obtained the PATH service provides case management and other supports to ensure that the person has the skills and supports to maintain housing and successfully utilize mainstream supports. The majority of individuals supported in housing meet the HUD definition of chronic homelessness.

The Horizon House PATH outreach includes street outreach in addition to other locations where homeless individuals may be located. Since employing PATH staff within Homeless Outreach we have seen an increase in street outreach, which has

been a goal of the service. This also allows PATH staff to be consistently involved in outreach to the County's major transportation terminal as a collaborative effort with Delaware County services, Philadelphia outreach services, and SEPTA police.

PATH services are informed by The State Plan and provide recovery oriented services that are targeted to individuals who have a serious mental illness and who experience homelessness. The services directly assist individuals in moving from homelessness to housing and facilitate individuals' access to mainstream services that promote recovery, successful community living and independence. The PATH services provide outreach and case management services for the most vulnerable adults who are literally and chronically homeless.

Through its outreach and case management, the PATH services have been integral in connecting individuals with mainstream behavioral health services and benefits, providing and facilitating access to permanent supportive housing and facilitating increased collaboration across systems.

Other Designated Funds –

Delaware County Human Services Block Grant funds are designated specifically for people who experience homelessness and have serious mental illness within several services in Horizon House as well as other agencies. This includes funds specifically allocated for PATH services.

Programmatic and Financial Oversight –

Delaware County OBH provides PATH funds to Horizon House through a contract which stipulates reporting and monitoring requirements. The County conducts site visits/audits and meets with Horizon House staff on a regular basis for contract monitoring. However, due to the pandemic, all site visits and audits have been postponed until further notice.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

We do not have any staff that have completed the SOAR course On Line, however, all staff except the new hires have completed the SOAR webinar.

No PATH project staff provided assistance directly using the SOAR model

No consumers were assisted through SOAR directly by this PATH project. There were some individuals that were assisted through SOAR by other providers

- Application eligibility results (i.e., approval rate on initial application, average time to approve the application)

  N/A

  PATH services has not been utilizing SOAR directly, but have the ability to utilized SOAR trained staff located with other organizations whenever necessary. A large percent of all referrals for PATH services have already applied for Social Security benefits prior to PATH contact, although they may not have SSI/SSDI benefits at time of assessment or intake. Those who do not get approved for benefits and wish to appeal the decision are referred to attorneys in Delaware County who specialize in Social Security Disability. In those cases, where needed, staff assists individuals with the application process.

Coordinated Entry –

Horizon House is a provider of Coordinated Entry services which is governed/monitored through the CoC/Board with support through the Delaware County Division of Adult and Family Services. Horizon House PATH services/staff are integrated within the coordinated entry process. The Coordinated Entry system in Delaware County is a decentralized-coordinated system with four entry points located in areas of high need.

The CoC uses a phased-assessment process with a series of situational assessment tools that allow assessments to occur at entry point for all homeless services. Coordinated Entry prioritizes the most vulnerable individuals that meet criteria per homeless status, disability and the length of time homeless. Utilizing the situational assessment tool, allows for all individuals to be housed fairly and properly placed in the necessary housing program or into rapid re- housing. There are two different assessment tool; the VI SPDAT and the SPDAT**.** The VI SPDAT is completed at coordinated entry and the SPDAT is completed once a homeless person enters the shelter and is updated every 30 to 90 days thereafter. It can also be completed if any significant changes occur. The CoC's coordinated entry system ensures that everyone who has a housing crisis is comprehensively assessed to determine their housing status and intervention needs in hopes of transitioning households from homelessness. PATH workers and shelter staff develop stability plans to address housing barriers, income potential, medical and psychiatric need, housing assistance program eligibility, mainstream resource needs and other service needs. The assessment and other tools help to determine the best possible path and programming for all households to be permanently and stably housed as quickly as possible. Once a stability plan is developed, case management services are provided for all emergency shelter and transitional housing clients and includes the development of a service plan for each client. Referrals to mainstream behavioral

health resources and the provision of appropriate supportive services for clients in emergency shelter and transitional housing are extremely important. These critical support services such as case management, life skills, money management, parenting, mental health services, D&A services, employment and training, etc. are provided, utilizing a myriad of Federal, State and local funding, to improve participant's ability to achieve self-sufficiency.

Justice Involved –

Delaware County has a strong CIT training process and recently resumed the training now that state restrictions have somewhat decreased. The last class trained occurred in October 2021 and a total of 30 officers attended. Horizon House is actively involved in the planning and presentation of the CIT training. The CIT has been effective in positively influencing the relationships and interactions of law enforcement with the behavioral health and homeless service systems and individuals within these systems.

PATH supportive services works with participants that are newly released from the criminal justice system to ensure that they obtain needed documentation, updated identification, mainstream behavioral health benefits, job training, forensic peer support, connect with a PCP, connect with mental health supports if needed, and at times, connect to the forensic ACT team. In reference to employment, it is assessed as to whether a GED is needed prior to an employment program. If education is the priority, individuals are linked to GED programs. If able to enter the work force without employment supports, list of locations that will hire with a criminal background are provided. Supports with employment for applications are given if needed as well. If individuals are on probation or parole, PATH staff is able to support them with connecting them to their assigned person and ensuring repayment supports as well.

When completing the coordinated entry process, questions will be asked in reference to the prior location and if they spent a night in a jail cell. All answers in the coordinated entry will be factored into the VI SPDAT score, along with many other categories. Additionally, once in the shelter, the SPDAT score will also factor in the recent incarceration. However, at this time, criminal histories are not a priority, just a vulnerability scoring factor for housing which increase their prioritization.

Veterans –

During initial outreach and screening, the PATH program seeks to identify individuals experiencing homelessness who are veterans. Veterans status is documented on their initial screening form. If a person is identified as a veteran,

he/she is made aware of the available resources targeted for veterans and referred as appropriate. The PATH services through the Homeless Service Coalition have taken steps to ensure that veterans services are included in the planning and networking of available resources.

The PATH staff works with individuals to connect them to all mainstream services and specialized veteran services. Often times, connecting to behavioral health services is the priority along with housing. Those identified to be veterans who are in need of housing are referred to housing programs in Delaware County that are specifically for veterans.

Tobacco Policy –

Horizon House has a Tobacco- Free Policy that became effective July 1, 2018. The purpose of the policy is to explain the agency's prohibition of the use of tobacco and tobacco related products on it premises and to comply with all applicable federal, state and local regulations regarding the use of tobacco products in the workplace. The policy applies to all Horizon House administrative, residential and non-residential service locations. The policy 4.1.10 was implemented because Horizon House has an obligation to promote health and wellness for the people we serve and for each other. Employees, participants, contractors, students, volunteers and other visitors are not permitted to use tobacco or tobacco related products on Horizon House properties, in parking lots, agency vehicles and/or where prohibited on properties adjacent to the agency's operating locations. Horizon House also offers connections to smoking cessation programs to all participants and staff who may be interested and provide information about quitting via pamphlets, fact sheets, etc.

Health Disparities Impact Statement –

> We served 6 YYA participants. However, we do expect this number to increase now that state restrictions are being lessened and a new shelter, that will also be utilized as a place where PATH eligible individuals can come for the day is expected to open up late spring, early summer. We also recently partnered with Catholic Social Services to come to their 4 day a week Coffee Shop hour, which provides a light breakfast meal for homeless individuals and a large percentage of those that attend are YYA.

The total amount of PATH funds expected to be expended on services for the YYA population for this upcoming term is ($84,301) calculated by taking the average number of YYA individuals we have reported in the last quarterly report and used that percentage (16.7%) to determine how much from the overall funds dedicated to this project ($504,796) may be utilized for this demographic

Horizon House provides ACT services to transition age youth (YYA)/young adults, which are available to PATH eligible individuals. Horizon House works in collaboration with the ACT team to ensure proper needs, especially housing, are provided to YYA individuals. Additionally, YYA population is able to access all PATH services that are available to all populations

The PATH program will continue to access locations, numbers, service use programs, and outcomes for the YYA population by utilizing data that is collected in HMIS and track the information for increased supports and programs. Access, Programs, and outlooks will all be data driven and tracked within the HMIS system:

Access will expand outreach to ensure that YYA individuals are being counted that are at risk, due to couch surfing, street outreach will include locations that are frequented by YYA individuals, outreach/coordination with agencies serving YYA individuals (i.e., Delaware County CYS, Office of Behavioral Health, Child Guidance, Family and Community Services, and Delaware county school districts), along with PATH workers reach out to all YYA for PATH supports that re in shelters and homeless day programs.

Service use will ensure that staff remains completing training on current and new YYA issues, utilize peer support, ensure areas of focus such as employment, education, income, benefits, and housing, and are prioritized for all YYA individuals.

Outcomes that will continue to be tracked in HMIS will be increase or decrease of employment, education, benefits, income, and housing. Focus on tracking outcomes of socialization will be further explored

Limited English Proficiency –

The program to date has not experienced limited English proficient (LEP) persons. Horizon House is committed to providing culturally and linguistically appropriate services consistent with Executive Order 13166.

Budget Narrative –

Delaware County
Horizon House Inc.
PATH Program
FY 2022-2023 Budget Narrative

Expenses are calculated with using actual expenses and historical data for the programs that provide supports for individuals who are supported by PATH funds. A combination of local, state and federal support is used to help ensure their success, and the PATH budget narrative represents the percentage of those expenses covered by the PATH allocation.

The funds allocated to the PATH services will serve approximately 166 individuals of which 175 are estimated to be literally homeless throughout the course of this upcoming year.

Personnel/Positions: (Also see Roster listed on Budget)
The PATH Team including Housing First, provides outreach, screening and diagnostic treatment, case management, referrals, habilitation/rehabilitation, and residential supportive and supervisory service.

Fringe Benefits:
@ 23.5% including FICA Tax ($6,127), Health Insurance ($9,770), Retirement ($2,002), Life Insurance ($921)

Travel:
Vehicle lease, insurance, and maintenance and gas/travel expense for client outreach and services
Travel to training/networking meeting and staff training

Occupancy:
Office expenses, rent, utilities, and maintenance for staff/service activities

Supplies:
General office supplies for staff/services
Client welfare emergency needs (food, clothing, medications)

Communication:
Telephone and postage

Administrative Expense:
@ 4%

Funds Allocated for PATH Client Services:

Federal Allocation:	$97,027
State Match:	$32,342
County Allocation:	$175,892

Delaware County
Horizon House Inc.
PATH Program
FY 2022-2023 Budget

PERSONNEL Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Director	$130,333	0.01	$1,303	$1,303
Program Director	$79,498	0.02	$1,747	$1,747
Administrative Manager	$42,000	0.01	$420	$420
Administrative Assistant	$41,500	0.01	$415	$415
QI Manager	$48,235	0.01	$482	$482
QI Specialist	$43,884	0.01	$439	$439
Team Leader	$61,302	0.24	$14,712	$14,712
Behavioral Health Spec.	$32,618	0.40	$13,047	$13,047
Nurse	$54,413	0.12	$6,530	$6,530
Housing 1st BHS	$34,321	1.14	$39,126	$39,126
Clinical Specialist	$46,634	0.04	$1,865	$1,760
sub-total			**$80,086**	**$80,086**
FRINGE BENEFITS Position				
Director				$306
Program Director				$411
Administrative Manager				$99
Administrative Assistant				$98
QI Manager				$113
QI Specialist				$103
Team Leader				$3,457
Behavioral Health Spec.				$3,066
Nurse				$1,535

Housing 1st BHS				$9,195
Clinical Specialist				$438
sub-total				**$18,820**
TRAVEL				
Local Travel for Outreach				$12,285
Travel to training and workshops				$2,809
sub-total				**$15,094**
Occupancy				
Rent				$4,594
Utilities				$864
Maintenance				$1,647
sub-total				**$7,073**
Supplies				
Office Supplies			$972	$972
Consumer-related items			$803	$803
sub-total				**$1,776**
Communications				
Telephone/Postage			$1,554	$1,554
sub-total				**$1,554**
Administrative Expense @ 4%				**$4,976**
Total PATH Budget				**$129,369**

Erie County - Erie County Care Management
1601 Sassafras Street
Erie, PA 16502
Contact: Sheila Silman
Email Address:

Provider Type: Social service agency
PDX ID: PA-066
State Provider ID: 4266
Contact Phone #: 8145280727

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 90,821.00**	**$ 30,274.00**	**$ 121,095.00**	

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

Office: Other (Describe in Comments)	$ 90,821.00	$ 30,274.00	$ 121,095.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 90,821.00	$ 30,274.00	$ 121,095.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 90,821.00	$ 30,274.00	$ 121,095.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 60

Estimated Number of Persons to be Enrolled: 50

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

Number staff trained in SOAR in grant year ending in 2021: 3

Number of PATH-funded consumers assisted through SOAR: 2

Erie County Mental Health/Intellectual Disabilities
Erie County Care Management, Inc.
PATH IUP
FY 2022-2023

Local Provider Description

Provider name as it appears in PDX:

Erie County Care Management, Inc.
Non-profit 501 (c) 3 Corporations
1601 Sassafras Street
Erie, PA 16501
PDX Provider Number: PA-066

Erie County Care Management, Inc., (ECCM) a private not-for-profit organization, was established in June 2006 by an act of Erie County Council as a conflict-free care management entity, serving the behavioral health and intellectual disabilities systems in Erie County (PA) to provide for Mental Health Administrative Care Management, Intellectual Disabilities, and Early Intervention Service Coordination. A primary focus for the organization is to promote the integration of community services into a seamless system of care for any children and/or adults in need of services. Funding is received from Federal, State, Erie County, and other sources. ECCM serves all Erie County residents by offering appropriate options for service, based on individual choice, from the Erie County Continuum of Care (COC).

ECCM provides administrative case management and other support services to Erie County's behavioral health, intellectual disabilities, and other human-service consumers. By offering local support that assures access, ECCM ensures that care decisions are consumer-based and individualized, offering comprehensive, holistic care that fosters independence.

ECCM's Erie County Coordinated Entry team, which began on January 23, 2018, is part of the Administrative Case Management Division (the Mental Health Base Service Unit) that provides screening and intake for persons with serious mental illness into the County mental health system and works to insure availability and timely, prioritized access to resources for housing and/or mental health services.

While basic services are provided to all persons who have a mental health diagnosis, Administrative Case Management's most intensive activities are often conducted with persons who meet the criterion for the State Priority Groups which are defined as adults who meet the threshold for Serious Mental Illness (SMI) and children who meet the threshold for Serious Emotional Disturbance (SED). This definition is referenced directly in the Commonwealth of Pennsylvania, Department of Public Welfare's Mental Health Bulletin of March 4, 1994, *Serious Mental Illness: Adult Priority Group*.

Specialized focus is directed toward individuals who are self-reported, or otherwise identified, as homeless, fleeing domestic violence, veteran, dually-diagnosed, forensic, and/or families with children.

Administrative Case Management activities are organized according to the following functions: Identification and engagement on-site at a variety of sites (prisons, emergency shelters, consumer centers, nursing homes, schools, etc.) with professionals in order to identify persons in need of service and encourage their participation, as well as mental health holistic assessment and service planning, referral and linkage to appropriate services, and consultation and community education regarding special populations as described above.

Amount of federal PATH funds the organization will receive (2022-2023):

Total = $121,095
Federal Funds = $90,821
State Funds = $30,274 (Block Grant County)

Collaboration with HUD Continuum of Care (CoC) Program

ECCM is a long-standing member of the Erie County Home Team Homeless and Housing Coalition (ECHTHHC) which is part of the Erie County COC (PA-605 Erie City-County). The mission of the ECHTHHC is to plan and implement housing and support services for homeless individuals and families in Erie County. In addition to the Executive Committee, the ECHTHHC has a number of subcommittees which include: Coordinated Entry; Children and Youth; Gaps and Information; Education and Outreach; Membership; and Housing. ECHTHHC meetings are held every other month or six (6) times a year. ECCM also participates in the Executive ECHTHHC, Coordinated Entry, and Housing subcommittees, which are held every other month or six (6) times a year. Meetings are held to discuss the work of the subcommittees and to bring forward any emerging critical needs of the homeless in our community. ECCM participates annually in the Single Point in Time (SPIT) survey, which documents the housing and support needs of the homeless. including the chronic homeless. ECCM also participates in the Local Housing Option Team (LHOT) whose mission is to facilitate the development of permanent housing for persons with disabilities.

ECCM works collaboratively with other mental health care providers such as Lakeshore Community Services, Safe Harbor Behavioral Health, St. Vincent Hospital, Millcreek Community Hospital, Erie Veterans Affairs Medical Center, Corry Counseling, Barber National Institute, and Stairways Behavioral Health to ensure that mental health care and other related services are well-coordinated and provided in a timely manner.

Drug and alcohol services, both inpatient and outpatient, are provided by a number of community agencies. ECCM will assist an individual experiencing homelessness in accessing substance use disorder services at Millcreek Community Hospital, Crossroads/Gaudenzia, Pyramid Healthcare LLC, New Directions LLC, Deerfield Behavioral Health, Stairways Dual Diagnosis Unit, and/or Gateway through the Erie County Office of Drug and Alcohol Abuse (Single County Authority).

Coordination with the organizations referenced above occurs at a number of different levels depending on the specific circumstances. ECCM has established and maintained very strong working relationships with community agencies and their representatives to make accessing services as simple and as efficient as possible for our consumers. Other services listed above, such as substance abuse treatment, may require a specific application and/or admission process. In such cases, the Coordinated Entry team works closely with individuals experiencing problems with substance abuse to help them complete and submit any information necessary to secure services or resources. As much as possible, staff provides support and advocacy to consumers so that they can effectively learn to navigate the various community systems independently over time. Regardless of the service or resource needed, however, ECCM's staff are capable and competent to assist consumers with case management and service coordination activities through effective networking with community agencies. Any individual experiencing difficulty accessing services of any type is always welcome to contact ECCM staff for "whatever it takes" support.

Additionally, ECCM has a unique role in Erie County, as it serves as the enrollment and intake point for the County's Intellectual Disabilities and Early Intervention services, as well as for any County-funded Mental Health programming. With the ability to interface internally with the service coordinators of both the Intellectual Disabilities and Early Intervention Service programs, the Mental Health Administrative Case Management Staff of ECCM are in the distinctive role of offering easy access and collaboration, for resource support and consultation, to the individuals served through these other systems. A dedicated program through the Intellectual Disabilities system, Specialized Probation Services, focuses on serving individuals with an IQ below 70 who are involved in the criminal justice system. These individuals often find homelessness an obstacle to community

living. The opportunity for internal interface at ECCM between systems is a rare support, as staff brainstorm creative solutions to challenges to independent living.

ECCM provides psychiatric consultation to staff on an as- needed and scheduled bi-weekly basis to offer education and support regarding consumer special needs. Such educational individualized access increases staff success in engagement and service access review for those we serve.

PATH grant eligibility determination and inclusion, as well as requests for support and service access, come through to ECCM through a variety of sources, including self-referrals, shelters, transitional living centers, community outreach centers, Mental Health Association, ECCM Call Center, Erie County's Managed Care partner, Erie County's Managed Care Call Center, Erie County Drug and Alcohol Abuse Program (SCA), Department of Human Services, Office of Children and Youth, Behavioral Health service providers, Physical Health Managed Care Organizations, Community Health Net, St. Paul's Free Neighborhood Clinic, Drug & Alcohol service providers, Certified Peer Supports, Intellectual Disabilities, Early Intervention, Greater Erie Community Action Committee (GECAC), PA Probation & Parole, and other community outreach agencies. ECCM collaborates with all community organizations who serve consumers with identified service needs related to the life domains of primary health, mental health, substance abuse, employment and housing, education and training, etc. Contacts to the referenced agencies and systems are regularly completed to increase awareness regarding service support to the County's homeless population.

ECCM has a long and well established history of positive relationships and joint activities on behalf of consumers with local community organizations. ECCM has Business Partnership arrangements and Memorandums of Understanding (MOU), rather than strict policies that address the coordination of activities with the above systems, as well as service providers. It is the policy of ECCM to accept, at no cost to any individual or agency, all requests from any source, and offer information and referral to appropriate services, without discrimination. All referrals and requests for assistance for homeless individuals are addressed by the ECCM Coordinated Entry team.

Service Provision

There is intentional focus on support to the local shelter to offer resource consultation and coordination to identify individual domain needs and initiate a planned response, through Coordinated Entry directly or through supporting the assigned Blended Case Manager at the provider agency, whenever needed. The utilization of ECCM's psychiatric consultant is always available for support in determining service need and appropriate access options. ECCM is well-versed in all services available through all funding sources in Erie County. If a PATH client is in need of a service and meets the criteria, then they will be linked in order to maximize available funding outside of PATH. (e.g., a Veteran may receive Case Management and Homeless supports through the Erie Veterans Affairs Medical Center.)

A recurring gap in the existing service system involves safe, affordable housing options: more specifically, subsidized housing programs which are available for the individuals served. A significant percentage of consumers receive benefits from the Department of Human Service (DHS), for themselves and their minor dependents, which is not sufficient to afford housing at fair market rates. Therefore, subsidized housing is virtually the only option for many of these consumers, whose income is only "welfare", save for a less desirable option such as a shelter. Additionally, since August 1, 2012, Pennsylvania eliminated the $205.00 monthly General Cash Assistance category of benefits, leaving many individuals without any income at all. This has resulted in more Erie County residents being identified as homeless.

Although many referred consumers receive social security benefits, primarily in the form of Supplemental Security Income (SSI), it is still challenging to find affordable housing based on the limited availability and

increasing costs of rental units in Erie. Also, many individuals referred are not at a point where they can pursue, get and/or maintain a level of competitive employment where they can either supplement their entitlement benefits to afford independent housing, or to afford fair-market rental housing.

Additionally, many individuals served have experienced difficulties with the legal system as a result of their mental illness and/or substance abuse histories. Therefore, a significant number of individuals served are ineligible for many existing subsidized housing options, based on their criminal records. Unfortunately, both the number and the limitations of current subsidized housing programs do not meet the existing need of those consumers in this community.

ECCM determined PATH eligibility for clients via Coordinated Entry referrals, emergency shelter referrals, MH and/or D&A provider referrals, Erie County DHS referrals, and internal ECCM agency referrals upon notification of a client's serious mental illness (SMI) verification and homeless verification. PATH-eligible clients are, in nearly all cases, enrolled in PATH during the first interface with a PATH case manager. The PATH eligibility of identified individuals is documented in HMIS and in Base MH funding databases.

ECCM prioritizes PATH funds to align with PATH goals to target street outreach and case management services via coordination between Coordinated Entry and PATH case managers, both of which are interconnected internally at ECCM and in tandem provide PATH-eligible individuals celeritous connection to homeless prevention, mental health, and drug & alcohol levels of care to support individuals' recovery. Coordinated Entry identifies PATH-eligible individuals, especially those living on the streets or living in a place not meant for human habitation, as acutely needful of outreach, and resultantly Coordinated Entry refers individuals to PATH case management upon the individuals' consent to do so during the Coordinated Entry screening process.

ECCM maximizes PATH funds by leveraging the use of Erie County MH/ID Support Funds, which are intended to address the non-mental health service needs of Erie County individuals with serious mental illness, with particular emphasis on the reduction of their risk of out-of-home displacement via hospitalization or homelessness.

ECCM currently serves individuals with co-occurring mental illnesses and substance abuse disorders and will continue to do so through referrals to appropriate outpatient treatment, community-based, and residential programming. Staff also offer support to the client who is struggling with maintaining their recovery and desires to seek Drug and Alcohol services with contacting the Erie County Office Drug and Alcohol Abuse for an intake.

ECCM is a mental-health team member of the CROMISA (Community Re-integration of Offenders with Mental Illness and Substance Abuse) Program to support the ostensible community reintegration of incarcerated Erie County individuals who struggle with co-occurring mental illness and substance abuse and who have at least one year remaining in their criminal sentences. ECCM coordinates directly with Stairways Behavioral Health, Erie County Office of Drug & Alcohol Abuse, Erie County Office of Mental Health/Intellectual Disabilities, the Probation & Parole Board of Pennsylvania, Gaudenzia Crossroads, and the Greater Erie Community Action Committee (GECAC) to support the CROMISA mission. ECCM also performs holistic Forensic Mental Health Assessments in respective Erie County Correctional Facilities to ascertain the holistic needs of and provide level-of-care referral to Erie County individuals who are referred by Erie County Corrections. ECCM additionally provides Erie County individuals with co-occurring mental illness and substance abuse problems who are exiting Erie County Correctional Facilities with Coordinated Entry support via the specialized support of a Homeless Transportation Specialist, who provides free transportation to and from mental health appointments, physical health appointments, housing/homeless shelter stays, and social service appointments to support mental health recovery and to support housing/homeless shelter stabilization.

ECCM is also a mental-health team member of the Erie County Treatment Court, which is specifically designed to serve adults with mental illness and/or co-occurring mental illness and substance abuse problems. Erie County

Treatment Court consists of three components: Drug Court, Family Dependency Court, and Mental Health Court. They work within a combined framework referred to as "Treatment Court." Treatment Court is a setting of supportive treatment that uses graduated incentives and sanctions. It provides a supportive, comprehensive, and holistic team approach in addressing the needs of the offender. Treatment Court was developed to work with non-violent D&A and/or mentally ill cases utilizing intensive supervision, support with case management and treatment resources for parole and child welfare. Treatment Court is a method by which individuals with mental illness and/or co-occurring disorders can receive proper treatment and monitoring as an alternative to imprisonment.

ECCM has been providing homeless case management services since its inception in 1994. ECCM personnel receive a variety of training from a diverse group of providers through biweekly staff meetings: i.e. Social Security Office, Pyramid Drug Alcohol Services, Safe Harbor Behavioral Health Crisis Services, Erie County Involuntary Commitment Procedure, etc. ECCM will send a representative to the next annual PATH training or other appropriately aligned training targeted for PATH.

ECCM is not a provider of Drug & Alcohol Services, and consequently, is not required to follow 42 CFR Part 2 regulations.

However, ECCM's confidentiality policy reflects the imperative importance of confidentiality for the individual who is diagnosed with a co-occurring substance abuse disorder. ECCM has a strict policy and procedural process that governs all authorizations for disclosure of any information about an individual's treatment.

ECCM is required to follow 42 CFR Part 2 regulations.

ECCM utilizes Certified Peer Specialists by coordinating with the following CPS lead agencies in Erie County: Safe Harbor Behavioral Health of UPMC Hamot; New Directions Healthcare, LLC; Esper Treatment Center, Inc.; Pyramid Healthcare, Inc.; Gaudenzia, Inc.; and Stairways Behavioral Health.

Data

Currently, ECCM's Coordinated Entry staff input information into Erie County's designated HMIS Service Point system, produced by Bowman Systems, LLC. Erie County's HMIS Administrator continues to provide both group and individual training to the staff. Training will occur annually for updates, as well as ongoing support to new staff.

ECCM has access to a written HMIS user manual for reference to support accurate PATH data entry into HMIS electronically at the following web address: https://files.hudexchange.info/resources/documents/PATH-Program-HMIS-Manual.pdf?msclkid=0d10bd6ba5f711ec97d3fa9df4bfea43. It is made available to new employees at the point of hire and to current employees ongoingly as updated HMIS trainings occur.

The outcome of the collaborative relationship that has developed between the Direction of Supportive Housing at ECCM and the HMIS Administrator has resulted in an immediate response in support to all PATH staff. At a minimum, training with ECCM PATH staff occurs quarterly. Additionally, ECCM, as a PATH Grant recipient, is always responsive to any requests and participation in any trainings offered by the HMIS Administrator. Erie County's HMIS System is fully compliant at this point.

Housing

ECCM is identified by the Erie County Department of Human Services as the Local Lead Agency (LLA) that acts as a consultant to secure affordable housing for people with serious mental illness in federally-funded tax credit projects, 811s and 202s.

Strategies utilized to seek and secure available housing depend on the individual's circumstances. For those individuals who receive welfare benefits, locating affordable housing is a tremendous challenge. ECCM staff assists these consumers in applying for all subsidized housing programs for which they are eligible, such as through the Housing Authority of the City of Erie (HACE), Housing and Neighborhood Development Services (HANDS), Community Shelter Services that operates the Lodge on Sass and Columbus Apartments, and landlords who participate in Section 8 housing. The obvious benefit is that the client only pays 30% of her/his income so that s/he can afford the other necessities of living.

For consumers who are able to afford non-subsidized housing, ECCM maintains productive relationships with community landlords to advantageously utilize apartment availability as openings occur. ECCM has been successful in assisting many individuals in establishing permanent housing with neighborhood landlords who have demonstrated understanding, and in some cases making allowances for, individuals with serious mental illness who are too often rejected by landlords due to stigmatization. Advocacy is key in these cases, and ECCM staff have been instrumental in assisting consumers to assert their rights when it comes to securing housing and other community services.

In addition to utilizing community housing resources, ECCM continuously applies for grants that fund permanent housing opportunities, such as permanent supportive housing initiatives.

ECCM is a sponsor of three (3) Permanent Supportive Housing (PSH) grants, supporting over one hundred (100) individuals with serious mental illness and/or substance abuse disorders. Emergency shelter provides stable housing and linkages to mainstream supportive services in the community. Once individuals are stable in the Shelter Plus Care program, all efforts are made to transition them to Section 8 or other public housing opportunities. Additionally, Shelter Plus Care focuses on supporting families to remain intact by providing stable housing and individualized case management, reducing the cycle of homelessness.

PATH Case Managers have the opportunity to refer their consumers who are experiencing homelessness and are also considered disabled by virtue of their serious mental health or substance abuse issues, as a priority for the PSH programs. The positive peer relationships between the ECCM PATH case managers and the ECCM PSH staff engenders advocacy on behalf of the individual.

CLIENT INFORMATION

Describe the demographics of the client population

Age Range	Contacted	Enrolled
18-23	10	7
24-30	15	12
31-40	30	27
41-50	40	37
51-61	25	22
62 and over	10	5

TOTAL	TOTAL: 130	TOTAL: 110
Race	Contacted	Enrolled
American Indian or Alaskan Native	5	4
Asian	5	4
Black or African American	60	55
Native Hawaiian or Other Pacific	5	4
White	55	50
Two or more races		
TOTAL	TOTAL: 130	TOTAL: 117
Gender		
Male	63%	
Female	34%	
Transgender	3%	
Ethnicity		
Non-Hispanic/Non-Latino	93%	
Hispanic/Latino	5%	
Neither (per client report)	2%	

- Project the number of adult clients to be contacted
    - **100 clients are projected to be contacted.**

· Identify expected number of adult clients to be enrolled

- **75 adult clients are expected to be enrolled.**

· Give estimated percentage of adult clients to be served using PATH funds who are literally homeless

- **Approximately 90% of adult clients who are literally homeless will be served using PATH funds.**

Alignment with Comprehensive State Mental Health Services Plan

ECCM's PATH project continues to prioritize the identification and support to individuals who are experiencing homelessness, who also have been diagnosed with serious mental illness and/or co-existing substance abuse disorders. Referrals come directly to the Coordinated Entry staff to ensure that no person misses the opportunity to secure support and service access.

All services are designed to promote street outreach and positive engagement with individuals who are our most vulnerable adults, utilizing effective and timely supportive case management strategies in a plan to end homelessness, one empowered consumer at a time.

ECCM is committed to use PATH funds to target street outreach and case management to identify our most vulnerable adults for access to needed supports across all domains.

ECCM's mission is to deliver services in accordance with the Recovery Principles that include self-direction within a holistic perspective. Staff working with the individual, families and community members understands that recovery encompasses the varied aspects of an individual's life. This includes mind, body, spirit, and community. Community services such as housing, employment, education, mental health and healthcare services, complimentary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports are options available to each person.

ECCM's holistic assessment process, which includes needs-based service planning, as well as barriers to care, results in an increase in access to quality behavioral health services. Identifying and addressing individual obstacles to services access empowers PATH-eligible consumers to lead, control and exercise choice over their own life. PATH-funded consumers will be supported in making informed decisions about the nature, location, and provider of services to encourage self-direction and strength based decision making.

ECCM staff's extensive expertise in working with homeless individuals underlines the team's unique ability to engage PATH-funded consumers in a process to access the local continuum of care for behavioral health and substance abuse services, as well as community resources, to end homelessness.

Focused energy for identification, engagement and case management activities on behalf of PATH-eligible consumers will produce increased community tenure and stability, which is a basic component of the state's plan to end homelessness.

Erie County's PATH program reflects the state plan by increasing the opportunities for individuals to access a stable and safe place to live in the community with relationships and social networks that provide support, friendship, love, and hope.

Erie County Emergency Preparedness Plan (www.eriecountypa.gov), includes the use of Shelters, Special Needs, and Emotional Support. Shelters will be opened in schools, churches or other large public use buildings. Shelters will be open based on need. Those with special medical/cognitive needs should consider registering with Safetown. Safetown is an easy-to-use suite of web-based and mobile apps that empower you to share information with local law enforcement, fire, emergency services, and other citizens to make your community a better, safer place to live. Home Profile allows for persons to register those with special needs so that if an emergency would occur the emergency responders are aware of those needs. When open, Red Cross shelters can assist in accessing special medical needs. Erie County has a Disaster Crisis Outreach Referral Team (DCORT) that assists the public in coping with the emotional impact of the events and also helps them meet their basic needs by providing referrals and information.

DCORT activities include:
Supportive Listening – one-on-one support and crisis counseling with disaster victims.
Education – help victims to learn ways to manage their reactions and find ways to take care of themselves and recover from the disaster.
Action Planning – help disaster victims to determine their priorities and develop a plan of action to reorganize their lives.

All three area hospitals have emergency management plans. One hospital has a mobile medical team. Many local providers are involved in disaster drills in the County on a yearly basis. Erie County Care Management can access numerous services in the community to assist individuals who are homeless in the event of an emergency/disaster.

Consumer Involvement

A director on the ECCM Board of Directors has a family member who is a consumer of services. ECCM employs a consumer advocate on a full-time basis who is a mental health consumer. ECCM is partnered with the Erie County Mental Health Association which employs at least two persons who have been homeless in the past and are currently consumers of services. The Erie County Office of MH/ID hosts monthly meetings of the Mental Health Consultative Committee, which is led by current and former consumers and family members of mental health and homeless services. Further, the behavioral health managed care organization for Erie County, Community Care Behavioral Health (CCBH), convenes quarterly Family Advisory Committee (FAC) and Member Advisory Committee (MAC) meetings to promote consumer and family participation in service development and improvement efforts.

Alignment with PATH Goals

ECCM will utilize PATH grant funds to focus on outreach, engagement, and case management services, which align with the primary PATH goals of serving Erie County's most vulnerable adults who are literally and chronically homeless. The ECCM Coordinated Entry team prioritizes their time in outreach activities to individuals within the local homeless shelters, overflow shelters, churches, libraries, drop-in centers, city parks, and other designated areas where homeless individuals are reported to gather.

In the spring and autumn seasons, the Erie County area continues to have an increase of individuals reporting homelessness while standing at various entries to the local malls and interstates. Whenever staff has noticed or been contacted by concerned citizens of an individual with a sign seeking help for housing, PATH staff have physically driven to the designated area with responses of support to secure essential resources.

Other Designated Funds

The Erie County Office Department of Human Service Office of Drug and Alcohol, and Office of Mental Health/Intellectual Disabilities administers Mental Health Block Grant (MHBG), Substance Abuse Block Grant (SABG), and general revenue funds that are allocated to serve child and adult individuals in Erie County. Funds are subcontracted to a number of organizations that provide services to individuals and families who are managing

a combination of needs related to mental illness, substance abuse and homelessness/near-homelessness. Specifically, MHBG, and general revenue funds, as well as PA Department of Human Services Homeless Assistance Program (HAP), are used to purchase services at ECCM in the Administrative Case Management Division for homeless services for persons who are subject to the PATH service guidelines. These funds are used because PATH clients meet the criteria, but are not specifically designated for PATH clients.

Programmatic and Financial Oversight

Erie County Department of Human Services (DHS) is the direct recipient of PATH funds for the Erie community. Erie County DHS provides the PATH funds to Erie County Care Management (ECCM), who provides direct services using the funding. Erie County DHS is responsible for the oversight of ensuring that the PATH funds are being utilized appropriately through the subrecipient, ECCM. The fiscal monitoring of PATH funds includes ensuring that the federal portion of the funds is correctly listed in the agency contract; Erie County DHS participation in provider budget/monitoring meetings as applicable; reviewing a Compliance Review Tool annually which ensures document, financial, and administrative compliance; ensuring that payments to ECCM for ACM services do not exceed the contract maximum; ECCM audit confirmation and identification of Federal PATH funds and the CFDA number; ensuring that PATH funds are recorded properly on the HSBG Annual Expenditure Report, and confirming that PATH funds are correctly reported on the Single Audit Schedule. Erie County DHS has biweekly meetings with ECCM to discuss and review any pertinent issues regarding any contracted services with Erie County DHS.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Three (3) ECCM staff are trained in SOAR, provide assistance with SI/SSDI applications using the SOAR model, and are dedicated to implementing SOAR, part- and full-time.

Currently, for clients who require support to apply for SSI/SSDI, ECCM staff provides contact information for the Erie County Assistance Office and offers transportation to and from the Erie County Assistance Office via a Homeless Transportation Specialist upon appointment. ECCM also provides support funds for transportation for PATH-eligible clients funded either by Support Funds (if the client is eligible for Base-funding) or by PATH funds (if the client is eligible for PATH). ECCM staff ensures a warm handoff to SSI/SSDI agents to support the SSI/SSDI application.

PATH case management successfully assisted two PATH-eligible clients through SOAR. The application eligibility results of the two PATH-eligible clients that were successfully assisted via SOAR have been deemed as closed, as they both chose to pursue Rapid Rehousing and Section 8 housing and resolved their SSI and SSDI concerns independently in the meantime (while staying in emergency shelter), all of which was and has been closely monitored and supported by PATH case management.
Erie County presently offers training to the entire homeless delivery system via Coordinated Entry. It is the intention that no matter where a person presents for homeless services that they may be connected with appropriate services, in an individualized treatment/goal plan to foster greater health, economic, and housing self-sufficiency.

Number of staff trained to implement SOAR currently is three PATH staff.

ECCM directly coordinates SSDI/SSI/SSP intake appointments he local Erie County Social Security Administration (SSA) by completing SSA Intent to File applications on behalf of consumers who want a

telephonic intake appointment with an SSA personnel. ECCM securely forwards completed Intent to File applications securely to SSA via secure email or via fax. ECCM was directly trained in this process by SSA relations personnel.

Coordinated Entry

Erie County is currently in the activation phase of its Coordinated Entry system for the Erie County community. The Coordinated Entry system in Erie County began on January 23, 2018, and ECCM is the Administering Agency that performs all facets of Coordinated Entry for Erie County.

Coordinated Entry collaborates directly with PATH case managers to support individuals who are identified as PATH-eligible to additionally obtain necessary mental health supports and services and to obtain referral for emergency shelter, Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) for housing stabilization. Under Erie County's Continuum of Care (CoC), Coordinated Entry's assessment/prioritization enhances linkage and referral of PATH-eligible clients to housing and/or mental health and/or drug and alcohol treatment services that are essential for the holistic recovery of PATH-eligible individuals.

Justice Involved

ECCM employs a Forensic Specialist who has direct access to individuals incarcerated in Erie County Prison. The Forensic Specialist works with the correction facility counselors and its mental health staff to identify individuals who are soon to be released from the Erie County Prison and meet eligibility for PATH. Prior to release, the Forensic Specialist will coordinate with the PATH Case Managers to secure a shelter bed, meet the person as they are released from the jail, accompany the individual to the Department of Human Services and/or Social Security to activate benefits, and support the client at MH appointments.

ECCM has developed strong working relationships with the Justice Related agencies in the County. Corrections facility staff, parole officers, Forensic Outpatient Clinic staff, and other providers will contact the PATH Case Managers, Forensic Specialist, and/or the Director of Supportive Housing and Forensic Services on behalf of an individual who becomes homeless or is at risk of homelessness.

Criminal history is an ongoing obstacle for individuals. PATH Case Managers are informed of the area housing programs and will support the person in completing housing applications to any program to which the individual wants to apply. The PATH Case Manager will also assist the person in appealing denials and, if requested, can accompany the person to the denial hearing as a support. ECCM is the sub-recipient of HUD Permanent Supportive Housing grants, and PATH Case Managers assist the person in making referrals to the program. PATH Case Managers are able to provide firsthand information on the individual's ability to live independently and to help provide valued information for the selection process. ECCM estimates that 50% of the individuals of PATH individuals have had criminal history.

Safe Harbor Behavioral Health of UPMC Hamot is our local Crisis Services provider. They offer a Crisis 101 overview to the Erie Police Department, the Millcreek Police Department, and the Pa. State Police Department when invited to do so. They have also provided training on the Mental Health Procedures Act, Mental Health First Aide, and Applied Suicide Intervention Skills Training. (ASIST).

Veterans

In regard to our vulnerable citizens, who are also veterans, ECCM will continue to make every effort to serve military families, and will prioritize access to care on their behalf. ECCM has an established collaborative relationship with the local Veteran's Homeless Case Management Programs staff (Veterans Affairs Medical Center and Veteran's Leadership Program), as well as their Behavioral Health programs. ECCM Coordinated Entry staff conduct the initial need screening, so that when homeless veterans are identified, services can begin immediately. This assessment facilitates the single point of contact entry into the Veteran's system locally, which provides both access to physical health and behavioral health services.

Tobacco Policy

ECCM's Tobacco Policy (per ECCM's Personnel Handbook as of 12/01/2014):
Use of any tobacco product is prohibited within all Erie County Care Management facilities and vehicles. Employees who wish to smoke on their break time (outside of the facility) may do so only in designated areas and with regard to the health and comfort of other employees and visitors.

Health Disparities Impact Statement

The PATH consumers are identified and Erie County MH/ID will use their names and social security numbers to track their services utilizing HMIS (Service Point administered directly by Erie County Department of Human Services), Medical Assistance (PsychConsult through CCBH HealthChoices), and MH Base-funding databases (HCSIS, PROMISe, Susquehanna, and Credible). All of the aforementioned databases work concurrently to accurately verify Erie County residency; salient demographic and identifiying information; behavioral health insurance status in Erie County; SMI/D&A/disability diagnoses pertaining to PATH eligibility; and existing mental health authorizations that may assist PATH case managers with the continuity of care for PATH-eligible individuals. Only ECCM personnel (including PATH case managers) internally share the confidential information within the aforementioned databases to support the recovery of PATH-eligible individuals.

ECCM will analyze the PATH data to ascertain if there are any differences to accessing services and positive outcomes for people by race, ethnicity, gender, sexual orientation, and/or age. If differences are noted, then ECCM will seek training for PATH case managers to deliver a more client-centered quality of service.
Through CCBH, Erie County's managed care partner for behavioral health services, and Erie County's Department of Human Services, ECCM continues to contract with four agencies to provide interpretation services for people who have limited English proficiency.

ECCM will continue to work with agencies providing the mainstream mental health services to address the disparities, if they occur, with a corrective action plan with timelines and measurable action steps to ensure that the disparities are reduced or eliminated.

The Erie County Department of Human Services will measure, track, and respond to disparities in HMIS data inputted by PATH personnel. As noted above, the County strives for equal access and hopes for positive outcomes in all contracted behavioral health services. The County contracts for behavioral services for both Medical Assistance and Base funding contain provisions that prohibit discrimination by race, ethnicity, gender, LGBTQ, limited English proficiency, and age. The County enforces contract compliance through contract monitoring. If disparities exist, then a corrective action plan is submitted by the agency where the disparities exist, and the

County then monitors progress towards the elimination of such barriers. Erie County has a provider of therapy services with an expertise in the area of behavioral health support to the LGBTQA population.

Unduplicated number of YYA individuals to be served with PATH funds in the 2022-2023 fiscal year is anticipated to be 50. These individuals will be in the age range of 18 to 30 years old.

The total amount of PATH funds expected to be expended on services in the YYA population:
$75,000.00 for the fiscal year 2022-2023.

The types of services funded by PATH that are available for YYA individuals consist of outreach, engagement and case management services, which align with the primary PATH goals of serving Erie County's youth and young adults who are literally or chronically homeless. The PATH case management team will prioritize their outreach activities to all individuals, including the YYA group within the local homeless shelters, overflow shelters, churches, drop-in centers, city parks, and other designated and informal areas where homeless YYA individuals are reported to gather.

Case management supports to individuals who are PATH-eligible and within the YYA population will be holistic and individualized, as for all other special populations served. Examples of past support for the YYA population include: transportation application; payment and subsequent access for vocational and/or educational opportunities; child care support through DHS application, etc.; physical health service access; SNAP benefits application; disability application; and traditional stabilization housing activities (including referral to Erie County Coordinated Entry to determine eligible housing supports at each individual's request).

A plan that implements strategies to decrease the disparities in access, service-use, and outcomes both within the YYA population and comparatively to the general population.

In the event that PATH Case Managers identify a disparity for the YYA population in accessing or utilizing community services, they have been instructed to report such disparity to the Director of Supportive Housing. The Director will discuss an immediate response plan with the Administrative Officer for Mental Health at ECCM and Erie County's Housing Program Director, to create a corrective action plan with the specific agency. The corrective action plan will be monitored for a change in outcome for YYA individuals through Erie County's contract monitoring process, as it would be for any other vulnerable population.

Limited English Proficiency –
Please describe your organization's ability to comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. Please assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/index.html?language=es.

Budget Narrative

Director of Supportive Housing and Forensic Services: $10,199.55 or 15%

A full-time position that provides supervision to the Homeless Case Management (HCM) team, the Shelter Plus Care housing program staff, and forensic services programs. The Director oversees ECCM's Shelter Plus Care staff's input into HMIS and is actively involved with various collaborative community teams to enhance the direct care of the individual with a serious mental illness and/or homeless; e.g. the Erie County Home Team, Criminal Justice Advisory Board, etc.

Homeless Case Management Team Leader: $31,085.45 or 55%

A full-time position, this lead person for the HCM team directs the team activities for outreach and coordination to individuals who are homeless. The Team Leader also provides direct care to assist shelters and their clients in accessing various community resources and/or benefits the individual needs help in obtaining; e.g. facilitating housing program applications, assisting in locating stable housing options, assisting with MA benefit application, etc.

Homeless Team Case Manager: $24,895.20 or 55%

A full-time position, this Case Manager provides direct care to shelters and their clients through daily visits to multiple shelters. This position focuses on engagement with the individual to identify needs, refer, when appropriate, for psychosocial assessment to the Housing Specialist, and help connect the individual with various resources and/or benefits the individual needs help in obtaining; e.g. facilitating housing program applications, assisting in locating stable housing options, assisting with MA benefit application, obtaining personal identification documentation, etc.

Homeless Case Management Team Case Aid: $21,497.85 or 55%

A full-time position, the Case Aid provides direct care by supporting individuals with transportation from the shelter to their medical or mental health clinic appointments. If the individual is in need of support and agrees, the Case Aid will escort the person to their mental health appointment to facilitate discussion with the mental health professional, go to the Department of Public Welfare and/or Social Security Office to assist the individual with filling out benefit applications and meet with their caseworker. In addition, the Case Aid can offer support in obtaining personal identification documentation, clothing or household items access from donation centers, access to county support funds, etc.

Fringe Benefits: $ 29,947.95, social security, retirement, and insurances for assigned personnel.

Travel: $1,000, $0.545 per mile reimbursement for assigned staff to meet with clients in the community, connect them to needed services and supports, and to assist with scheduled appointments.

Staff Development: $400, to provide training, and to develop strategies, methods, and competence for the assigned staff to assist PATH clients to re-enter the community.

Client Funds: $2,069, Funds to support and assist PATH clients as they re-enter the community and transition to stable housing.

Staff Information:

ECCM provides a mandatory array of training opportunities to staff to enable them to effectively serve the homeless population. Training focus incorporates cultural competence, recovery, and resiliency principles. Additionally, ECCM covers the cost of all language interpretation services. Staff will always secure a language interpreter for individuals who have a primary language that does not allow them to communicate their needs for services and supports.

PATH case managers are not currently certified as Certified Peer Specialists or Certified Recovery Specialists.

The ECCM PATH case management team reflects cultural diversity and experience, as it is comprised of the following:

*PATH Program Director	(Caucasian male, age 46)
*PATH Team Leader	(Caucasian male, age 57)
*PATH Homeless Case Manager	(Caucasian male, age 33)
*PATH Homeless Case Aide	(Caucasian female, age 30)

ECCM utilizes Administrative Case Management clinicians, who are Master's-level mental health professionals, to conduct holistic psychosocial assessments for homeless individuals to facilitate access to the behavioral health and drug and alcohol continuum of services for Erie County, as needed. The ECCM division of Administrative Case Management, with expertise in forensic, geriatric, intellectual disabilities, and family care, will also provide direct support to augment the PATH case management team as requested by the PATH Program Director, for expertly directed response for identified individuals with special needs.

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Limited English Proficiency

ECCM supports the provision of effective, equitable, understandable, and respectful quality services that are responsive to diverse cultural health beliefs and preferred languages. Subsequently, because the primary goal of Administrative Case Management is to link individuals with or who are at risk for serious mental illness with identified supports and services, it is essential that Administrative Case Management staff ensure access to interpreter services, as needed, to create a supportive environment for the client interview.

Administrative Case Management personnel (ACMs) will make every effort to identify issues in regard to language and culture which must be addressed in the process of assisting a client.

For services to be rendered by ECCM to a client, ECCM will pay the cost of interpreter services required to complete this activity. For services to be delivered by another provider agency to an ECCM client, that agency is responsible for any interpreter costs (per the MH/ID Office). ECCM personnel may help to arrange an interpreter for meetings at other provider agencies, and they must take care to ensure that all parties understand which agency is responsible for the cost.

If a client has difficulty conversing in spoken English, then they will be offered an opportunity to have an interpreter obtained for additional services at ECCM. ACMs will not rely on written notes (in the case of a deaf or hard of hearing individual), on an individual's limited use of spoken English, or on a friend/family member as interpreter, unless it is the individual client's expressed wish to do so.

Additionally, ECCM will use only certified interpreters for individuals who are deaf or hard of hearing, unless a client signs a waiver to use a non-certified interpreter. TTY/TDD capability for those members who are hearing-impaired or speech-impaired is also available.

ACMs will consult with supervisory and administrative personnel for assistance in making accommodations which are outside the realm of routine interpreter services. Where appropriate, consultants will be employed to assist the agency in meeting the language and cultural needs of all clients.

ECCM will contract with interpreters in the community who are generally held as qualified and in good standing in the community. The list of interpreters and their rates and contact information will be provided upon request. ACMs wanting to use an interpreter who does not have a contract with ECCM must review the need with the Administrative Officer.

There is never a cost charged to a client or family member for an interpreter service for services to be rendered by ECCM. The agency will always cover this essential cost to assure that the client's needs are met in a way that is responsive to culture and language reference.

Erie County MH/ID
Erie County PATH Program (PATH PDX # PA-066)
FY 2022-2023 Budget

PERSONNEL Position	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Director Supp. Housing	$67,997	.15	10,199.55	
Team Leader	$56,519	.55	31,085.45	
Case Manager	$45,264	.55	24,895.20	
Case Aide	$39,087	.55	21,497.85	
sub-total				87,678.05
FRINGE BENEFITS				

Position				
Director Supp. Housing			**3,450.30**	
Team Leader			**10,631.22**	
Case Manager			**8,514.16**	
Case Aide			**7,352.26**	
sub-total				**29,947.95**
TRAVEL				
Local Travel for Outreach			**1,000**	
Travel to training and workshops			**0**	
sub-total				**1,000**
SUPPLIES/EQUIPMENT				
Consumer-related items			**0**	
Office supplies			**0**	
Cell Phone			**0**	
sub-total				**0**
Other				
Staff Development			**400**	
One-time rental assistance			**0**	
Security Deposits			**0**	
Client Funds			**2,069**	
sub-total				**2,469**
Total PATH Budget				**$121,095.00**

Fayette County - City Mission - Living Stones, Inc.
155 N. Gallatin Ave
Uniontown, PA 15401
Contact: Dexter Smart
Email Address:

Provider Type: Other housing agency
PDX ID: PA-034
State Provider ID: 4234
Contact Phone #: 7244390201

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 58,392.00**	**$ 19,464.00**	**$ 77,856.00**	

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

Office: Other (Describe in Comments)	$ 58,392.00	$ 19,464.00	$ 77,856.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 58,392.00	$ 19,464.00	$ 77,856.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 58,392.00	$ 19,464.00	$ 77,856.00	

Source(s) of Match Dollars for State Funds:

City Living Stones of Fayette County will receive a total of $77856 in federal and state PATH funds. Detailed budget and narrative is included in individual provider IUP.

Estimated Number of Persons to be Contacted: 450

Estimated Number of Persons to be Enrolled: 50

Estimated Number of Persons to be Contacted who are Literally Homeless: 337

Number staff trained in SOAR in grant year ending in 2021: 2

Number of PATH-funded consumers assisted through SOAR: 1

Fayette County Behavioral Health Administration
PATH Intended Use Plan
2022-2023

Local Provider Description –

- Provide a brief description of the provider organization receiving PATH funds, including:
    - Full name and mailing address of provider organization(s) in the IUP
    - Type of organization (e.g., community mental health center, county or local government entity, health care provider, private non-profit organization)
    - Indicate geographic area(s) to be served by provider(s)
    - Amount of PATH funds the organization will receive with federal and state amounts spelled out for each provider
    - List the provider number and name as it appears in PDX

It is Fayette County Behavioral Health Administration's continued mission to provide access to and assure choice among quality behavioral health services for Fayette County residents. Fayette County Behavioral Health Administration intends to continue sub-contracting all PATH services through the following provider:

City Mission-Living Stones, Inc. located at 155 North Gallatin Avenue, Uniontown Pa 15401 is a non-profit organization serving individuals and families from birth to adulthood. City Mission's sole purpose is to provide for the comprehensive housing and service needs of Fayette County, PA's homeless and at-risk of homelessness populations.

City Mission has two emergency shelters to meet the immediate needs of homeless families and individuals. Individuals and families will receive food, clothing, case management, and transportation support at these shelters. The men's shelter has 21 beds; the women and children shelter has a 12-bed capacity.

City Mission's main offices work out of the Gallatin School Living Centre, which is also a 30-unit housing and service complex. Gallatin School Living Center has 12 transitional housing units and 18 permanent housing Single Room Occupancy (SRO) units. All units are fully furnished.

The continued need for permanent housing linked to supported services, has been a priority for City Mission. Liberty Park and Sycamore Hills Apartments, both are comprised of 4-units, and are occupied by families and single individuals who were formerly homeless. Stone Ridge Apartments, a 6-unit apartment complex also gives preference to individuals and families who have a history of homelessness. During fiscal year 2020-2021, City Mission completed Meadow View Apartments, 8-units of permanent supportive housing. These permanent supportive housing units prioritize serving individuals with mental and/or physical health disabilities as well as a history of homelessness. Many of these units are occupied by residents coming from our transitional housing program.

City Mission recognizes the need for youth supported housing services within the community. In November 2016, PROMISE House was completed. This independent living program supports Young Adults ages 16-21. PROMISE House consists of three 2-bedroom cottages, one for young men, one for young women, and a third cottage functions as both housing for either a young man

or woman plus space for staff living and administrative functions. The Office of Children, Youth, and Families licensed PROMISE House according to the Pennsylvania Chapter 3800 regulations concerning Child Residential and Day Treatment Facilities. PROMISE House serves youth with little to no parental involvement who may age out of the foster care system. These youth have limited, if any options for housing other than adult shelter. PROMISE House provides eligible youth with life skills programming while accessing safe, permanent, and affordable housing.

In 2022, City Mission will start the first phase of construction on a 16-20-unit complex on property next to the Gallatin School Living Centre. When completed, this complex will have permanent supported housing and an additional youth program.

City Mission-Living Stones, Inc. $ **77,856**
State funds of $19,464 is allocated for Fayette County's PATH program. Federal funds of $58,392 are included to equal the total allocation of $77,856. Funds contracted with City Mission-Living Stones, Inc. will be used for salary and benefits for one (1) FTE Case Manager. Additional expenses include program supplies, consumer transportation, staff training, and client rental assistance. Please see the attached budget for more details.

PDX – PA-034 Fayette: City Mission-Living Stones, Inc

Collaboration with HUD Continuum of Care (CoC) Program –
Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum(s) of Care briefly explain the approaches to be taken by the agency to collaborate with the CoC(s) in the areas where PATH operates. Please provide the number and name of your CoC.

City Mission is an active participant in the HUD Western PA Continuum of Care PA-601 division since its inception. City Mission's executive director has played key roles in the overall development of the Western PA CoC, as well as, chairing the SW Region Homeless Advisory Board during its early years. Employees of City Mission have continued to participate as active members of the Southwest Regional Homeless Advisory Board (SWRHAB) and attending all scheduled meetings of the Western Regional Homeless Advisory Board (WRHAB). City Mission's shelter supervisor represents City Mission at both the SWRHAB and WRHAB. Membership at the RHAB provides City Mission's representative with opportunities to participate in the scoring of applications for the region, formulating policy, and as a committee member help to target the special housing needs of Youth and Young Adults. City Mission participates in coordinated entry and assessment activities of the RHAB.

In coordination with Fayette County's LLA, Fayette County Community Action Agency, City Mission refers and helps to facilitate homeless individuals and families to register on the coordinated entry system. Any new referrals to City Mission that fit the coordinated entry criteria are assisted in completing registration. This assistance may consist of transportation to appointment, access to technology means, or being present as an advocate for the client.

Over the years, City Mission has obtained numerous HUD grants through the Western CoC process to help address the needs of Fayette County's homeless population. This process includes assessing gaps in service, coordinating services with other providers, and spearheading capital campaigns.

Collaboration with Local Community Organizations –

- Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations.

  Fayette County has a rich array of community supports and treatment services. In addition, to continued, long-standing collaboration among service providers, City Mission continues to focus on implementing housing and support services for at risk of homelessness and homeless individuals and families in Fayette County.

  City Mission and Fayette County Behavioral Health Administration collaborates, advocates, and refers PATH clients to services listed below:

  Outreach: Both Fayette County Behavioral Health Administration and City Mission conduct ongoing outreach activities through community events along with treatment and non-treatment providers. Outreach efforts have been challenging since the start of the Covid-19 pandemic, however City Mission and Fayette County Behavioral Health Administration, along with other community organizations have built up policies to protect the spread of the virus, as well as, creating virtual opportunities for outreach and continued collaboration. Fayette County's PATH Case Manager continues to provide outreach by facilitating shelter visits, collaborating with other social services agencies, helping with the annual point-in-time count, and partnerships with local church organizations. Outreach takes place daily with the PATH Case Worker's continued association with Fayette County's service systems, including the local jail, Probation Office, Children and Youth Services, and the local hospitals' human services departments.

  Primary Health: Primary health care is available through individual practitioners and several clinics whose mission is to provide care for low-income individuals: two Federally-Qualified Health Centers (Centerville Clinic and Cornerstone Care), Wesley United Methodist Church Medical Clinic in Connellsville, PA and Adagio Health (preventative and primary care for women). In addition, West Virginia University/Uniontown Hospital, located in the heart of Uniontown and Highlands Hospital, located in Connellsville, provides emergency and urgent outpatient care. Centrally located in Uniontown is MedExpress Urgent Care Center. Special Needs Units of Health Maintenance Organizations are an invaluable resource in arranging for specialized assessment and treatment for individuals diagnosed with mental illness and co-morbid medical conditions. These comprehensive assessments review individualized needs to address physical health status and potential referrals for follow-up medical care.

Mental Health: Inpatient psychiatric care; phone, mobile and walk-in crisis services; outpatient services; partial hospitalization; Assertive Community Treatment (ACT); site-based and mobile Psychiatric Rehabilitation services; and drop-in centers in two communities are available to PATH consumers. Highlands Hospital in Connellsville continues to provide inpatient Mental Health services. All services noted have continued to collaborate with City Mission to help address housing needs for patients and clients.

For PATH clients that have been incarcerated or are at risk of incarceration Fayette County has developed the Forensic Diversion and Reentry Program. In addition, referrals are made to PATH from Fayette County's Mental Health Treatment Court, Veterans Court, and Drug and Alcohol Court. These courts are also in place to connect individuals to treatment and rehabilitation services. The PATH Case Manager has collaborated with the local and state trained CIT (Crisis Intervention Team) officers. These officers are trained to effectively intervene in situations regarding individuals who may be experiencing symptoms of mental illness. City Mission and the PATH Case Manager maintains a positive working relationship with many of the county's mental health service providers. Providers such as the Mental Health Association and Chestnut Ridge Counseling Center Inc. work directly with City Mission and the PATH Case Manager. The PATH Case Manager also helps to support consumers through advocacy and support by attending appointments and helping to maintain their overall treatment plan. This coordination helps to provide a more holistic approach to PATH client services. The PATH Case Manager accesses additional guidance and funding through the Fayette County Behavioral Health Administration in order to better support client needs. Through stabilization funds provided through Fayette County Behavioral Health Administration, PATH clients are able to access funding for rental assistance and household items such as furniture, beds etc… This funding allows clients the ability to move into their own apartments, increasing their independents in the community. Individuals with severe mental illness have the option of accessing skill-building supports through three providers of Psychiatric Rehabilitation services, Chestnut Ridge Counseling Services, Crosskeys, and Goodwill- Clubhouse model. These programs can assist clients within the living, working, learning, and socialization environments to increase independents.

Substance Abuse: Outpatient drug and alcohol services; residential drug and alcohol services; ambulatory detox clinic; methadone treatment services; Suboxone Treatment; and 12-Step programs are located throughout the county. PATH eligible clients have access to a variety of treatment and care options available through both the mental health and drug and alcohol systems within the region. As well as rehabilitation facilities in Pennsylvania and nearby states. MISA (Mental Illness and Substance Abuse) services are offered at Chestnut Ridge in Uniontown PA on a weekly basis. The PATH Case Manager is familiar with both private and county run programs that offer D&A support meetings.

Housing: City Mission's permanent, transitional, and emergency shelter services are described throughout this plan. Fayette County Community Action Agency and Fayette County Behavioral Health Administration have collaborated on two permanent housing initiative. The first being Fairweather Lodge in Connellsville, Pa. that can support eight individuals with mental illness. Along with the development of Fayette Apartments, a 10-

unit permanent supportive housing complex in Uniontown for chronically homeless single adults with Mental Health diagnoses. This collaboration has continued through the community-based Housing Opportunities Program (HOP). Funding for HOP has been renewed into 2023. This program provides case management services, tenant-based and master leasing opportunities for homeless and near homeless residents with a mental health diagnosis. Fayette County Behavioral Health Administration contracts for Community Residential Rehabilitation Services (CRR); Supported Housing programs; and a Long-Term Structured Residential (LTSR) treatment-based program. Providers for these mental health services include Chestnut Ridge Counseling Services, Inc., Crosskeys Human Services, and Southwestern Pennsylvania Human Services (SPHS). Subsidized housing services continue to be available through the Fayette County Housing Authority. City Mission collaborates with local community providers and Fayette County Behavioral Health Administration to help support the housing needs of individuals with mental illness, through increasing the availability of supported housing and scattered housing sites in the area.

FACT (Fayette Area Coordinated Transportation): FACT plays a key role in contributing to the independence of PATH clients. FACT provides general transportation to designated stops as well as appointment-specific transportation, which includes medical appointments and behavioral health appointments. There is limited transportation outside of Fayette County to the Pittsburgh and Morgantown WV areas for medical appointments. The PATH Case Manager helps clients to understand FACT scheduling system and helps to advocate for transportation needs.

Employment Services: Workshops, Transitional Employment, Mental Health supportive employment programs, Intensive Vocational Rehabilitation Program for individuals with substance abuse disorders, and Psychiatric Rehabilitation Programs are available through several local employment-support providers. Literacy programs are offered by a variety of organizations. Career Link assist in arranging for job training, securing employment, and GED preparation. Office of Vocational Rehabilitation (OVR) maintains a local office, providing vocational assessment and assistance in arranging job training and supports.

Education Services: Penn State Fayette – Eberly Campus and Westmoreland Community College- Fayette Campus assist in admission and financing for higher education programing. Laurel Business Institute, centrally located in Uniontown offers continuing education opportunities, along with Pennsylvania Institute of Health and Technology and Fayette County Career and Technical Institute.

Community Support Services: A number of local organizations provide tangible goods, including food, clothing and household items. Among them are local churches, Society of St. Vincent DePaul, Salvation Army, Connellsville Area Community Ministries, Goodwill Industries, Fayette County Community Action Agency, and City Mission.

The PATH Case Manager understands eligibility, referral, and access procedures for all of these programs and supports. The PATH Case Manager also participates in several established councils to insure coordination of care for individuals with mental illness. These include the Continuity of Care Committee (representatives from local inpatient units,

outpatient, case management providers and Fayette County Behavioral Health Administration, Fayette County Human Service Council, the Fayette County Partnership for Housing and Homelessness and its Local Housing Options Team (LHOT). City Mission is one of the community's primary provider of services to Fayette County's homeless population. The agency receives referrals from area hospitals, local police departments, and other related service organizations that encounter individuals who fall within the targeted PATH eligibility. The PATH grant offers an opportunity to enhance these outreach efforts by strengthening its speaker's bureau and through the distribution of brochures and a video shown periodically on local TV channels outlining its services.

The PATH Case Manager has also completed the SOAR online training certification program, which provided intensive step-by-step instruction on completing SSI/SSDI applications.

- Provide specific information about how coordination with other outreach teams will be achieved.

  Fayette is a rural county and having a smaller population has allowed for the PATH Case Manager to establish positive working relationships with most of Fayette County's formal and informal community resources. Both, Fayette County Behavioral Health Administration and City Mission representatives are active on the Fayette County Local Housing Options Team (LHOT). This team of housing professionals are vital in continuing to maintain and increase outreach efforts in the county. The LHOT is made up of representatives from multiple county agencies that work with various aspects of housing throughout the Fayette County area. Hosted by Fayette County's Local Lead Agency, Fayette County Community Action Agency, this team has been active in studying and assessing housing needs among subpopulations and understanding gaps in housing services. The LHOT has been influential in working with developers on the revitalization of many low-income neighborhoods.

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 and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing

  Fayette County's PATH program utilizes PATH funds in alinement with the PATH HUD guidelines. PATH funds primarily fund salary and benefits for one FTE Case Manager and administrative needs for the program. PATH funding utilized for rental or security deposit assistance is used as a last resort when other funding options have been exhausted or funding is used as a transition support to a more permanent or longer-term program. Programs such as Emergency Rental Assistance Program (ERAP) or Rapid Re-Housing (RRH) are referred to by the PATH Case Manager to continue stable housing for PATH

clients. The PATH Case Manager has a very positive working relation with Fayette County's LLA, Fayette County Community Action Agency (FCCAA). FCCAA manages these additional funds for housing supports into the community.

In alinement with the PATH HUD guidelines, City Mission assess individual eligibility for PATH services utilizing the following criteria:

- An individual is determined to be experiencing "serious mental illness or serious mental illness and substance abuse" and the individual is experiencing homelessness or is at imminent risk of homelessness.
- All staff working in the emergency shelters are trained to do outreach, assess needs, helpful communication and dealing with the most basic needs first.
- City Mission's primary source of referral is through the shelter programs. A specific intake form was developed to immediately identify PATH eligible clients that move through the shelter.
- City Mission's shelter director then sends the referral to the PATH Case Manager, at that time immediate follow-up takes place to insure the individual has access to help before hastily leaving the shelter program.
- During the intake process, potential PATH clients are required to sign an authorization for release of information concerning mental health diagnosis and treatment. This step is to insure documentation of diagnoses and primarily, for the PATH Case Worker to have the information needed to help assess needs and maintain continued access to community-based supports.

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

  There is outreach, collaboration with Fayette County's service systems, including the local jail, Probation Office, and Children and Youth Services. The PATH Case Manager continues to participate in community provider meetings. As a rural community, Fayette County providers have developed resourceful relationships, helping the PATH Case Manager to better access services and address client needs. Financial assistance is available and utilized through several organizations and county resources on a case-by-case basis. Fayette County Community Action Agency, St. Vincent de Paul, Salvation Army and the County Assistance Office as well as several local churches, are willing to provide direct financial assistance to PATH clients. These agencies are always the first consideration. The PATH Case Manager also accesses financial support for PATH clients through Fayette County Behavioral Health Administration's Consumer Stabilization funds. These funds assist with rental assistance and household items that help support independence. Funding utilized in PATH for re-housing homeless clients can be used to leverage funds from other local providers including, Saint Vincent de Paul, Connellsville Community Ministries, and Fayette County Community Action. Fayette County's PATH funds are also used as a bridge support to help individuals transition to more long-term funding assistance for housing. PATH clients are referred to Fayette County Community Action Agency and Fayette County Housing Authority for funding to assist with longer-term housing support. Programs such as Emergency Rental Assistance Program (ERAP) and/or Rapid Re-Housing (RRH) are referred to by the PATH Case Manager to continue stable housing for PATH clients. The PATH Case Manager has a very positive working

relation with Fayette County's LLA, Fayette County Community Action Agency (FCCAA). FCCAA manages these additional funds for housing supports into the community.

- Any gaps that exist in the current service systems

  The PATH program, as well as other supported housing programs, have encountered new challenges in the face of the COVID-19 Pandemic. Throughout the pandemic Fayette County's PATH Case Managers continued to work with clients in the safest way possible. Taking necessary precautions to keep both the client and case manager safe. Along with creating new ways to continue supporting clients in the community. As the eviction moratorium lifted new barriers to housing were created. As the community works to hopefully come out on the other side of this pandemic Landlords and Property managers have become very cautious on who they take on as renters. Pre-pandemic the relationship between local Landlords and Housing support case managers had been positive. With evictions put on hold as a result of the pandemic's financial impact on residents, property managers have also been financially affected. This has created a barrier to helping client's struggling with mental health, substance use, and lack of income find housing. The Fayette County PATH case manager has worked to rebuild those relationships of trust with Landlords and Property Managers through understanding, engagement, and support services. The PATH case manager has focused on helping to develop a better rapport between the renter and potential tenant.

  An ongoing gap that exists within Fayette County is providing holistic support to clients with co-occurring disorders. PATH clients with co-occurring disorders often move between mental health and addiction service providers with limited collaboration between systems and accessible information. Consumers who find themselves without safe, permanent, and affordable housing tend to focus on these areas rather than accessing treatment. Housing needs of PATH eligible clients continue to be addressed by City Mission through the Gallatin School program, Liberty Park Apartments, Sycamore Hills, Stone Ridge Apartments and Meadow View Apartments. These units are dedicated to families and individuals who present with a need for supportive housing. Residents who experience mental health or addiction concerns are able to live independently in the community, in large part, due to the support services integrated with their housing. All of these projects have help fill this housing gap by providing PATH clients with access to 22 units of permanent supportive housing.

  To continue addressing gaps in services and supports Fayette County Behavioral Health helped to start the Community Based Care Management (CBCM) in 2021. CBCM assists Fayette County residents diagnosed with serious mental illness, serious emotional disturbance, and/or substance use disorder with securing access to their identified Social Determinants of Health. These SDoH's included: Safe and Secure housing, employment, clothing, food, child care, utility assistance, financial strain, transportation, and physical health. FCBHA manages the CBCM initiative. CBCM will assess, refer, and mitigate obstacles to fundamental Social determinants of Health and make referrals to non-treatment community-based organizations. These organizations include: Fayette County Community Action Agency, The Mental Health Association of Fayette County, and The

East End United Community Center. Together, the team will work together to achieve smooth transitions in the community and support each member until the social determinant of health is addressed. CBCM ensures access and delivery of services in a community setting.

- Brief description of the current services available to clients who have both a serious mental illness and a substance use disorder

  PATH clients who experience both a serious mental illness (SMI) and substance use disorder have access to all services provided through City Mission, including case management, transportation, housing, emergency shelter, and permanent housing onsite at the Gallatin School Living Centre, Liberty Park Apartments, Sycamore Hills, Stone Ridge Apartments and Meadow View Apartments. The PATH Case Manager works with county agencies Chestnut Ridge Counseling Services, Axiom Family Services, Fayette County Drug and Alcohol, CPP Behavioral Health, and Family Behavioral Resources to set up intake appointments quickly to ensure access to mental health and drug and alcohol services. PATH clients with both a SMI and substance use disorder have access to the same array of treatment and support as individuals not experiencing a substance use disorder. These individuals have access to additional services designed to better address addiction treatment and community D&A support. PATH clients have treatment and care options available through the mental health, drug and alcohol, and healthcare systems within the region. The PATH Case Manager completes a comprehensive assessment of client's needs, and uses that information to create an individualized goal plan. PATH clients are offered assistance in completing a Wellness Recovery Action Plan (WRAP) if they so choose. Fayette County's PATH program is designed to be individualized for each client. Each goal plan focuses on specific components and needs related to each client. Services within goal plans may include, life skills training, budgeting, resume assistance, health care screenings, and literacy classes.

- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

  All staff working in the emergency shelters are trained to do outreach, assess needs, provide helpful communication, and deal with the most basic needs first. City Mission's primary source of referral is through the shelter programs. A specific intake form was developed to immediately identify PATH eligible clients that move through the shelter. City Mission's shelter director then sends the referral to the PATH Case Manager, at that time immediate follow-up takes place to insure the individual has access to help before hastily leaving the shelter program. During the intake process, potential PATH clients are required to sign an authorization for release of information concerning mental health diagnosis and treatment. This step is to insure documentation of diagnoses and primarily, for the PATH Case Worker to have the information need to help assess needs and maintain continued access to community-based supports. Outside agency referrals are reviewed by the PATH Case Manager. Contact is made with the potential client, if the client is not PATH eligible the PATH Case Manager will assist in helping the individual access other resources that could be helpful. Fayette County's PATH Case Manager completes case notes and documents client information in PATH HMIS.

- Please provide information on whether or not your agency is required to follow 42 CFR Part 2 regulations. If you do, please explain your system to ensure those regulations are followed.

  A person receiving services at City Mission shall retain all civil rights and liberties, except as provided by law or stated in the following special conditions. Each client's services are confidential. This is protected by federal law. No information identifying the client may be disclosed outside the City Mission program:

  (1) Unless the client consents in writing, or
  (2) The disclosure is to medical personnel for medical emergency, or
  (3) To qualified personnel with prior written permission to conduct audits and evaluations, or
  (4) With or without a client's consent where a judge court orders via a subpoena and makes a ruling that the need for disclosure outweighs the risk for harm.

  City Mission's policy on client confidentiality is twofold. Staff to client is one aspect and client to client is another. A successful working relationship with a client is built when a client knows that his/her concerns are kept confidential. Fayette County's PATH Case Manager understands the importance of client confidentially. All staff at City Mission are required to sign a Statement of Confidentiality prior to employment. It is the intent of City Mission to take every step possible to ensure the confidentiality of all the clients that are supported through the agency. While an individual is receiving services through City Mission, they may become familiar with other clients and their life situations. In consideration of this, City Mission asks that each client take every precaution not to give out information on the identity or life circumstances of any other individual. Each client is also required to sign a Statement of Confidentiality upon entering the shelter programs.

- **Describe your agency's use of Certified Peer Specialist to achieve PATH goals.**

  At this time, City Mission's PATH program does not employ a Certified Peer Specialist or Certified Recovery Specialist. Within Fayette County there are two local agencies, Chestnut Ridge Counseling Services Inc. and Southwestern PA Human Services (SPHS), provide these important supports. Fayette County's PATH Case Manager has a positive working relationship with both agencies that provide Peer Specialist services. PATH clients have the opportunity to have a referral completed by the PATH Case Manager for Peer Specialist services if they so wish. The PATH Case Manager has worked in collaboration with Certified Peer Specialists to better support the client's goals of independent and access to safe housing.

Data –
Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation. Please note which HMIS product you are utilizing (ex ClientTrack, Mediware etc). Does your organization or CoC have a written HMIS user manual for reference? If so, how is this made available to new and current employees?

City Mission has been utilizing the Housing Management Information System (HMIS) since its inception in 2006 and inputs both universal and program specific data for all City Mission clients. Staff working directly with HMIS have completed the required HMIS Intake/Caseworker training and continues to complete 2-3 HMIS trainings per year. City Mission's staff also assures that any related trainings on HMIS updates and changes are implemented. City Mission has already taken the necessary steps required to transition PATH data into the HMIS system. At present, all clients that are PATH eligible are entered into the Client Track PATH-HMIS System. As updates to the HMIS system are launched, PATH Case Manager will stay current with all new required trainings to stay proficient in using the system. City Mission's HMIS trained staff will continue to utilize HMIS online trainings and manuals from the Pennsylvania Continuums of Care website. New City Mission staff will have access to the same HMIS trainings along with staff support and hands on training from lead City Mission HMIS staff.

Housing-

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

Fayette County has a continuum of housing services in place to meet the needs of its homeless population. The PATH Case Manager works with consumers to present options of safe, appropriate, and affordable housing to meet the needs of each individual client. Since the PATH program became operational in Fayette County, City Mission has worked to develop relationships with private property owners within the county as a viable means of securing housing for PATH clients.

Permanent, treatment, and transitional housing services available in Fayette County:

- City Mission Living Stones, Inc.
    - Two emergency shelter facilities (a women & children's shelter and a homeless men's shelter)
    - Gallatin School Living Center (18 SRO units and 12 transitional housing apartments, eight units of permanent housing for individuals with disabilities)
    - Liberty Park Apartments - Four units of Permanent Supportive Housing
    - Sycamore Hills Apartments- Four units of Permanent Supportive Housing
    - Stone Ridge Apartments- Six units of Permanent Supportive Housing (two units dedicated to individuals with mental health concerns.)
    - Meadow View Apartments – Eight units of Permanent Supportive Housing
    - Promise House (Independent living facility serving youth ages 16-21)

- Fayette County Community Action Agency
    - Bridge Housing
    - Housing Supports Program
    - Master Leasing
    - Tenant-based rental subsidy
    - Lenox Street Apartments
    - Fairweather Lodge
    - Fayette Apartments
    - Hosting occasional Landlord summits, helping to provide support and resources

to local property owners.

- Fayette County Housing Authority
  - Permanent, Supportive housing vouchers
  - Public Housing
- Chestnut Ridge Counseling Services, Inc
  - Long-term Structured Residential (LTSR) for individuals with SMI and require recommended psychiatric treatment on site.
- Crosskeys Human Services, Inc.
  - Community Residential Rehabilitation (CRR)
  - Housing Supports Program
- Southwestern Pennsylvania Human Services
  - Community Residential Rehabilitation (CRR)
  - Housing case management
- Goodwill Industries
  - Jefferson Apartments
- Fayette County also has numerous small (less than 16 resident) personal care homes that provide housing for individuals with mental illness.

Staff Information –

- **Describe the demographics of staff serving your clients**

  City Mission as the PATH program provider is comprised of a diverse array of staff, which includes:

  - Male and female staff.
  - White, African-American and other ethnic minorities.
  - Master's level, Bachelor's level, and High-School trained staff
  - City Mission employs and has volunteers who were formerly homeless clients.

- **Explain 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.**

  City Mission has more than 30+ years of experience serving the diverse population in Fayette County. As in most rural communities, the majority of staff originate from and live in the communities where services are delivered, sharing the same language, cultural beliefs, and customs unique to the area. The PATH Case Manager will continue to look for opportunities to develop a better understanding of the LGBTQI2-S community. Fayette County Behavioral Health has started and facilitates a Fayette County Chapter of the GSA (Gay Straight Alliance). This group has shared knowledge of the LGBTQI2-S population with providers and has help to develop a better more tolerant sense of understanding. City Mission does not discriminate based on sex, gender, race, age, sexual preference, or disability.

- **Identify the extent to which staff receive periodic training in cultural competence and health disparities**

  City Mission has employee orientation programs in place that address human diversity within its individual service delivery system. Additionally, training programs are setup to reinforce the importance of cultural sensitivity and provide

opportunities for employees to examine their personal beliefs, attitudes towards different cultures, and develop plans for personal growth in this area. Fayette County Behavioral Health Administration is focused on addressing health disparities within Fayette County through the Community-Based Care Management program. This program has been designed to address social determines of health in our community through accessing formal and informal resources. CBCM assists Fayette County residents diagnosed with serious mental illness, serious emotional disturbance, and/or substance use disorder with securing access to their identified Social Determinants of Health. These SDoH's included: Safe and Secure housing, employment, clothing, food, child care, utility assistance, financial strain, transportation, and physical health. FCBHA manages the CBCM initiative. CBCM will assess, refer, and mitigate obstacles to fundamental Social determinants of Health and make referrals to non-treatment community-based organizations. These organizations include: Fayette County Community Action Agency, The Mental Health Association of Fayette County, and The East End United Community Center. Together, the team will work together to achieve smooth transitions in the community and support each member until the social determinant of health is addressed. CBCM ensures access and delivery of services in a community setting. The Fayette County PATH Case Manager has been active making referrals and taking referrals through the CBCM program.

- **How many of your PATH staff are Certified Peer Specialist or Certified Recovery Specialist?**

  City Mission's PATH program does not currently employ a Certified Peer Specialist or Certified Recovery Specialist. Chestnut Ridge Counseling Services Inc. and Southwestern PA Human Services (SPHS) both provide Peer Specialist services. The PATH Case Manager continues to have a positive working relationship with both providers and collaborates as needed with Peer Specialist to meet individual goals.

Client Information –

- **Describe the demographics of the client population**

  Based on data provided by City Mission on homeless clients served from 2000-present, as well as information from Fayette County Behavioral Health Administration, a description of the demographics for clients in the PATH program is as follows:
  - The majority of the clients are single white males, between the ages of 25 and 40.
  - Have experienced homelessness 2 or more times (difficulty maintaining permanent housing).
  - Experiencing or diagnosed with severe mental health and/or co-occurring serious mental illness and substance abuse disorder.
  - Multiple episodes of psychiatric hospitalization within the last 24 months.
  - **Breakdown of clients served July 2021- March 2022**

    Total number of clients that have received services as of March 14, 2022
    53 individuals served.

Gender	**Race/Ethnicity**		
Female – 19	White 29	Black- 21	Puerto Rican 1
Male -- 34	Indian 1	Hawaiian 1	

- **Project the number of adult clients to be contacted**
  City Mission expects to provide outreach to approximately 450 homeless clients primarily at City Mission's two emergency homeless shelters.
- **Identify expected number of adult clients to be enrolled**
  City Mission anticipates enrolling approximately 50-60 adult clients using PATH funds in FY 2022-2023.
- **Give estimated percentage of adult clients to be served using PATH funds who are literally homeless**
  City Mission expects that 75% of PATH eligible clients will be literally homeless, and 25% will be at imminent risk of being homeless. For PATH clients who are literally homeless, City Mission provides an array of housing and service options including food, clothing, shelter, transportation, and case management. Funding utilized in PATH for re-housing homeless clients can be used to leverage funds from other local providers including, Saint Vincent de Paul, Connellsville Community Ministries, and Fayette County Community Action.

  Additionally, City Mission links non-PATH eligible individuals to housing case management services through Southwestern Pennsylvania Human Services (SPHS) or Crosskeys Human Services. Upon the start of services, the PATH Case Manager works to stabilize the client in housing, assures all housing related supports are established, and once stable clients may then be referred for mental health case management through SPHS or Centerville Clinics for further mental health case management

Consumer Involvement - Describe how individuals who experience homelessness and have serious mental illnesses, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I – Guidelines for Consumer and Family Participation. Please note, SAMHSA is now requesting specific numbers for the Client Involvement section. Actual numbers are needed for those who are PATH-eligible that:

Each year City Mission's PATH consumers are given the opportunity to discuss, evaluate, and provide feedback on the PATH Program. City Mission requires that their governing board include representatives who are either current service users or have used services in the past. One PATH consumer presently is sitting on City Mission's Board of Directors. The Board currently meets at the Gallatin School Living Centre regularly to assess satisfaction of services. City Mission currently employs two formally homeless individuals. At this time, City Mission does not have regular PATH-eligible clients as volunteers. Volunteers are welcome to assist in all aspects of City Mission's programing. City Mission has benefited from PATH-eligible individual's input and time in the past and hopefully in the near future. Fayette County Behavioral Health Administration's Advisory Board also includes consumer and family representation.

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

City Mission's overall program development has been consistent, over the years, with the State's plan to end homelessness and help to deinstitutionalize individuals in state hospitals. City Mission's programs have helped individuals successfully live within supported housing units and in scattered housing of their choosing with community-based services. The PATH Case Manager works with clients on skill building focused on budging and accessing community resources through referrals. Partnerships with local property owners have helped to prevent eviction through communication, accessing assistance through other community agencies, and connecting clients to other program supports that focus on strength building.

In following the Housing First model, Fayette County Community Action Agency and Fayette County Behavioral Health Administration have collaborated on permanent housing initiatives. The Fairweather Lodge in Connellsville, Pa. model is for individuals with mental illness at a capacity of serving eight individuals at any one time. Fayette Apartments is a 10-unit complex in Uniontown for single adults with Mental Health diagnoses. Fayette County Behavioral Health Administration contracts for Community Residential Rehabilitation Services (CRR); Supported Housing programs; and a Long-Term Structured Residential (LTSR) program -- providers for these mental health services include Chestnut Ridge Counseling Services, Inc., Crosskeys Human Services, and Southwestern Pennsylvania Human Services (SPHS). Subsidized housing services continue to be available through the Fayette County Housing Authority. In addition to community-based housing supports through Fayette County Community Action agency in collaboration with Fayette County Behavioral Health Administration the Housing Opportunities Program (HOP) has been extended into 2023. This program helps provide funds for individuals homeless with a SMI access to housing and the ability to maintain housing in the community of their choosing. HealthChoices reinvestment funds are utilized for HOP services. This program provides housing case management, tenant-based rental assistance, and master leasing supports. In understanding the importance of collaboration among community providers, the PATH Case Manager participates in local and state housing meetings. The PATH Case Manager continues to maintain community-based collaboration community leaders, program managers, Landlords, and church organizations. The PATH Case Manager is SOAR trained and has an extensive understanding of the Medicaid and Social Security Disability processes.

Other designated Funds-

Indicate whether the federal Community Mental Health Services Block Grant, Substance Abuse Block Grant, or other general revenue funds (state or county) are designated specifically for serving people who experience homelessness and have serious mental illness. Please indicate if any of these funds are earmarked for PATH services specifically.

No specific funding is earmarked for PATH services in the county under the Mental Health or Substance Abuse sections of the Human Service Plan 21-22. The County Human Service Plan continues to focus on needs surrounding increase access to safe, affordable, and permanent housing along with access to community-based mental health and drug and alcohol services. PATH works in partnership with Fayette County Community Action Agency to access funding through the component of the County Human Service Plan. This funding helps to support all homeless individuals and families in the county.

Programmatic and Financial Oversight –
Describe how/when programmatic and financial oversight of PATH-supported providers is achieved on your local level (such as site visits, evaluation of performance goals, audits, etc.) and who conducts this monitoring of the use of PATH funds.

Fayette County Behavioral Health Administration designates a Master's level Mental Health Program Specialist to oversee PATH spending and to assist the PATH Case Manager in completing all required State and Federal PATH trainings and reports. The Mental Health Program Specialist actively participates in PATH trainings to secure a better understanding of PATH goals and data collection. PATH monitoring takes place at the county level, through visits, billing review, and plan updates. The county PATH monitor and the PATH Case Manager have a positive working relationship and are open in discussing client needs, community needs, and required PATH data collection.

SSI/SSDI Outreach, Access, Recovery (SOAR) –
Describe your (provider's) plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and then track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. Please indicate total number of those who have completed the SOAR training overall (not just in the last FY). For the grant year 2020-21, include all of the following data:

- **The number of staff trained in SOAR**
  In addition to the PATH Case Manager, City Mission has one other full-time staff person who have completed the SOAR on-line certification training.
- **The number of staff who provided assistance with SI/SSDI applications using the SOAR model:**
  In addition to the PATH Case Manager, City Mission has one other full-time staff person trained in SOAR who provided assistance with SI/SSDI applications.
- **The number of consumers assisted through SOAR**
  For fiscal year 2021-2022 one PATH consumer has successfully received benefits (SSI/SSDI) from directly working with the SOAR trained staff at City Mission.
- **Application eligibility results (i.e., approval rate on initial application, average time to approve the application)**
  Average time for client approval using the SOAR process is approximately 60 - 90 days from day of application. Each client situation is different. Those that have been denied benefits in the past, and are reapplying, determination can take up to a year or more.
- **The number of staff dedicated to implementing SOAR, part- and full-time [If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility, and the outcomes of those applications (i.e., approval rate on initial application, average time to approve the application). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.]**
  The City Mission PATH case manager is trained in SOAR along with one other full-time staff who completed the SOAR on-line certification training. City Mission does not show

a need to have a staff person dedicated strictly to completing SOAR applications within the program. Steps have been taken to assure appropriate staff are trained in SOAR and SSI/SSDI benefits so that clients have access to the process and information. The staff trained in the SOAR process work with homeless, chronically homeless, youth, and adults within City Mission Programs.

Coordinated Entry

Indicate if/how your organization engages with the local coordinated-entry process of your CoC. Please describe how PATH-eligible clients fit into the coordinated assessment process. Does your CoC's assessment/prioritization process produce any barriers to housing/treatment for PATH-eligible consumers (transition age, different funding stream, etc.)? If so, please describe.

City Mission and Fayette County Community Action are Fayette County's primary HUD funded housing support providers. These agencies have created a partnership in establishing a process for implementing the coordinated entry system. Fayette County Community Action helped to pilot the coordinated entry system within the western region of Pennsylvania.

City Mission is participating directly with the Coordinated Entry process, working with Fayette County Community Action Agency (FCCAA), to implement the process and meet requirements. Several individuals and families have utilized housing case management services through Coordinated Entry. Clients using emergency shelter services are assisted in setting up an appointment with FCCAA to complete the coordinated intake process. A point person at FCCAA contacts City Mission's property manager to streamline the entrance process into permanent housing.

Both agencies have been successfully utilizing this system since its state established start in January 2018. This process has helped to identify and immediately support individuals and families that are chronically homeless.

In continual alinement with the state's housing plan, City Mission continues to operate PROMISE House, an independent living program that service Young Adults ages 16-21. PROMISE House helps Youth and Young Adults transition from the child serving system to the adult serving system, along with assisting the development of independent skills and accessing continued education and job training. The goal of PROMISE House is to transition Youth and Young Adults into community-based housing of their choosing.

Justice Involved –

- Please indicate if Crisis Intervention Team training is being used in your county/joinder. If so, please provide approximate percentage of law enforcement that has been CIT trained and any feedback on outcomes and effectiveness.

  The Memphis Model Crisis Intervention Team training is employed in Fayette County. There are many small municipal police departments with only a couple of officers. In those communities, 50-100% of the officers are CIT-trained. In larger communities, 10-20% are of officers are trained. Within the local State Police Barracks, less than 10% are trained. The chiefs from the departments that actively use CIT officers as their specialists when responding to persons with mental illnesses are very pleased with officer safety, consumer safety, and reduced arrests. Unfortunately, with the COVID-19 pandemic these trainings have been put on hold in the hopes of resuming in the near future.

- Specific examples of how the agency plans to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g., jail diversion, active involvement in re-entry), OR specific efforts to minimize the challenges and foster support for PATH clients with a criminal history (e.g. jail diversion, active involvement in reentry)

  Fayette County's PATH Case Manager will continue to provide outreach by facilitating shelter visits, collaborating with other social services agencies, helping with the annual point-in-time count, and partnerships with local church organizations. Outreach takes place daily with the PATH Case Workers continued association with Fayette County's service systems, including the local jail, Probation Office, Children and Youth Services, and the local hospitals human services departments. Fayette County Behavioral Health Administration employees a Forensic Program Specialist that works directly with the local jail and State Correctional Institutions. The Forensic Program Specialist has regular contact and a good working relationship with the PATH Case Manager. This has helped to maintain communication and follow-up with PATH and potential PATH clients going in and coming out of correctional institutions.

- Indicate if you are prioritizing this population for services upon release from jail or prison.

  As the direct provider of PATH supports, City Mission's PATH Case Manager has noted disparities inclusive to all categories in regarding access to support services, specifically individuals with criminal histories. PATH eligible clients with criminal histories have significate barriers to affordable housing and full-time employment. The PATH Case Manager is working to address these disparities through community partnerships with Landlords, Property Managers, community business leaders, and employment assistance programs.

  Jail Diversion: Fayette County has established a Forensic Diversion and Reentry Program through SPHS for persons with mental illness who have been incarcerated or are at risk of incarceration. The Fayette County Mental Health Treatment Court, The Veterans Court, and Fayette County Drug and Alcohol Court each refer participants to treatment and rehabilitation programs. The PATH Case manager has access to each of these programs and is able to refer individuals.

Veterans –
Describe how you will address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

The PATH caseworker has completed Mental Health targeted case management (ICM/RC) training increasing the understanding of psychiatric disorders, treatment strategies and recovery principles that directly affect veterans. This approach has ensured appropriate mental health screening and follow-up assistance for veterans presenting at City Mission facilities. The Fayette County Mental Health Treatment court, The Veterans Court and Fayette County Drug and Alcohol each refer their participants to treatment and rehabilitation programs sponsored by the

Veterans Administration. The PATH Case manager has access to each of these programs and is able to refer individuals.

Tobacco Policy –
SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices). Describe your agency's tobacco use policy.

City Mission does not have a tobacco/nicotine inhalation product free policy. The continued responsibilities of the PATH Case Manager is to support clients by helping identify needs, acquire mainstream benefits, and develop an individualized goal plan to access permanent and safe housing. However, the PATH Case Manager is aware of the importance of promoting abstinence from all tobacco products. During the PATH intake and throughout PATH services information is distributed on the dangers of tobacco usage. The PATH Case Manager also assists clients in accessing tobacco cessation programs within the community and health insurance sponsored programs.

Health Disparities Impact Statement – Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation.

Based on your HMIS data, please identify subpopulations (i.e. age, racial, ethnic, sexual, and gender minority groups, etc.) vulnerable to behavioral health disparities in your area. This information will be used to reevaluate PA PATH's choice in disparate population.

Based on HMIS data, Fayette County PATH clients represent a limited number of diverse cultures and ethnicities. Being a rural community and set in certain cultural and traditional ways, residents may not feel comfortable disclosing anything about them that may be "different" from the norms. Fayette County Behavioral Health Administration (FCBHA) understands the importance of breaking down these barriers and helping to reduce stigma. FCBHA continues to work on providing cultural sensitivity and LGBTQS-2 acceptance trainings. FCBHA and City Mission work to address these disparities through program development and trainings. The Youth and Young Adult population has been an identified group impacted by service gaps. This continues to be addressed through the development of consumer/peer run advocacy groups and program creation focused on serving Youth and Young Adults within Fayette County.

In August 2016, City Mission opened PROMISE House, an independent living program/facility that serves Young Adults ages 16-21. PROMISE House consists of three

small two-bedroom cottages—one for young men, one for young women, and the third functions as a staff unit and young adult unit for either a man or woman. Youth with no parental involvement who age out of the Foster Care program have had no options for housing other than adult shelter. PROMISE House provides life skills programming, along with safe, permanent, and affordable housing for the underserved Youth and Young Adult population. In 2018, Fayette County Behavioral Health Administration started the county's first Gay, Straight Alliance group. This group has been helpful in addressing challenges within the human services field and understanding the specialized needs of individuals that are LGBTQS-2.

As the direct provider of PATH supports, City Mission's PATH Case Manager has noted disparities inclusive to all categories in regarding access to support services, specifically individuals with criminal histories. PATH eligible clients with criminal histories have significate barriers to affordable housing and full-time employment. The PATH Case Manager is working to address these disparities through community partnerships with Landlords, Property Managers, community business leaders, and employment assistance programs.

Also, please identify efforts to support the current disparate population of Youth and Young Adult (YYA, ages 18-30) by providing the following:

- **The unduplicated number of YYA individuals who are expected to be served using PATH funds.**
  City Mission anticipates serving 6-8 transition age youth during the 22-23 fiscal year. Of these, we anticipate two (2) will be PATH eligible.

- **The total amount of PATH funds expected to be expended on services for the YYA population**
  That amount is difficult to determine at this time. Each PATH client is assisted on an individual basis and needs vary. However, based on previous year's amount it is estimated that $800 will be spent on YYA PATH eligible clients.

- **The types of services funded by PATH that are available for YYA individuals**
  Services funded by PATH available for YYA individuals include PATH Case Management, as well as rental assistance to help with transitioning in to community-based housing.

- **A data-driven quality improvement plan that implements strategies to decrease the disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population**
  PROMISE House helps to fill some of the current gap in services that exists supporting the needs of Youth and Young Adults. The program works to target the specialized needs of YYA in the community. PROMISE House implements a comprehensive curriculum focused on life skills programming and other related independent skills. Along with Fayette County Behavioral Health's first chapter of the GSA (Gay Straight Alliance). This group has brought in feedback from the Youth and Young Adult population. This information is shared through outreach meetings facilitated by FCBHA.

Limited English Proficiency –
Please describe your organization's ability to comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. Please assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/index.html?language=es.

City Mission continues to have access to faculty and student body at the University of Pennsylvania, Fayette Campus, who are willing to provide assistance when needed. A long-standing partner and friend to City Mission PSU offers instruction in well over 50 languages, and will be a definite, unlimited, benefit to clients that English is not their first language.

Budget Narrative- Provide a *descriptive* budget narrative that includes the local-area provider's use of PATH funds. Include separated federal allocation, state match and other PATH funds. For example: $10,000 federal allocation, $3,333 state match, $1000 PATH specific base funds match.

State funds of $19,464 is allocated for Fayette County's PATH program. Federal funds of $58,392 are included to equal the total allocation of $77,856. When reviewing the overall budget for the Fayette County PATH program, fiscal year 2022-2023, the majority of the expenditures are prioritized for professional expenses. These include PATH case manager and benefits, totaling $56,087. City Mission will continue to fund PATH outreach without changing the PATH budget. In addition, City Mission will make use of local and free training/workshops for its PATH case manager. Fayette County Community Action Agency (FCCAA), Fayette County Drug & Alcohol, and Southwestern PA Human Services (SPHS) have several workshops and training throughout the year that will be beneficial to the PATH case manager. Expenses related to travel and staff trainings, have an estimated cost of $250. Housing related expenses, including one-time rental assistance and security deposits, total $6,500. City Mission will absorb the cost of individual and group support meetings for PATH clients and staff held as needed at the Gallatin School Living Centre location. Transportation expenses include bus tokens, fuel, and insurance coverage estimated at $4,366. Other PATH related expenses include Office Supplies, Equipment/Furnishings, internet cost, and other consumer-related items estimated at $7,658. Administration cost of monitoring the PATH program funding is 2,995. The total budgeted cost for the PATH program is $77,856.

Fayette County
City Mission - Living Stones, Inc.
PATH Program
FY 2022-2023 Budget

	Annual Salary	PATH funded FTE	PATH funded salary	TOTAL
Position				
Case Manager	$ 49,500.00	1	$ 49,500.00	$ 49,500.00
sub - total	$ 49,500.00		$ 49,500.00	$ 49,500.00
Fringe Benefits				
FICA	$ 3,802.00		$ 3,802.00	$ 3,802.00
Retirement	$ 1,485.00		$ 1,485.00	$ 1,485.00
Life Insurance/WC/UC	$ 1,300.00		$ 1,300.00	$ 1,300.00
sub-total	$ 6,587.00		$ 6,587.00	$ 6,587.00
Travel				
Travel to training	$ 250.00		$ 250.00	$ 250.00
and workshops				
sub-total	$ 250.00		$ 250.00	$ 250.00
Equipment/Furnishings	$ 1,000.00		$ 1,000.00	$ 1,000.00
as needed				
sub-total	$ 1,000.00		$ 1,000.00	$ 1,000.00
Supplies				
Office Supplies	$ 300.00		$ 300.00	$ 300.00
Postage	$ 58.00		$ 58.00	$ 58.00
Telephone/Internet	$ 4,500.00		$ 4,500.00	$ 4,500.00
Consumer related items	$ 1,800.00		$ 1,800.00	$ 1,800.00
sub-total	$ 6,658.00		$ 6,658.00	$ 6,658.00
Therapy Sessions				
sub-total				
Rental Assistance				
One time rental				
assistance	$ 4,000.00		$ 4,000.00	$ 4,000.00
Security Deposits	$ 2,500.00		$ 2,500.00	$ 2,500.00
sub-total	$ 6,500.00		$ 6,500.00	$ 6,500.00
Transportation				
Transportation	$ 4,366.00		$ 4,366.00	$ 4,366.00
includes bus tokens, fuel				
insurance for van				
sub-total	$ 4,366.00		$ 4,366.00	$ 4,366.00
Administration	$ 2,995.00		$ 2,995.00	$ 2,995.00
includes 4% allowable				
costs				
Sub-total	$ 2,995.00		$ 2,995.00	$ 2,995.00
TOTAL PATH BUDGET				**$ 77,856.00**

Fayette County Behavioral Health Administration
PATH Intended Use Plan
2022-2023

Local Provider Description –

It is Fayette County Behavioral Health Administration's continued mission to provide access to and assure choice among quality behavioral health services for Fayette County residents. Fayette County Behavioral Health Administration intends to continue sub-contracting all PATH services through the following provider:

City Mission-Living Stones, Inc. located at 155 North Gallatin Avenue, Uniontown Pa 15401 is a non-profit organization serving individuals and families from birth to adulthood. City Mission's sole purpose is to provide for the comprehensive housing and service needs of Fayette County, PA's homeless and at-risk of homelessness populations.

City Mission has two emergency shelters to meet the immediate needs of homeless families and individuals. Individuals and families will receive food, clothing, case management, and transportation support at these shelters. The men's shelter has 21 beds; the women and children shelter has a 12-bed capacity.

City Mission's main offices work out of the Gallatin School Living Centre, which is also a 30-unit housing and service complex. Gallatin School Living Center has 12 transitional housing units and 18 permanent housing Single Room Occupancy (SRO) units. All units are fully furnished.

The continued need for permanent housing linked to supported services, has been a priority for City Mission. Liberty Park and Sycamore Hills Apartments, both are comprised of 4-units, and are occupied by families and single individuals who were formerly homeless. Stone Ridge Apartments, a 6-unit apartment complex also gives preference to individuals and families who have a history of homelessness. During fiscal year 2020-2021, City Mission completed Meadow View Apartments, 8-units of permanent supportive housing. These permanent supportive housing units prioritize serving individuals with mental and/or physical health disabilities as well as a history of homelessness. Many of these units are occupied by residents coming from our transitional housing program.

City Mission recognizes the need for youth supported housing services within the community. In November 2016, PROMISE House was completed. This independent living program supports Young Adults ages 16-21. PROMISE House consists of three 2-bedroom cottages, one for young men, one for young women, and a third cottage functions as both housing for either a young man or woman plus space for staff living and administrative functions. The Office of Children, Youth, and Families licensed PROMISE House according to the Pennsylvania Chapter 3800 regulations concerning Child Residential and Day Treatment Facilities. PROMISE House serves youth with little to no parental involvement who may age out of the foster care system. These youth have limited, if any options for housing other than adult shelter. PROMISE House provides eligible youth with life skills programming while accessing safe, permanent, and affordable housing.

In 2022, City Mission will start the first phase of construction on a 16-20-unit complex on property next to the Gallatin School Living Centre. When completed, this complex will have permanent supported housing and an additional youth program.

City Mission-Living Stones, Inc. $ **77,856**
State funds of $19,464 is allocated for Fayette County's PATH program. Federal funds of $58,392 are included to equal the total allocation of $77,856. Funds contracted with City Mission-Living Stones, Inc. will be used for salary and benefits for one (1) FTE Case Manager. Additional expenses include program supplies, consumer transportation, staff training, and client rental assistance. Please see the attached budget for more details.

PDX – PA-034 Fayette: City Mission-Living Stones, Inc

Collaboration with HUD Continuum of Care (CoC) Program –

City Mission is an active participant in the HUD Western PA Continuum of Care PA-601 division since its inception. City Mission's executive director has played key roles in the overall development of the Western PA CoC, as well as, chairing the SW Region Homeless Advisory Board during its early years. Employees of City Mission have continued to participate as active members of the Southwest Regional Homeless Advisory Board (SWRHAB) and attending all scheduled meetings of the Western Regional Homeless Advisory Board (WRHAB). City Mission's shelter supervisor represents City Mission at both the SWRHAB and WRHAB. Membership at the RHAB provides City Mission's representative with opportunities to participate in the scoring of applications for the region, formulating policy, and as a committee member help to target the special housing needs of Youth and Young Adults. City Mission participates in coordinated entry and assessment activities of the RHAB.

In coordination with Fayette County's LLA, Fayette County Community Action Agency, City Mission refers and helps to facilitate homeless individuals and families to register on the coordinated entry system. Any new referrals to City Mission that fit the coordinated entry criteria are assisted in completing registration. This assistance may consist of transportation to appointment, access to technology means, or being present as an advocate for the client.

Over the years, City Mission has obtained numerous HUD grants through the Western CoC process to help address the needs of Fayette County's homeless population. This process includes assessing gaps in service, coordinating services with other providers, and spearheading capital campaigns.

Collaboration with Local Community Organizations –

Fayette County has a rich array of community supports and treatment services. In addition, to continued, long-standing collaboration among service providers, City Mission continues to focus on implementing housing and support services for at risk of homelessness and homeless individuals and families in Fayette County.

City Mission and Fayette County Behavioral Health Administration collaborates, advocates, and refers PATH clients to services listed below:

Outreach: Both Fayette County Behavioral Health Administration and City Mission conduct ongoing outreach activities through community events along with treatment and non-treatment providers. Outreach efforts have been challenging since the start of the Covid-19 pandemic, however City Mission and Fayette County Behavioral Health Administration, along with other community organizations have built up policies to protect the spread of the virus, as well as, creating virtual opportunities for outreach and continued collaboration. Fayette County's PATH Case Manager continues to provide outreach by facilitating shelter visits, collaborating with other social services agencies, helping with the annual point-in-time count, and partnerships with local church organizations. Outreach takes place daily with the PATH Case Worker's continued association with Fayette County's service systems, including the local jail, Probation Office, Children and Youth Services, and the local hospitals' human services departments.

Primary Health: Primary health care is available through individual practitioners and several clinics whose mission is to provide care for low-income individuals: two Federally-Qualified Health Centers (Centerville Clinic and Cornerstone Care), Wesley United Methodist Church Medical Clinic in Connellsville, PA and Adagio Health (preventative and primary care for women). In addition, West Virginia University/Uniontown Hospital, located in the heart of Uniontown and Highlands Hospital, located in Connellsville, provides emergency and urgent outpatient care. Centrally located in Uniontown is MedExpress Urgent Care Center. Special Needs Units of Health Maintenance Organizations are an invaluable resource in arranging for specialized assessment and treatment for individuals diagnosed with mental illness and co-morbid medical conditions. These comprehensive assessments review individualized needs to address physical health status and potential referrals for follow-up medical care.

Mental Health: Inpatient psychiatric care; phone, mobile and walk-in crisis services; outpatient services; partial hospitalization; Assertive Community Treatment (ACT); site-based and mobile Psychiatric Rehabilitation services; and drop-in centers in two communities are available to PATH consumers. Highlands Hospital in Connellsville continues to provide inpatient Mental Health services. All services noted have continued to collaborate with City Mission to help address housing needs for patients and clients.

For PATH clients that have been incarcerated or are at risk of incarceration Fayette County has developed the Forensic Diversion and Reentry Program. In addition, referrals are made to PATH from Fayette County's Mental Health Treatment Court, Veterans Court, and Drug and Alcohol Court. These courts are also in place to connect individuals to treatment and rehabilitation services. The PATH Case Manager has collaborated with the local and state trained CIT (Crisis Intervention Team) officers. These officers are trained to effectively intervene in situations regarding individuals who may be experiencing symptoms of mental illness. City Mission and the PATH Case Manager maintains a positive working relationship with many of the county's mental health service providers. Providers such as the Mental Health Association and Chestnut Ridge Counseling Center Inc. work directly with City Mission and the PATH Case Manager. The PATH Case Manager also helps to support consumers through advocacy and support

by attending appointments and helping to maintain their overall treatment plan. This coordination helps to provide a more holistic approach to PATH client services. The PATH Case Manager accesses additional guidance and funding through the Fayette County Behavioral Health Administration in order to better support client needs. Through stabilization funds provided through Fayette County Behavioral Health Administration, PATH clients are able to access funding for rental assistance and household items such as furniture, beds etc… This funding allows clients the ability to move into their own apartments, increasing their independents in the community. Individuals with severe mental illness have the option of accessing skill-building supports through three providers of Psychiatric Rehabilitation services, Chestnut Ridge Counseling Services, Crosskeys, and Goodwill- Clubhouse model. These programs can assist clients within the living, working, learning, and socialization environments to increase independents.

Substance Abuse: Outpatient drug and alcohol services; residential drug and alcohol services; ambulatory detox clinic; methadone treatment services; Suboxone Treatment; and 12-Step programs are located throughout the county. PATH eligible clients have access to a variety of treatment and care options available through both the mental health and drug and alcohol systems within the region. As well as rehabilitation facilities in Pennsylvania and nearby states. MISA (Mental Illness and Substance Abuse) services are offered at Chestnut Ridge in Uniontown PA on a weekly basis. The PATH Case Manager is familiar with both private and county run programs that offer D&A support meetings.

Housing: City Mission's permanent, transitional, and emergency shelter services are described throughout this plan. Fayette County Community Action Agency and Fayette County Behavioral Health Administration have collaborated on two permanent housing initiative. The first being Fairweather Lodge in Connellsville, Pa. that can support eight individuals with mental illness. Along with the development of Fayette Apartments, a 10-unit permanent supportive housing complex in Uniontown for chronically homeless single adults with Mental Health diagnoses. This collaboration has continued through the community-based Housing Opportunities Program (HOP). Funding for HOP has been renewed into 2023. This program provides case management services, tenant-based and master leasing opportunities for homeless and near homeless residents with a mental health diagnosis. Fayette County Behavioral Health Administration contracts for Community Residential Rehabilitation Services (CRR); Supported Housing programs; and a Long-Term Structured Residential (LTSR) treatment-based program. Providers for these mental health services include Chestnut Ridge Counseling Services, Inc., Crosskeys Human Services, and Southwestern Pennsylvania Human Services (SPHS). Subsidized housing services continue to be available through the Fayette County Housing Authority. City Mission collaborates with local community providers and Fayette County Behavioral Health Administration to help support the housing needs of individuals with mental illness, through increasing the availability of supported housing and scattered housing sites in the area.

FACT (Fayette Area Coordinated Transportation): FACT plays a key role in contributing to the independence of PATH clients. FACT provides general transportation to designated stops as well as appointment-specific transportation, which includes medical appointments

and behavioral health appointments. There is limited transportation outside of Fayette County to the Pittsburgh and Morgantown WV areas for medical appointments. The PATH Case Manager helps clients to understand FACT scheduling system and helps to advocate for transportation needs.

Employment Services: Workshops, Transitional Employment, Mental Health supportive employment programs, Intensive Vocational Rehabilitation Program for individuals with substance abuse disorders, and Psychiatric Rehabilitation Programs are available through several local employment-support providers. Literacy programs are offered by a variety of organizations. Career Link assist in arranging for job training, securing employment, and GED preparation. Office of Vocational Rehabilitation (OVR) maintains a local office, providing vocational assessment and assistance in arranging job training and supports.

Education Services: Penn State Fayette – Eberly Campus and Westmoreland Community College- Fayette Campus assist in admission and financing for higher education programing. Laurel Business Institute, centrally located in Uniontown offers continuing education opportunities, along with Pennsylvania Institute of Health and Technology and Fayette County Career and Technical Institute.

Community Support Services: A number of local organizations provide tangible goods, including food, clothing and household items. Among them are local churches, Society of St. Vincent DePaul, Salvation Army, Connellsville Area Community Ministries, Goodwill Industries, Fayette County Community Action Agency, and City Mission.

The PATH Case Manager understands eligibility, referral, and access procedures for all of these programs and supports. The PATH Case Manager also participates in several established councils to insure coordination of care for individuals with mental illness. These include the Continuity of Care Committee (representatives from local inpatient units, outpatient, case management providers and Fayette County Behavioral Health Administration, Fayette County Human Service Council, the Fayette County Partnership for Housing and Homelessness and its Local Housing Options Team (LHOT). City Mission is one of the community's primary provider of services to Fayette County's homeless population. The agency receives referrals from area hospitals, local police departments, and other related service organizations that encounter individuals who fall within the targeted PATH eligibility. The PATH grant offers an opportunity to enhance these outreach efforts by strengthening its speaker's bureau and through the distribution of brochures and a video shown periodically on local TV channels outlining its services.

The PATH Case Manager has also completed the SOAR online training certification program, which provided intensive step-by-step instruction on completing SSI/SSDI applications.

Fayette is a rural county and having a smaller population has allowed for the PATH Case Manager to establish positive working relationships with most of Fayette County's formal and informal community resources. Both, Fayette County Behavioral Health Administration and City Mission representatives are active on the Fayette County Local Housing Options Team (LHOT). This team of housing professionals are vital in

continuing to maintain and increase outreach efforts in the county. The LHOT is made up of representatives from multiple county agencies that work with various aspects of housing throughout the Fayette County area. Hosted by Fayette County's Local Lead Agency, Fayette County Community Action Agency, this team has been active in studying and assessing housing needs among subpopulations and understanding gaps in housing services. The LHOT has been influential in working with developers on the revitalization of many low-income neighborhoods.

Service Provision –

Fayette County's PATH program utilizes PATH funds in alinement with the PATH HUD guidelines. PATH funds primarily fund salary and benefits for one FTE Case Manager and administrative needs for the program. PATH funding utilized for rental or security deposit assistance is used as a last resort when other funding options have been exhausted or funding is used as a transition support to a more permanent or longer-term program. Programs such as Emergency Rental Assistance Program (ERAP) or Rapid Re-Housing (RRH) are referred to by the PATH Case Manager to continue stable housing for PATH clients. The PATH Case Manager has a very positive working relation with Fayette County's LLA, Fayette County Community Action Agency (FCCAA). FCCAA manages these additional funds for housing supports into the community.

In alinement with the PATH HUD guidelines, City Mission assess individual eligibility for PATH services utilizing the following criteria:

- An individual is determined to be experiencing "serious mental illness or serious mental illness and substance abuse" and the individual is experiencing homelessness or is at imminent risk of homelessness.
- All staff working in the emergency shelters are trained to do outreach, assess needs, helpful communication and dealing with the most basic needs first.
- City Mission's primary source of referral is through the shelter programs. A specific intake form was developed to immediately identify PATH eligible clients that move through the shelter.
- City Mission's shelter director then sends the referral to the PATH Case Manager, at that time immediate follow-up takes place to insure the individual has access to help before hastily leaving the shelter program.
- During the intake process, potential PATH clients are required to sign an authorization for release of information concerning mental health diagnosis and treatment. This step is to insure documentation of diagnoses and primarily, for the PATH Case Worker to have the information needed to help assess needs and maintain continued access to community-based supports.

There is outreach, collaboration with Fayette County's service systems, including the local jail, Probation Office, and Children and Youth Services. The PATH Case Manager continues to participate in community provider meetings. As a rural community, Fayette County providers have developed resourceful relationships, helping the PATH Case Manager to better access services and address client needs. Financial assistance is available and utilized through several organizations and county resources on a case-by-case basis. Fayette County Community Action Agency, St. Vincent de Paul, Salvation

Army and the County Assistance Office as well as several local churches, are willing to provide direct financial assistance to PATH clients. These agencies are always the first consideration. The PATH Case Manager also accesses financial support for PATH clients through Fayette County Behavioral Health Administration's Consumer Stabilization funds. These funds assist with rental assistance and household items that help support independence. Funding utilized in PATH for re-housing homeless clients can be used to leverage funds from other local providers including, Saint Vincent de Paul, Connellsville Community Ministries, and Fayette County Community Action. Fayette County's PATH funds are also used as a bridge support to help individuals transition to more long-term funding assistance for housing. PATH clients are referred to Fayette County Community Action Agency and Fayette County Housing Authority for funding to assist with longer-term housing support. Programs such as Emergency Rental Assistance Program (ERAP) and/or Rapid Re-Housing (RRH) are referred to by the PATH Case Manager to continue stable housing for PATH clients. The PATH Case Manager has a very positive working relation with Fayette County's LLA, Fayette County Community Action Agency (FCCAA). FCCAA manages these additional funds for housing supports into the community.

The PATH program, as well as other supported housing programs, have encountered new challenges in the face of the COVID-19 Pandemic. Throughout the pandemic Fayette County's PATH Case Managers continued to work with clients in the safest way possible. Taking necessary precautions to keep both the client and case manager safe. Along with creating new ways to continue supporting clients in the community. As the eviction moratorium lifted new barriers to housing were created. As the community works to hopefully come out on the other side of this pandemic Landlords and Property managers have become very cautious on who they take on as renters. Pre-pandemic the relationship between local Landlords and Housing support case managers had been positive. With evictions put on hold as a result of the pandemic's financial impact on residents, property managers have also been financially affected. This has created a barrier to helping client's struggling with mental health, substance use, and lack of income find housing. The Fayette County PATH case manager has worked to rebuild those relationships of trust with Landlords and Property Managers through understanding, engagement, and support services. The PATH case manager has focused on helping to develop a better rapport between the renter and potential tenant.

An ongoing gap that exists within Fayette County is providing holistic support to clients with co-occurring disorders. PATH clients with co-occurring disorders often move between mental health and addiction service providers with limited collaboration between systems and accessible information. Consumers who find themselves without safe, permanent, and affordable housing tend to focus on these areas rather than accessing treatment. Housing needs of PATH eligible clients continue to be addressed by City Mission through the Gallatin School program, Liberty Park Apartments, Sycamore Hills, Stone Ridge Apartments and Meadow View Apartments. These units are dedicated to families and individuals who present with a need for supportive housing. Residents who experience mental health or addiction concerns are able to live independently in the community, in large part, due to the support services integrated with their housing. All of

these projects have help fill this housing gap by providing PATH clients with access to 22 units of permanent supportive housing.

To continue addressing gaps in services and supports Fayette County Behavioral Health helped to start the Community Based Care Management (CBCM) in 2021. CBCM assists Fayette County residents diagnosed with serious mental illness, serious emotional disturbance, and/or substance use disorder with securing access to their identified Social Determinants of Health. These SDoH's included: Safe and Secure housing, employment, clothing, food, child care, utility assistance, financial strain, transportation, and physical health. FCBHA manages the CBCM initiative. CBCM will assess, refer, and mitigate obstacles to fundamental Social determinants of Health and make referrals to non-treatment community-based organizations. These organizations include: Fayette County Community Action Agency, The Mental Health Association of Fayette County, and The East End United Community Center. Together, the team will work together to achieve smooth transitions in the community and support each member until the social determinant of health is addressed. CBCM ensures access and delivery of services in a community setting.

PATH clients who experience both a serious mental illness (SMI) and substance use disorder have access to all services provided through City Mission, including case management, transportation, housing, emergency shelter, and permanent housing onsite at the Gallatin School Living Centre, Liberty Park Apartments, Sycamore Hills, Stone Ridge Apartments and Meadow View Apartments. The PATH Case Manager works with county agencies Chestnut Ridge Counseling Services, Axiom Family Services, Fayette County Drug and Alcohol, CPP Behavioral Health, and Family Behavioral Resources to set up intake appointments quickly to ensure access to mental health and drug and alcohol services. PATH clients with both a SMI and substance use disorder have access to the same array of treatment and support as individuals not experiencing a substance use disorder. These individuals have access to additional services designed to better address addiction treatment and community D&A support. PATH clients have treatment and care options available through the mental health, drug and alcohol, and healthcare systems within the region. The PATH Case Manager completes a comprehensive assessment of client's needs, and uses that information to create an individualized goal plan. PATH clients are offered assistance in completing a Wellness Recovery Action Plan (WRAP) if they so choose. Fayette County's PATH program is designed to be individualized for each client. Each goal plan focuses on specific components and needs related to each client. Services within goal plans may include, life skills training, budgeting, resume assistance, health care screenings, and literacy classes.

All staff working in the emergency shelters are trained to do outreach, assess needs, provide helpful communication, and deal with the most basic needs first. City Mission's primary source of referral is through the shelter programs. A specific intake form was developed to immediately identify PATH eligible clients that move through the shelter. City Mission's shelter director then sends the referral to the PATH Case Manager, at that time immediate follow-up takes place to insure the individual has access to help before hastily leaving the shelter program. During the intake process, potential PATH clients are required to sign an authorization for release of information concerning mental health

diagnosis and treatment. This step is to insure documentation of diagnoses and primarily, for the PATH Case Worker to have the information need to help assess needs and maintain continued access to community-based supports. Outside agency referrals are reviewed by the PATH Case Manager. Contact is made with the potential client, if the client is not PATH eligible the PATH Case Manager will assist in helping the individual access other resources that could be helpful. Fayette County's PATH Case Manager completes case notes and documents client information in PATH HMIS.

A person receiving services at City Mission shall retain all civil rights and liberties, except as provided by law or stated in the following special conditions. Each client's services are confidential. This is protected by federal law. No information identifying the client may be disclosed outside the City Mission program:

(1) Unless the client consents in writing, or
(2) The disclosure is to medical personnel for medical emergency, or
(3) To qualified personnel with prior written permission to conduct audits and evaluations, or
(4) With or without a client's consent where a judge court orders via a subpoena and makes a ruling that the need for disclosure outweighs the risk for harm.

City Mission's policy on client confidentiality is twofold. Staff to client is one aspect and client to client is another. A successful working relationship with a client is built when a client knows that his/her concerns are kept confidential. Fayette County's PATH Case Manager understands the importance of client confidentially. All staff at City Mission are required to sign a Statement of Confidentiality prior to employment. It is the intent of City Mission to take every step possible to ensure the confidentiality of all the clients that are supported through the agency. While an individual is receiving services through City Mission, they may become familiar with other clients and their life situations. In consideration of this, City Mission asks that each client take every precaution not to give out information on the identity or life circumstances of any other individual. Each client is also required to sign a Statement of Confidentiality upon entering the shelter programs.

At this time, City Mission's PATH program does not employ a Certified Peer Specialist or Certified Recovery Specialist. Within Fayette County there are two local agencies, Chestnut Ridge Counseling Services Inc. and Southwestern PA Human Services (SPHS), provide these important supports. Fayette County's PATH Case Manager has a positive working relationship with both agencies that provide Peer Specialist services. PATH clients have the opportunity to have a referral completed by the PATH Case Manager for Peer Specialist services if they so wish. The PATH Case Manager has worked in collaboration with Certified Peer Specialists to better support the client's goals of independent and access to safe housing.

Data –

City Mission has been utilizing the Housing Management Information System (HMIS) since its inception in 2006 and inputs both universal and program specific data for all City Mission clients. Staff working directly with HMIS have completed the required HMIS Intake/Caseworker training and continues to complete 2-3 HMIS trainings per year. City

Mission's staff also assures that any related trainings on HMIS updates and changes are implemented. City Mission has already taken the necessary steps required to transition PATH data into the HMIS system. At present, all clients that are PATH eligible are entered into the Client Track PATH-HMIS System. As updates to the HMIS system are launched, PATH Case Manager will stay current with all new required trainings to stay proficient in using the system. City Mission's HMIS trained staff will continue to utilize HMIS online trainings and manuals from the Pennsylvania Continuums of Care website. New City Mission staff will have access to the same HMIS trainings along with staff support and hands on training from lead City Mission HMIS staff.

Housing-

Fayette County has a continuum of housing services in place to meet the needs of its homeless population. The PATH Case Manager works with consumers to present options of safe, appropriate, and affordable housing to meet the needs of each individual client. Since the PATH program became operational in Fayette County, City Mission has worked to develop relationships with private property owners within the county as a viable means of securing housing for PATH clients.

Permanent, treatment, and transitional housing services available in Fayette County:

- City Mission Living Stones, Inc.
    - Two emergency shelter facilities (a women & children's shelter and a homeless men's shelter)
    - Gallatin School Living Center (18 SRO units and 12 transitional housing apartments, eight units of permanent housing for individuals with disabilities)
    - Liberty Park Apartments - Four units of Permanent Supportive Housing
    - Sycamore Hills Apartments- Four units of Permanent Supportive Housing
    - Stone Ridge Apartments- Six units of Permanent Supportive Housing (two units dedicated to individuals with mental health concerns.)
    - Meadow View Apartments – Eight units of Permanent Supportive Housing
    - Promise House (Independent living facility serving youth ages 16-21)

- Fayette County Community Action Agency
    - Bridge Housing
    - Housing Supports Program
    - Master Leasing
    - Tenant-based rental subsidy
    - Lenox Street Apartments
    - Fairweather Lodge
    - Fayette Apartments
    - Hosting occasional Landlord summits, helping to provide support and resources to local property owners.
- Fayette County Housing Authority
    - Permanent, Supportive housing vouchers
    - Public Housing
- Chestnut Ridge Counseling Services, Inc
    - Long-term Structured Residential (LTSR) for individuals with SMI and require

recommended psychiatric treatment on site.

- Crosskeys Human Services, Inc.
  - Community Residential Rehabilitation (CRR)
  - Housing Supports Program
- Southwestern Pennsylvania Human Services
  - Community Residential Rehabilitation (CRR)
  - Housing case management
- Goodwill Industries
  - Jefferson Apartments
- Fayette County also has numerous small (less than 16 resident) personal care homes that provide housing for individuals with mental illness.

Staff Information –

City Mission as the PATH program provider is comprised of a diverse array of staff, which includes:

- Male and female staff.
- White, African-American and other ethnic minorities.
- Master's level, Bachelor's level, and High-School trained staff
- City Mission employs and has volunteers who were formerly homeless clients.

City Mission has more than 30+ years of experience serving the diverse population in Fayette County. As in most rural communities, the majority of staff originate from and live in the communities where services are delivered, sharing the same language, cultural beliefs, and customs unique to the area. The PATH Case Manager will continue to look for opportunities to develop a better understanding of the LGBTQI2-S community. Fayette County Behavioral Health has started and facilitates a Fayette County Chapter of the GSA (Gay Straight Alliance). This group has shared knowledge of the LGBTQI2-S population with providers and has help to develop a better more tolerant sense of understanding. City Mission does not discriminate based on sex, gender, race, age, sexual preference, or disability.

City Mission has employee orientation programs in place that address human diversity within its individual service delivery system. Additionally, training programs are setup to reinforce the importance of cultural sensitivity and provide opportunities for employees to examine their personal beliefs, attitudes towards different cultures, and develop plans for personal growth in this area. Fayette County Behavioral Health Administration is focused on addressing health disparities within Fayette County through the Community-Based Care Management program. This program has been designed to address social determines of health in our community through accessing formal and informal resources. CBCM assists Fayette County residents diagnosed with serious mental illness, serious emotional disturbance, and/or substance use disorder with securing access to their identified Social Determinants of Health. These SDoH's included: Safe and Secure housing, employment, clothing, food, child care, utility assistance, financial strain, transportation, and physical health. FCBHA manages the CBCM initiative. CBCM will assess, refer, and mitigate obstacles to fundamental Social determinants of Health and make referrals to non-treatment community-based organizations. These organizations include: Fayette

County Community Action Agency, The Mental Health Association of Fayette County, and The East End United Community Center. Together, the team will work together to achieve smooth transitions in the community and support each member until the social determinant of health is addressed. CBCM ensures access and delivery of services in a community setting. The Fayette County PATH Case Manager has been active making referrals and taking referrals through the CBCM program.

City Mission's PATH program does not currently employ a Certified Peer Specialist or Certified Recovery Specialist. Chestnut Ridge Counseling Services Inc. and Southwestern PA Human Services (SPHS) both provide Peer Specialist services. The PATH Case Manager continues to have a positive working relationship with both providers and collaborates as needed with Peer Specialist to meet individual goals.

Client Information –

Based on data provided by City Mission on homeless clients served from 2000-present, as well as information from Fayette County Behavioral Health Administration, a description of the demographics for clients in the PATH program is as follows:

- The majority of the clients are single white males, between the ages of 25 and 40.
- Have experienced homelessness 2 or more times (difficulty maintaining permanent housing).
- Experiencing or diagnosed with severe mental health and/or co-occurring serious mental illness and substance abuse disorder.
- Multiple episodes of psychiatric hospitalization within the last 24 months.
- **Breakdown of clients served July 2021- March 2022**
  Total number of clients that have received services as of March 14, 2022
  53 individuals served.

Gender	**Race/Ethnicity**		
Female – 19	White 29	Black- 21	Puerto Rican 1
Male -- 34	Indian 1	Hawaiian 1	

City Mission expects to provide outreach to approximately 450 homeless clients primarily at City Mission's two emergency homeless shelters.

City Mission anticipates enrolling approximately 50-60 adult clients using PATH funds in FY 2022-2023.

City Mission expects that 75% of PATH eligible clients will be literally homeless, and 25% will be at imminent risk of being homeless. For PATH clients who are literally homeless, City Mission provides an array of housing and service options including food, clothing, shelter, transportation, and case management. Funding utilized in PATH for re-housing homeless clients can be used to leverage funds from other local providers including, Saint Vincent de Paul, Connellsville Community Ministries, and Fayette County Community Action.

Additionally, City Mission links non-PATH eligible individuals to housing case management services through Southwestern Pennsylvania Human Services (SPHS) or

Crosskeys Human Services. Upon the start of services, the PATH Case Manager works to stabilize the client in housing, assures all housing related supports are established, and once stable clients may then be referred for mental health case management through SPHS or Centerville Clinics for further mental health case management

Consumer Involvement -

Each year City Mission's PATH consumers are given the opportunity to discuss, evaluate, and provide feedback on the PATH Program. City Mission requires that their governing board include representatives who are either current service users or have used services in the past. One PATH consumer presently is sitting on City Mission's Board of Directors. The Board currently meets at the Gallatin School Living Centre regularly to assess satisfaction of services. City Mission currently employs two formally homeless individuals. At this time, City Mission does not have regular PATH-eligible clients as volunteers. Volunteers are welcome to assist in all aspects of City Mission's programing. City Mission has benefited from PATH-eligible individual's input and time in the past and hopefully in the near future. Fayette County Behavioral Health Administration's Advisory Board also includes consumer and family representation.

Alignment with State Comprehensive Mental Health Services Plan –

City Mission's overall program development has been consistent, over the years, with the State's plan to end homelessness and help to deinstitutionalize individuals in state hospitals. City Mission's programs have helped individuals successfully live within supported housing units and in scattered housing of their choosing with community-based services. The PATH Case Manager works with clients on skill building focused on budging and accessing community resources through referrals. Partnerships with local property owners have helped to prevent eviction through communication, accessing assistance through other community agencies, and connecting clients to other program supports that focus on strength building.

In following the Housing First model, Fayette County Community Action Agency and Fayette County Behavioral Health Administration have collaborated on permanent housing initiatives. The Fairweather Lodge in Connellsville, Pa. model is for individuals with mental illness at a capacity of serving eight individuals at any one time. Fayette Apartments is a 10-unit complex in Uniontown for single adults with Mental Health diagnoses. Fayette County Behavioral Health Administration contracts for Community Residential Rehabilitation Services (CRR); Supported Housing programs; and a Long-Term Structured Residential (LTSR) program -- providers for these mental health services include Chestnut Ridge Counseling Services, Inc., Crosskeys Human Services, and Southwestern Pennsylvania Human Services (SPHS). Subsidized housing services continue to be available through the Fayette County Housing Authority. In addition to community-based housing supports through Fayette County Community Action agency in collaboration with Fayette County Behavioral Health Administration the Housing Opportunities Program (HOP) has been extended into 2023. This program helps provide funds for individuals homeless with a SMI access to housing and the ability to maintain housing in the community of their choosing. HealthChoices reinvestment funds are utilized for HOP services. This program provides housing case management, tenant-based rental assistance, and master leasing supports. In understanding the importance of

collaboration among community providers, the PATH Case Manager participates in local and state housing meetings. The PATH Case Manager continues to maintain community-based collaboration community leaders, program managers, Landlords, and church organizations. The PATH Case Manager is SOAR trained and has an extensive understanding of the Medicaid and Social Security Disability processes.

Other designated Funds-

No specific funding is earmarked for PATH services in the county under the Mental Health or Substance Abuse sections of the Human Service Plan 21-22. The County Human Service Plan continues to focus on needs surrounding increase access to safe, affordable, and permanent housing along with access to community-based mental health and drug and alcohol services. PATH works in partnership with Fayette County Community Action Agency to access funding through the component of the County Human Service Plan. This funding helps to support all homeless individuals and families in the county.

Programmatic and Financial Oversight –

Fayette County Behavioral Health Administration designates a Master's level Mental Health Program Specialist to oversee PATH spending and to assist the PATH Case Manager in completing all required State and Federal PATH trainings and reports. The Mental Health Program Specialist actively participates in PATH trainings to secure a better understanding of PATH goals and data collection. PATH monitoring takes place at the county level, through visits, billing review, and plan updates. The county PATH monitor and the PATH Case Manager have a positive working relationship and are open in discussing client needs, community needs, and required PATH data collection.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

In addition to the PATH Case Manager, City Mission has one other full-time staff person who have completed the SOAR on-line certification training.

In addition to the PATH Case Manager, City Mission has one other full-time staff person trained in SOAR who provided assistance with SI/SSDI applications.

For fiscal year 2021-2022 one PATH consumer has successfully received benefits (SSI/SSDI) from directly working with the SOAR trained staff at City Mission.

Average time for client approval using the SOAR process is approximately 60 - 90 days from day of application. Each client situation is different. Those that have been denied benefits in the past, and are reapplying, determination can take up to a year or more. The City Mission PATH case manager is trained in SOAR along with one other full-time staff who completed the SOAR on-line certification training. City Mission does not show a need to have a staff person dedicated strictly to completing SOAR applications within the program. Steps have been taken to assure appropriate staff are trained in SOAR and SSI/SSDI benefits so that clients have access to the process and information. The staff trained in the SOAR process work with homeless, chronically homeless, youth, and adults within City Mission Programs.

Coordinated Entry

City Mission and Fayette County Community Action are Fayette County's primary HUD funded housing support providers. These agencies have created a partnership in establishing a process for implementing the coordinated entry system. Fayette County Community Action helped to pilot the coordinated entry system within the western region of Pennsylvania.

City Mission is participating directly with the Coordinated Entry process, working with Fayette County Community Action Agency (FCCAA), to implement the process and meet requirements. Several individuals and families have utilized housing case management services through Coordinated Entry. Clients using emergency shelter services are assisted in setting up an appointment with FCCAA to complete the coordinated intake process. A point person at FCCAA contacts City Mission's property manager to streamline the entrance process into permanent housing.

Both agencies have been successfully utilizing this system since its state established start in January 2018. This process has helped to identify and immediately support individuals and families that are chronically homeless.

In continual alinement with the state's housing plan, City Mission continues to operate PROMISE House, an independent living program that service Young Adults ages 16-21. PROMISE House helps Youth and Young Adults transition from the child serving system to the adult serving system, along with assisting the development of independent skills and accessing continued education and job training. The goal of PROMISE House is to transition Youth and Young Adults into community-based housing of their choosing.

Justice Involved –

The Memphis Model Crisis Intervention Team training is employed in Fayette County. There are many small municipal police departments with only a couple of officers. In those communities, 50-100% of the officers are CIT-trained. In larger communities, 10-20% are of officers are trained. Within the local State Police Barracks, less than 10% are trained. The chiefs from the departments that actively use CIT officers as their specialists when responding to persons with mental illnesses are very pleased with officer safety, consumer safety, and reduced arrests. Unfortunately, with the COVID-19 pandemic these trainings have been put on hold in the hopes of resuming in the near future.

Fayette County's PATH Case Manager will continue to provide outreach by facilitating shelter visits, collaborating with other social services agencies, helping with the annual point-in-time count, and partnerships with local church organizations. Outreach takes place daily with the PATH Case Workers continued association with Fayette County's service systems, including the local jail, Probation Office, Children and Youth Services, and the local hospitals human services departments. Fayette County Behavioral Health Administration employees a Forensic Program Specialist that works directly with the local jail and State Correctional Institutions. The Forensic Program Specialist has regular contact and a good working relationship with the PATH Case Manager. This has helped to maintain communication and follow-up with PATH and potential PATH clients going in and coming out of correctional institutions.

As the direct provider of PATH supports, City Mission's PATH Case Manager has noted disparities inclusive to all categories in regarding access to support services, specifically individuals with criminal histories. PATH eligible clients with criminal histories have significate barriers to affordable housing and full-time employment. The PATH Case Manager is working to address these disparities through community partnerships with Landlords, Property Managers, community business leaders, and employment assistance programs.

Jail Diversion: Fayette County has established a Forensic Diversion and Reentry Program through SPHS for persons with mental illness who have been incarcerated or are at risk of incarceration. The Fayette County Mental Health Treatment Court, The Veterans Court, and Fayette County Drug and Alcohol Court each refer participants to treatment and rehabilitation programs. The PATH Case manager has access to each of these programs and is able to refer individuals.

Veterans –

The PATH caseworker has completed Mental Health targeted case management (ICM/RC) training increasing the understanding of psychiatric disorders, treatment strategies and recovery principles that directly affect veterans. This approach has ensured appropriate mental health screening and follow-up assistance for veterans presenting at City Mission facilities. The Fayette County Mental Health Treatment court, The Veterans Court and Fayette County Drug and Alcohol each refer their participants to treatment and rehabilitation programs sponsored by the Veterans Administration. The PATH Case manager has access to each of these programs and is able to refer individuals.

Tobacco Policy –

City Mission does not have a tobacco/nicotine inhalation product free policy. The continued responsibilities of the PATH Case Manager is to support clients by helping identify needs, acquire mainstream benefits, and develop an individualized goal plan to access permanent and safe housing. However, the PATH Case Manager is aware of the importance of promoting abstinence from all tobacco products. During the PATH intake and throughout PATH services information is distributed on the dangers of tobacco usage. The PATH Case Manager also assists clients in accessing tobacco cessation programs within the community and health insurance sponsored programs.

Health Disparities Impact Statement –

Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation.

Based on your HMIS data, please identify subpopulations (i.e. age, racial, ethnic, sexual, and gender minority groups, etc.) vulnerable to behavioral health disparities in your area. This information will be used to reevaluate PA PATH's choice in disparate population.

Based on HMIS data, Fayette County PATH clients represent a limited number of diverse cultures and ethnicities. Being a rural community and set in certain cultural and traditional ways, residents may not feel comfortable disclosing anything about them that may be "different" from the norms. Fayette County Behavioral Health Administration (FCBHA) understands the importance of breaking down these barriers and helping to reduce stigma. FCBHA continues to work on providing cultural sensitivity and LGBTQS-2 acceptance trainings. FCBHA and City Mission work to address these disparities through program development and trainings. The Youth and Young Adult population has been an identified group impacted by service gaps. This continues to be addressed through the development of consumer/peer run advocacy groups and program creation focused on serving Youth and Young Adults within Fayette County.

In August 2016, City Mission opened PROMISE House, an independent living program/facility that serves Young Adults ages 16-21. PROMISE House consists of three small two-bedroom cottages—one for young men, one for young women, and the third functions as a staff unit and young adult unit for either a man or woman. Youth with no parental involvement who age out of the Foster Care program have had no options for housing other than adult shelter. PROMISE House provides life skills programming, along with safe, permanent, and affordable housing for the underserved Youth and Young Adult population. In 2018, Fayette County Behavioral Health Administration started the county's first Gay, Straight Alliance group. This group has been helpful in addressing challenges within the human services field and understanding the specialized needs of individuals that are LGBTQS-2.

As the direct provider of PATH supports, City Mission's PATH Case Manager has noted disparities inclusive to all categories in regarding access to support services, specifically individuals with criminal histories. PATH eligible clients with criminal histories have significate barriers to affordable housing and full-time employment. The PATH Case Manager is working to address these disparities through community partnerships with Landlords, Property Managers, community business leaders, and employment assistance programs.

- **The unduplicated number of YYA individuals who are expected to be served using PATH funds.**
  City Mission anticipates serving 6-8 transition age youth during the 22-23 fiscal year. Of these, we anticipate two (2) will be PATH eligible.

- **The total amount of PATH funds expected to be expended on services for the YYA population**
  That amount is difficult to determine at this time. Each PATH client is assisted on an individual basis and needs vary. However, based on previous year's amount it is estimated that $800 will be spent on YYA PATH eligible clients.

- **The types of services funded by PATH that are available for YYA individuals**
  Services funded by PATH available for YYA individuals include PATH Case Management, as well as rental assistance to help with transitioning in to community-based housing.

- **A data-driven quality improvement plan that implements strategies to decrease the disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population**
  PROMISE House helps to fill some of the current gap in services that exists supporting the needs of Youth and Young Adults. The program works to target the specialized needs of YYA in the community. PROMISE House implements a comprehensive curriculum focused on life skills programming and other related independent skills. Along with Fayette County Behavioral Health's first chapter of the GSA (Gay Straight Alliance). This group has brought in feedback from the Youth and Young Adult population. This information is shared through outreach meetings facilitated by FCBHA.

Limited English Proficiency –

City Mission continues to have access to faculty and student body at the University of Pennsylvania, Fayette Campus, who are willing to provide assistance when needed. A long-standing partner and friend to City Mission PSU offers instruction in well over 50 languages, and will be a definite, unlimited, benefit to clients that English is not their first language.

Budget Narrative-

State funds of $19,464 is allocated for Fayette County's PATH program. Federal funds of $58,392 are included to equal the total allocation of $77,856. When reviewing the overall budget for the Fayette County PATH program, fiscal year 2022-2023, the majority of the expenditures are prioritized for professional expenses. These include PATH case manager and benefits, totaling $56,087. City Mission will continue to fund PATH outreach without changing the PATH budget. In addition, City Mission will make use of local and free training/workshops for its PATH case manager. Fayette County Community Action Agency (FCCAA), Fayette County Drug & Alcohol, and Southwestern PA Human Services (SPHS) have several workshops and training throughout the year that will be beneficial to the PATH case manager. Expenses related to travel and staff trainings, have an estimated cost of $250. Housing related expenses, including one-time rental assistance and security deposits, total $6,500. City Mission will absorb the cost of individual and group support meetings for PATH clients and staff held as needed at the Gallatin School Living Centre location. Transportation expenses include bus tokens, fuel, and insurance coverage estimated at $4,366. Other PATH related expenses include Office Supplies, Equipment/Furnishings, internet cost, and other consumer-related items estimated at $7,658. Administration cost of monitoring the PATH program funding is 2,995. The total budgeted cost for the PATH program is $77,856.

Fayette County
City Mission - Living Stones, Inc.
PATH Program
FY 2022-2023 Budget

	Annual Salary	PATH funded FTE	PATH funded salary	TOTAL
Position				
Case Manager	$ 49,500.00	1	$ 49,500.00	$ 49,500.00
sub - total	$ 49,500.00		$ 49,500.00	$ 49,500.00
Fringe Benefits				
FICA	$ 3,802.00		$ 3,802.00	$ 3,802.00
Retirement	$ 1,485.00		$ 1,485.00	$ 1,485.00
Life Insurance/WC/UC	$ 1,300.00		$ 1,300.00	$ 1,300.00
sub-total	$ 6,587.00		$ 6,587.00	$ 6,587.00
Travel				
Travel to training	$ 250.00		$ 250.00	$ 250.00
and workshops				
sub-total	$ 250.00		$ 250.00	$ 250.00
Equipment/Furnishings	$ 1,000.00		$ 1,000.00	$ 1,000.00
as needed				
sub-total	$ 1,000.00		$ 1,000.00	$ 1,000.00
Supplies				
Office Supplies	$ 300.00		$ 300.00	$ 300.00
Postage	$ 58.00		$ 58.00	$ 58.00
Telephone/Internet	$ 4,500.00		$ 4,500.00	$ 4,500.00
Consumer related items	$ 1,800.00		$ 1,800.00	$ 1,800.00
sub-total	$ 6,658.00		$ 6,658.00	$ 6,658.00
Therapy Sessions				
sub-total				
Rental Assistance				
One time rental				
assistance	$ 4,000.00		$ 4,000.00	$ 4,000.00
Security Deposits	$ 2,500.00		$ 2,500.00	$ 2,500.00
sub-total	$ 6,500.00		$ 6,500.00	$ 6,500.00
Transportation				
Transportation	$ 4,366.00		$ 4,366.00	$ 4,366.00
includes bus tokens, fuel				
insurance for van				
sub-total	$ 4,366.00		$ 4,366.00	$ 4,366.00
Administration	$ 2,995.00		$ 2,995.00	$ 2,995.00
includes 4% allowable				
costs				
Sub-total	$ 2,995.00		$ 2,995.00	$ 2,995.00
TOTAL PATH BUDGET				**$ 77,856.00**

Forest-Warren - Warren Forest Economic Opportunity Council

1209 Pennsylvania Ave West

Warren, PA 16365

Contact: Chad Ressler

Email Address:

Provider Type: Social service agency

PDX ID: PA-038

State Provider ID: 4210

Contact Phone #: 8147262400

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 34,816.00**	**$ 11,605.00**	**$ 46,421.00**	

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

Office: Other (Describe in Comments)	$ 34,816.00	$ 11,605.00	$ 46,421.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 34,816.00	$ 11,605.00	$ 46,421.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 34,816.00	$ 11,605.00	$ 46,421.00	

Source(s) of Match Dollars for State Funds:

Forest Warren Economic Opportunity Council will receive a total of $46,421 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 70

Estimated Number of Persons to be Enrolled: 56

Estimated Number of Persons to be Contacted who are Literally Homeless: 4

Number staff trained in SOAR in grant year ending in 2021: 2

Number of PATH-funded consumers assisted through SOAR: 0

Forest Warren Economic Opportunity Council
PATH IUP 2022-2023

Local Provider Description –

Forest Warren Human Services
285 Hospital Drive
Warren PA 16365

Forest Warren Human Services is a political sub-division that provides linkage between the county, the Forest Warren County Commissioners, and the publically funded human service system.

Forest Warren Human Services is responsible for the fiscal management of allocated federal, state, and county funds received for the specific purpose of providing identified human service programs. In conjunction with the fiscal management of these monies, Forest Warren Human Services is responsible for the management of contracts with private providers who agree to provide services in compliance with licensing, regulatory, and contractual requirements.

Forest Warren Human Services is also responsible for the planning requirements of each categorical program (MH, ODP, CYS, ATOD). Each year a plan is developed, with consumer and community input, describing the current status and future goals for each program, utilizing the principals and advancement towards a recovery oriented approach.

Forest Warren Human Services receives PATH funding through OMHSAS and contracts with the *Forest Warren Economic Opportunity Council* (EOC) as our PATH provider in the amount of $46,421.

Warren-Forest Counties Economic Opportunity Council

1209 Pennsylvania Avenue West

Warren, PA 16365

This provider appears in the PDX as: PA-038 Forrest/Warren: Forrest Warren Economic Opportunity Council.

The Warren-Forest Counties Economic Opportunity Council (EOC), Inc., incorporated in 1965, is a private, non-profit Community Action Agency serving primarily the communities of Warren and Forest Counties. It is part of a 43-agency network covering the 67 counties in Pennsylvania and one of more than 1,000 Community Action Agencies nationwide, adhering to the philosophy of the Economic Opportunity Act of 1964. The agency utilizes available funds to provide programs and services designed to alleviate the conditions of poverty in Warren and Forest Counties while instilling skills, education, and resources to help households move toward self-sufficiency.

The Agency Board of Directors responds to the needs of the local community through a unique and varied selection of targeted programs and services designed to address the greatest needs and barriers to self-sufficiency facing area households. Since its inception, The Warren-Forest EOC has consistently worked to move individuals to a higher economic position through services provided and by instilling a self-reliant and self-sufficient attitude in each client. It provides a systematic set of programs and supports that attack poverty through job skill training, financial coaching, credit repair, emergency services, and Head Start. It also addresses the conditions that low-income persons regularly encounter in other areas such as housing. This area in particular is a major need identified by the Agency facing the community and one which the Agency has emerged as a key organization in the area's housing continuum of care. Our program offerings include homeless prevention, weatherization, counseling, utility assistance, transitional housing units, and permanent supportive housing. Specific programs include, but are not limited to: Warren County Roof Repair/Replace Program, Homeless Prevention and Rapid Rehousing Program, Permanent Supportive Housing for Chronically Homeless, Re-Entry Housing, Faith Inn Emergency Shelter, and Homeless Assistance Program (HAP). The Economic Opportunity Council continuously provides exceptional services, case management, and support for people seeking to improve their quality of life through community, economic, personal, and family development. Services are provided throughout Warren and Forest Counties. The Warren and Forest Counties EOC is contracting PATH funds in the amount of $46,421.00

The full name and address of the organization is:

Warren-Forest Counties Economic Opportunity Council

1209 Pennsylvania Avenue West

Warren, PA 16365

Collaboration with HUD Continuum of Care (CoC) Program –

Our region is located in the Western PA Continuum of Care (PA-601). The EOC Housing Department staff regularly attend CoC area meetings and actively participate in all CoC trainings. The Warren-Forest Co. Executive Director is a member of the CoC for our region and is a member of the Regional Homeless Advisory Board (RHAB) and Housing Alliance of PA. The EOC currently operates a permanent supportive housing program for chronically homeless individuals or families with mental health and/or physical disability through HUD CoC funding. Further, the EOC actively participates in the coordinated entry process for Western Pennsylvania and is the assessment center for Warren and Forest Counties. The Housing Specialist works with existing housing stock to safely and permanently house our clients in a place that meets their needs while being safe and affordable. Integral to the success of the Agency in finding permanent housing solutions for our clients is working closely with other community programs such as the local Housing Authority, internal referrals to support services such as job skill

training and financial coaching offered by the Agency, referrals to local churches, the Salvation Army, County Assistance Offices, and other providers to identify all available resources to prevent homelessness. EOC Housing Specialists chair the Local Housing Options Team that also includes key staff from Mental Health, Drug and Alcohol, Housing Authority, Warren-Forest EOC, local CSP, landlords, Community Resources for Independence, Warren County Prison, Area Agency on Aging, Veterans Affairs, and local tenants. The L.H.O.T. is continuing to expand their representation of service providers and Mental Health consumers. In addition, the PATH Housing Specialist organizes the annual "Point in Time Survey" and housing staff for the Agency attend quarterly meetings for the Western Regional Housing Options Coalition. The Warren Forest EOC is a designated Homeless Assistance Program (HAP) coordinating Agency for Warren County. The EOC is also the local lead agency for the 811 project. Warren-Forest EOC also handles the ERAP funding project.

Collaboration with Community Organizations –

The EOC Housing Specialist works closely with each PATH eligible client to assist them in accessing needed services within the community. The community organizations that we work closely with include, but are not limited to, Forest Warren Human Services, Warren State Hospital, Beacon Light Behavioral Health, Warren County Assistance Office, Forest County Assistance Office, Safe Place, Salvation Army, Warren General Hospital, Deerfield Behavioral Health, Sunrise Collaborative Services, Veterans Affairs, Family Services, HANDS, and Soldier On, the Housing Authority of Warren County. Rental assistance for eligible clients can be accessed through the Warren-Forest Counties Economic Opportunity Council's Homeless Assistance or Rapid Re-Housing Programs. The Housing Specialist works closely with the agencies listed above to ensure that proper referrals and services are accessible to PATH eligible clients. As Warren-Forest EOC is the only PATH provider in Warren and Forest Counties; coordination between outreach teams is not required. The 2-1-1 system is operational in the Warren-Forest Area and provides another tool in coordinating outreach. The Warren-Forest EOC, local churches, service providers such as Salvation Army, Mental Health/D&A caseworkers, and local law enforcement will also be incorporated into this system. Word of mouth as well Warren Forest EOC's website serve as additional opportunities for both outreach and local community organizations to contact and send referrals.

On the second Monday of each month, the Housing Advisory Board meets to discuss current participants and new applicants for both PATH Transitional Housing Program and Permanent Supportive Housing Program. The Advisory Board consists of the Housing Specialist, Warren County Prison Social Worker, Warren General Hospital/Deerfield Behavioral Health Unit representatives, Beacon Light Behavioral Health representatives, Forest-Warren Human Services representatives, and Warren-Forest Counties Economic Opportunity Council representatives where they review all referrals. Referrals are evaluated and accepted for admission based on meeting the eligibility criteria and passing Housing Advisory Board approval. A past history of criminal or serious behavioral problems will also be evaluated. Each member votes on the applicant after discussing the application, and, if approved, applicant will be assigned to one of the vacancies most appropriate to the individual. Once approved, Housing specialist will follow up with applicant to arrange a time for completion of the move-in process.

At times it will be necessary to do an "emergency move in". This will generally take place when an individual is literally homeless (i.e. living "on the street"). The applicant may or may not have services completely in place, however, as much of the required documentation should be sought prior to seeking approval. Once Housing Specialist has determined that the individual may qualify for PATH transitional housing, the applicant may be put up for an email vote to all Advisory Board members and the housing specialist outlines the applicant and status seeking a "yes-no" vote from all members. If approved, applicant is scheduled to be brought in to complete the move in. Each individual applicant then partakes in the move-in process and as part of their participant agreement they are to work with the Housing Specialist to obtain safe and affordable permanent housing solutions. The Housing Specialist also completes referrals for needed services and transports those in need to help ensure the individuals make the necessary appointments.

Service Provision –

Approval for Warren-Forest EOC PATH transitional housing can be obtained in one of two ways. Primarily, most applications are taken and reviewed by the PATH Housing Specialist to ensure that all necessary items have been included. The Advisory Board Report is then compiled each month which lists all new applicants as well as vacancies in our MH Transitional Housing Program. The Housing Advisory Board meets to discuss current participants and new applicants for both PATH Transitional Housing Program and Permanent Supportive Housing Program. Referrals are evaluated and accepted for admission based on meeting the eligibility criteria and passing Housing Advisory Board approval. Once approved, Housing specialist will follow up with applicant to arrange a time for completion of the move-in process. Part of the move-in process is where an initial service plan is created with goals and actions steps in hopes of helping to stabilize the clients in housing and mental health. Each client that is accepted into the program is then referred out to service providers for some form of case management and therapy if not already enrolled somewhere. Each plan also encourages maintaining that enrollment through obtaining a Permanent housing situation. The PATH Housing Specialist bridges gap until a blended Case Manager is assigned from local service provider and continues in supportive roll throughout stay transitional housing program meeting at least once per week with the clients working on rental counseling, cleanliness, and overall habilitation of a unit as well as working and maintaining/improving mental health and overall behavior/well-being.

All other PATH eligible clients that are not moved into the PATH Transitional Housing Program are screened using the PATH Screening and Eligibility form and connected to other EOC homeless housing programs, options, and services. All PATH eligible clients are entered into HMIS.

As a PATH provider we prioritize services by working closely with the various service providers that are available in our community. We connect clients to local case management services/mental health therapy provided through Beacon Light Behavioral Health, Forest Warren Human Services, Sunrise Collaborative Services and Deerfield Behavioral Health as well as housing and mainstream benefit services provided by the EOC's PATH Housing Specialist. Referrals for services, applications for employment/benefits, budget counseling/meal planning, and life skills are various topics that are covered through each individual's housing service plan

which is tailored to meet that client's specific needs and situation. The PATH Housing Specialist also works with each client on an individualized housing plan. Clients are connected to programs and services that will assist them with any mental health and/or substance abuse issues. Clients are also assisted with applications to various housing subsidies, local Housing Authority, and private landlords.

Street Outreach is provided through the collaborative efforts of the service provider agencies, county government, and general word of mouth. Warren-Forest EOC is located in a rural community where many individuals move frequently between family and friends (couch surfing) rather than on truly living on the street. There are also several campgrounds where homeless individuals can and do go. Staff works closely with other local agencies to identify and assist those who are homeless or in crisis situations. Those that present as literally homeless are referred to voucher program through Salvation Army for stays at local hotels the Days Inn and Budget Lodge that help at a convenient rate until housing can be obtained through housing programs the EOC provides as well as other options including private landlords, the Housing Authority of Warren County, Lincoln Woods, Buchanan Courts, HANDS and other subsidized low-income options that are utilized to help connect to services of need and prioritized to help stabilize

Warren-Forest Counties EOC provides multiple programs and services throughout Warren and Forest counties in addition to PATH funds which are utilized to assist PATH clients. Warren-Forest Counties EOC works in conjunction with the Salvation Army to provide HAP funds, which in some situations can be used for individuals who are moving from transitional housing to permanent supportive housing. The EOC can also provide eligible clients with long or short term rental assistance through the Rapid ReHousing or My First Place (for transitional age youth) programs which are funded through the Emergency Solutions Grant program. The Agency is a sub-grantee for the regional program administered by Lawrence County Community Action Partnership. Contingency funds are also applied for and utilized to assist with moving clients to permanent housing. Warren-Forest EOC also provides a permanent housing program for individuals with mental illness or co-occurring mental health and substance abuse. Section 8 vouchers are housing subsidies which are typically applied for by all PATH participants as a step towards attaining the goal of stable, permanent housing, we have also utilized NW9 through Clarion County as another subsidy alternative.

Identified gaps consistently faced by many consumers are low incomes insufficient for meeting all needs, lack of ideal employment services (i.e. job coaching services), the inability to sufficiently cover fair market rents, lack of awareness about resources that are available, connecting clients to the correct programs, lack of advocacy for mental health clients, and social supports within the counties. Housing for young adults, state hospital discharges, previously incarcerated, dual diagnosed and low income families also seem to be target populations that have difficulty finding and maintaining suitable housing long term. Another gap is the time management aspect between service providers which is most likely due to the lack understanding and clarification of HIPPA rules and regulations. The counties lack an adult foster care system and sufficient family-based transitional housing options which are both hindrances compromising community reintegration efforts. Limited personnel and large caseloads in Mental Health Blended Case Management Services and lack of Supported Living Services inhibit the depth of which these services can be provided.

Forest Warren Human Services has added Administrative Case Manager positions to assist with the gap in services as these individuals may be on a waiting list. Mental Health administrative case management involves linking people who have or who are at risk for mental illness with the information, support, and mental health services they need. Administrative case

managers offer general system information and referral support. Administrative case managers will develop plans of care, identify resources, make referrals, coordinate services and provide on-going monitoring to ensure the individual is able to access the needed mental health services.

The EOC Housing Specialist works with the dual diagnosis clientele and coordinates with the various staff for all available programs to ensure that PATH eligible clients receive needed services while they remain in their home. Clients, ranging from teenagers to the elderly, with co-occurring disorders are a challenge and frequently need the costliest services. This combination adds to the severity of the mental health and substance abuse problems which often increase the risk of homelessness. Services include community agencies as follows; Deerfield Behavioral Health, Family Services, Forest Warren Human Services, Beacon Light, Dickinson Center, and Warren General Hospital.

Physical health care in Forest/Warren Counties is provided by primary care physicians at Warren General Hospital, clinics, and doctor's offices.
Mental Health services are provided by Family Services, Beacon Light Behavioral Health, and Deerfield Behavioral Health. In-patient care is provided by Warren General Hospital, Clarion Psychiatric, Millcreek Community Hospital, Bradford Regional Hospital, St Vincent Health Center, Dubois Regional Medical Center, and UPMC Northwest.
Out-patient services, individual therapy, blended case management, psych rehab, Certified Peer Specialists, drop in center and Mobile Medication Management services are provided by Beacon Light Behavioral Health through health choices while Forest Warren Human Services provides county oversight

Family Services of Warren County provides individual counseling, substance abuse services, and a variety of support groups.

Substance abuse services are provided by Deerfield Behavioral Health and Family Services. Forest Warren Human Services provides the SCA, D&A, and ICM. Deerfield can connect clients with a Certified Recovery Specialist.

In-Patient Detox is provided by Deerfield Behavioral Health through Warren General Hospital.

ODP service coordination is provided by the county. Residential services are provided by Lakeshore and Lifestyles.

Crossroads provides Substance Abuse Services and specializes in medication-assisted treatment.

Sheltered employment is provided by Barber National Institute in Warren, Corry PA, and Venango Training Development Center in Seneca, Pa.

Warren-Forest EOC is not required to follow 42 CFR Part 2 regulations.

Warren-Forest EOC does not have any Certified Peer Specialists on staff. However, Certified Peer Specialists are involved with those participants that wish to partake in the program offered by Beacon Light Behavioral Health and Dickinson Center Inc. The role of the Peer Specialist is to help the consumer build natural supports, develop coping skills and other skills necessary to function as independently as possible in the community. The Peer Specialists provide support to the consumer as they re-enter the community after a hospitalization, set healthy boundaries, advocate for themselves and work on communicating effectively with friends, family, doctors, therapists, etc.

Data –

Warren-Forest Counties EOC has fully utilized PA HMIS for several years in the form of ClientTrack. EOC will continue to provide funds for trainings and conferences offered so staff may be trained and competent to ensure data accuracy. All webinar trainings dealing with HMIS are attended by Agency Housing Specialists in addition to the in person trainings. New housing staff are required to attend both in-person trainings as well as webinars and continuing education opportunities from that point forward. Experienced staff will function as mentors for new staff as they become familiarized with HMIS. EOC enters data into HMIS for our PATH, and Permanent Supportive Housing programs. Our Rapid Rehousing program data is entered in by Lawrence County as they hold the regional grant that funds that program. Warren-Forest EOC has a printed out hard copy that new employees are asked to familiarize themselves with upon hire.

Housing –

Warren Forest Counties Economic Opportunity Council provides transitional housing (3 sites where individuals have their own bedroom, with a shared living space, specifically for PATH eligible clients), the Faith Inn - a 9-unit shelter/re-entry transitional housing facility with 3 units used as emergency shelter and 6 used as transitional housing for hard to place individuals exiting the County Jail (There are 3 handicapped accessible efficiency units, 2-2 bedroom, and 4-1 bedroom). PATH eligible clients may apply for this housing. The MH Housing Specialist works closely with all PATH eligible clients to ensure that all EOC transitional housing is a suitable, safe, and affordable while clients are working on goals to obtain permanent housing.

The Warren-Forest Counties Economic Opportunity Council owns several permanent housing properties throughout Warren and Forest Counties. In total, the E. O. C. currently manages 3 apartment units in Tionesta, and 27 throughout the City of Warren and surrounding areas. EOC owns two Fairweather Lodge properties that are currently managed by Forest Warren Mental Wellness Association. There are a total of 9 units under Fairweather Lodge one 5-bedroom unit and one 4-bedroom unit. EOC also has a permanent supportive for chronically homeless that has 4 sites with 2 units per site.

EOC also provides permanent supportive housing in cooperation with HANDS at the Anthems site that includes 8 private apartments (6-1 bedroom & 2-2 bedroom.).

- There are currently 11 beds available in 3 transitional houses through the local EOC. One house has been identified for Transitional Age Youth (TAY). Transitional age youth who qualify are then eligible for Independent Living Services through Forest Warren Human Services. One of the other houses has been identified as a Forensic House, for those coming out of incarceration.
- There are eight apartments available for permanent supported housing through the "Housing and Neighborhood Development Services" (HANDS)
- The Housing Authority provides housing for the elderly population, individuals with disabilities and individuals or families with low income.
- 4 Personal Care Boarding Homes are available.
- Faith Inn has 6 units designated for the Forensic Population, and 3 units designated for emergency shelter.
- 2 efficiency apartments; 1 in Warren County 1 in Forest County
- 5-unit Male Fair Weather Lodge- supportive housing in Warren County
- 4 Unit Female Fair Weather Lodge - supportive housing in Warren County
- 811 project in Forest County- 2 Units, 1 1-bedroom and 1-2 bedroom
- 6-2-bedroom unit (EOC)-permanent supportive housing in Warren County
- 2-3-bedroom unit (EOC)-permanent supportive housing in Warren County
- 1-Efficiency- unit (EOC)- permanent housing in Forest County
- 1-1-bedroom unit (EOC) – permanent housing in Forest County
- 1-3-bedroom unit (EOC)-permanent housing in Forest County
- 14 -1 bedroom units (EOC)-permanent housing in Warren County
- 1- Efficiency unit (EOC) - permanent housing in Warren County
- 7-2-bedroom units (EOC)-permanent housing in Warren County
- 5-3 bedroom units (EOC)-permanent housing in Warren County

Staff Information –

EOC staff serving these populations are 3 females, ages ranging from 28-37 and 3 males 30– 42. The Warren Forest Counties EOC delivers services that are responsive to the cultural concerns of racial and ethnic minority groups, including their language, traditions, beliefs, and values. Warren and Forest Counties are very homogenous in makeup and English is the primary language. In the County led Four Factor Language Analysis the second most used language was German due to a large Amish Community. For the deaf and hard of hearing population, a certified interpreter is available. The PATH Housing Specialist receives periodic training in cultural competency/diversity. All Agency Housing Specialists have experience working with diverse populations through past and current employment. Locally held upcoming trainings as well as prior trainings attended on cultural competency and counseling of diverse populations provides a knowledge base that places staff team members in a continuing situation where they have become leaders in the community as agents of change for our clientele and the community we serve.

Forest Warren Human Services delivers services that are responsive to the cultural concerns of racial and ethnic minority groups, including their language, tradition, beliefs, and values. The primary language is English. A certified interpreter is available for the deaf and hard of hearing population.

Client Information –

The demographic composition of Forest and Warren counties is homogenous and primarily Caucasian population. The PATH Transitional Housing program has served those ranging in age from 18-74 with most clients in the 18-49-year-old age range. While geographically large, a significant portion of both Warren and Forest County is dedicated to State and County Forests and not populated. The estimated population of the two counties for 2017 is approximately 46,956 persons which indicates a downward trend as the population estimate for 2016 was 47,346. A declining population has been an overall trend for the area over the past two decades. Forest County saw a 9.6% drop in population from 2010 (7,716 persons) to 2020 (6,973 persons). Warren County experienced an 11.4% drop from 2010 (41,815 persons) to 2020 (38,587 persons). Rural communities like Warren and Forest Counties frequently have an observed need to improve access to services, but too often, policies and practices are developed for urban areas and are erroneously assumed to apply in the same way to rural areas. Compounding the problems of availability and access is the fact that rural Americans have lower family incomes, generational poverty, and are less likely to have private health insurance benefits for mental health care (see US Census data). It is projected for Fiscal Year 2022-2023 that 70+ adult clients will be contacted/referred and 80% of those adults will be enrolled into the PATH program and served by the MH Housing Specialist through Warren-Forest EOC. It is projected that the percentage of PATH eligible clients presenting as literally homeless will be approximately 5-10%. The number of literally homeless individuals in Warren County remains generally consistent with minor fluctuations each year.

Consumer Involvement –

The Warren Forest Counties E. O. C. Board of Directors includes current or past clients from agency services whom are considered to be Target Area Representatives. Six seats out of eighteen are designated for low income /consumer representation. The agency has employed several PATH clients through E. O. C. and have had PATH clients as volunteers to the agency before. Consumers are given opportunity to complete community service hours as volunteers. Family members are kept apprised of the various activities through multidisciplinary team meetings and are given opportunity of inclusion through service providers involved in the treatment planning for those that want to be meaningfully involved. We encourage clients and family members to participate in LHOT.

LHOT has consisted of PATH clients as members. Clients participating in LHOT may participate in all discussion and future housing needs assessments. Currently no PATH clients serve on any of our boards, none are doing volunteer work, or employed as staff for the EOC. We do utilize a company (Pathstone) that provides us with some additional staffing for individuals 55 or older looking to get back into the workforce. Some of the individuals in the housing as they have criminal justice offenses and are required community services hours have worked off some of those hours doing various extra cleaning and turning over empty units

Alignment with State Comprehensive Mental Health Services Plan –

Warren-Forest EOC will use PATH funds to facilitate greater collaboration between the Agency and other social service providers in Warren and Forest Counties in an effort to educate and assist service providers in referring homeless individuals to the PATH program for services. PATH funds will be used to prioritize housing those who are suffering from mental health and/or a dual diagnosis to prevent them from becoming chronically homeless and further crisis. As stated in the Agenda for Ending Homelessness in Pennsylvania (2005), nationally, roughly 80% of the homeless population is situationally or transitionally homeless. EOC PATH funds will be used to provide quality, individualized and comprehensive case management services to those who are situationally or transitionally homeless in an effort to obtain permanent housing in a sustainable situation and prevent chronic homelessness. PATH funds will also be used to provide case management services to those in transitional supportive housing. The Housing Specialist will work closely with clients on creating Individualized Housing Plans. These case management services will be focused on providing clients with proper referrals to supportive services, housing education, assistance with applications, and connection to all mainstream benefits/services in preparation for positive transitioning to permanent housing. Examples of referrals and support services include utility programs (level billing, etc), budget counseling, rental assistance programs, home ownership education, and prepared renters training.

Other Designated Funds –

Forest Warren Human Services has Special Grant funding designated specifically for homeless/housing.

Forest Warren Human Services designates Mental Health and County funds for 3 rental properties that provide 11 beds for PATH consumers. The housing is located on the Warren State Hospital grounds and is maintained by the Warren-Forest EOC.

Programmatic and Financial Oversight –

Forest Warren Human Services provides oversight of EOC through monthly housing meetings where referrals and current individuals living in PATH housing are discussed in detail. Quarterly reports are sent to Forest Warren Human Services to monitor the budget spending. EOC, as well as Forest Warren Human Services, participates in the Local Housing Options Team (LHOT) meetings held monthly to discuss available housing options for homeless individuals in Warren and Forest Counties. Invoices are reviewed and approved by Forest Warren Human Services prior to payment.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

Currently, Warren-Forest EOC is in the process of training additional staff through the web-based SOAR training. The Agency has two Housing Specialists and/or Case Managers who are fully certified. The PATH Housing Specialist is also the Local Lead for SOAR and is currently only person certified in the SOAR Child training course. This upcoming year The PATH Housing Specialist is looking to expand and do both an Adult and Child Course with local providers involving Forest Warren CYS to help with youth populations and also Beacon Light to help with the Adult Populations.

Blended case managers and the County Assistance Office assist clients in applying for social security. The PATH Housing Specialist works with clients and case managers/CAO to ensure that they have all information necessary for a complete application. Housing Specialists also provides referrals for clients to various attorneys who handle appeals.

Coordinated Entry –

Our region is located in the Western PA Continuum of Care (PA-601) as part of the Coordinated Entry System. Warren - Forest EOC, specifically the Housing Department, serves as the assessment center for Warren/Forest Counties. PATH eligible clients are entered into the Coordinated Entry System for housing search and placement. The Coordinated Entry System will be used for those PATH eligible clients who are on the waiting list for our mental health transitional housing program.

Justice Involved –

E. O. C. does not have a Crisis Intervention Team. Forest Warren Human Services is now contracting with a provider for Mobile Crisis to both Forest and Warren Counties. We do not have CIT trained law enforcement in our counties at this time. Though the PATH Housing Specialist views this as an area of need, funding and stakeholder involvement have not been gauged at this time.

Forest Warren Human Services has a Mental Health and Drug and Alcohol Forensic Case Managers who work with individuals who have been involved in the criminal justice system within the past 2 years and have a mental health or substance use disorder diagnosis. The Housing Specialists at Warren-Forest EOC help refer and case manage connection to services for those that come into EOC's Re-Entry program. This program is for individuals coming directly out of Warren County Prison

The EOC has 6 transitional housing units located at the Faith Inn in Warren, PA 16365 which are designated for re-entry clients coming out of local Warren County Prison. The PATH Transitional Housing Program accepts applications from state parole and

offenders in the re-entry process. A Housing Advisory Board meets and votes on applications that meet criteria and individuals are enrolled upon approval. If the applicant meets criteria for enrollment, application is placed on waiting list and given alternative housing/service options. Clients struggling with employment are evaluated as part of service plan and given help with soft skill development, job search, resume, and mock interviews. Other employment/income solutions are explored during a client's time in the program. As an example, PATH Transitional and Re-Entry clients may go through SOAR if they meet the eligibility. Housing Specialists are often referring clients to local job hot spots, open interviews, and have communication with various employers looking for employees.

Veterans –

Due to a loss of funding, the Warren-Forest EOC lost the Supportive Services for Veteran Families Program on October 1, 2018. Warren-Forest EOC now refers all veterans to Soldier On for the most immediate housing needs. Warren-Forest EOC still continues to place high value on this population, referring to local VA representatives, and placing Veterans at top of housing waiting lists. Warren-Forest EOC also has, in conjunction with Soldier On, assisted Veterans applying for/obtaining VASH vouchers.

Tobacco Policy –

Warren-Forest EOC has a tobacco free policy at its places of operation, as well as within its housing opportunities. For the PATH Transitional Housing Program, they are also not allowed to use tobacco on the State Hospital grounds, which is enforced by State Hospital Security staff.

Health Disparities Impact Statement –

The subpopulations or observed trends experiencing greater obstacles in our areas tend to lean towards those that are part of the mental health scope. In particular the YYA population due to inconsistent follow through with services offered has been observed to struggle. Another observed trend for subpopulation would be males exiting incarceration.

The Warren-Forest Counties E.O.C. expects to serve approximately 9 to 12 unduplicated Youth and Young Adults in the 2022-2023 year.

Warren-Forest Counties E.O.C. expects to spend roughly $11,000-$14,000 on services for the YYA population.

YYA individuals will receive similar services to those of the general population. Warren-Forest EOC will provide case management services that will link YYA individuals to community resources, landlords, mental health service providers, and assist YYA individuals to obtain mainstream benefits. Housing services will also be provided which include, but are not limited to, advocating for YYA individuals with landlords, assistance with filling out applications for the housing authority, HANDS, Section 8, etc.

The YYA population's principle need is to be supported in their efforts to obtain employment and maintain gainful income. The Western COC, and Diana T Myers staff have started a Youth Action Board and have done several webinars and meetings to address this area of need. Several Housing Specialists have attended this meeting and provided feedback to help the YYA population further reach their goals. EOC also has designated one of the houses in the PATH program to support this population. The outcomes will be monitored through case management services and documented in case notes as well as updated in the individual's service plans. EOC utilizes an agency wide client management system (ORS) in an effort to measure and track disparities. The ORS system combined with data entry into HMIS provides a measurement and an enhanced ability to track disparities, goals, outcomes, and services provided.

Limited English Proficiency –

Our primary language in the area is English. We are a non-discriminatory agency. Service is not denied on the basis of language. E. O. C. has an agreement with a translation service that can provide translation over the phone 24 hours a day 7 days a week.

Budget Narrative –

Personnel: Warren-Forest Counties Economic Opportunity Council Inc. will use the PATH funds to fund the Supportive Housing Specialist at 100% and the listed positions needed to provide this service.

Fringe Benefits: Warren-Forest Counties Economic Opportunity Council, Inc. offers its staff a full benefit package which includes: Medical, Dental, and Vision insurance and a Tax Shelter Annuity benefit.

Travel: Warren-Forest Counties Economic Opportunity Council, Inc's Housing Specialist will be traveling between the office, consumers' residences, and caseworkers' offices and running a variety of errands. The Housing Specialist will be required to attend training outside the county.

Supplies: In order to maintain Warren-Forest Economic Opportunity Council, Inc.'s Housing Specialist's common overhead costs will be incurred such as telephone, office supplies, postage and insurance.

Total Federal PATH Allocation……. $ 34,816
Total State PATH Allocation……. $ 11,605
Total PATH Allocation……..... $ 46,421

Forest/Warren County PATH Program
FY 2022-2023 Budget

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Supportive Housing Specialist	$35,880	0.75	$ 26,910	
Subtotal Position				$ 26,910
Fringe Benefits (38%) Supportive Housing Specialist			$ 10,225	
Subtotal Fringe Benefits				$ 10,225
Travel Local travel 53 miles @ $.585/mile			$ 31	
Travel to training, workshops and Statewide meetings			$ 0	
Subtotal Travel				$ 31
Supplies Office Supplies			$ 71	
Postage $3/month			$ 36	
Cell Phone $50/month			$ 600	
Subtotal Supplies				$ 707
Training & Technical Assistance			$ 15	
Computer Support			$ 200	
Space Costs $65/month			$ 780	
Insurance $15/month			$ 180	
Subtotal Other				$ 1,175
Indirect Costs – Administrative Costs @ 27.4% of Salaries				$ 7,373
TOTAL				$ 46,421

Franklin-Fulton County Mental Health/Intellectual Disabilities/Early Intervention
425 Franklin Farm Lane
Chambersburg, PA 17201
Contact: Jennifer Johnson
Email Address:

Provider Type: Social service agency
PDX ID: PA-030
State Provider ID: 4230
Contact Phone #: 7172645387

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

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

No Data Available

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

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

No Data Available

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)				
i. Other	**$ 54,558.00**	**$ 18,186.00**	**$ 72,744.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 54,558.00	$ 18,186.00	$ 72,744.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 54,558.00	$ 18,186.00	$ 72,744.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 54,558.00	$ 18,186.00	$ 72,744.00	

Source(s) of Match Dollars for State Funds:

Franklin/Fulton will receive a t total of $72,744 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 75

Estimated Number of Persons to be Enrolled: 65

Estimated Number of Persons to be Contacted who are Literally Homeless: 20

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

2022-23 PATH IUP

Local Provider Description –

Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/Early Intervention (MH/IDD/EI) is a county agency that operates within the Franklin County Human Services Division of Franklin County government. The provider office address is: Franklin/Fulton MH/IDD/EI, 425 Franklin Farm Lane, Chambersburg, PA 17202, in the South Central Region of the State of Pennsylvania. Through a joinder agreement, Franklin/Fulton MH/IDD/EI program serves individuals in both Franklin County and Fulton County with a variety of special needs. Currently, the following services are provided by our agency: Outpatient Clinic, Crisis Intervention Services, Respite, Shelter Plus Care, Permanent Supportive Housing, Mental Health Housing, Independent Living Housing, Re-entry Housing, Social Rehabilitation, Drop-In Center, Administrative, Crisis Intervention Team (CIT) training and coordination, Community Law Enforcement Mental Health Co-Responder, Blended Case Management, Community Support Program (CSP), Vocational, Transitional and Supported Employment, SSI/SSDI Outreach, Access, and Recovery (SOAR) Program, Franklin County Older Adult Advocacy Team (FCOAAT), Certified Peer Specialist Services, Student Assistance Program and Family-Based Mental Health Services.

Franklin/Fulton MH will receive $73,232 in total PATH funds ($488 County Match, $18,186 State Match, and $54,558 Federal Allocation) to continue the operation of a PATH program that will reach individuals in Franklin and Fulton Counties.

Franklin/Fulton PATH provider is Jennifer Heidler. The phone number is 717-264-5387 ext. 21249. The email address is jcheidler@franklincountypa.gov

Collaboration with HUD Continuum of Care (CoC) Program –

Many local housing-related agencies have been involved in the Regional Homeless Advisory Board in the Central/Harrisburg region in Pennsylvania through the HUD Continuum of Care (CoC) program. Those agencies include: Franklin County Human Services Division, South Central Community Action Program, Center for Community Action, Maranatha Ministries, CandleHeart Ministries, Franklin County Cold Weather Shelter, Fulton County Center for Community Action, Supportive Services for Veteran's Families (SSVF), and Waynesboro New Hope Shelter. Several agencies have received funds through the HUD CoC process to increase housing programs and supports in Franklin and Fulton counties. As Franklin/Fulton Mental Health continues to utilize the PATH program and funding, local housing agencies and mental health providers will be involved in the referral process, will help to create new housing opportunities, and provide/coordinate supportive services.

Franklin/Fulton Counties are a member of the Eastern CoC, PA-509 and is in the South Central PA RHAB within that CoC area. The Mental Health Housing Program Staff works to establish and/or expand the number of housing programs and the availability of housing programs for individuals with serious mental illness who are homeless or at imminent risk of homelessness.

The Mental Health Housing Program Staff attends the local RHAB meetings monthly and the regional CoC meetings semi-annually to network and collaborate with other members of the CoC on these efforts. The Franklin County Grants Manager periodically attends CoC meetings as well and works closely with the Mental Health Housing Program Staff to seek appropriate grants related to new housing opportunities. We occasionally provide training and information to our area RHAB on new programs or grant opportunities. We regularly seek partnership with other agencies in meeting the housing and service needs for the homeless population in Franklin and Fulton Counties. This collaboration is expected to be ongoing and will benefit the homeless population of Franklin and Fulton Counties.

The PATH program fits into the HUD Continuum of Care by addressing homelessness through the provision of housing, a basic need of all individuals. Research shows that if a person's basic needs are not being met, it is almost impossible to begin to work on other areas of need. When we help homeless individuals to secure and maintain housing, additional supports will be more effective. Existing housing through this program and within the HUD Continuum of Care is permanent supportive and Shelter Plus Care.

The Franklin County Human Services Division, including Mental Health and Grants Management, are at the forefront of planning efforts within the county. These agencies serve on numerous boards, task forces and committees that provide services and supports for the homeless, including the Behavioral Health Advisory Board, the Criminal Justice Advisory Board, the Re-Entry Coalition, the Forensic Initiatives committee, the Re-Entry Case Review Committee, the CCAP Housing Task Force, the DHS Housing Stakeholder Workgroup, the Recovery House Standards Committee, the FCOAAT Stakeholder Board, the Fulton County Partnership and Housing committees, the County Block Grant Committee, the Community Support Program, Community Assisted Reentry (CARE), and the Housing Task Force/LHOT committee.

Three formal collaborative partnerships between the County and local housing entities exist through TrueNorth Wellness Services, New Visions, and Keystone Service Systems. The details of these collaborations include the following:

TrueNorth Wellness Services provides a campus to accommodate 16 individuals with a diagnosed mental health illness. Support services are provided to the individuals residing there 24 hours a day. Individuals are educated on activities of daily living to work toward independent living. TrueNorth Supported Living employs a psychiatric nurse who works with the individuals. The Franklin/Fulton Mental Health program contracts with Case Management services for support and monitoring.

New Visions, through an agreement with Franklin County, provides an eight-bed adult group home with staff available during the daytime hours as needed. Independently, New Visions also has 16 individual apartments that receive Case Management support from mental health caseworkers.

Keystone Service Systems provides a Specialized Community Residence and it is licensed as a Personal Care Boarding Home. This is group living in the community for eight individuals with

special medical needs in addition to mental health needs. Keystone Service Systems also provides a Forensic Specialized Community Residence which offers a licensed and regulated program that provides services to adults with serious mental illness who may have current or recent connections with the criminal justice system. This is group living in the community for eight individuals from either Franklin or Fulton County.

The Community Assisted Reentry (CARE) Program links individuals with a serious mental illness and often co-occurring (substance abuse) disorders who have come into contact with the criminal justice system with community-based treatment, services and/or support systems. Qualified CARE participants are provided the opportunity to be referred to case management services such as Blended Case Management or Administrative Case Management. A Forensic Case Manager refers participants to community providers to address their mental health needs to include psychiatric evaluations, medications, medication management, etc. Participants can also be referred to a Certified Peer Specialist for peer to peer support. Along with mental health services, participants are referred to many different programs for assistance with housing, medications, birth certificates, etc. Some qualifying participants have received rental assistance or security deposits from the PATH grant. The Salvation Army and other local agencies provide financial assistance to pay the full cost or co-pays of medications. By referring to County programs and providing support, the CARE Program utilizes the available resources to help individuals live successfully in the community.

Franklin Together, the Reentry Coalition of Franklin County, has been established to assist justice-involved individuals transitioning from jail to the community. Franklin Together partners with local agencies to assist returning individuals with obtaining an approved home plan and to establish supports that assist returning individuals in building the skills they need. Self-sufficiency is encouraged through education, gaining employment, developing financial skills, and engaging in positive relationships. The goals of the program include reducing recidivism, improving self-sufficiency, enhancing justice reinvestment opportunities, and increasing space available at the Franklin County Jail. The Franklin/Fulton MH/IDD/EI Program regularly collaborates with other agencies to coordinate home plans and supportive services for those exiting the Franklin County Jail and participates in the Reentry Case Review Committee to facilitate these efforts.

The Intellectual & Developmental Disabilities Program, through Franklin/Fulton MH/IDD/EI also has an established Independent Living Program in Franklin County. The Independent Living Program was created to better serve individuals with intellectual disabilities who have developed the skills to live independently with minimal support. This program provides permanent housing and supportive services for individuals to ensure their success with living in the community.

Through the Franklin County LHOT, Franklin County Human Services has initiated the creation of a housing coalition with members of numerous agencies and providers, including New Visions, Franklin County Homeless Shelter, New Hope Homeless Shelter, Franklin County Jail, Maranatha Ministries, the Franklin County Housing Authority, Borough of Chambersburg, Franklin County Planning Commission, SCCAP (South Central Community Action Program), Cold Weather Shelter, Women In Need, Keystone Service Systems, Individuals, Parents, Faith-

Based Groups, Franklin County Adult Services, MidPenn Legal Services, SSVF, LINK, PA-211, Waynesboro Community and Human Services, and the Salvation Army. By working in this collaborative setting, the following priorities have been identified: Create new housing and supports for community members that are facing homelessness or near homelessness, or are returning to the community after incarceration; create more transitional and permanent housing in our area and continue to work with partners to enhance these services; address community housing needs using creative and innovative solutions that utilize the strengths of Franklin and Fulton counties; and improve landlord relationships with human services entities by educating landlords on community human services resources and how they can be of benefit in retaining tenants. The LHOT coordination and oversight is provided by the Franklin County Mental Health Housing Program Staff and Information and Referral Staff.

Collaboration with Community Organizations –

Franklin/Fulton Mental Health/Intellectual & Developmental Disabilities/ Early Intervention Department contracts with SAM, Inc. to provide case management services to qualifying individuals. PATH eligible individuals who are not already open for Mental Health Case Management are referred to SAM, Inc. Administrative Case Management Staff for an intake for case management services if they indicate interest in these services. The purpose of this linkage is to make key support services available to individuals in the PATH program. A case management intake will be encouraged as soon as a person is identified for participation in the program. For interested and eligible individuals, case management will provide regular contact visits with the individual and can be utilized as long as the service is needed. Case management services assist with navigating medical assistance, Social Security, the health and mental health systems, linking individuals with representative payee services, linking individuals with specialized housing and housing supports, and assisting in the management of day to day activities. The case managers will help individuals enhance the quality of their lives by effectively and efficiently managing and/or providing needed and accessible human services. The Mental Health Housing Program Staff will work closely with SAM, Inc. and other entities to ensure that adequate housing assistance and supports are in place for PATH individuals.

The following is a summary of available services in the community:

The services of the AHEDD agency is available to PATH participants. AHEDD is an agency that offers job coaching and training, secures appropriate attire for job interviews for individuals, provides resume writing assistance and prepares individuals for job interviews in order to secure employment.

The Mental Health Association (MHA) is available to PATH participants. MHA has the ability to provide Peer Support Services. They also facilitate the Community Support Program meetings on a monthly basis in both Franklin and Fulton Counties. A Wellness Conference is held annually for individuals and agencies to learn more about mental illness and other disabilities, self-care, coping skills, etc. MHA also facilitates the Leadership Academy which is a six-week program focusing on preparing individuals for leadership roles. Additionally, MHA operates the Individual/Family Satisfaction Team (I/FST) which creates surveys to assess how satisfied people are with the services they receive from community providers. MHA staff refers individuals they feel may be eligible for PATH services.

The services of the local Career Link office are available to participants. Career Link is a source of numerous career-oriented services including job training, occupational rehabilitation, literacy, computer training, and more. This service is available Monday through Friday and can be accessed by individuals during the day and evenings.

Several local behavioral health programs are available to individuals**.** Wellspan Behavioral Health, through the Chambersburg Hospital, offers psychiatric and behavioral health outpatient programs and numerous counseling support groups on a weekly basis. Keystone Health Center, a Federally Qualified Health Center, also offers psychiatric and behavioral health outpatient programs and numerous counseling support groups through Keystone Service Systems. Pennsylvania Counseling Services is available for psychiatric and behavioral health needs as well as those seeking dual diagnosis services. Momentum Services, Franklin Family Services, and TrueNorth Wellness Services also provide outpatient behavioral health services in Franklin and/or Fulton County. In addition, there are private practicing therapists that can be accessed in each of these communities.

Women In Need Victim Services offers individual and group counseling in Franklin and Fulton counties to survivors of abuse and assault. Their services are free and confidential to those who qualify. A local domestic violence shelter is available for those who are homeless.

The New Visions Clubhouse in Chambersburg offers recreation and group activities for individuals who live with mental illness. The Clubhouse is open six days a week with day and some evening hours. The program provides an environment for social rehabilitation by offering social and recreational support for individuals.

Food pantries, meals, and clothing banks are provided by numerous churches and organizations throughout the county. Food services are provided by Waynesboro Community & Human Services, South Central Community Action Program, St. Paul United Methodist Church, Falling Springs Presbyterian Church, Fayetteville Food Pantry, First United Methodist Church, Greencastle Food Pantry, Fulton County Food Bank, St. Thomas Food Pantry, The Pantry at Valley Ministries, the Lunch Place, Salvation Army, Five Forks Brethren in Christ, the Chambersburg Hispanic-American Center and Maranatha Ministries Food Bank. Clothing services are provided by St. John's United Church of Christ Clothing Clinic, WIN Victim Services, Christ United Methodist Church Clothing Bank, First United Methodist Church Clothing Room, Five Forks Brethren in Christ Clothing Bank, Goodwill Industries, New Hope United Methodist Church, Salvation Army, The Closet at Valley Ministries, Waynesboro Community & Human Services Clothing and Diaper Bank, and the Fulton County Catholic Mission. Franklin/Fulton MH/IDD/EI regularly collaborates with these entities regarding referrals/services for eligible individuals.

Maranatha Ministries provides financial counseling, representative payee services, and personal finance/budgeting instruction. CandleHeart, an entity of Maranatha Ministries, provides rapid rehousing services, budgeting, parenting, anger management, and life recovery programs. Maranatha's Cold Weather Shelter and CandleHeart program refer individuals to the PATH program for assistance. The PATH program refers individuals to both ministries to receive

assistance, when eligible. Maranatha's Food Bank regularly provides emergency food allotments to the Franklin/Fulton MH/IDD/EI HUD program as well as PATH participants.

Family Care Services provides representative payee services for individuals with mental illness. They refer eligible individuals to the PATH program for assistance. PATH staff refers individuals to Family Care Services for rep payee services if there is a need and the individual gives permission to do so.

Emergency shelter housing is provided by several programs: The Franklin County Homeless Shelter in Chambersburg through South Central Community Action Program (SCCAP), New Hope Shelter in Waynesboro, and the Cold Weather Shelter operated by Maranatha Ministries in Chambersburg. The Fulton County Catholic Mission also assists those needing emergency shelter by providing short-term vouchers for a local motel. Women In Need Victim Services also provides emergency shelter for men, women, and children who are victims of domestic and/or sexual violence. Together, these organizations provide emergency housing to more than 90 homeless people a night at any given time in the county. The Mental Health Housing Program Staff will outreach to these and other local agencies to identify stable housing for individuals and to expand housing resources/supports for individuals. Mental Health Housing Program Staff regularly communicate and collaborate with these programs to collectively meet the needs of individuals experiencing homelessness. Staff from the emergency shelters attend LHOT and committee meetings as well assist with the PIT Count.

The County of Franklin offers the following programs that can assist individuals in gaining independence in Franklin County:

The Franklin County Area Agency on Aging (AAA) provides a wide array of support services and Senior Centers. The agency functions as a resource for residents who are age 60 or older to help seniors maintain their homes and quality of life. In addition to the AAA, Franklin County LINK program offers resources for people who are aging and/or disabled through educating and providing resources to aging and disability services providers.

Referrals to similar Fulton County services will be made as needed. The County, through the Mental Health office, has established Letters of Agreement with many of the service providers listed above for individual services.

Service Provision –

PATH eligibility is determined by participant submission of appropriate documentation to the MH Housing Specialist. This documentation is reviewed by the Housing Specialist to assess eligibility requirements including:

- Adult who is at least 18 years of age
- Currently live in or will be directly discharged to Franklin or Fulton County
- Have a documented serious mental illness or dual diagnosis (SMI and substance abuse)
- Have sufficient income to maintain housing and documentation of income for each household member.

- We require individuals to have sufficient income to maintain housing because assistance can only be provided once per year. Without sufficient income, one month's rent or security deposit will not ensure continued housing stability.

Enrollment in the PATH program occurs when the MH Housing Specialist determines the individual is eligible, based on the criteria listed above and the individual has agreed to participate in the program.

PATH-enrolled individuals' eligibility documentation is contained in each participant's file.

Street outreach and case management are priority services. PATH funds will be used to pay the salary and benefits of the MH Housing Specialist to compensate for the time spent doing administrative duties, case management, and community outreach. Community and street outreach will include participating in the annual Point-In-Time Count, contacting individuals who are attending free meals at the Salvation Army and other local agencies and churches, going to housing agencies, homeless shelters, job fairs, and other community events, as well as street outreach. PATH funds will be used to support street outreach by providing expense reimbursement for travel to and from these agencies and events. Outreach will include providing individuals with contact information, program information, necessary survival supplies, apartment start up supplies, and community information on where their basic needs can be met. Intakes into the PATH program can also be done on-the-spot or an appointment for an intake can be made at that time.

PATH funds are used to fund travel expenses for MH Housing Program Specialist to attend trainings and conferences. PA HMIS trainings and HMIS TA Conferences are attended whenever available to ensure staff is up-to-date on the latest information and evidence-based practices. PATH staff also participates in HMIS and homelessness webinars to increase their knowledge and skills.

Emergency items, emergency food, and safety items are provided to individuals who demonstrate a need. Franklin/Fulton MH/IDD/EI has a Housing Expansion fund that may be used to supplement the outreach and case management needs for PATH applicants. In addition, Franklin/Fulton County MH/IDD/EI pays for services through the Mental Health Association, Service Access and Management, and local mental/behavioral health providers that can be utilized by PATH participants if they have no other payer. The Franklin County Veterans Administration is also available for referring veterans for additional services.

Through regular contacts with MH Housing Program Staff, PATH individuals are assisted in achieving their identified goals. Referrals to needed services (housing, mental health, behavioral health, medical, veteran's benefits, county assistance, food, clothing, furniture, utility assistance, transportation, social security, education, employment, etc.) are assessed and provided on an ongoing basis. Follow up is done with each assisted applicant to ensure their needs continue to be met.

The number of individuals needing services continues to grow each year. With the growth in the number of individuals, the following gaps have been identified in the services we provide:

- Lack of new dollars entering the system to assist individuals
- Lack of residential forensic services available for justice-involved individuals with a serious mental illness. Those without approved home plans continue to populate the Franklin County Jail. Assistance with finding those justice-involved individuals home plans to transition them from the jail into the community is needed.
- Lack of landlords willing to work with or aware of programs to assist with housing for individuals with mental health or co-occurring disorders, with criminal records, experiencing homelessness, having poor credit, having poor employment history, and/or who are low income
- Lack of enough residential services available for the transitioning youth (ages 18-26) population from Juvenile Probation and from Children and Youth Services
- Lack of multi-lingual staff to communicate with the increasing number of minority and non-English speaking individuals
- Lack of safe, affordable, and adequate housing and housing supports in the two-county area
- Lack of human service and disability knowledge among local landlords
- Lack of landlord and community knowledge and understanding of Housing First principle

Specifically, in regards to the mental health population served, the lack of safe and affordable housing units has been identified as a top priority in housing needs for the counties. In addition, the need for residential services for justice-involved individuals with mental illness has been identified as a significant programming gap. The Franklin County LHOT team, along with the Franklin Together Reentry Coalition, are working to address the housing needs of individuals in the mental health service system, those with co-occurring disorders, and those reentering the community after incarceration who have one or more disabilities and/or who are experiencing homelessness. The Mental Health Housing Program Staff works with the Grants Manager in identifying grant opportunities for the creation of more safe, affordable, and supportive housing for individuals with disabilities in both Franklin and Fulton counties. Additionally staff is working to identify supplemental funding to support existing programs that regularly run out of funds before the end of the program year.

The Franklin/Fulton PATH program helps to decrease the gaps by assisting individuals to gain access to affordable housing in both counties, and to provide continued assistance and supports to establish and maintain housing. PATH funds will be used to support PATH funded staff, supplies/materials necessary for job performance, and housing support services for individuals. Additional monies pay for community outreach and training events for individuals who are homeless or at-risk, outreach materials, safety and emergency supplies, emergency food, apartment start-up kits for those exiting homelessness, and training/travel for the MH Housing Program Staff.

The MH Housing Program Staff will use the following services available for individuals who have serious mental illness and a substance abuse disorder:

- Planning of Housing. Working with local agencies outside the mental health area to establish housing for individuals and to enter into letters of agreement with housing entities to provide housing to the PATH population.

- Improving the Coordination of Housing. Working with local agencies to better coordinate housing for individuals. The MH Housing Program Staff will work with agencies to improve supports and resources available to individuals and to provide links to county mental health services and homeless assistance services. Franklin County Human Services is designated as the Local Lead Agency and is involved with many housing initiatives in coordination with other agencies.
- Security Deposits and one-time back rent payments to landlords to prevent eviction. PATH services will assist individuals with monetary assistance in the form of security deposits for those experiencing homelessness and one-time rental payments equal to one month's back rent for those facing eviction and homelessness to assist them with maintaining their housing, as needed.
- Providing assistance to eligible homeless individuals to obtain income support services, including housing assistance, food stamps, and supplemental social security income benefits. Case management will assist individuals with co-occurring disorders to ensure they receive necessary services, and will also be responsible for connecting the individual with Drug and Alcohol services. Integration of these agencies has been identified as a priority, as well.
- Reading material and information will be made available at local homeless shelters and at the PATH office on current drug trends, treatment facilities, and Al-Non, NA and AA meetings

The MH Housing Program Staff will also work with behavioral health and substance abuse service providers to make sure that PATH program participants have access to needed treatment services. Co-occurring programs that exist within the County include Pennsylvania Counseling Services, Roxbury Outpatient, Pyramid, True North, and Laurel Life. Roxbury Treatment Center also provides 28 day rehabilitation and has an inpatient MH unit on the same property.

While not directly falling under 42 CFR Part 2 regulations, Franklin/Fulton MH/IDD/EI strictly follows confidentiality policies for protecting participant information as required by Federal HIPAA laws. No protected information is shared with any entity without a written and signed release of information from the individual. Specific agency procedures are as follows:

- Upon hire and annually thereafter, all MH staff will receive HIPAA training from Franklin County's Privacy Officer. In addition, all employees and volunteers will sign a Confidentiality Statement through the Human Resources office.
- All MH staff will have access to and must abide by Franklin County's HIPAA policies and all HIPAA laws.

The PATH program supports individuals who have been involved in the forensic system and have experienced mental health and/or substance abuse issues. Franklin/Fulton MH/IDD/EI staff are actively involved in reentry initiatives in the counties. The MH Housing Program Specialist is a member of the Franklin County Community Assisted Reentry (CARE) Team. The CARE Team reviews each participant's needs and identifies available resources within the county that can address those needs. The MH Housing Program Specialist is a member of Franklin Together Reentry Coalition's Steering Committee and Case Review Committee as well as the chair of the Outreach Committee.

The PATH program also identifies Certified Peer Specialists (CPS) as playing an integral role in the recovery process. There are currently two providers within Franklin/Fulton Counties who offer CPS services. The Mental Health Association and Peerstar, LLC. Certified peer specialists can benefit the PATH program by offering a unique perspective related to their own road to recovery. This perspective can be invaluable to those who are experiencing homelessness. The role of the CPS can be beneficial to discuss coping strategies and assist in the transition from homelessness to stable housing. The CPS can also assist in helping individuals to find stable housing when individuals do not need or wish to participate in case management services. This allows for the individuals served by the PATH program to have assistance in the community to assist with maintaining stable housing and to prevent a future occurrence of homelessness.

Data –

Franklin/Fulton Mental Health housing for McKinney-Vento programs are currently entered into the ClientTrack PA-HMIS system. The intake form for PATH was revised to ensure it was capturing the information that needs to be entered into the PA-HMIS system. The program goal is to have individuals' information entered into HMIS immediately following the enrollment of the individual. Updating information on the individuals in PA-HMIS is completed promptly upon obtaining new information.

Data obtained from PA-HMIS has been able to provide improvements on how MH staff focuses on outreach. Since PA-HMIS provides data on the demographics of individuals in Franklin and Fulton County who are experiencing homelessness, the MH Housing Program Staff can better plan for specific areas of need, such as Veteran's benefits, HIV/AIDS, Drug & Alcohol, etc. As HMIS continues to be used for PATH, more data will be available on the populations and demographics of those experiencing homelessness. Planning efforts will continue to be more collaborative with those providers who are focused on the specific needs that are identified in the PA-HMIS system.

The MH Housing Program Staff access PA-HMIS trainings as they are available. In addition to travel, supplies and operating costs in the budget allow for the MH Housing Program Staff to attend PA-HMIS trainings if/when necessary, both online and at conferences. New HMIS users are required to complete a basic introduction to ClientTrack before receiving a license to utilize the program. User manuals, recorded training webinars and other resources are located in and accessible through the ClientTrack HMIS system. Ensuring that multiple staff are trained to enter data into PA-HMIS will better support accurate PATH data in the system. The Pennsylvania CoC website also has useful resources and training on how to accurately use ClientTrack HMIS system.

Housing –

The Franklin and Fulton areas need additional housing resources to serve the growing population of individuals experiencing homelessness and diagnosed with serious mental illness. There are eight CRR beds available, sixteen apartments through the Supported Living Program, eight beds at the Specialized Community Residence (SCR), and eight beds at the Forensic Specialized Community Residence (FSCR) available to individuals with a serious mental illness in Franklin or Fulton County. The Franklin County Housing Authority continues to have a waiting list for individuals seeking housing through Section 8 and is currently building a waitlist for the

Mainstream voucher program. The Franklin County Shelter, Maranatha Cold Weather Shelter, and the New Hope Shelter provide additional housing to men, women and children. The shelters estimate that a large portion of the homeless population they serve experience a serious mental illness.

The shelters find housing resources and support for households experiencing homelessness, often working hand in hand with the Mental Health Housing Program Staff, Connect to Home Coordinated Entry system, Mental Health case managers, the Homeless Assistance Program, outside agencies, and the Housing Authority to assist individuals in their search for housing.

The Franklin County Jail has connected with the New Hope Shelter, Maranatha Cold Weather Shelter, Noah's House, House of Hope, Gracie's Place, Franklin Together Reentry Coalition and CandleHeart to provide a home plan for individuals who are in jail and cannot be released due to the lack of a home plan. There are currently reentry initiatives to expand the amount of reentry housing and financial assistance for various populations in Franklin County.

The Mental Health Housing Program Staff does regular outreach to housing agencies to develop housing resources and supports for individuals, to include: the Housing Authority, New Visions Housing Program, Homeless Shelters, Women In Need Shelter, HOMES programs, landlords/apartment agencies, Housing Choices Vouchers, and CandleHeart Life Recovery Program. In addition, the Franklin County Human Services is designated as the Local Lead Agency and the MH Housing Program Specialist is the contact for the 811 Program. The MH Program Specialist is the co-chair of the LHOT and the coordinator for LHOT Outreach and Landlord Engagement Committees. The MH Housing Program Specialist is actively involved with the Franklin Together Reentry Coalition and collaborates with them regarding new housing initiatives. This allows for maximum networking and outreach opportunities with area housing and homeless prevention providers.

Housing Resources within Franklin and Fulton Counties include:

Emergency Shelter:

- New Hope Shelter
- Franklin County Shelter
- Women In Need Shelter
- Maranatha Ministries Cold Weather Shelter
- Fulton County Catholic Mission

Transitional Housing:

- CandleHeart Life Recovery Program
- Second Chance Ministries Forensic Transitional Housing
- House of Hope

Permanent Housing:

- Franklin County Housing Authority
- New Visions
- Barclay Village

Franklin/Fulton County Mental Health Housing HUD Programs
Franklin County Intellectual Disabilities Independent Living Program

Housing Support Services:

Franklin/Fulton County Homeless Assistance Program
Waynesboro Community & Human Services
Faith based organizations
Salvation Army
Maranatha Ministries
PATH
811 Housing Voucher Program

While individuals overwhelmingly desire to live independently, the lack of funding and resources within the county makes it difficult to assist all individuals. Franklin/Fulton County Mental Health uses the above-mentioned programs to their fullest housing capacity and there are waiting lists for many of the housing entities. This demonstrates the need for the PATH program to continue to provide outreach to housing entities in the area. Individuals diagnosed with a serious mental illness who experience homelessness or are at imminent risk of homelessness utilize PATH funds to enable them to transition from homelessness and/or maintain housing.

Staff Information –

Staff members who serve the individuals in the PATH program come from a wide variety of backgrounds. The Mental Health Housing Program Specialist was hired in 2014 and has an employment background of working with individuals with mental illness and co-occurring disorders as a Behavioral Specialist, Mobile Therapist, Vocational Evaluator, and Case Management and Psychiatric Rehabilitation Program Supervisor. The MH/IDD/EI Administrator, who will provide oversight to the PATH program, has worked extensively with individuals with mental illness as a Licensed Behavioral Specialist, Mobile Therapist, and Evaluator.

The PATH program will engage individuals and family members as volunteers in the PATH program in the planning, implementation and evaluation of PATH funded services. Many staff and individuals are familiar with both Franklin and Fulton Counties. This establishes a connection with the programming and individuals.

The Franklin County Human Services Division ensures departments in human services are in compliance with federal and state regulations related to Affirmative Action (AA) and Equal Employment and Educational Opportunity (EEO), including the Americans with Disabilities Act (ADA) and County policies and procedures related to hiring, promotions, sexual harassment, and discrimination. New hire training includes non-discrimination and cultural sensitivity components. The County regularly conducts protected class, harassment, and discrimination investigations and formulates these findings into written reports.

The mission statement for MH/ID/EI states “Franklin/Fulton Mental Health/Intellectual Disability/Early Intervention partners with the community to develop and assure the availability of quality MH/IDD/EI services and supports for individuals and families”. The County Human Services Division, including Mental Health, has a long history of positive involvement with both

households experiencing homelessness and people with serious mental illness. Many services and programs have been established over the last 25 years throughout the Human Services Division to be able to successfully serve these populations, and through the PATH program this success will continue. Human Services and the County provide cultural competence and diversity training programs for county staff on a yearly basis that helps to foster diversity by:

- Providing training (Human Services Training Days) and educational programs through the HCQU on social equity issues for county employees
- Providing materials and translation services for a multi-linguistic population
- Advising departments on equitable employment practices and searches; and
- Being proactive in assisting departments to increase and retain a diverse administration and staff

In addition, the MH Housing Program Specialist frequently attends trainings regarding equity in provision of services.

The County has a responsibility for documenting physical and other disabilities of individuals and employees and providing general oversight and coordination of services and accommodations appropriate to the specific disability and consistent with the laws and accepted standards of practice of the Commonwealth. The County also has a responsibility to ensure that materials and evaluation of programs are culturally appropriate to the populations served in County Human Service programs. In addition, through groups listed below, the County gets regular feedback and suggestions for programs and services:

- Behavioral Health Advisory Board
- LHOT
- Community Support Program
- Franklin Together Reentry Coalition
- Individual/Family Satisfaction Team

The PATH program will get regular feedback and suggestions from the Housing Task LHOT and associated committees while implementing and evaluating the program.

The Franklin County Human Services Division, which includes MH/IDD/EI, houses the PATH Program staff and is committed to ensuring equal opportunity and access to supportive services, housing, education, and employment opportunities for all persons involved in the PATH program regardless of race, color, sex, national origin, age, religion, veteran's status or disability. The staff members that provide services in the PATH program follow the County Human Services Ethics Code which includes sensitivity to various populations.

The Mental Health Housing Program Staff will be sensitive to the needs of any age, gender class, disability, racial or ethnic group that may exist among the PATH population. Staff will advocate for adequate housing on behalf of any special population identified through the implementation of this program. PATH brochures are available in English and Spanish for outreach and informational purposes.

Client Information –

- Franklin and Fulton County residents.
- Individuals with serious mental illness or dual diagnosis (SMI and Substance Abuse).

- In and out of county homeless shelters/streets, community programs serving households experiencing homelessness, or revolving in and out of jail, or transitioning from youth services.
- Individuals needing support with everyday life skills, such as cooking, medication management, cleaning, etc.
- Do not have adequate income supports to afford reasonable housing
- Do not have federal assistance, and/or Medicaid or health insurance that covers mental health services
- Have a limited or fixed income and are often receiving Social Security benefits or benefits from the Department of Human Services.

The projected number of adult clients to be contacted using PATH funds is expected to be 50-100 individuals throughout 2022-2023. This will be accomplished through community outreach in Franklin and Fulton Counties. Outreach will be conducted during street outreach, at local job fairs, community events, homeless shelters, the Salvation Army, free community meals, Community Support Program meetings, during the Point-In-Time Count, and other locations where a homeless population may exist.

The projected number of adult clients to be enrolled and assisted using PATH funds during the 2022-2023 year is 50-80 through the continuation of housing resources and supports. The age of individuals to be served are any adults, men and/or women, 18 years of age and older, including adults with children. The PATH program will specifically target increasing housing opportunities, resources, and supports for individuals with mental illnesses who are homeless and/or at imminent risk of homelessness. The individuals who are literally homeless, those who are in shelters, those waiting to come out of prison, or those at imminent risk of homelessness, are the population we hope to be able to benefit through the operation of the PATH program.

The PATH program will target increasing housing opportunities, resources, and supports for individuals with mental illnesses who are homeless and/or at imminent risk of homelessness. It is best to serve a small number of clients that can be served well, and can receive adequate housing services (security deposits, rental assistance, etc.) within the 20% budget guideline for Housing Services directed by OMHSAS-PATH. The program estimates between 50-80 individuals will be served throughout the 2022-2023 grant year.

Based on historical statistics, it is projected that 70% of individuals served with PATH funds will be literally homeless and 30% will be at imminent risk of homelessness.

Consumer Involvement –

- Individuals and family members are offered opportunities to serve on boards and steering committees (MH/IDD Advisory Board, Community Support Program, Franklin County Block Grant Planning Committee)
- MH/IDD office supports the right of an individual with disabilities to be able to work and succeed in employment
- The PATH program involves individuals and family members in the implementation and evaluation of PATH funded services, as well as in the PIT Count

- Case managers involve individuals and family members in recruiting possible/preferred housing locations and resources, and examine barriers that exist in securing housing
- Mental Health Housing Program Staff seek feedback during encounters with individuals receiving PATH/HUD services to determine if any additional supports are needed
- Mental Health Housing Program Specialist will work with outside agencies and housing entities to support the creation of additional volunteer opportunities for individuals served in the PATH/HUD programs
- Currently, Franklin/Fulton MH/IDD/EI is not aware of any staff members that have experienced homelessness and have a serious mental illness.
- Although there are no volunteers known to have experienced homelessness and have a serious mental illness, the PATH program has provided assistance to several employees of community mental health agencies.
- Franklin/Fulton MH/IDD/EI does not utilize governing boards.
- Franklin/Fulton MH/IDD/EI Advisory Board welcomes and encourages members with lived experience. However, the two current members have not provided specific information on their homelessness history. However, they do experience mental health issues.
- Franklin/Fulton MH/IDD/EI currently has 1 individual that participates in community involved meetings. This individual is part of our HUD program. There is encouragement for this individual to also become a Peer Specialist.

Alignment with State Comprehensive Mental Health Services Plan –

The Franklin/Fulton County PATH program targets outreach and case management to the priority populations and goals identified by the state plan to end homelessness. The program gives special priority to those identified as literally and chronically homeless, transitioning age youth, veterans, formerly incarcerated, and all applicants must have a serious mental illness or co-occurring disorder. The Franklin/Fulton County PATH program seeks to provide emergency supplies, immediate referrals and connections with needed services (food banks, employment, CAO, D&A services, MH services, and case management). In addition, housing assistance funding is used to help those that are literally homeless with funding for the security deposit in order to obtain housing and those that are at imminent risk of homelessness with a one month rental payment to maintain their housing. Outreach efforts are coordinated with agencies that have contact with these populations, to include: shelters, schools, veteran's organizations, housing authorities, local law enforcement, community agencies, and mental health service providers. The main goals are to stabilize housing and assist the individual with accessing needed services in order to help them maintain stability consistent with state goals. When available, funding is combined with other resources to maximize services provided to each individual. These other resources can include HUD housing programs, block grant funding, and county funding.

As a county government entity, Franklin/Fulton MH/IDD/EI staff is part of the county Continuity of Operations Plan. Under this plan, if a disaster or other emergency occurs, staff is required to continue to find ways to serve constituents in need of services the agency provides. This includes procedures for addressing immediate needs, as well as needs during the community recovery phase for up to 30 days. Direct mental health support is offered to the community, as well as triaging other needs and handing out emergency supplies. Locating shelter for those that

are homeless and connections with social support services are included in emergency response efforts. Several county employees hold certifications in Psychological First Aid (emergency response to psychological aspects of disasters/emergencies), Mental Health First Aid (responding to mental health emergencies), Youth Mental Health First Aid, and Crisis Intervention Team. The county regularly holds drills to practice for emergency preparedness and response.

Other Designated Funds –

The Franklin/Fulton County PATH Program coordinates with other county funding to maximize services to individuals eligible for PATH assistance. When possible, individuals are diverted into a permanent housing program or situation, some of which are managed by Franklin County MH/IDD/EI. The Franklin County MH/IDD/EI program has established a Housing Expansion Program that allows for flexible funding for a variety of needs these individuals may have, including rental and utility assistance. While there are no specific funds earmarked for PATH besides the PATH grant, County allocated funds from the State Block Grant may be utilized when available to extend the program's ability to continue offering assistance to individuals eligible for PATH.

Programmatic and Financial Oversight –

Programmatic and financial oversight of the PATH program is achieved through the following:

- MH/IDD/EI Administrator conducts bi-weekly supervision sessions with MH Housing Program Specialist in which any issues can be discussed. MH/IDD/EI Administrator is also readily available between these sessions if assistance is needed.
- MH/IDD/EI Administrator will review two to three participant files per quarter to ensure their accuracy and completeness.
- MH Fiscal Officer and MH/IDD/EI Administrator will review and approve all authorizations for payment before they are submitted for processing.
- Franklin/Fulton staff will review and discuss the financial status of the PATH program at the MH monthly administrative meetings
- MH Housing Program Staff will develop the annual budget for the PATH program and seek review and approval from Franklin/Fulton Administrators.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

Franklin/Fulton MH/IDD/EI and PATH programs sponsored an SSI/SSDI Outreach, Access, Recovery initiative in the 15/16 fiscal year. However, this SOAR initiative was only for the 15/16 fiscal year. Unfortunately, numerous agencies have reported the inability to utilize the SOAR program due to time constraints and the extensive commitment needed to assist individuals throughout the entire process. Franklin County is unaware of agencies consistent utilization of SOAR. There are two staff at SAM that are trained by the SOAR initiative. While SOAR has been infrequently utilized at SAM, individual referrals have been made to assess the appropriateness of utilizing SOAR for certain individuals. The OAT system has not been utilized as the MH Housing Program Staff is not SOAR trained.

Area agencies that now have one or more SOAR trained caseworkers through the15/16 initiative include: South Central Community Action Program, Franklin County Shelter, Maranatha

Ministries Shelter/Food Bank, CandleHeart Life Recovery Program, Service Access and Management, and Franklin County Adult Probation.

Coordinated Entry –

The Franklin/Fulton Mental Health Housing Programs are fully participating in the Pennsylvania Coordinated Entry System as of January 2018. Franklin/Fulton Housing Program Staff works closely with the County's Information and Referral Specialist to ensure the program is being utilized effectively throughout the County. The coordinated entry system will be governed and monitored by the CoC. Franklin/Fulton County has setup a direct line to be able to get individuals experience homelessness or at imminent risk of homelessness with in Franklin/Fulton County assistance in the appropriate programs.

Justice Involved –

Crisis Intervention Team training is being utilized and conducted twice a year in Franklin/Fulton Counties.

- The training program is in its ninth year and continues to expand. There are currently 181 total individuals trained of which 48% are law enforcement officers. The remainder of the team includes: Adult and Juvenile Probation, Correction Officers, Dispatch/DES team members, and mental health professionals
- Through a Pennsylvania Commission on Crime and Delinquency (PCCD) grant awarded in 2017, Franklin County piloted the innovative Mental Health Co-responder Program. Through this program, individuals identified as being in crisis are diverted from the criminal justice system and connected with community based supportive services and natural supports. When police are dispatched to an incident where the behavior does not escalate to the level of police officer custody, the mental health co-responder is called to begin a screening and risk assessment process to determine the needed level of care. In addition to helping reduce criminal justice system involvement for individuals who may be living with a mental illness, intellectual or developmental disability, autism, and or co-occurring disorder, the program has had the added benefit of helping to connect senior citizens with services.
- MH Housing Program Specialist collaborates with the Director of Reentry Services and is an active member of the Franklin Together Reentry Coalition where linking justice-involved individuals with housing and needed support services is a major focus. The Director of Reentry Services frequently makes referrals to MH Housing Program Specialist for housing support.
- MH Housing Program Specialist is a member of the Community Assisted Reentry Program where various community agency representatives collaborate regarding support services that can be utilized by justice-involved individuals to promote stability.
- MH Housing Specialist has made a priority to provide services in 2021-2022 for individuals being released from jail or prison. Within the last year there have been multiple individuals released that have received support from the PATH program.

Veterans –

The PATH program works in partnership with the local chapter of The Department of Veterans Affairs and this region's Supportive Services for Veteran's Families program. Any referrals submitted to PATH by the Veterans coordinators will be prioritized and referred appropriately to needed mental health services such as counseling for PTSD, anxiety disorders, and major depression. The Director of Veterans Affairs for Franklin County and the staff are located in the same building as PATH, participate in the PIT Count, and attend LHOT meetings. Regular discussions are held regarding veterans with a mental health diagnosis who may need homeless assistance, including PATH services.

Tobacco Policy –

Franklin County Government prohibits the use of any cigarettes, cigars, pipes, and smokeless tobacco products inside any County buildings or vehicles. The County provides Smoke Free Courtesy Zones. Smokers are required to remain at least 20 feet away from main building entrances and fresh air intake vents. No smoking signs are posted in Courtesy Zones and ashtrays have been moved at least 20 feet beyond Courtesy Zones. The County does provide information on smoking cessation classes and offers points towards the County Wellness Program if the classes are completed.

Health Disparities Impact Statement –

Franklin/Fulton MH/IDD/EI collects basic demographic information as part of the PATH intake process. This information is tracked via PA-HMIS and internal mechanisms to provide a broad overview of PATH participants' demographics.

Based on historical data, it is expected that Youth and Young Adult (YAY) population will comprise at least 25% of participants served using PATH funds. Given projections for number of people served in the 2021-2022 grant year, the actual number of YAY served using PATH funds is expected to be approximately 3-5 individuals. The total amount of PATH funds expected to be expended on services for the YAY population is estimated at $3,500. This figure includes rental assistance, outreach, informational materials, and safety and emergency supplies to be dispersed, as needed.

PATH funds will be utilized for the following services which are available for YAY individuals: rental assistance and security deposit payment; street outreach throughout the year and during PIT counts; purchase and/or development of educational materials (i.e. brochures); purchase and disbursement of safety and emergency supplies.

An increased focus on outreach to YAY individuals as well as improvement of information sharing with relevant organizations/agencies will be utilized during the 2022-2023 grant year. PATH staff intends to continue collaboration efforts with Juvenile and Adult Probation, Children and Youth Services, and local high schools by providing detailed information regarding the PATH program and any other services that may be helpful to YAY individuals experiencing homelessness/at imminent risk of homelessness. Outreach will also include posting information pertaining to services, community events, assistance, etc. for people experiencing homelessness in areas that are identified to be frequented by young adults.

In general, PATH funds will be utilized to measure, track and respond to disparity-vulnerable populations. PATH funds will allow for PATH staff to coordinate outreach activities, including occasional meals for people experiencing homelessness while they receive information and access to relevant services.

Limited English Proficiency –

PATH funds will allow for provision of materials in both English and Spanish. Through a contract with Bopic, a Spanish interpreter is available, if needed. The PATH staff continues to expand services to and collect data on individuals who are served through PATH funding and identified as disparity-vulnerable subpopulation.

Greene County Department of Human Services
19 South Washington Street
Waynesburg, PA 15307
Contact: Zabryna Karnes
Email Address:

Provider Type: Social service agency
PDX ID: PA-069
State Provider ID: 4269
Contact Phone #: 724-852-5276

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 31,802.00**	**$ 10,601.00**	**$ 42,403.00**	

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

Office: Other (Describe in Comments)	$ 31,802.00	$ 10,601.00	$ 42,403.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 31,802.00	$ 10,601.00	$ 42,403.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 31,802.00	$ 10,601.00	$ 42,403.00	

Source(s) of Match Dollars for State Funds:

Greene County Human Services will receive a total of $42,403 in federal and state PAYH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 45

Estimated Number of Persons to be Enrolled: 35

Estimated Number of Persons to be Contacted who are Literally Homeless: 20

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 2

2022-23 PATH IUP Template

Local Provider Description –

PA-069 Greene County – Greene County Human Services-, 19 South Washington Street, 3rd Floor, Waynesburg PA 15370. The Greene County Department of Human Services- Housing Program is the provider organization requesting $42,403 ($10,601 State PATH and $31,802 Federal PATH) to implement the PATH Intended Use Plan for Greene County. Greene County Human Services will be also allocating $43,467 from the DHS Block Grant for a total of $85,870.00 for the intended use of PATH.
The Greene County Human Services Department provides administrative over sight for the County Mental Health, Intellectual and Developmentally Disabled, Drug and Alcohol, County Shared-Ride Transportation, Housing Program and other special Human Services projects. Greene County Human Services Department serves the residents of Greene County Pennsylvania.

The mission of the Greene County Department of Human Services is to establish relationships with individuals, families, providers and other interested parties, so that the human services needs in Greene County are met in the most effective and cost-efficient manner possible. The Department will accomplish this mission by effectively managing the county's resources and maintaining a service delivery system to improve the quality of peoples' lives.

The structure and function of the Greene County Department of Human Services (GCHS) exists to provide a variety of services meant to assist people in developing and maintaining a healthy lifestyle. The Department identifies the needs in Greene County and actively pursues public and private resources to meet them. The Department also improves coordination between and among a variety of services and programs.

Collaboration with HUD Continuum of Care (CoC) Program –

Greene County Human Services Department is one of two Greene County voting participants on the Western Pennsylvania COC -601 and Southwest RHAB (Southwestern Regional Housing Advisory Board), representing Greene County. The other is held by Connect Inc.; our subcontracted agency for HUD awarded programs. As a voting member of the COC and the Western PA Southwestern Regional Housing Advisory Board, we are a part of the regional HUD Continuum of Care Program. Greene County Housing Program Director has also been named to the Governing Board of the Western Pennsylvania COC, and is on the Policy and Procedures committee along with the standards committee and coordinated entry committee. Greene County Human Services Department actively participates in all monthly meetings and serves on subcommittees for the SWRHAB and bi annual meetings of the Western Region COC meeting The Greene County's PATH Program participates in the Local Greene County Housing Options Partnership GCHOP/LHOT, Block Grant Advisory Committee, Food Partnership Advisory Committee, the Permanent Supportive Housing Advisory Board, Communities that Care, the Red Cross Emergency Food and Shelter Program Advisory Committee, and the Co-Occurring Disorder Council.

Greene County Human Services Housing Program (GCHS-HP) has been named the Coordinated Entry access point for Greene County. Trainings and HMIS assignments have

already been completed. Staff have been completing the assessments since January 2017 to make sure all of the kinks are worked out, but we will officially be administering the Coordinated Entry Assessments as of July 1, 2017. The GCHS-HP enters all Coordinated Entry Assessment into HMIS and the Western Region Prioritization waitlist, we maintain those who we enter onto the list and utilize this list to fill any openings that may occur into our HUD funded programs.

The GCHP is already known in the community as the current centralized intake place for the county to complete a housing assessment on all those who are homeless or in imminent risk of being homeless, it will be a smooth transition. The GCHP be responsible to enter the Coordinated Assessments into HMIS, and to maintain the list, ensuring it is current and accurate at all times.

Collaboration with Community Organizations –

GCHS-HP partners with many local organizations providing key services to PATH eligible clients. Many of these services include Primary Health Care, Mental Health Services (In-patient, Out Patient, and Community Based), Case Management, Substance Abuse Treatment and Case Management, Employment and Housing organizations.

Physical health care in Greene County is provided by primary care physicians at Washington Health Systems of Greene County, clinics, and doctor's offices. Cornerstone Care, Blacksville Clinic and Carmichaels Clinic, a federally qualified health center, provides a majority of health care and dental services to our individuals.

Mental Health outpatient services are provided by Greene County Human Services Mental Health Program, Centerville Clinics MH, Inc., SPHS, The Stern Center, Center for Community Resources, Washington Health System of Greene Hospital, Intermediate Unit One and Cornerstone Care. The local hospital, Washington Health Systems of Greene, has a Behavioral Health Unit and outpatient program. Greene ARC provides the following mental health services; psych rehab, social rehabilitation, peer support and oversight of the Open Arms Drop In Center. Value Behavioral Health Care, the Medicaid managed care organization, is a large payor of services for our individuals with behavioral issues.

The GCHS-HP administers the State Housing Assistance Program (HAP), Children and Youth Special Grants for Housing, PHARE Rapid Rehousing Funds, Home for Good Diversion Funds, Emergency Rental Assistance Program (ERAP), DDAP's Stimulus Opioid Response Program, and the MH Housing Contingency Program. The GCHS-HP also administers the PHARE Rapid Rehousing Program that targets families with children, case management, veterans, the forensic population, and single youth age individuals age 21-25, which includes some PATH eligible clients. Greene County Human Services through Connect Inc. provides the Permanent Supportive Housing Program, Transitional Housing, and Rapid Re-Housing for Greene County residents. Each of these State and Federally funded Housing Programs that assist with housing to PATH qualifying residents produces a continuum of services that gives those found through street out reach the possible next step in programing they may need to be permanently housed. This can be in the way of one time HAP funds acting as diversion funds from homelessness, or State funded ESG Funds of HUD funds that can help to permanently house individuals and families.

Greene County Human Services Drug and Alcohol Programs provide prevention, case management, intensive case management, level of care assessment, and resource and referral services. Clients are referred to SPHS C.A.R.E. or Axiom Inc. for Drug and Alcohol outpatient services and various de-tox/ rehabilitation centers for inpatient services. And for those who are homeless and have an addiction to stimulus or Opioids we provide the SOR (State Opioids Response) program, which can consist of 6 months of rent and case management.

G-PATH (Greene County's Project to Assist in the Transition from Homelessness) eligible clients can utilize the local OVR program, Southwest Training program, Washington and Greene Job Training, and PA Careerlink and also have the opportunity to work with a trained Certified Peer Specialist that is able to assist with employment issues.

Greene County Human Service (GCHS) implements the County's ESG, and DHS HAP programs that provides funding to assist with rental and utility emergencies. The County also works with the Greene County Housing Authority and our SSVF Programs for those who meet eligibility. The County meets with local landlords on a regular basis to keep the lines of communication open and to encourage them to provide rental units to our low income individuals. HUD Permanent Supported Housing, Shelter Plus Care, and Transitional Housing also assist G-PATH eligible clients if they meet the eligibility guideline criteria.

GCHS has been a lead in pulling together a collaborative effort to create a warming center in Greene County. Through working with the Greene County United Way, Waynesburg University, Salvation Army, local churches, the local hospital, the Greene County Commissioners and other community volunteers we are able to provide a cold weather warming center that is called; Warm ***Night, 25 Degrees and Below.*** *The program has a house that sits at the Greene County Fairgrounds, which is in the center of the county. This location is available when the temperature were 25 degrees and below according to www.accuweather.com for Waynesburg PA. Our local Mental Health Hotline was the mechanism for clients to register. If persons or families registered before 4 PM, we were open from 7 pm until 7 am. We provide a warm place to sleep and referral information. So if need be we can help their situation long term.*

Service Provision –

GCHS has implemented a single point of contact to provide coordinated and comprehensive services that are offered to PATH consumers as well as other homeless individuals. A PATH Program provides outreach activities to homeless persons who are presented in various ways to the GCHS. The PATH Housing Program is a part of the team that provides a single point of assessment for the County when it comes to individuals with housing needs especially those with behavioral health issues. Every client with a housing need completes a coordinated assessment. We are using the Coordinated Entry, Centralized Intake Assessment from the Western COC. We are also entering each assessment into the HMIS data system. The client is then referred to a program within the continuum of care that best fits their needs and that they are eligible for. Through this process clients "have one stop" to find the appropriate services that they are eligible for and will not have to do extra unwarranted leg work during their time of crisis. This enables service providers to have clients coming to them that are eligible for their programs,

which saves a great deal of staff time since the initial screening and some of the intake paperwork, such as ID's income and verifications are already taken care of. The PATH Program does also go to the local BHU, county jail, Medical Assistant Treatment Centers, local library, etc to also meet with those that might need assess, to make it more accessible with the least amount of obstacles.

The participants in G-PATH will be homeless as defined under HUD and PATH/SOAR definition. The PATH Housing Outreach Caseworker will be trained especially in working with the homeless as well as community housing resources. (The participants in G-PATH will be homeless as defined under HUD definition.) This centralized assessment model allows better collaboration across the housing system. This creates a better working relationship between not only other services providers but with landlords and the Ministerium. Regular meetings occur with the Salvation Army to make sure that services being rendered are not duplicated. GCHS-HP facilitates a quarterly landlord meeting to address the landlord's concerns and to assure better coordination and assistance for their tenants. GCHS-HP also works closely with the local Red Cross to meet the needs of those who may have found themselves homeless due to a disaster. The PATH implementation is an objective of our DHS Block Grant, under a transformation priority of "Supportive Housing". This further enhances housing collaboration throughout all GCHS.

The PATH Housing Outreach Caseworker will participates on the Permanent Supportive Housing Advisory Board, Co-Occurring Disorder Council, Consumer Support Program, GCHOP/LHOT meetings. The Greene County Housing and Family Resources Administrator will meet for supervision with the PATH Housing Outreach Caseworker weekly to staff client situations and to ensure that community program services are used effectively and efficiently.

Greene County PATH Program will maintain a mechanism for tracking the number of referrals received for PATH services as well as the agencies or programs that make the referrals. This data is documented on a monthly and year-to-date basis and regularly reported to Greene County Human Services Department for collation and summary of the program. This data is being entered in HMIS.

The Greene County PATH Program is available on an immediate basis during work hours to conduct outreach services to the homeless. The PATH staff is educated on all community resources and be responsible to understand the eligibility of those resources. The Greene County PATH program can assist the homeless person or family with finding the resources to insure that the referral is a success. Referrals to the PATH program come from various sources especially agencies, churches, law enforcement, schools, public officials, and walk in's.

The Greene County PATH funds will be utilized for street outreach to maximize this service. Case Management will not come from these dollars. Case Management is offered through Human Services from an array of other funding sources. The Human Services Block Grant will provide General Case Management to those who may need a case manager for a short time because of the issue they may be having or will be able to link them up with a more permanent caseworker depending on the need and human services area that will best serve them. The GCHS-HP administers the Housing Assistance Program (HAP), Emergency Rental Assistance Program (ERAP), Children and Youth Special Grants for Housing, SOAR services, Drug and Alcohol Intense Case Management and the MH Housing Contingency Program through Block Grant dollars. The GCHS-HP also administers the PHARE Veterans Program that targets families with children, case management, veterans, the forensic population, and single youth age individuals age 21-25, which includes some PATH eligible clients. Greene County Human Services through Connect Inc. provides the Permanent Supportive Housing Program,

Transitional Housing for Greene County residents. Also through PCCD dollars a Master Leasing program is available with case management to those with a criminal background, this is offered through the Drug and Alcohol Program under Greene County Human Services. Also SSVF programs that cover our area are utilized when working with a Veteran. All of these services mentioned come from other funding areas and all help to support the PATH population.

Currently Greene County has no shelters in the County. GCHS-HP works with Greene County Transportation to provide transportation to out of county shelters. The main shelters that we have used for many years, have closed in Washington and are slated to close by the end of the calendar year in Fayette, the two closest counties near us that have shelters.

GCHS-HP face a challenge when it comes to transportation. Many individuals who are homeless are reluctant to cross county lines and do not have transportation to an out of county shelter, this is also an excuse for some of our homeless individuals not to follow through with serves. GCHS-HP also administers the HAP program, which enables us to utilize that fund for Emergency Shelter in Hotels/ Motels, but we are challenged with this the availability of this resource due to the Marcellus Shall industry have these rooms occupied on a daily basis.

One way the we address the obstacle of no in-county shelters is by being a key part of a group of people, both from local services agency and community volunteers, who have come together to open a warming shelter. GCHS has been working with the Greene County United Way, Waynesburg University, Salvation Army, local churches, the local hospital, the Greene County Commissioners and other community volunteers to continue efforts for the second year of providing a cold weather warming center that is called; ***Warm Night, 25 Degrees and Below.*** *FY 15-16 was our first year of offering this services. In 2016-2017 we expanded this program from 20 degrees to 25 degrees, from the months of January and February in 2016 to now in FY 2019-2020 we are open from November, December, January, February and March this program year. This program is staffed with 9 volunteers trained by GCHS-HS. Residents who needed this service were invited to one location. The Greene County Commissioners allowed the program to utilize a house that is located at the Greene County Fairgrounds. This is another improvement from last program year, last program year we had four locations, every two weeks' volunteers moved all the supplies from one location to the next, this took a toll on the volunteers. This past year, being in one location was one of the reasons that we expanded the length of the program. A consistent "home" for our project has help with storage, transportation of supplies and possible hours of operation. This location was available when the temperature was 25 degrees and below according to www.accuweather.com for Waynesburg PA. Our local Mental Health Hotline is the mechanism for clients to register. If persons or families registered before 4 PM we were open. During the four months of this program we were open 7 nights and served a total of 6 individuals. All individuals who utilized the program ended up accepting longer term housing help from Greene County Human Services. This house at the Greene County fairgrounds will remained set up in case of an emergency throughout the year, a small core of volunteers did agree to be called in necessary throughout the year, if an emergency did arise. This program was identified to be needed because there was no program or place in our county for people to go who did not have adequate shelter from the cold. Greene County Human Services was awarded 2018 PHARE funds to lease a two bedroom apartment, so we can utilize it as an option for Emergency Housing.*

Another challenge the GCHS-HP has is with reluctant unmotivated clients. Many of these individuals and families are CYS referred. We find that these clients rapidly "burn bridges" with our resources and as a result sometimes become chronically homeless. The Greene County

PATH Housing Outreach spent a lot of time working with these clients, but many of these clients do not follow through and keep resurfacing.

Individuals with co-occurring mental illness and substance abuse disorders are served through Greene County's Co-Occurring program. Beginning in August 2000, Greene County developed a Co- Occurring Council to ensure the wellbeing of individuals with co-occurring disorders who reside in Greene County. It provides an interactive working forum to collectively foster and support collaborative systems of care. It brings together a group of representative agencies servicing dually diagnosed individuals for the purpose of removing the barriers to service and supporting those individuals in addressing the complex needs they face, proposing innovative solutions that bring effective resolution to system problems or inefficiencies; and promoting education and training of individuals, groups, and agencies regarding the complexity of issues in the dual diagnosis of mental illness and substance abuse. The Greene County Co-Occurring Disorder Council consists of the following partners:

- *SPHS C.A.R.E Center Drug and Alcohol Program*
- *SPHS Sexual Assault Counseling and Advocacy Program*
- *Centerville Clinics Mental Health, Inc.*
- *Community Action Southwest*
- *Greene County Children and Youth Services*
- *Greene County Drug and Alcohol Program*
- *Greene County Probation Services*
- *Greene County Human Services Mental Health Program*
- *Greene County Human Services Housing Coordination Program*
- *Office of Vocational Rehabilitation*
- *Value Behavioral Health*
- *SPHS Connect, Inc.*
- *Greene County Human Services Forensic Re-Entry Program*

A representative from each of these agencies attends the bi-monthly co-occurring council meetings and offers support and services. The Council also makes recommendations for referrals to the G-PATH program. The PATH staff has the opportunity to refer persons who they feel are appropriate for an assessment for co-occurring service. The PATH program participants can then receive this structured level of support which includes an opportunity for input from a variety of providers and other entities.

> *Greene County Human Services (GCHS) follows the 42 CFR Part 2 Regulations. GCHS also includes under its umbrella of programs the Drug and Alcohol Program. This Drug and Alcohol Program coordinates trainings including a confidentially training specific to the 42 CFR 2 Part regulation and all staff of the G-PATH program have been trained. Also upon hiring each employee under the Human Services umbrella, regardless of program signs a Greene County Human Services Program Employee Statement of Confidentiality. Another more general confidentiality agreement is also signed with the County's Human Resource Department. Regular training is mandatory and followed.*

The PATH Program works hand in hand with our Mental Health Program, which has access to both Peer Specialist for Adults and TAY. The PATH Housing Outreach Specialist position has been re categorized and the Greene County PATH Housing Outreach Caseworker. The Greene County Housing and Family Resources Administrator will meet for supervision with the PATH Housing Outreach Caseworker weekly to staff client situations and to ensure that community program services are used effectively and efficiently. The Greene County PATH Housing Outreach Caseworker position is currently vacant, the position has been posted and hopefully

filled soon. With the difficulty of finding quality applicants, the position has been moved from a Specialist to a Union Case Worker, The GCHS-HP is dedicated to finding a quality applicant that will serve homeless and near homeless individuals with dignity and provide referrals they need to find permanent housing

The goals of the G-PATH program align with the objectives of the funding source. G-PATH's goal is to reduce or eliminates homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance abuse disorders or those who are imminently at risk of being homeless. The G-PATH program uses the continuum of housing and human service related resources to help those that are found through constant street outreach. Greene County Human Services will link those who are most vulnerable to the appropriate services, whether it is Case Management, Health Insurance, or housing options through the continuum. The PATH Outreach Caseworker will be utilizing the Coordinated Entry Assessment and entering the assessments into HMIS, where all Chronically Homeless individuals will be place on a waiting list based on need, so that services from the 20 county region can possibly help them with the Housing First type of care, once there is an opening.

Data –

GCHS-HP currently has all appropriate staff trained and using the newly updated HMIS system-ClientTrackand will continue to attend on-going trainings such as the PA HMIS System Update classes that are offered. We will be able to train new staff with the help of the PA HMIS Data Entry Reference Guide and from the past webinars that are archived on the www.newpa.com/pahmis website. All GCHS-HP staff will continue to utilize HMIS-Client Track on an ongoing base.

Housing –

1. Greene County's Housing Coordination services include establishing relationships through a landlord outreach initiative. This initiative has been successful in assisting the County's housing programs in offering individuals housing choice options and helping residents maintain in their current housing once case management is utilized. Also through these relationships the GCHS-HP has offered through PHARE dollars a grant program called Rental Rehabilitation. If a local landlord that has worked with us in the past has a unit that needs to be brought up to code, then there is a grant that can help with the costs to make it meet HUD regulations. The match is 50/50 with the limit of the grant being $7,500. Once the unit is brought to code the landlord agrees to rent to a person in a Housing Program at fair market rent for three years.

2. Greene County Human Services offers, through Connect, Inc., Permanent Supportive Housing, Shelter Plus Care and Supportive Services programs for individuals who are transitioning from homelessness.

3. The County also utilizes personal care homes if that level of service is indicated.

4. Greene County Human Services, through Connect Inc., has a six unit transitional house available. Support services through Connect, Inc., PA Careerlink for employment and Greene County Human Services case management are available to those tenants to assist them in finding permanent housing

5. Throughout the months of November through March, a collaborative program called Warm Nights 25 Degrees and Below, help with giving individuals a safe warm night sleep. These services helped anyone who registered through our MH CRISIS Hotline. It offered a warm safe place from 7 PM to 7 AM and also connected those who registered with services through G-PATH.

Staff Information –

The PATH staff serving the targeted population consists of the Greene County Housing PATH Housing Outreach Caseworker. The Greene County PATH Housing Outreach Caseworker position is currently vacant. It has been posted and hopefully filled soon. We have moved the position from a non-union position to a Union grade Case Management position to ensure quality applicants, with higher education qualifications. The position has been posted 4 times as a specialist, but with local job competition, the hourly wage was not completive. Greene County will work with the MH program, to ensure Peer Specialist in that program are collaborated with in both the Adult Program, and through the System of Care Youth Peer Program
Greene County Human Services Department has provided many trainings to stakeholders working with homeless including: SOAR training, Peer Employment Community Training, Drug Trends, Cultural Competence Capacity Building training, Homelessness Among Veterans Webinars, Community Builders (a ten week class that educates participants on the community, boards, and leadership) Finding Evidence Based Practices to Promote Public Health, Crisis Intervention Training, two HMIS trainings and PREP Training. The HMIS trainings the Homeless Outreach Specialist attended were entitled; Making Physical Health & Well-Being Matter for Youth & Young Adults Education/Prevention, Effective Service Strategies, FEMA Webinar for Housing Professionals: Resources to Help Individuals and Families with Financial Preparedness, Housing Case Management Training, Unique Housing Needs of Individuals with Criminal Justice Histories, Empowering Youth to Develop Community Connections to Achieve & Maintain Behavioral Wellness & Housing Stability,; Motivational Interview with Homeless Vets, The Adolescent Brain: Trauma Development & De-escalation skill, Treat Me & Me: The Ins and Outs of Working with Diverse Populations, Behavioral Health Focused Outreach & Engagement, and Moving beyond Stereotypes Commercial Exploitation of Youth and we will continue to do so, while also newly training our PATH Housing Outreach Caseworker.

The HMIS trainings that were provided by DCED through Webinar will help our Homeless Outreach Caseworker with the basics needed information for when HMIS is a requirement of PATH. It has also helped with structuring the initial assessment. She has attended: Motivational Interviewing, Psychological First Aid,

PREP, IDD Cross Training, Substance Abuse STI's and Teen Pregnancy-Increasing Risk of HIV, and CTC 101.
During fiscal year 2019-2020, Greene County Human Services Department provided training to GPATH staff as well as providers of homeless services in; PREP refresher, Understanding and Engaging Homeless Individuals, Drug and Alcohol rules of Confidentiality, Confidentiality and Boundaries in Recovery Oriented Service, Recognizing and Reporting Child Abuse and Mandated and Permissive Reporting in Pennsylvania, Point In Time Training, HIPAA and HMIS: Protecting and Securely Sharing Client Information training, HMIS training, and Community That Cares 101. DCED HMIS webinar trainings are at no cost, which has allowed Greene County Human Services to participate in the trainings and report all requested information into HMIS data system..
Within FY 2018-2019 the G-PATH program staff have attended trainings on these topics:
Medicaid Coverage and Financing of MAT, Current Status and Promising Practices, Put Yourself in Their Shoes: Experiencing Homelessness as an Older Adult, Mandated Reporting, Public Health 3.0, HMIS Learning Community, Understanding Hoarding Behaviors, Introduction to the Prepared Renter, SAMHSA Taking Care of Your Financial Wellness, Making Physical Health & Well-Being Matter for Youth & Young Adults Education/Prevention, FEMA Webinar for Housing Professionals: Resources to Help Individuals and Families with Financial Preparedness, and Housing Case Management Training.

Greene County Human Services Department Housing Program co-chairs the GCHOP/LHOT meeting that currently has about 45 people/stakeholders on the mailing list, with a regular attendance of approximately 25. GPATH activities are an agenda item for every meeting. We utilize GCHOP which includes consumers to advise and ensure that our PATH information is dissemination and outreach materials are true to our philosophy on addressing areas of cultural competence. At the monthly GCHOP/LHOT meetings there is an educational, housing related, presentation. A report from GCHOP/LHOT is also given at every monthly Consumer Support Program (CSP) meeting with discussion and feedback being shared from consumers on housing issues.
The Greene County Human Services Department understands the cultural aspects of the community that will contribute to the program's success and this is evidenced by the background of the staff hired for outreach, the trainings that are planned and most of all, the utilization of feedback from consumers of service in planning. Greene County's SOC is required to develop a cultural competency plan and the PATH Housing Outreach Caseworker will participated in this process. Currently, a multi-linguist population has not shown a need in our services. We have a plan that when this need arises, to utilize the services of the local university. As a part of the Department of Human Services Block Grant, a work group for LGBTQI issues has been in operation. The initiative has offered and Housing Staff has attended specific trainings for professionals and support to individuals in the

LGBTQI population. We will continue to attend training and be a part of this discussion. PATH did host the June 2021 meeting from GHCHOP/LHOT that has a presenter on Human Trafficking, with recent findings, the LGBTQI populations are found to be a large part of the victims of Human Trafficking. This training is an update from the 2019 training, and was a refresher. Also in Both 2019 and 2020, and in 2021 during the Point In Time PATH staff have hung up and passed out informational flyers while also looking for homeless individuals to bring attention to what to look for in Human Trafficking and also hopefully reach a possible victim.

Client Information –

The majority of PATH eligible clients fall into the 18-34 and 50-64 years age groups. They are Greene County residents, primarily Caucasian, speak English and meet the definition of homeless.

The projected number of adult clients to be contacted using PATH funds will be 45.

Approximately 35 adult clients will be enrolled (as in seen for outreach services) using PATH funds.

Approximately 45% of the adult clients served with PATH funds are projected to be "literally" homeless. The other 55% will be diverted from homeless but at immediate risk.

Consumer Involvement –

Consumers are on the GCHS Block Grant Advisory Committee, Permanent Support Housing Advisory Committee and the Food Services Partnership Advisory Committee. PATH individuals/ consumers are invited to participate at the GCHOP/LHOT meetings where they are asked for feedback on various PATH activities and processes. PATH eligible individuals play an active part in the Consumer Support Program monthly meetings and subcommittee meetings. The Greene County Mental Health Program utilizes consumer input in developing and implementing mental health services and the DHS Block Grant plan. PATH eligible individuals are invited and participate in housing needs surveys and subcommittees that address their specific needs and interests.

Alignment with State Comprehensive Mental Health Services Plan –

Greene County is following the State's Guiding Principles and General Approaches to end homelessness. We are a part of the COC through both the Western RHAB and the SWRHAB, We are Chair of our local GHCOP/LHOT teams and regularly attend trainings offered by HUD to stay current.
We are the local contact for the County of Greene for the Coordinated Entry Process, all Coordinate Entry Assessments will follow the COC plan and be entered into HMIS.
An approach that is holistic and client centered:
We are client centered, we meet clients where they are comfortable and we listen to the needs that they feel need addressed.

Addressing all of the many facets of homelessness including different demographics, causes, geographic, forms and levels and a clear focus on homeless prevention;
We have a full Continuum of housing options in Greene County to services those with housing needs from Homeless Prevention, HAP dollars helping with eviction, to case management helping landlords and tenets to mediate differences, to helping those who are Chronically Homelessness.

The aggressive expansion of affordable housing opportunities;
Greene County Human Services works with local landlords to increase the safe and affordable rental stock in Greene County. With this program we work with landlords through PHFA dollars to bring rental units up to code once the unit is up to code the landlord agrees to work with us offering the units to our clients for up to three years at fair market rent.

Embracing the philosophy of Housing First;
All housing staff have been recently trained in Housing First and utilizes the principles in our practice, and continue to receive updated training.

The use of best practices in data gathering and strategic planning;
All staff have been trained and are using HMIS to collect data

Other Designated Funds –

There are GCHS Block Grant Dollars that are specifically ear marked for serving people who experience homelessness and have a serious mental illness, through the Mental Health Contingency Program and is operated by the Housing Program, these dollars can be used for Emergency Shelter, first month's rent or back rent for evictions. These dollars are available to PATH eligible clients and those who meet the criteria, of a Mental Health illness.

Programmatic and Financial Oversight –

The GCHS-HP will utilize HMIS as a way to collect and review data. GCHS-HP do comply to all reviews that are scheduled by the Bureau of Policy, Planning, & Program Development. The PATH Housing Outreach Caseworker does have supervision weekly to review all housing intakes and referrals. Also the GCHP utilizes the GCHOP/LHOT monthly meeting as mechanism to report out to the community at large. GCHS does comply with all state and federal audit and reporting requirements.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

Greene County lost its SOAR trained case worker, but will train two others under the Human Services umbrella. One of these staff will be a Mental Health Case Worker and the other a Housing Navigator who is also trained to work with individuals that have an Opioid Use Disorder. While any PATH client that has no income or would choose to apply for SOAR would be able to, the PATH program is projecting 5 to be referred to the SOAR program.

Previously to losing this staff person, Greene County Human Services lead SOAR certified person on staff served many individuals with SOAR Services. In 2013-2014 (March 4-5, 2013) Greene County Human Services had 9 individuals trained in SOAR. Since this time training for SOAR has changed drastically. In February 2014 a new lead person trained via web based and has become certified, this role is shared with other roles that he has. Referrals are coming from the local hospital and other agencies to the lead person. In FY 2019-20 the SOAR Outreach certified person was referred 7 individual, 4 application was submitted,2 approved and 2 denied, but appealed and waiting on a hearing date, 3 SOAR application that have been initiated, but since have lost contact with the homeless individual. The SOAR certified person also completed 19 general case Social Security cases, of those that had housing issues but according to Social Security and HUD do not fit the homeless definition, but out of those that he helped with general case management, 4 received their Social Security Benefits. The SOAR Application are still lengthy and do take a lot of man hours, each on differs depending on the client. This is because the homeless population are so transient after the initial assessment, but on average at least 35 hours is spent on each application. Last FY 2020-2021 the SOAR Staff had completed 2 applications and one was approved and one is being appealed, also 3 cases are being worked on to try and complete, but each of these individuals are very transient. These three cases are still being tracked and worked on by those in training, to not hinder their cases.

Coordinated Entry –

GCHS-HP is the Coordinated Entry site for Greene County starting in July of 2017. This provides a single point of contact and assessment process that has been created by and has become standardized with in the Western CoC, which we are a voting member of. The Coordinated Entry process provides an assessment of coordinated and comprehensive services for those with a housing need. Clients in need of housing complete a centralized assessment. This assessment is provided by the PATH Housing Outreach Caseworker. From this assessment, the client is then referred to a program in our continuum of housing programs that best fits their needs and that they are eligible for and are placed in the HMIS data system which can open up housing opportunities within a 20 county region. Through this process clients are offered a "one door" approach to be assessed for services and will not have to do extra unwarranted leg work during their time of crisis. This enables our service providers to have clients coming to them that are eligible for their programs, which saves a great deal of staff time since the initial screening and some of the intake paperwork, such as ID's income and verifications are taken care of. Clients seeking assistance through CYS Contingency Funds, Mental Health Contingency Funds, PATH, ESG, HAP and all other programs in the housing continuum utilize this process.

Justice Involved –

Clients with a forensic background are a population that is a challenge in our housing assistance efforts. It is difficult to find landlords, including subsidized housing facilities, that will work with this population and these criminal justice individuals have a difficult time finding jobs in our county to sustain the rent. We are working with Southwestern Pa Legal Services to help to educate landlords on Fair Housing, to help combat this.
With the HUD definition of homeless, individuals coming out of incarceration and or long-term hospitalizations, that were there for more than 90 days are now not considered homeless, until they leave that placement. If they were in placement for less than 90 days, they are not

considered homeless unless they were homeless prior to incarceration or hospitalization. With this definition, individuals in these situations now will be a part of the large pool of individuals with housing needs, but also can be some of our most fragile. Their length of homelessness does not count until the day they are released from the institute they are in. Each homeless person completes the Coordinated Assessment and is placed on a prioritization list that includes homeless individuals from a 20 county region. The length of your homelessness does place you higher on this list. This in return means that those coming from long-term care or incarceration will need to go to a shelter in another county if we can find a bed available. This is not in the best interest of recidivism or recovery.
GCHS-HP had received a Master Leasing grant funded through PCCD that ended in July of 2017. The "Master Leasing" grant had helped 29 individuals with rental assistance for up to a 24-month time frame, while also "wrapping services" such as case management, job training, life skills, Drug and Alcohol and Mental Health services around a person as part of a home plan for the criminal justice population when released from incarceration. The Forensic Integrated Reporting Center (IRC) program was created at a local Mental Health and Drug and Alcohol outpatient facility to insure that once an inmate is released from incarceration, services can start immediately. Master Leasing units did follow the Bridge Subsidy model, where clients did not subleasing from the program but will be leasing under their own name, The Bridge Subsidy program is for non-violent offenders. Through our Master Leasing program clients had achieved such outcomes as buying a home, taking over their own rent, applying and receiving Social Security Income, maintaining employment. The Master Leasing Grant funds through PCCD end in July 2017, but the services that were created with these funds will be sustained.
To help combat this GCHS-HP has obtained PHARE dollars. With these PHARE funds, we will not only be able to help sustain the Master Leasing model for individuals with forensic backgrounds but will also be utilized for those who are coming from long term behavioral health care and do not have a home plan.
GCHS-HP will utilize PHARE funds to provide rental assistance to 8 households who are experiencing homelessness or are at risk of being homeless. These funds will include but not be limited to working with the clients and families who have a forensic background. Individuals with a forensic background are a priority population of our GCHS-HP.
GCHS-HP is also a sub grantee of the SAMSHA SOR (State Opioid Response) Program through Connect Inc. This program allows us to house those who are homeless and have an Opioid addiction. Out of the 10 that we have served since in FY 2020-2021, 8 have criminal backgrounds.

The G-PATH program meets with the Mental Health Administrator on a regular basis. The Housing Outreach Case worker works with the Mental Health staff, is a part of any necessary Multi-Disciplinary Team Meetings, works with the local BHU and is a part of our Local Housing Team meetings to ensure that we are available for referrals, since those involved would work with those with Serious Mental Illness and or a Co-occurring Disorders. The PATH Housing Outreach Caseworker also helps work the local Produce to the People Food Distributions, visit local soup kitchens at various churches, and works with various other Human Services agency in efforts to link this vulnerable population to other supportive services. The PATH Housing Outreach Caseworker will arrange an appointment for individuals that may not have insurance to one of three programs to insure that they can receive the physical and mental health care that they need. SOAR services are also available through the GCHS system. With these collective efforts through outreach and referral the G-PATH program tries to help homeless individuals with serious mental illness secure safe and stable housing, improve their health and live life to the fullest.

The G-PATH Program staff is on both the Disaster Crisis Outreach and Referral Team (DCORT)and the Volunteer Organization Active in Disaster (VOAD) team. We are housed

within the same department and stay in constant communication with the Mental Health Disaster Coordinator which is also out Mental Health Director and DCORT contact. We are current on trainings and we are on the Emergency Planning Team to assist those individuals that have been impacted by crisis or disaster by providing emotional and therapeutic activities to ease stress, foster a compassionate presence and to aid in community resilience.

The Housing Outreach Caseworker will refer eligible participants to the Forensic Reentry Specialist who is housed in the Drug and Alcohol/ Mental Health Program under Greene County Human Services. This person helps to coordinate treatment services for individuals involved with the justice system with drug or alcohol issues and/or mental/behavioral issues, develop Reentry plans, make referrals to treatment, monitor individuals progress in treatment and treatment reports to the court for monthly Reentry Court, assess individuals who are ordered by the court for D&A and make recommendations. This is also the same person who helps to coordinate an Integrated Reporting Center/IRC; This program serves individuals from both county and state parole who are in need of services upon release or as a sanction for individuals in jeopardy of violation because of their D&A or MH, until they can gain access to services. Approximately twenty percent of the PATH caseload has a criminal background.

The Housing Outreach Caseworker, Probation Officers, and Drug and Alcohol Case Managers, coordinate assessment currently in the County Jail. Coordinated Assessments are completed so the individuals will not have to make arrangements when they are released for the waitlist assessment.

GCHS-HP follows the Coordinated Entry Policy and Procedures. While we coordinate assessments being completed with individuals who have a criminal background to ensure the least amount of challenges to complete this, all scores are standardized as a part of the assessments and individuals being released normally are categorized as a category 2 according to the HUD's definition. We do work with all possible programs the individual can be eligible with to assist in the most permanent housing possible.

Veterans –

Greene County Human Services has PHARE dollars to provide rental assistance to Greene County Veterans who meet income eligibility requirements (less than 30%of AMI) and have exhausted all other veteran type services (SSVF, VA, etc) and other housing services in the housing continuum.
If veterans do not qualify for these programs, then on a case by case basis the Veteran and their families' circumstance will be reviewed and would be assisted through PHARE dollars.
These services could include:

- *Up to 6 months rental assistance based on need, with veterans paying 30% of their income*
- *First month's rent, utilities assistance and or household essentials*
- *Case management services*

All Veterans receiving PHARE Rental Assistance dollars will be wrapped with County funded supportive services that fit their individual needs, with the goal of becoming self-sufficient. Greene County Human Services will work closely ensure participants in the program are receiving all eligible veterans services/benefits including Supportive Services For Veterans and Family (SSVF). Multidisciplinary Team meetings will be held on a regular basis to ensure that

all services wrapped around the Veteran are being provided on a consistent and individual basis. Participants will be assisted in completing applications for subsidized housing if eligible. Other services that they receive may include:

- *PREP training*
- *Financial literacy*
- *Employment Assistance*
- *other services such as mental health, drug and alcohol*
- *Life skills training*
- *Family Counseling*
- *Parenting Classes*

Tobacco Policy –

The Greene County's Policy on tobacco and all nicotine policy can be found on the county's website at: https://www.co.greene.pa.us/resources/2798 page 52 of the County Policy and Procedures Handbook. Also in every county building and by each entrance hangs signs and flyers stating no nicotine use. No smoke or smokeless tobacco is permitted and this includes vaping in or up to 15 feet of, a county building or property.

Health Disparities Impact Statement –

During FY 2020-2021, as of March 25, 2020, GCHS-HP served 5 TAY individuals. We expect to serve approximately 10 individuals in 2021-2022, we fill this number was lower than normal only because of COVID, with schools being virtual, and staff working from home with most business, soup kitchen being closed, we had a drastic decline in referrals.

PATH funds will be utilized to pay for the full time Greene County PATH Housing Outreach Caseworker. 20% of PATH allocated funds will be focused on the TAY population, which will come to approximately $17,174.00. This number is based on the average of TAY served in FY 2019-2020. We will use this number since FY 2020-2021 was such a decrease due to the pandemic, which we fill is not a true depiction of the youth this program normally serves.

These funds will include Emergency Shelter, rental assistance, outreach and housing needs such as essential living requirements, food, beds, cleaning supplies, ID's and transportation.

Limited English Proficiency –

Greene County Human Services Program has policies and procedures in place on taking reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of the GCHS is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply

with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. This policy can be accessed on the Greene County website.

- *Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. GCHS utilizes Waynesburg College Language Department, 51 W College St, Waynesburg, PA 15370 · (800) 225-7393 for the hours of 9-5pm. GCMHP will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.*

Budget Narrative –

Greene County Human Services will employ a full time Housing Outreach Caseworker. As with any full-time employment, Greene County Human Services offers health insurance, life insurance, retirement, workers compensation, etc. to the Housing Outreach Caseworker.

Greene County Human Services will provide travel reimbursement to the Housing Outreach Caseworker through mileage reimbursement if she needs to utilize her own vehicle. It is the expectation. When available, that the Housing Outreach Caseworker will utilize the County's Mental Health vehicle Greene County has no in-county shelter so travel to Washington or Fayette County is necessary to assess individuals in a shelter.

Supply costs are for general supplies needed to do business…phone, postage, copies, etc.

Our state Allocation will be $10,601.00, our Federal Allocation utilized will be $31,802.00 and the Human Services Block Grant/County Match utilized will be $43,467 for a total budget of $85,870.00 to ensure that the PATH program can operate to its fullest.

With these PATH dollars we plan to serve:

- Project the number of adult clients to be contacted

The projected number of adult clients to be contacted using PATH funds will be 45.

- Identify expected number of adult clients to be enrolled

Approximately 35 adult clients will be enrolled (as in seen for outreach services) using PATH funds.

- Give estimated percentage of adult clients to be served using PATH funds who are literally homeless

Approximately 45% of the adult clients served with PATH funds are projected to be "literally" homeless. The other 55% will be diverted from homeless but at immediate risk. Greene County lost its SOAR trained case worker, but will train two others under the Human Services umbrella. One of these staff will be a Mental Health Case Worker and the other a Housing Navigator who is also trained to work with individuals that have an Opioid Use Disorder. While any PATH client that has no income or would choose to apply for SOAR would be able to, the PATH program is projecting 5 to be referred to the SOAR program.

Greene County Human Services BUDGET
Greene County
PATH Program
FY 2022-2023 Budget

PERSONNEL Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Case Manager-Outreach	$36,686	1.0	$36,686	$36,686
Case Manager Supervisor	$8,455	.14	$8,455	$8,455
sub-total	$45,141			$45,141
FRINGE BENEFITS Position				
Case Manager-Outreach	$39,011	1.0	$39,011	$39,011
Case Manager Supervisor	$ 1,143	.14	$ 1,143	$ 1,143
sub-total	$40,154		$40,154	$40,154
TRAVEL				
Local Travel for Outreach	$150		$150	$150
Travel to training and workshops	$150		$150	$150
sub-total	$300		$300	$300
SUPPLIES/EQUIPMENT				
Office supplies	$150		$150	$150
sub-total	$150		$150	$150
Other				
Staff training	$125		$125	$125
sub-total	$125		$125	$125
Total PATH Budget				**$85,870**

Greene County will utilize $31,802 Federal Path Allocation + $10,601 State Path Match + $43,467 Human Services Block grant funds to fund the PATH Program

Huntingdon/Mifflin/Juniata County - Service Access and Management, Inc.
100 East Market Street
Lewistown, PA 17044
Contact: Kate Xanthopoulos
Email Address:

Provider Type: Social service agency
PDX ID: PA-076
State Provider ID: PA-076
Contact Phone #: 7172420351

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 31,859.00**	**$ 10,620.00**	**$ 42,479.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 31,859.00	$ 10,620.00	$ 42,479.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 31,859.00	$ 10,620.00	$ 42,479.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 31,859.00	$ 10,620.00	$ 42,479.00	

Source(s) of Match Dollars for State Funds:

SAM Inc. for Huntington, Mifflin, and Juniata Counties will receive a total of $42,479 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 35

Estimated Number of Persons to be Enrolled: 20

Estimated Number of Persons to be Contacted who are Literally Homeless: 34

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Huntingdon Mifflin Juniata

2022-23 PATH IUP

Local Provider Description

- Service Access and Management Inc. (SAM Inc.) PA-076
  100 East Market Street
  Lewistown, PA 17044

- SAM Inc. Base Service Unit is a locally based non-profit organization that provides emergency delegate services, case management services, housing specialist services and intake/assessment services in Huntingdon, Mifflin and Juniata Counties. The services provided through the Base Service Unit are primarily utilized by individuals who are in need of access to local outpatient mental health supports and services.

- Services for this PATH program are provided for residents of Huntingdon, Mifflin and Juniata Counties.

- Service Access and Management Inc. will be allocated $42,479 in total PATH funds.
  $31, 859 Federal Funds
  $10,620 State Funds

Collaboration with HUD Continuum of Care (CoC) Program –

The Tri-County is part of the Eastern Continuum of Care. Mifflin and Juniata Counties are part of the Central Valley RHAB, and Huntingdon is part of the South Central RHAB. Counties are in the process of joining the Coordinated Entry process by engaging in training and establishing an access site, which is Mifflin-Juniata Human Services, as well as 211. PATH is a partner program and has access to Coordinated Entry Data in HMIS to receive appropriate referrals. The goal of all stakeholders that serve PATH eligible individuals is for rapid re-housing following a period of homelessness with the appropriate supports in place. Through the PATH program, there is a continuum of care or as we call it intensive case management, where an individual is followed while living at the shelter and

there is continuation through their transition into public housing, Section 8, Master Leasing, or private rental. We consider this an extra layer of support while other agency representatives are also seeing the individual.

COC Eastern PA Continuum of Care
DMA 215-576-1150

Collaboration with Community Organizations

Service Access and Management Inc. Base Service Unit is an active participant on the Human Services Council in each of our three counties, Criminal Justice Advisory Boards in each of our three counties and holds Letters of Agreement with 44 Tri County Human Service providers.

The Base Service Unit Housing Specialist is a member of the local Housing Coalition in Mifflin County and the Community Action Center workgroup in Huntingdon County. The BSU is also a stakeholder in the Local Lead Agency (LLA) referral process that provide access to any potential HUD Section 811 programs that may be developed. The BSU will work with Mifflin/Juniata Human Services Department (LLA) for Mifflin and Juniata Counties and with the Center for Community Action (LLA) in Huntingdon County.

We provide outreach through presentations of housing related services and resources to local provider agencies and work to establish collaborative relationships with local property owners.

The Tri-County is home to a number of organizations that provide a wide range of services to PATH eligible clients. The Mifflin/Juniata United Way provides self-sufficiency case management and can be accessed for issues such as budgeting and income maintenance. There are also three Blended Case Management (BCM) providers in the Tri-County that can serve the target population by assisting with linkages to primary health care, mental health services, substance abuse services, and housing and employment services. BCM is a flexible program in which the individual can receive very intensive or less intensive contact with case

management depending on need. JVBDS has contractual relationships with each of these providers and meets quarterly with the BCM supervisors to discuss coordination issues, crisis response and other program issues.

SAM, Inc. Collaborates with the Tri County Drug & Alcohol Commission and maintains Letters of Agreement with Clear Concepts Counseling and Mainstream Counseling for substance abuse evaluation and outpatient services in Huntingdon, Mifflin, and Juniata counties.

The Service Access and Management PATH Housing Coordinator will coordinate outreach with all Blended Case Management providers, Supported Living Program staff, certified peer specialist providers, mobile crisis staff and Drug and Alcohol Case Management staff through invitations to meetings and the provision of mobile services to individuals served in the PATH Program.

Service Provision

PATH eligible clients have access to a wide range of mental health services that can be accessed as needed, all of which have contractual relationships with Juniata Valley Behavioral and Developmental Services.

- **Cenclear:** Psychotherapy, Psychiatric Services, Blended Case Management, and telephone and mobile crisis.
- **Enlighten:** Psychotherapy and Psychiatric Services
- **Brighter Visions Counseling:** Psychotherapy
- **Community Services Group (CSG):** Site-based and mobile Psychiatric Rehabilitation, Certified Peer Specialist Services, Supported Living Program, Wellness Center, Nurse Navigator and Clubhouse.
- **PeerStar:** Certified Peer Specialist Services.
- **Keystone Human Services:** Community Residential Rehabilitation, Mobile Psychiatric Rehabilitation and Certified Peer Specialist Services.
- **SKILLS (Mifflin County), Juniata Friendship Club (Juniata County) and Huntingdon County Drop-In Center (Huntingdon County):** Social rehabilitation drop-In centers available to individuals in all three counties.

- **Advocacy Alliance:** Consumer/Family Satisfaction Team can provide employment opportunities for PATH eligible individuals.
- **Service Access and Management:** Base Service Unit, Administrative Case Management, Blended Case Management, and Certified Peer Specialist (forensic-focused).
- **Merakey:** Blended Case Management.
- **Keystone Human Services, CSG and Advocacy Alliance/Peer Star:** Certified Peer Specialist.
- **Primary Health Network:** Federally Qualified Health Care Center.
- **Clear Concepts Counseling:** Substance Abuse assessment and outpatient services in Mifflin and Juniata Counties.
- **Mainstream Counseling:** Substance Abuse assessment and outpatient services in Huntingdon County.

PATH eligibility is determined when the PATH Case Manager receives a referral from an outside agency. The PATH Case Manager follows up for more information regarding their current housing situation and requires proof of a mental health PATH diagnosis from a Psychiatrist, Psychologist, or other licensed medical professional. Individuals who meet the criteria for enrollment go through the enrollment process with the PATH Case Manager. Enrolled individuals have paper chart, kept by the PATH Case Manager, and are also enrolled in HMIS for tracking and reporting.

- While Service Access and Management is not a substance abuse treatment provider, there are letters of agreement in place with two local Drug and Alcohol providers who do follow the 42 CFR part 2 Federal Regulations. These providers would be used to refer PATH enrolled participants in need of substance abuse evaluation and/or treatment.

- We have 3 local Certified Peer Specialist Providers that serve Huntingdon, Mifflin and Juniata Counties. PATH clients may be referred to any of the providers to access this service. SAM Inc. currently employees a part time transitional employee through our local Clubhouse program who is working at our 7 bed transitional housing unit 2 days per week. While this staff is not certified it does provide our PATH enrolled individuals at the program with an opportunity to develop informal supports with peers in our local service system.

Data

Service Access and Management Inc. enters all PATH data into the PA HMIS system and has done so since July 2016. SAM Inc. uses Client Track to enter all PATH data. Our agency does have HMIS training available for new staff and it incorporates the use of training materials and hands on training and support provided through our SAM Inc. Schuylkill PATH program staff and supervisors.

Housing

In 2009, a Master Leasing Program was implemented to provide housing to individuals with serious mental illness and other co-occurring issues that would preclude them from accessing other subsidized housing options. The target population for master leasing is individuals who have past and present credit issues, criminal histories, poor rental histories, and substance abuse issues. Advocacy Alliance and the BSU develop each master leasing unit on an as-needed basis through well-established relationships with local property owners. The units are inspected prior to development to ensure cleanliness, safety and affordability. Advocacy Alliance then signs a lease with the property owner giving the mental health system the ability to house an individual who might not otherwise pass the scrutiny of a private rental background check. In return, the property owner is guaranteed rent whether the unit is occupied or not. Service Access and Management Inc. Base Service Unit also guarantees the landlord that their property will be kept in good condition and that any damages cause by the client will be satisfactorily fixed. In addition, participants in Master Leasing are required to participate in team meetings and services recommended by the planning team of which they are a part. This model has insured the highest rate of success because participants are receiving assistance with problems that have previously contributed to their chronic homelessness. The Master Leasing Program will be the main strategy used to house PATH eligible clients as it builds skills, confidence and stability in an individual thereby giving them the best opportunity to remain in permanent housing.

A new housing program was initiated in July 2018. This new housing program includes a 7-bedroom house located in Mifflin County. The house has common areas, shared bathrooms, and a shared kitchen. The program targets individuals with a serious mental illness and other co-occuring issues that may prohibit them from accessing other affordable housing. Advocacy Alliance will sign the lease for

this housing project, similar to the way they handle the Master Leasing Program. All clients being considered for the program will be PATH-enrolled, as the program also targets homeless or at-risk individuals.

Other housing options are available and can be accessed according to need and eligibility. Keystone Human Services provides Community Residential Rehabilitation Services (CRRS) in the Tri-County area. It is a 24/7 staffed group home model that provides support and skill building for individuals with SMI who are not yet ready to live independently. Placements into CRRS are temporary and transitional until stability is attained. The ultimate goal is for the individual to obtain and maintain safe, permanent and affordable housing.

Staff Information –

The Service Access and Management Housing/PATH Coordinator is based out of the Mifflin County office location and travels to the Huntingdon and Juniata Counties office locations as needed. SAM Inc. has recently created a focus group and hired an external vendor to examine the agencies diversity and inclusion practices and training. The staff have experience working with and interacting with culturally diverse populations through their post- secondary education. The staff receive annual cultural diversity training as part of their annual training plan.

> We do not currently employee any Certified Peer Specialists through our agency, but we can refer individuals to a Certified Peer Specialist through one of our 3 local provider agencies if the service is needed and desired by a PATH served individual. SAM Inc. staff follow a set of established We Believe statements that guide our staff in their daily work and one of our We Believe statements is “We Believe diversity enhances our world”.

Client Information

As reported in 2020 Census Data, the population in Mifflin County identified as 94.6% Caucasian, 2.1% Hispanic, and 0.1% African American. The population of Juniata County identifies as 93.9% Caucasian, 3.9% Hispanic, and 0.6% African American. The population of Huntingdon County identifies as 89.9% Caucasian, 1.9% Hispanic, and 5.2% African American. It is likey that the demographics of PATH eligible clients will be commensurate with these percentages.

- The projected number of adult clients to be contacted is 35
- The expected number of adult clients to be enrolled is 20
- Estimated percentage of adult clients to be served using PATH funds who are literally homeless is 98%

Consumer Involvement

The Tri-County PATH Program will promote consumer, family and any consumer identified informal supports in all aspects of service planning.

The consumer, family and any identified informal supports will be included in team meetings and appointments as desired.

All services will be delivered in a consumer directed, holistic manner that promotes individual recovery.

Individuals will be encouraged to develop Wellness Recovery Action Plans (WRAP) and Advanced Directives that promote personal choices and preferences related to services and treatment.

Service Access and Management Inc. has developed a PATH program survey to be completed with all participants on an annual basis or upon exiting the program. The survey results will be shared with the Juniata Valley Behavioral and Developmental Services.

One previously PATH eligible individual is employed at our Transitional Housing Unit 2 days per week.
Many of the individuals who are PATH eligible and residing at our local Shelter Service volunteer working in the on site thrift store and to do cooking and cleaning at the program.
No PATH eligible individuals are current serving on a governing board
No PATH eligible individuals are currently serving on our local Citizens Advisory Board, but the board does include a family member of a PATH eligible individual who has been on site to see the program. The advisory board also receives updates regarding the provision of PATH services and our local Consumer Satisfaction team completes satisfaction survey with many of our PATH enrolled individuals.

Alignment with State Comprehensive Mental Health Services Plan

Service Access and Management Inc. has developed a detailed agency Emergency Response Plan and Utilizes a local Crisis Response Team to complete emergency disaster drills.

Mifflin County Office of Public Safety, local Red Cross and local Salvation Army are all local emergency service agencies that would be utilized in the event of a local emergency or natural disaster. Each PATH individual will have a crisis plan developed by the PATH Housing Specialist in their Individual Service Plan. All individuals opened with Service Access and Management Inc. for PATH services receive a handout at intake that provides all local emergency numbers.

The Huntingdon, Mifflin and Juniata County area is focused on three areas for improvement, outreach and access to services. Individuals with mental health and/or substance abuse disorders may also have involvement with the criminal justice system while the entire area struggles with the challenges of serving the homeless population in rural areas.

- **Former Inmates:** SAM, Inc. currently accesses both county jails located in the Tri-County area. Forensic Administrative Case Management provides case management services in the correctional facilities, as well as release planning that includes housing and supportive services. For individuals housed in the Mifflin County Correctional Facility, there may be access to master leasing, psychiatric and therapy services prior to and after release through a grant funded by PCCD.

- **Individuals with MH/SA:** JVBDS through its contract with SAM, Inc. focuses on individuals with mental illness who are involved in the criminal justice system. Often, there is a prevalence of a co-occurring disorder such as substance abuse. For these individuals, PATH services can include access to certified drug and alcohol counseling services in addition to mental health supports. Release planning can also include referrals to programs such as master leasing, supported living, case management, psychiatric rehabilitation, drop-in centers, clubhouse (vocationally based psychiatric rehabilitation), certified peer specialist, and outpatient psychiatric services.

- **Rural Homelessness:** The Tri-County Area experiences a different kind of homelessness than urban areas where ‘street homelessness’ is often very visible. While not unheard of, it is unusual to see a prevalence of individuals

residing on the street or under bridges. Aside from individuals who use Shelter Services as a resource, most individuals experiencing homelessness in rural areas reside with extended family or friends in a 'couch surfing' scenario. HMJ will use case management systems and incorporate drop-in centers into outreach efforts to identify these individuals and attempt to engage them in services.

Other Designated Funds

Currently, there are no other designated funds from the Mental Health Block Grant, Substance Abuse Block Grant or base funds specifically dedicated to the PATH target population.

Programmatic and Financial Oversight

JVBDS receives PATH funding from OMHSAS in the amount of $42,479. Service Access and Management is subcontracted for the full amount in order to fulfill the functions of the local PATH program. JVBDS works with SAM, Inc. prior to each Intended Use Plan submission in order to develop a budget that will support the position of the PATH coordinator, establish amounts meant for assisting consumers in transition from homelessness, and establish what funds will be used to support training. SAM, Inc. invoices JVBDS electronically each month for all PATH expenditures which are reviewed and monitored by the JVBDS fiscal department.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Local human service providers from multiple agencies were trained in SAMHSA's SSI/SSDI Outreach Access and Recovery (SOAR) initiative. Case management units, drug and alcohol providers and homeless assistance providers were trained

on April 8th and 9th, 2013. For several reasons, SOAR has not gained traction in the Tri-County Area. Staff turnover and lack of coordination from local CAOs has not been conducive to maintaining a consistent and effective program. It should also be noted that many individuals were already in the appeals process for obtaining benefits. Initiating a SOAR application would re-start their application process and many were not willing to do that. HMJ may re-visit SOAR in the future, but at this time it is not an active process.

Coordinated Entry

A Coordinated Entry program is being established for Mifflin and Juniata Counties. Mifflin-Juniata Human Services, as well as 211, will be the access site for individuals seeking assistance in obtaining housing or getting linked to other available services. While the Coordinated Entry program is still in the beginning stages, the goal is to have most, if not all, of the service providers in Mifflin and Juniata counties involved in Coordinated Entry in order to better assist these individuals. The PATH Case Manager is engaging in training and working on gaining access to the Coordinated Entry data available in HMIS in order to participate in Coordinated Entry and be available for appropriate referrals.

Justice Involved –

Mifflin County has conducted two Crisis Intervention Team trainings that have trained approximately 20 local police officers. The first was held January 26-30, 2015 and the second was held May 16-20, 2016. Additional CIT trainings will be held as funding permits.

Service Access and Management Inc. is currently providing specialized forensic case management services for local and state correctional facilities for the Tri County Area. Individuals with criminal justice involvement have been served in regular Master Leasing units and the Base Service Unit works in close coordination with probation departments and parole departments to monitor and support these individuals in maintaining community tenure.

Service Access and Management Inc. currently serves the Mifflin County Correctional facility with 2 staff. One staff is a forensic Base Service Unit staff who is responsible for coordinating outpatient services and linking individuals with our Housing Specialist/PATH Coordinator if housing is an identified need for release to the community. The other staff is a mental health counselor employed full time working in the facility and she can also link individuals with our Housing

Specialist/PATH Coordinator if there is an identified need.

Veterans

Service Access and Management, Inc. will work closely with all active duty military service members, returning veterans, and military families to ensure they have access to all possible services available to them. This would include the local Department of Veteran's Affairs, which works closely with service members to locate and access services, housing, etc. SAM Inc. also employs a Veteran's Housing Coordinator who provides services in 2 counties and a Veteran's Support Staff who provides services to Veteran's in 3 counties. These staff can be consulted and assist the Base Service Unit staff with obtaining Veteran specific resources and information to share with the Veteran's involved in our local mental health services.

Tobacco Policy

Smoking and use of tobacco is prohibited in all facilities owned and operated by Service Access and Management, Inc. Smoking is only permitted in designated areas, unless these areas are designated as smoke-free. These designated smoking areas are clearly marked outside of all SAM owned property.

Health Disparities Impact Statement –

- The unduplicated number of YYA individuals who are expected to be served using PATH funds Estimate 10-12
- All services and supports in the Adult Continuum of mental health services are available to this demographic.

The transition aged youth population has not been a focus of the Huntingdon, Mifflin, Juniata PATH program to date. While all adult providers serve individuals who are 18 years and older, there is no specific programming aimed at a transition aged population. Over the next fiscal year, data collection will take place within the context of the PATH program identifying participants who are 18-26 years of age and what specific needs they present. This age range of individuals can have a variety of backgrounds including residential treatment facility, involvement with Children/Family Services and even forensic involvement. In many cases, this population is in need of skill development to achieve success in independent living situations. PATH will develop a system that

identifies individuals in the program who are of target age and in need of independent living skills. If data supports the development of special programming to meet the needs of transition aged youth, the PATH program will accommodate that need with programming that enhances activities of daily living as well as vocational rehabilitation and training. During the 2019/2020 fiscal year, there were 3 individuals served who were within the target age range. All have since been closed from the program.

Limited English Proficiency –

Service Access and Management, Inc. uses the services of Interpretalk which is a phone-based interpreter service that can be used for any language. In addition, all promotional materials and documents used for the program are available in Spanish and we currently employ a Spanish speaking case manager within our Base Service Unit.

Budget Narrative

SERVICE ACCESS AND MANAGEMENT, INC.

PATH 2022-2023 Budget Narrative

Funding Breakdown

Service Access and Management, Inc. will be allocated $42,479 in total PATH funds. $31,859 of these funds will be federal while $10,620 will be state match. There are no other funding streams attributed to the PATH program.

Personnel:

PATH Case Manager:

- Meet as needed (minimum bi-weekly) with individual participants in program to develop and monitor goals
- Link to needed services and monitor participation and progress; collect data
- Assist participants in finding appropriate affordable housing
- Attend housing meetings and appeals with participants
- Help participants who are transitioning with basic purchases to establish residency
- Assist with other activities including job search, job application assistance, CAO/HA application assistance, hygiene lessons, and budgeting
- Maintain tracking records for evaluation of program

Fringe Benefits (%):

Fringe benefits including dental/vision insurance, worker's compensation, life insurance and FICA taxes total $6,894.

Travel:

The PATH Case Manager will be responsible for assisting participants with activities vital to their housing transition which may include travel to different locations. Travel will be directly related to the goals of the individual and their housing transition. Examples may include trips to the grocery store, Social

Security Office, Career Link, or County Assistance Office (CAO). When possible and appropriate, case management will assist people in accessing community transportation resources such as MATP for medically necessary appointments. The Case Manager will also attend meetings at provider agencies and trainings as necessary.

Supplies:

- **Equipment:** Cellular phone service and mobile data services.
- **Supplies:** The majority of supplies necessary for the function of the PATH Case Manager will be provided in-kind by Service Access and Management, Inc.

Other:

- **Security Deposit Assistance:** When necessary, these funds will be used to pay for a security deposit related to a participant's initial transition from homelessness.
  Rental Assistance: When necessary, these funds will be used to subsidize a rental unit when an individual is in danger of losing housing.

Purchase of Service Agreements

- **Drug and Alcohol Assessment and Treatment.** SAM Inc. has letters of agreement in place with two local drug and alcohol treatment providers: Mainstream Counseling and Clear Concepts Counseling. These providers are accessed to provide evaluation and treatment to PATH enrolled individuals who need this level of care and have no insurance or other means to pay for the service.
- **Administrative Processing.** Used across multiple programs for the purposes of processing payments to vendors and entities in support of individuals accessing and maintaining housing.

Provider BUDGET

Huntingdon/Mifflin/Juniata County PATH Program
FY 2022-2023 Budget

PERSONNEL Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Housing Case Manager	$31,238	.60	$18,636	$18,636
Outreach Liaison (Certified Peer Specialist)				
Outreach Liaison #2				
Resource Specialist				
sub-total				$18,636
FRINGE BENEFITS Position				
Housing Case Manager				$6,894
Outreach Liaison (Certified Peer Specialist)				
Outreach Liaison #2				
Resource Specialist				
sub-total				$6,894
TRAVEL				
Local Travel for Outreach				$750
Travel to training and workshops				$750
sub-total				$1,500
SUPPLIES/EQUIPMENT				
Consumer-related items				
Office supplies				
Cell Phone				$289
sub-total				$289
Other				
POS: Drug and Alcohol Assessment/Treatment				$2,000
One-time rental assistance				$5,000
Security deposits				$5,000
Client transportation				$250
Administrative Processing				$2,910
Sub-total				$15,160
Total PATH Budget				**$42,479**

Lancaster County - Community Services Group
790 New Holland Ave
Lancaster, PA 17602
Contact: Kristin Labeziusk
Email Address:

Provider Type: Community mental health center
PDX ID: PA-065
State Provider ID: 4265
Contact Phone #: 7172935104

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 35,821.00**	**$ 11,940.00**	**$ 47,761.00**	

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

Office: Other (Describe in Comments)	$ 35,821.00	$ 11,940.00	$ 47,761.00	Community Services Group is one of two PATH providers in Lancaster County. Detailed budget narrative and budget table are found in the Community Services Group IUP.
j. Total Direct Charges (Sum of a-i)	$ 35,821.00	$ 11,940.00	$ 47,761.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 35,821.00	$ 11,940.00	$ 47,761.00	

Source(s) of Match Dollars for State Funds:

Community Services Group will receive a total of $47,761 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 200

Estimated Number of Persons to be Enrolled: 50

Estimated Number of Persons to be Contacted who are Literally Homeless: 200

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 1

PATH Intended Use Plan FY 2022-23
Lancaster County BH/DS

Community Services Group
PATH Homeless Outreach Case Management
2022/2023 PATH IUP

Local Provider Description –

The PATH Program is coordinated through the Lancaster County Behavioral Health and Developmental Services (LCBHDS), which is the local governmental agency that administers and oversees public mental health services. In 2018, LCBHDS eliminated ourselves as a PATH provider and have allocated all the PATH funds to two subcontracted housing/mental health provider agencies.

Community Services Group – is a statewide provider of mental health, intellectual disabilities and children's behavioral health services. Community Services Group receives $49,555 per year. The allocation is as following: $35,821 in PATH Federal funds, $11,940 in state PATH funds and $1,794 in other funds for the PATH Homeless Outreach Case Management (PATH HOCM) services. The CSG PATH Outreach will be focused on Lancaster County and City outreach to those facing homelessness.

Community Services Group
320 Highland Drive
Po Box 597
Mountville, PA 17554
717-299-4636

PDX Name – PA-065 Lancaster: Community Services Group

Collaboration with HUD Continuum of Care (CoC) Program –

Community Services is a part of Lanco MyHome (Formerly Lancaster County Coalition to End Homelessness/LCCEH) (HUD Continuum of Care lead agency; CoC HUD PA-510) with their work as the PATH HOCM. Community Services Group's President is a board member of Lanco MyHome's board of directors.

They are a member of Homeless Provider Network and Homeless Support Network and provide a large array of mental health services to include Intensive Case Management, Psychiatric, social and vocational rehabilitation, clubhouse, partial hospitalization, residential, supportive housing, outpatient services, coordinated entry and assessment.

Collaboration with Community Organizations –

Partnerships include:

- Lanco MyHome (oversight by LCHRA) – Coordination of the homeless system
- Tenfold – Supportive housing, budget and credit counseling
- Lancaster County Housing and Redevelopment Authority (LCHRA) – Housing subsidy, oversight of CoC

- Recovery Insights – Peer support services
- Blueprints for Addiction Recovery – Dual certified peer support services
- Mental Health America of Lancaster County (MHALC) – Mental health education, counseling and medication assistance, Compeer program / peer advocates, Suicide Prevention Coalition
- Mid Penn Legal Services – Legal services to obtain entitlement and benefit income
- Office of Vocational Services – vocational services and funding
- Keystone Service Systems – Mental health rehabilitation, residential programs
- The Lodge Life Services– Homeless outreach, HUD permanent housing, long term housing support
- Water Street Rescue Mission – Homeless shelter, drug and alcohol services, medical and dental services, furniture, clothing and food banks
- Salvation Army - Furniture and clothing bank
- Goodwill – Vocational services, furniture and clothing
- Off The Streets – housing contingency funds, furniture
- Behavioral Healthcare Corp – Mental health treatment and social rehabilitation services
- Southeast Clinic – Medical services
- Ephrata Area Rehabilitation – Vocational services
- Lancaster City Housing Authority – Housing subsidy
- Arch Street Center – Mental health drop-in center
- Philhaven Hospital – Mental health treatment services, mental health diversion program
- Lebanon Veterans Administration – Federal veteran services
- Lancaster County Veteran Affairs Office – Local government veteran assistance office
- Community Basics – Housing development
- Housing Development Corp – Housing development
- Lancaster County Drug and Alcohol Commission – Drug and alcohol services
- Compass Mark – Drug and alcohol services
- Lancaster County Probation and Parole
- Lancaster County Prison – Local jail
- Lancaster Housing Opportunity Partnership – Housing clearinghouse, fair housing
- Lancaster County Food Hub – clothing and food boxes
- The Welcome Place (run by Lancaster County Food Hub) – Low barrier homeless shelter, Emergency winter shelter, Day center
- ECHOS (Elizabethtown Community Housing & Outreach Services) – Homeless shelter, HUD Permanent Housing
- Community Action Partnership (CAP) – HMIS Lead, Rent and Utility Assistance, DV Services, Early Learning Resources, Re-entry Coalition, Senior Centers, Navigation
- Various Landlords in the community
- Various housing development companies

LCBHDS organizes several stakeholder meetings and other opportunities for networking with outreach teams , as well as, community and natural resources. LCBHDS's Housing Specialist maintains an email listserv that allows communication across the entire mental health system, including all PATH providers, and different governmental and community resources to those who are being served. LCBHDS Housing Specialist attends bi-weekly meetings run by Lanco MyHome with Lancaster County's homeless outreach staff and related providers. The

PATH HOCM meets with the local homeless emergency shelter providers every week to discuss current cases and how they can work together. Lancaster County Crisis Intervention team employs a crisis worker devoted to homeless outreach, who also collaborates across community homeless providers and outreach teams. Lancaster County named Lancaster Housing Opportunity Partnership (LHOP) as the Local Lead Agency for housing under Department of Human Services housing initiatives to coordinate affordable housing for those with disabilities and accessing the PA's HUD 811 Demonstration Grant and 811 Mainstream Grant. LHOP combined with Tabor Community Services in 2021 and are now collectively known as Tenfold.

Service Provision –

The PATH HOCM funds a 0.8 FTE outreach case manager and 0.1 case management supervisor who also works in the field. These positions will outreach to people experiencing homelessness that may have a serious mental illness and assist them to access the mental health system. If the people meet the criteria of PATH, the PATH HOCM will enroll them in the program. This access includes supporting the person in obtaining mental health case management, applying for benefits including income, medical and other social service benefits, linking the person to employment resources and building relationships with people to increase their participation in social services that could benefit them. This also includes assisting people who have both SMI and substance abuse disorder to find available community treatment options.

The service include: Outreach Case Management

PATH HOCM can leverage funds and services from several non-profit and faith-based organizations which include, food banks, clothing banks, rental assistance, furniture banks, medical services and dental services. PATH HOCM will encourage and assist people with mental illness to be referred to LCBHDS to be able to access the wide array of services and resources that the county agency has to offer.

A gap identified by LCBHDS is that people experiencing homelessness lack street outreach that would engage them in moving toward recovery. People who are homeless are not thinking about treatment of their mental illness, they are trying to survive by any means necessary. This can include behaviors that would increase the negative symptoms of mental illness which could include self-medication with drugs and/or alcohol, developing poor relationships, remaining on the fringe of society where services are not available and committing minor crimes. The PATH HOCM is well versed in available mental health resources in our community but has limited time and resources available to reach all people in need of services in Lancaster County.

The last gap recently identified by Lancaster County are those who are homeless or at risk of homelessness that are transitional age. Lancaster identifies this group as aged between 18-24. In 2021, this age group represented 8.0% (2020 PIT 12.9%, 2019 PIT 10.9%) of those who were in emergency shelter and 6.5% (2020 PIT 7.3%, 2019 PIT 4.8%) of those were in a homeless transitional housing program. This group (persons age 18-24) represents 7.1.% (2020 PIT 9.5%, 2019 PIT 8.8%) of the total HUD defined homeless population in Lancaster County. (*Due to COVID-19 2021 PIT data was not collected for unsheltered individuals) With LCBHDS's targeting of this population, we

believe these specialized services and supports are having an impact on the transitional age homeless population which have very low numbers as compared to other subpopulations. LCBHDS has worked with the transitional age populations with mental illness through specialized programs to include targeted case management, residential rehabilitation and support groups.

People who are opened with LCBHDS mental health services through the PATH HOCM will have access to the mental health services contracted with LCBHDS which includes supportive housing, vocational rehabilitation, treatment services, social rehabilitation, Drop-in Centers, advocacy and self-help programs. In addition, the mental health case managers have experience in linking people who have substance abuse disorders to those services that are available to them. With the initiation of the HSBG program, Lancaster County now has some flexibility in moving funds to services that are needed by the residents of the county. Medicaid expansion has supported more people getting into drug and alcohol services. Lancaster has also seen an increase in PATH participants eligible for Medicaid through the Medicaid expansion. Getting more people with disabilities enrolled in Medicaid has allowed a decreased need for HSBG funds for treatment services and those funds can be shifted to mental health and substance abuse services and other resources to support the person's recovery.

As of March 2022, Lancaster County also has instituted a warm line with dually diagnosed Certified Peer Specialists who have history of SMI and substance abuse. We project that this will be a valuable resource to those in need of services as they will have direct access to speak with people who have lived experience. This service will be available to anyone in the community who is in need, regardless of if they are open with LCBHDS or receive case management services.

PATH HOCM determines eligibility based on a face-to-face outreach assessment via in person meetings. Due to COVID-19, HCOM has also been able to offer one on one virtual meetings with those who have access to internet and virtual services. Once the person is determined eligible and is in need of and willing to accept PATH HOCM services, then the person is enrolled in the program. Eligibility of enrolled clients is documented in HMIS, in both the PATH data points and a case note.

CSG is not drug and alcohol service provider and is not required to follow the 42 CFR Part 2 regulations.

Lancaster County has three providers of Certified Peer Specialists: Recovery InSight, Blueprints for Addiction Recovery, and Mental Health America of Lancaster County. No PATH funds are currently being used for peer specialist services, as all who have Medicaid are eligible for the service through Medicaid funding. LCBHDS contracts with Recovery InSight to provide funding for the few people who are not Medicaid eligible. All PATH participants can be referred for a Certified Peer Specialist, as long as they have Medicaid, not dependent on them being open with LCBHDS. Without Medicaid, only LCBHDS clients may receive the contracted service though county HSBG funding.

MHALC provides peer services that include: Compeer Friendship Program (matching adults with one to one supportive friendships with people of the same gender wo are in recovery from a mental illness), Veterans Compeer (extension of Compeer Friendship program that creates a supportive network for veterans who could benefit from a veteran peer mentor), Peer Education (Meets with individuals who need assistance in navigating the system, listens, and guides while sharing their own personal recovery stories)

As of March 2022, Lancaster County now hosts a peer run warmline which all individuals receiving PATH funding would have access to when needed. Lancaster County Crisis Services also began contracting with certified peer specialists, through a grant from OMHSAS to expand crisis services, including 988 and utilizing dually certified peer specialists to assist on calls and outreach when necessary.

Data –

LCBHDS is integrally involved with HMIS having both PATH and HUD grants. The County of Lancaster is providing funding to the Lead Agency through HSBG funding and will continue in a lead role with Lanco MyHome. Lancaster migrated to a new HMIS product, Case Worthy, July 1, 2015. As of July 1, 2016, Lancaster PATH providers were fully utilizing HMIS for the PATH programs as developed by the software vendor. Since 2017, CAP Lancaster is now the HMIS administrative entity for Lancaster County. Sheldon Kepiro from CAP is the HMIS Lead and responsible for the HMIS used in Lancaster County. All PATH staff have been trained in using the HMIS being utilized by Lancaster County. LCBHDS is recommending that CAP should provide on-going training for current staff and training provided to new staff and providers as they enter the system. LCBHDS will work with the HMIS Lead Agency to encourage them to develop policies and procedures for training the staff and to include developing a training manual and online training. Housing Specialist has been working with local HMIS Lead to create solutions to ongoing problems with reporting. Each contract with the PATH providers requires the entry of data in HMIS as part of the service provision. LCBHDS will continue to work with Lanco MyHome and Case Worthy in improving currently utilized HMIS to accommodate the required PATH data points.

Housing –

PATH HOCM program will not be providing or subsidizing housing for people. They will partner with housing programs that will utilize their expertise of the housing to find and link the person to safe affordable housing in the community in which the person would hold the lease in their name and/or link the person to subsidized housing opportunities based on eligibility of the person. All non LCBHDS housing resources are managed through the homeless system's coordinated entry program.

Staff Information –

Community Services Group PATH HOCM has a 0.8 FTE outreach case manager and a 0.1 FTE case management supervisor who also provides PATH HOCM services in the field a few hours per week. Both are female, Caucasian and under 50. LCBHDS requires in their contract that CSG addresses how to provide services that include cultural competency issues which include age, gender, disability, race, ethnicity, national origin, religious beliefs and other status protected by law. None of the staff are Certified Peer Specialist or Recovery Specialist.

PA is approved to bill Peer Specialist services under medical assistance, which allow PATH funds to be used for services not funded by third party options.

Client Information –

The PATH homeless Outreach Case Manager will serve any person who is experiencing homelessness and has mental health issues. They will connect people to the appropriate services that would include for adults, culturally or other specialized services for people.

The projected number of contacted clients that will receive PATH HOCM services for FY 2022-2023 is 200 people. The PATH HOCM will enroll an estimated 30-50 clients. Estimated percent of the clients to be literally homeless is 100%. Due to COVID-19, PATH HOCM has seen a reduction in those who are following through with PATH outreach services. PATH HOCM also reports spending more time with each enrolled person as finding suitable housing and being linked to community mental health and recovery resources is much harder, with fewer providers accepting new clients. We saw a steep reduction in the number of persons contacted in FY 2020-2021 but expect that those number will increase again for the 21-22 and 22-23 fiscal years as more people are in need of housing, losing COVID funding, and becoming evicted due to the end of moratoriums. In FY 2020-2021, 6% of persons enrolled in PATH CTI were between ages 18 – 24, which is in line with community percentages of people experiencing homelessness. 72% identified as White and 15% identified as Black and/or African American, 4% as Multi-Racial, and 8% declined to answer. We expect to see a similar breakdown of demographics in the coming year.

Consumer Involvement –

Community Services Group has supported the local NAMI affiliate and the NAMI Director is on their Board of Directors. They send employees to several of the consumer driven groups including Community Support Program and the Lancaster County Stakeholder meeting. Community Services Group provides an annual satisfaction survey to people receiving their services and their community partners to get feedback about the programs they provide.
It is unclear if the 2 staff working for PATH programs have a history of homelessness or mental illness as these questions are not able to be asked in hiring practices.

Alignment with State Comprehensive Mental Health Services Plan –

Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS)identified in their PATH state plan in targeting adults who are in the category of transitional age, aged 18-30, and literally homeless as a priority group. Lancaster has dedicated several resources specific to PATH funding and specific to all adults in this category. CSG'S HOCM works with several people who are PATH eligible and in the transitional age population. LCBHDS has also identified CSG's PATH HOCM in their Olmstead Plan as a resource to reduce a person with mental illness's likelihood of needing long term institutional care, becoming incarcerated and supporting them from homeless emergency shelters. LCBHDS has utilized several long-term subsidized units through the HUD PSHP. LCBHDS has also dedicated first month's rent, security deposits and bridge subsidies to this group who are literally homeless and have an income to sustain their own housing. Lancaster submits PATH HOCM in the Human Services Block Grant plan submitted to the state every year outlining the service and programs planned for the next fiscal year including some outcomes. This is how the state provides updates on their initiatives and whether the counties are following their direction.

Other Designated Funds –

CSG PATH HOCM can access any of the resources/services through LCBDHS if the person meets criteria for mental health services and is willing to receive services. While none of these funds are dedicated to PATH services specifically, these funds have direct

impact on those people who are receiving PATH funded services.

Programmatic and Financial Oversight –

The state of Pennsylvania provides both PATH federal and state PATH match funds to Lancaster County through the Human Services Block Grant. These funds are categorized as PATH and are only used by CSG for the PATH HOCM as submitted though the PATH intended use plan. CSG, as a contracted provider with LCBHDS, funds PATH HOCM through a program funding method of payment for the PATH services. CSG provides an invoice that details all the expenses for PATH HOCM the month prior. CSG submits an annual budget, a service description, quality assurance plan and goals and other supportive documentation. The contract specifies that PATH funds can only be used for approved expenses as required by the PATH regulations. CSG is responsible to provide LCBDHS with a 6-month, 9-month and annual profit/loss statement. CSG submits their annual single audit to LCBHDS. Included in CSG's contract is LCBHDS's right to audit the CSG PATH HOCM program as needed. LCBHDS provides the state with how the funds were expensed through the annual Human Services Block Grant report, which shows which categorical the funds were expensed.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

Both staff funded by PATH have been SOAR trained as provided by Mid Penn Legal Services, Valerie Case. There was 1 consumer (still in progress) supported by PATH Outreach Case Management in 2021-2022. In addition, several LCBHDS and CSG Mental Health Case Managers are SOAR trained and are supporting people who are homeless in obtaining income benefits through full SOAR process when time allows. Lancaster estimates that at least 20 people could be SOAR eligible who have been enrolled with the PATH HOCM program. CSG does not have any staff dedicated to doing SOAR, it is integrated in Mental Health Case Manager's jobs for those that have been trained. Some of those people outreached were referred to other SOAR providers, but no data was captured.

Coordinated Entry –

CSG PATH HOCM participates in the coordinated entry program developed for the homeless system. The process includes calling the United Way 211 system to request support if a person is experiencing homelessness. If the person is assessed on the phone as meeting HUD defined homelessness, they are then referred to Tenfold's Coordinated Housing Assessment Referral Team (CHART), for an intake worker to provide an intake and determine what homeless services a person might be eligible for. Lanco MyHome oversees the contract with Tenfold for CHART and is responsible for monitoring and governing under a contract with the County of Lancaster. Coordinated entry does not provide any barriers to PATH eligible participants since CHART and LCBHDS are in constant communication for all people who are open with LCBHDS or in need of outreach by the PATH outreach worker.

PATH HOCM utilizes the system when homeless services and/or resources are needed for people they support who are not open with LCBHDS. When needed, PATH HOCM will refer people to CHART to access the Rapid Rehousing services and other Lancaster County homeless services and/resources that can support people in attaining permanent housing when they might not qualify or voluntarily engage in public mental health services. LCBHDS does support CHART in providing supportive housing to people who are homeless. LCBHDS has invested in a vast array of resources for housing and/or resources for people open with LCBHDS. LCBHDS has relied less on the homeless system to serve the people open with the agency, this reduces the burden on the homeless system. Lancaster 2021 PIT count reflects that 9% of those counted reported a mental illness, while Pennsylvania is at 24.2% and the United States is at 16.8%. This was an increase from the year before (2020 PIT) for Lancaster County PA 510 which had 6% report mental illness. (*Due to COVID-19 2021 PIT data was not collected for

unsheltered individuals) LCBHDS accepts referrals from CHART for LCBHDS's services through the person's mental health case manager or LCBHDS's Housing Specialist.

Justice Involved –

PATH HOCM works with a significant number of people who are currently in the criminal justice system or have convictions that could present barriers to obtaining housing. Pennsylvania has a Unified Justice Portal, in which any person has access, including landlords and property managers, so being upfront of criminal history has been very important in developing relationships with the landlords and property managers. The other issue with criminal background is that with Low Income Tax Credit Properties, the housing development companies and property managers have set very strict criteria on criminal history and understanding what a person's barriers to those units and how to appeal the rejection of the person's application is very important.

PATH HOCM works closely with the local courts, prison and probation/parole services to improve a person's chance of being successful in reentry back into their community. Lancaster has a great number of jail diversion and justice related programs for those with mental illness and/or substance abuse disorders. These programs include Mental Health Court, Drug Court, Special Offenders Probation and Parole Services for those with mental health and/or intellectual disabilities, Mental Health Forensic Case Management, and Mental Health Hospital/Forensic Intake Worker. In addition, LCBDHS has developed tools that help the justice system in determining the best course of action for someone who is being released from jail and has no permanent housing to return too.

LCBHDS estimates that nearly 80% of the people working with the PATH programs have some sort of criminal history. It is estimated that 25% have felonies. The group that Lancaster has found to have the greatest barrier to finding permanent housing are people with convictions that would place them on the Sexual Offender's list, arson, multiple convictions of aggravated assault, manufacture/sales/distribution of controlled substances and domestic violence.

The County of Lancaster through Probation/Parole Services provide Crisis Intervention Training (CIT) to both local and state law enforcement and the local prison guards. While not every officer or police jurisdiction has participated in CIT, there have been many officers trained in the last several years the CIT program has been established. There are community providers, including CSG, who provide Mental Health First Aid trainings for local and state law enforcement, prison guards and probation and parole officers. It is hard to estimate the number of law enforcement officers who have been trained since there are so many jurisdictions of local, state and federal officers who are responsible to Lancaster County.

Veterans –

CSG PATH HOCM program contracted with LCBHDS targets veterans for service but will assist both in finding housing and accessing the appropriate veteran's services if eligible. CSG HOCM will assist veterans in accessing veteran services if they meet necessary criteria and if needed. HOCM will also link these people with other housing or mental health services as needed if they are not eligible for veteran's services.

Tobacco Policy –

CSG has a no smoking /vaping on grounds policy. They also ask that individuals refrain from smoking while meeting with them when out in the community and have not had issues with this request. There is no specific policy for the PATH program, but HOCM and individuals enrolled in service follow the CSG policy.

Health Disparities Impact Statement –

Lancaster County has identified the Youth and Young Adult (YYA) and those who are chronically homeless as subpopulations that are our most vulnerable populations. In addition to those, Lancaster is also recommending rural homelessness as another subpopulation that is vulnerable. With most of the services and outreach done in the urban center, the outlining rural areas are not fully served. This population is extremely challenging to serve due to large geographical area, lack of community resources to identify those in need and a very different cultural identity to those in urban and suburban areas.

PATH HMHOC will serve approximately 10 people within this subpopulation based on the percentage who are homeless within this age range. We project that the total amount expended on this subpopulation will be approximately $8,286 for CSG's PATH HOCM. These services will include outreach and supportive housing services but will be able to access any of the additional services and/or resource offered by LCBHDS if opened with the office. We will work with LCBHDS's and CSG's Transitional Age Case Mangers in linking these young adults to PATH services and other mental health and/or drug and alcohol services. If the young adult is identified as homeless and with mental illness and/or drug and alcohol issues, CSG's PATH HOCM will attempt to engage with them and linking them to community and public services. These contacts will be tracked in HMIS through entry exit and service provision entries.

Limited English Proficiency –

Under LCBHDS contract, CSG is required to provide services to limited English proficiency people. CSG uses a language line for non-English speaking and will access Deaf and Hard of hearing service for sign.

Budget Narrative –

Personnel:

Cost associated with a portion of the salary for the Case Manager who will provide the direct service provision. This line item includes the following breakdown: $26,612 in Federal PATH, $8,870 in State PATH and $1,794 in other funding for a total of $35,608.

Fringe Benefits (37.5%):

Cost associated with a portion of fringe benefits that include employer shared taxes, physical health, dental and optical insurance, employer shared retirement plans, worker compensation insurance and unemployment insurance for the above funded position. This is based on the same allocation methodology used by the provider for the current contract with LCBHDS. This line item includes the following breakdown: $3,975 in Federal PATH, $1,325 in State PATH and $0 in other funding for a total of $5,300.

Travel:

Provide mileage reimbursement to employee for utilizing their own vehicles to provide services to participants in the PATH funded program within the community. This line item includes the following breakdown: $1,650 in Federal PATH, $550 in State PATH and $0 in other funding for a total of $2,356.Equipment:

Equipment:

Cost of replacement and/or maintenance of existing equipment in supporting PATH funded positions and services. This line item includes the following breakdown: $225 in Federal PATH, $75 in State PATH and $0 in other funding for a total of $300.

Supplies:

Costs associated with office supplies needed to do day to day business of the PATH program. This line includes Consumer Related Supplies which are small household items and personal hygiene items. This line item includes the following breakdown: $75 in Federal PATH, $25 in State PATH and $654 in other funding for a total of $754.

Other:

Staff training with provide for cost associated with training and education to increase the competencies of the staff to provide services to the participants of the PATH funded program. Communication cost would include telephone, cell telephone and internet access associated with direct service provision. Insurances would include professional liability, umbrella, property insurance and other liability insurance. Administrative costs would be allocated indirect costs associate with implementing the PATH funded program. These include salaries and benefits of the indirect or support staff and rent, utilities, communication, purchased services, supplies and equipment allocated in administrative support of the PATH funded program. This line item includes the following breakdown: $3,999 in Federal PATH, $1,334 in State PATH and $0 in other funding for a total of $5,333.

In – Kind Supports:

The participants who meet serious mental illness criteria for county mental health will have access to mental health services provided through county funding to include treatment, psychiatric rehabilitation, vocational, social rehabilitation, case management, housing supports and advocacy/self-help services.

***See Budget Table below**

Community Services Group
2022-23 Budget
Lancaster County

	Annual Salary	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Position				
Outreach Case Managers	$30,387	0.8 FTE	$30,387	$30,387
Outreach CM Supervisor	$55,818	0.1 FTE	$5,582	$5,582
sub-total	**$86,205**	**.9 FTE**	**$35,969**	**$35,969**
Fringe Benefits				
Outreach Case Managers				$3,746
Outreach CM Supervisor				$1,554
sub-total				**$5,300**

Travel				
Local Travel for Outreach				$2,200
sub-total				**$2,200**
Equipment				
Replacement and/or maintenance of existing equipment				$300
sub-total				**$0**
Supplies				
Office Supplies				$100
Consumer-related items				$654
sub-total				**$754**
Other				
Staff training				$300
Communication				$910
Admin Costs				$3,573
Insurance				$250
sub-total				**$5,033**
Total Community Services Group PATH Budget			**$49,555**	

Lancaster County - Tenfold (Formerly known as Tabor)
308 E King St
Lancaster, PA 17602
Contact: Ann Linkey
Email Address:

Provider Type: Social service agency
PDX ID: PA-051
State Provider ID: 4251
Contact Phone #: 7173589391

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 55,277.00**	**$ 18,426.00**	**$ 73,703.00**	

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

Office: Other (Describe in Comments)	$ 55,277.00	$ 18,426.00	$ 73,703.00	Tabor is one of two PATH providers in Lancaster County. Detailed budget narrative and budget table are found in the Tabor IUP.
j. Total Direct Charges (Sum of a-i)	$ 55,277.00	$ 18,426.00	$ 73,703.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 55,277.00	$ 18,426.00	$ 73,703.00	

Source(s) of Match Dollars for State Funds:

Tabor will receive a total of $73,703 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 33

Estimated Number of Persons to be Enrolled: 30

Estimated Number of Persons to be Contacted who are Literally Homeless: 8

Number staff trained in SOAR in grant year ending in 2021: 1

Number of PATH-funded consumers assisted through SOAR: 0

PATH Intended Use Plan FY 2022-23
Tenfold – Lancaster County

Tenfold
Critical Time Intervention Program
2022/2023 PATH IUP

Local Provider Description –

The PATH Program is coordinated through the Lancaster County Behavioral Health and Developmental Services (LCBHDS), which is the local governmental agency that administers and oversees public mental health services. In 2018, LCBHDS eliminated ourselves as a PATH provider and have allocated all the PATH funds to two subcontracted housing/mental health provider agencies.

Tenfold (formerly known as Tabor Community Services) – is a local non-profit agency that provides supportive housing, transitional and permanent housing, credit counseling and homeless services to residents of the entire County of Lancaster, including Lancaster City. Tenfold receives $76,550 for their PATH services. The allocation is as following: $55,277 in PATH Federal funds, $18,426 in State PATH funds and $2,847 in other funding to provide the PATH Critical Time Intervention service (PATH CTI).

Tenfold
308 E King St
Lancaster, PA 17602
717-397-5182

PDX Name – PA-051 Lancaster: Tenfold (Formerly Known as Tabor)

A. Community Services Group – is a statewide provider of mental health, intellectual disabilities and children's behavioral health services. Community Services Group receives $49,555 per year. The allocation is as following: $35,821 in PATH Federal funds, $11,940 in state PATH funds and $1,794 in other funds for the PATH Homeless Outreach Case Management (PATH HOCM) services. The CSG PATH Outreach will be focused on Lancaster County and City outreach to those facing homelessness.

Community Services Group
320 Highland Drive
Po Box 597
Mountville, PA 17554
717-299-4636

PDX Name – PA-065 Lancaster: Community Services Group

Collaboration with HUD Continuum of Care (CoC) Program –

Tenfold is a part of Lanco MyHome (Formerly Lancaster County Coalition to End Homelessness/LCCEH) (HUD Continuum of Care lead agency; CoC PA-510). Tenfold

participates in one or more of the subcommittees identified in the Heading Home plan and their President is a member of the Leadership Council for Lanco MyHome.

Tenfold provides housing supports, housing outreach services, subsidized housing, and budgeting services. Provider of coordinated entry and assessment services of the homeless system.

Collaboration with Community Organizations –

Partnerships include:

- Lanco MyHome (oversight by LCHRA) – Coordination of the homeless system
- Community Services Group - Mental health treatment, long term housing support, residential, rehabilitation and case management including PATH Case Manger dedicated to serving the people experiencing homelessness
- Lancaster County Housing and Redevelopment Authority (LCHRA) – Housing subsidy, oversight of CoC
- Recovery Insights – Peer support services
- Blueprints for Addiction Recovery – Dual certified peer support services
- Mental Health America of Lancaster County (MHALC) – Mental health education, counseling and medication assistance, Compeer program / peer advocates, Suicide Prevention Coalition
- Mid Penn Legal Services – Legal services to obtain entitlement and benefit income
- Office of Vocational Services – vocational services and funding
- Keystone Service Systems – Mental health rehabilitation, residential programs
- The Lodge Life Services– Homeless outreach, HUD permanent housing, long term housing support
- Water Street Rescue Mission – Homeless shelter, drug and alcohol services, medical and dental services, furniture, clothing and food banks
- Salvation Army - Furniture and clothing bank
- Goodwill – Vocational services, furniture and clothing
- Off The Streets – housing contingency funds, furniture
- Behavioral Healthcare Corp – Mental health treatment and social rehabilitation services
- Southeast Clinic – Medical services
- Ephrata Area Rehabilitation – Vocational services
- Lancaster City Housing Authority – Housing subsidy
- Arch Street Center – Mental health drop-in center
- Philhaven Hospital – Mental health treatment services, mental health diversion program
- Lebanon Veterans Administration – Federal veteran services
- Lancaster County Veteran Affairs Office – Local government veteran assistance office
- Community Basics – Housing development
- Housing Development Corp – Housing development
- Lancaster County Drug and Alcohol Commission – Drug and alcohol services
- Compass Mark – Drug and alcohol services
- Lancaster County Probation and Parole
- Lancaster County Prison – Local jail

- Lancaster Housing Opportunity Partnership – Housing clearinghouse, fair housing
- Lancaster County Food Hub – clothing and food boxes
- The Welcome Place (run by Lancaster County Food Hub) – Low barrier homeless shelter, Emergency winter shelter, Day center
- ECHOS (Elizabethtown Community Housing & Outreach Services) – Homeless shelter, HUD Permanent Housing
- Community Action Partnership (CAP) – HMIS Lead, Rent and Utility Assistance, DV Services, Early Learning Resources, Re-entry Coalition, Senior Centers, Navigation
- Various Landlords in the community
- Various housing development companies

Tenfold provides homeless outreach services through the CoC and coordinates with other outreach services. Lancaster County named Lancaster Housing Opportunity Partnership (LHOP) as the Local Lead Agency for housing under Department of Human Services housing initiatives to coordinate affordable housing for those with disabilities and accessing the PA's HUD 811 Demonstration Grant and 811 Mainstream Grant. LHOP combined with Tabor Community Services in 2021 and are now collectively known as Tenfold.

Service Provision –

Critical Time Intervention is on SAMHSA's National Registry of Evidence-based Programs and Practices as an effective model to work with people who are either homeless or institutionalized and are experiencing a serious mental illness. PATH CTI is a time limited supportive housing program for people who are experiencing or at risk for becoming homeless. The PATH CTI worker will be responsible for supportive housing, housing search, linking to non-mental health community and natural supports and teaching the person and their service/treatment team skills to work effectively together. Individuals referred to the PATH CTI program are eligible for contingency funds for: Security Deposit, First Months Rent, Arrears Support from LCBHDS's supportive housing program to support those in housing emergency or at-risk situations. There are other community resources that can also be leveraged to obtain resources, such as Off The Streets, community churches, subsidies through coordinated entry, etc. All referrals to this program are diagnosed with SMI and would continue to be eligible if dually diagnosed with substance abuse disorders as well. Referrals are sent to LCBHDS's housing specialist for review to determine that they meet PATH's definition of homelessness and have income or resources available in order to seek and maintain independent housing.

This service includes: Housing support to include housing search, community service and resource linkage, housing maintenance, independent living skills development

Tenfold's PATH CTI program participants have access to the resources LCBHDS has leveraged and allocated for supportive housing resources and all LCBHDS funded mental health services. Tenfold leverages funds and services from several non-profit and faith-based organizations which include, food banks, clothing banks, rental assistance, furniture banks, medical services and dental services.

A gap in services to those experiencing homelessness in Lancaster County is meeting the exact criteria of HUD's definition of homelessness. People who are homeless are not thinking about meeting a criterion; they are trying to survive by whatever means they have. This can include doing things that would make them ineligible for HUD funded services like doubling up with family or friends temporarily, renting a motel or hotel room until their financial means are expended, moving into transitional housing that does not meet HUD's definition of Transitional Housing or renting a room that far exceeds their ability to pay which results in them becoming homeless for a portion of each month due to using all their financial means. PATH CTI program can support people who fall into one of these gaps to support them in attaining permanent, safe, and affordable housing.

Another gap people open with LCBHDS face is a lack of services to assist those people who are in time limited residential programs and state institutions, find safe and affordable housing. Housing search and developing relationships with landlords is a specialized set of skills. We have found that a good housing agency can work with landlords on behalf of the person in services to negotiate rent or utility reductions, attain special accommodations and other amenities that are a necessity to the success of many of the people who receive these mental health services. The housing agency can be the place the landlord can access when there are issues with the tenant versus the landlord starting the eviction process immediately.

The last gap recently identified by Lancaster County are those who are homeless or at risk of homelessness that are transitional age. Lancaster identifies this group as aged between 18-24. In 2021, this age group represented 8.0% (2020 PIT 12.9%, 2019 PIT 10.9%) of those who were in emergency shelter and 6.5% (2020 PIT 7.3%, 2019 PIT 4.8%) of those were in a homeless transitional housing program. This group (persons age 18-24) represents 7.1.% (2020 PIT 9.5%, 2019 PIT 8.8%) of the total HUD defined homeless population in Lancaster County. (*Due to COVID-19 2021 PIT data was not collected for unsheltered individuals) With LCBHDS's targeting of this population, we believe these specialized services and supports are having an impact on the transitional age homeless population which have very low numbers as compared to other subpopulations. LCBHDS has worked with the transitional age populations with mental illness through specialized programs to include targeted case management, residential rehabilitation and support groups. PATH CTI will continue to focus half the caseload on those in the transitional age group who are literally homeless or at significant risk of homelessness.

People in the PATH CTI program will have access to the mental health services contracted with LCBHDS which includes supportive housing, vocational rehabilitation, treatment services, social rehabilitation, Drop-in Centers, advocacy and self-help programs. In addition, the mental health case managers have experience in linking people who have substance abuse disorders to those services that are available to them. With the initiation of the HSBG program, Lancaster County now has some flexibility in

moving funds to services that are needed by the residents of the county. Medicaid expansion has supported more people getting into drug and alcohol services. Lancaster has also seen an increase in PATH participants eligible for Medicaid through the Medicaid expansion. Getting more people with disabilities enrolled in Medicaid has allowed a decreased need for HSBG funds for treatment services and those funds can be shifted to mental health and substance abuse services and other resources to support the person's recovery. As of March 2022, Lancaster County also has instituted a warm line with dually diagnosed Certified Peer Specialists who have history of SMI and substance abuse. We project that this will be a valuable resource to those in need of services as they will have direct access to speak with people who have lived experience.

LCBHDS's Housing Specialist determines PATH CTI eligibility at the time of referral by Mental Health Case Managers. Enrollment occurs when the PATH CTI's Supportive Housing Worker assesses the person, and the person agrees to the services.

Tenfold is not drug and alcohol service provider and is not required to follow the 42 CFR Part 2 regulations.

Lancaster County has three providers of Certified Peer Specialists: Recovery InSight, Blueprints for Addiction Recovery, and Mental Health America of Lancaster County. No PATH funds are currently being used for peer specialist services, as all who have Medicaid are eligible for the service through Medicaid funding. LCBHDS contracts with Recovery InSight to provide funding for the few people who are not Medicaid eligible. All PATH participants can be referred for a Certified Peer Specialist, as long as they have Medicaid, not dependent on them being open with LCBHDS. Without Medicaid, only LCBHDS clients may receive the contracted service though county HSBG funding.

MHALC provides peer services that include: Compeer Friendship Program (matching adults with one to one supportive friendships with people of the same gender wo are in recovery from a mental illness), Veterans Compeer (extension of Compeer Friendship program that creates a supportive network for veterans who could benefit from a veteran peer mentor), Peer Education (Meets with individuals who need assistance in navigating the system, listens, and guides while sharing their own personal recovery stories)

Certified Peer Specialists are an integral part of the PATH CTI program. The CTI direct service worker or the person's case manager can link them up with this service. This is a voluntary service, so only those who are interested in the program are referred to a Peer Specialist.

As of March 2022, Lancaster County now hosts a peer run warmline which all individuals receiving PATH funding would have access to when needed. Lancaster County Crisis Services also began contracting with certified peer specialists, through a grant from OMHSAS to expand crisis services, including 988 and utilizing dually certified peer specialists to assist on calls and outreach when necessary.

Data –

Tenfold defers issues and coordination with HMIS to LCBHDS. LCBHDS is integrally involved with HMIS having both PATH and HUD grants. The County of Lancaster is providing funding to the Lead Agency through HSBG funding and will continue in a lead role with Lanco MyHome. Lancaster migrated to a new HMIS product, Case Worthy, July 1, 2015. As of July 1, 2016, Lancaster PATH providers were fully utilizing HMIS for the PATH programs as developed by the software vendor. Since 2017, CAP Lancaster is now the HMIS administrative entity for Lancaster County. Sheldon Kepiro from CAP is the HMIS Lead and responsible for the HMIS used in Lancaster County. All PATH staff have been trained in using the HMIS being utilized by Lancaster County. LCBHDS is recommending that CAP should provide on-going training for current staff and training provided to new staff and providers as they enter the system. LCBHDS will work with the HMIS Lead Agency to encourage them to develop policies and procedures for training the staff and to include developing a training manual and online training. Housing Specialist has been working with local HMIS Lead to create solutions to ongoing problems with reporting. Each contract with the PATH providers requires the entry of data in HMIS as part of the service provision. LCBHDS will continue to work with Lanco MyHome and Case Worthy in improving currently utilized HMIS to accommodate the required PATH data points.

Housing –

Tenfold's PATH CTI program will not be providing or subsidizing housing for people. This program will be a Housing First model program and will utilize the expertise of Tenfold to find and link the person to safe affordable housing in the community in which the person would hold the lease in their name and/or link the person to subsidized housing opportunities based on eligibility of the person. The reason for contracting with Tenfold was that they are the housing experts, with nearly 300 landlords in Lancaster County they work with in order to link housing up with people who are homeless or at risk of becoming homeless. Tenfold does provide Rapid Rehousing services and the PATH participants might utilize those resources in accessing funds. Tenfold can access LIHTC set asides for those with disabilities and the PHFA 811 PSH program funds.

Staff Information –

Tenfold PATH CTI has one FTE supportive housing case manager who leads the CTI process and the team leader who supervises the case manager at .07 FTE. Of the two employees being funded with PATH funds, the demographics include two females, two are Caucasian with the ethnicity of two non-Hispanic. One person is Spanish/English bilingual. There are several opportunities to PATH staff to receive training on cultural competency through internal trainings and conferences they attend. The direct service professionals, provider supervisors and LCBHDS's Housing Specialist will attend the annual Pennsylvania PATH Conference. None of the staff are Certified Peer Specialist or Recovery Specialist. PA is approved to bill Peer Specialist services under medical assistance, which allow PATH funds to be used for services not funded by third party options.

Client Information –

PATH CTI will target people who are experiencing homelessness or are at risk of becoming homeless. The demographics will include any person residing in Lancaster County who is 18 years and over and of any race, gender, ethnicity, religious belief and meets the OMHSAS Serious Mental Illness criteria, which is defined as a person who has a diagnosis of psychotic NOS disorder, schizophrenia, major depression, mood disorder and/or borderline

personality disorder and has a secondary history that impedes their ability to function in the community successfully. In addition, the person must agree to be open in LCBHDS's services for PATH CTI services. LCBHDS is dedicating half of the PATH CTI worker's caseload to those 18-24 years old.

The estimated number of contacted clients for FY 2022-2023 in PATH CTI will be 33 and the projected number of enrolled clients that will receive PATH CTI services is 30. Estimated percent of the clients to be literally homeless is 25%. Due to COVID-19 and eviction moratoriums, movement within the program has been limited and slower than previous years. We see that fewer people are coming from literally homeless situations and most are coming from psychiatric or time-limited programs. As of the time of writing this IUP, the PATH CTI program has been at fuller capacity compared to earlier points in the year. In FY 2020-2021, 33% of persons enrolled in PATH CTI were between ages 18 – 24, 83% identified as White and 13% identified as Black and/or African American, and 3% as American Indian. We expect to see a similar breakdown of demographics in the coming year.

Consumer Involvement –

Tenfold has hired people who have experienced homelessness in their own life for direct service professionals and support staff. Tenfold is required to have a person who had or is experiencing homelessness on their board as per HUD. Tenfold frequently utilizes client satisfaction and follow up surveys where a client has the opportunity to share new ideas for the program.

Tenfold intends to launch a new and innovative advisory committee with the purpose of strengthening the programs and services that Tabor/LHOP have provided for people experiencing or at risk of homelessness. Due to COVID-19 and the merger of Tabor/LHOP, implementation of this committee has unfortunately been delayed, but they expect it to be operations by July 1, 2022 or before. Over the years Tenfold has usually had one or more staff members who have had their own prior personal experience with homelessness. This new advisory committee will be comprised of all current staff members who have lived experience of homelessness, plus Board members with such experience, and several former program participants. They expect this will be a group of at least 7-10 people who will meet regularly to discuss and reflect on Tenfold's current programs in light of their own experiences; to provide suggestions and feedback to help improve current services; and to brainstorm innovative new approaches, practices, or programs to help close gaps in the system or provide services in more effective and impactful ways. Rather than having one person with experience of homelessness on each of several different committees, this new advisory committee will be a diverse group with a wide range of experiences who can process ideas and provide input and feedback to any and all levels of the Tenfold organization. This committee will be represented on the Board and on Tenfold's Performance and Quality Improvement (PQI) Committee. At this time, they are unable to project actual numbers but are looking forward to what this group will bring to all of Tenfold's programs, including the PATH CTI program.

Alignment with State Comprehensive Mental Health Services Plan –

Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) identified in their PATH state plan in targeting adults who are in the category of transitional age, aged 18-24, and literally homeless as a priority group. Lancaster has dedicated several resources specific to PATH funding and specific to all adults in this category. Tenfold's PATH CTI program has at least half their caseload dedicated to working with this priority group, as the need arises in our community. There has not been the need in the past year to have a full 50% of caseload dedicated to transitional age youth but PATH CTI is the preferred housing case management services for those who fall into this age group. In addition, several resources have

been dedicated to assist those transitional age adults in obtain housing, utilizing the housing first model, while setting expectations that they work towards becoming self-sustaining through attaining income, both competitive work and/or benefits/entitlements and learning how to be a good tenant, neighbor, and member of their community. LCBHDS has also dedicated first month's rent, security deposits and bridge subsidies to this group who have an income to sustain their own housing.

In addition to the state PATH goals, LCBHDS has also included both PATH programs as part of their Olmsted Plan submission. These programs provide critical supports to reduce the need for those with mental illness for long term institutionalization, including state mental health hospitals, long term homeless shelters and transitional housing and other settings that are not integrating them into our community. Lancaster submits PATH CTI in the Human Services Block Grant plan, submitted to the state every year outlining the service and programs planned for the next fiscal year including some outcomes. This is how the state provides updates on their initiatives and whether the counties are following their direction.

Other Designated Funds –

Tenfold PATH CTI participants have full access to LCBHDS services and/or resources as they are open with the county agency. Tenfold receives funds through the CoC to provide coordinated assessment, rapid rehousing, permanent supportive housing and outreach services dedicated to those who are HUD defined homeless. While none of these funds are dedicated to PATH services specifically, these funds have direct impact on those people who are receiving PATH funded services. LCBHDS allocates an additional $2,847 to PATH funded services from Lancaster's HSBG to make the total spent on PATH funded for Tenfold's services $76,550. The state and federal allocation is $73,703.

Programmatic and Financial Oversight –

Tenfold is a contracted provider with LCBHDS for the PATH grant funds. The state of Pennsylvania provides both PATH federal and state PATH match funds to Lancaster County through the Human Services Block Grant. These funds are categorized as PATH and are only used for PATH CTI as submitted through the PATH intended use plan. LCBHDS contracts with Tenfold through as a fee for service program for the PATH services. Tenfold bills LCBDHS based on a contracted rate developed by the approved budget for only services provided. As part of the contacting process, LCBDHS requires Tenfold to submit an annual budget, a service description, quality assurance plan and goals and other documentation. Tenfold's contract specifies that PATH funds can only be used for approved expenses as required by the PATH regulations. Tenfold is responsible to provide LCBDHS with a 6-month, 9-month and annual profit/loss statement. Tenfold provides an annual single audit to include how the PATH funds were spent. Included in Tenfold's contract is LCBHDS's right to audit the provider as needed. LCBHDS provides the state with how the funds were expensed through the annual Human Services Block Grant report, which shows which categorical the funds were expensed.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

The CTI worker funded by PATH has attended the SOAR training provided by Mid Penn Legal Services, Valerie Case. There were 0 consumers through PATH CTI program with a SOAR application in 2020-2021/2021-2022. We estimate that around 1 person per year could be SOAR eligible, as 60% the caseload is for those who are HUD defined homeless but majority of the people enrolled will have income due to changes in how LCBHDS administers their HUD PSH programs with changes in CoC funding and match requirements. Tenfold has no staff solely dedicated to SOAR and does not use the OAT system at this time. There were no people

referred to SOAR providers in 2020-2021, 2021-2022, as all participants of PATH CTI had income at a level to sustain their own housing. All SOAR information is stored in HMIS.

Coordinated Entry –

Tenfold is the provider of the coordinated entry and assessment program for the homeless system in Lancaster County. The process includes calling the United Way 211 system to request support if a person is experiencing homelessness. If the person is assessed on the phone as meeting HUD defined homelessness, they are then referred to Tenfold's Coordinated Housing Assessment Referral Team (CHART), for an intake worker to provide an intake and determine what homeless services a person might be eligible for. Lanco MyHome oversees the contract with Tenfold for CHART and is responsible for monitoring and governing under a contract with the County of Lancaster. Coordinated entry does not provide any barriers to PATH eligible participants since CHART and LCBHDS are in constant communication for all people who are open with LCBHDS or in need of outreach by the PATH outreach worker.

PATH CTI is not directly receiving referrals from CHART because of the requirement of being open with LCBHDS. LCBHDS has invested in a vast array of resources in housing and/or resources for people open with LCBHDS and has relied less on the homeless system to serve the people open with the agency. LCBHDS accepts referrals from CHART for LCBHDS's services through the person's Mental Health Case Manager or LCBHDS's Housing Specialist.

Justice Involved –

Tenfold works with a significant number of people who are currently in the criminal justice system or have convictions that could present barriers to obtaining housing. LCBHDS's Housing Specialist provides a full housing assessment of a person referred to Tenfold's PATH CTI that include a full criminal background check to assist the person's team to work through potential barriers to housing. Pennsylvania has a Unified Justice Portal, in which any person has access, including landlords and property managers, so being upfront of criminal history has been very important in developing relationships with the landlords and property managers.

Tenfold works closely with the local courts, prison and probation/parole services to improve a person's chance of being successful in reentry back into their community. Lancaster has a great number of jail diversion and justice related programs for those with mental illness and/or substance abuse disorders. These programs include Mental Health Court, Drug Court, Special Offenders Probation and Parole Services for those with mental health and/or intellectual disabilities, Mental Health Forensic Case Management, and Mental Health Hospital/Forensic Intake Worker. In addition, LCBDHS has developed tools that help the justice system in determining the best course of action for someone who is being released from jail and has no permanent housing to return too. Lancaster has an active CIT training offered to local and state police officers by Lancaster County Probation and Parole. We estimate that 20% of Lancaster County's law enforcement has been trained in CIT. CIT has been effective as per an antidotal perspective, but no outcomes or measures have been done to prove its effectiveness in Lancaster County.

Tenfold estimates that nearly 80% of the people working with the PATH programs have some sort of criminal history. It is estimated that 25% have felonies. The group that Lancaster has found to have the greatest barrier to finding permanent housing are people with convictions that would place them on the Sexual Offender's list, arson, multiple convictions of aggravated assault, manufacture/sales/distribution of controlled substances and domestic violence.

Veterans –

Tenfold's PATH CTI program will serve veterans who are open with agency to find housing. They also have access to funding for SD/FMR.

Tobacco Policy –

CTI staff and individuals enrolled in the program follow the policy of Tenfold. Smoking is not permitted indoors in any of Tenfold's office facilities. Employees or clients wishing to smoke must do so in designated areas outside. Smoking is not permitted in the garage, or in the parking/ driveway area in front of the garage.

Health Disparities Impact Statement –

Lancaster County has identified the Youth and Young Adult (YYA) and those who are chronically homeless as subpopulations that are our most vulnerable populations. In addition to those, Lancaster is also recommending rural homelessness as another subpopulation that is vulnerable. With most of the services and outreach done in the urban center, the outlining rural areas are not fully served. This population is extremely challenging to serve due to large geographical area, lack of community resources to identify those in need and a very different cultural identity to those in urban and suburban areas.

Tenfold's PATH CTI will have at least 50% of their caseload dedicated to the YYA population. Tenfold expects to serve 10 people in this subpopulation. We project that the total amount expended on this subpopulation will be approximately $38,275 for Tenfold's PATH CTI. These services will include supportive housing services but will be able to access any of the additional services and/or resource offered by LCBHDS. Tenfold will work with LCBHDS's and CSG's Transitional Age Case Mangers in linking these young adults to PATH services and other mental health and/or drug and alcohol services. These contacts will be tracked in HMIS through entry exit and service provision entries.

Limited English Proficiency –

Under the contract with LCBHDS, Tenfold is required to provide services to limited English proficiency people. Tenfold accesses a language line for interrupting services, relies on Deaf and Hard of Hearing for sign language and the one direct service professional is bi-lingual in Spanish.

Budget Narrative –

Personnel:

Cost associated with a portion of the salaries for the Critical Time Intervention Worker and Outreach Case Managers who will provide the direct service provision. Cost associated with a portion of the Team Leader who provides direct supervision to the CTI Worker. This line item includes the following breakdown: $55,116 in Federal PATH, $18,372 in State PATH and $3,492 in other funding for a total of $76,080.

Fringe Benefits:

Cost associated with a portion of fringe benefits that include employer shared taxes, physical health, dental and optical insurance, employer shared retirement plans, worker compensation insurance and unemployment insurance for each of the above funded position. This is based on the same allocation methodology used to calculate the portion of the PATH grant that fund the

salaries of each position. This line item includes the following breakdown: $13,405 in Federal PATH, $4,468 in State PATH and $0 in other funding for a total of $17,873.

Travel:

Provide mileage reimbursement to employees for utilizing their own vehicles to provide services to participants in the PATH funded program within the community or at their home in Lancaster County. This line item includes the following breakdown: $4,125 in Federal PATH, $1,375 in State PATH and $0 in other funding for a total of $5,500.

Equipment:

Cost of replacement and/or maintenance of existing equipment in supporting PATH funded positions and services. This line item includes the following breakdown: $378 in Federal PATH, $126 in State PATH and $0 in other funding for a total of $504.

Supplies:

Costs associated with office supplies needed to do day to day business of the PATH program. This line includes Consumer Related Supplies which are small household items and personal hygiene items. This line item includes the following breakdown: $538 in Federal PATH, $179 in State PATH and $654 in other funding for a total of $1,371.

Other:

Staff training and costs associated with training and education to increase the competencies of the staff who provide services to the participants of the PATH funded programs. Building and equipment maintenance is for equipment upkeep like copiers and scanners and for office building upkeep. Purchased services would be the professional services the organization needs to maintain their computer technology associated with direct service provision, audits required by contract and regulations and other outsourced services to support the program under the agency. Protective Payee Services is a service offered to the participants of the PATH funded program to support them in managing their income to assure timely payment of rent, bills and other cost associated with maintaining a home. Communication cost would include telephone, cell telephone and internet access associated with direct service provision. Utilities are costs that include electric, gas, oil, trash removal, water and sewer associated to the office space used by the direct service staff. Office rent is the rent allocated to the program for space utilized by the direct service staff. Insurances would include professional liability, umbrella, property insurance and other liability insurance. Administrative costs would be allocated indirect costs associate with implementing the PATH funded program. These include salaries and benefits of the indirect or support staff and rent, utilities, communication, purchased services, supplies and equipment allocated in administrative support of the PATH funded program. This line item includes the following breakdown: $17,537 in Federal PATH, $5,846 in State PATH and $0 in other funding for a total of $23,382.

In – Kind Supports:

The participants will have access to mental health services provided through county funding to include treatment, psychiatric rehabilitation, vocational, social rehabilitation, case management, housing supports and advocacy/self-help services

***See Budget Table Below**

Tenfold
FY 2022-23 Budget
Lancaster County

	Annual Salary	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Position				
CTI Worker	$36,980	1 FTE	$36,980	$36,980
Team Leader	$57,592	0.07 FTE	$4,031	$4,031
sub-total	**$94,572**	**1.07 FTE**	**$41,011**	**$41,011**
Fringe Benefits				
CTI Worker				$10,811
Team Leader				$1,762
sub-total				**$12,573**
Travel				
Local Travel for Outreach				$3,300
sub-total				**$3,300**
Equipment				
Replacement and/or maintenance of existing equipment				$504
sub-total				**$504**
Supplies				
Office Supplies				$617
sub-total				**$617**
Other				
Staff training				$800
Building and Equip Maintenance				$1,987
Purchase Services				$4,201
Protective Payee Services				$1,800
Communication				$1,379
Utilities				$702
Admin Costs				$7,987
Office Rent				$668
Insurance				$325

sub-total				**$18,049**
Total Tenfold PATH Budget	**$76,550**			

Lancaster County Comprehensive, not provider
150 Queen Street
Lancaster, PA 17603
Contact: John Stygler
Email Address:

Provider Type: Social service agency
PDX ID:
State Provider ID:
Contact Phone #: 7172998027

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				

j. Total Direct Charges (Sum of a-i)	$ 0.00	$ 0.00	$ 0.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 0.00	$ 0.00	$ 0.00	

Source(s) of Match Dollars for State Funds:

Lancaster County will receive a total of $121, 464 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 0 Estimated Number of Persons to be Enrolled: 0

Estimated Number of Persons to be Contacted who are Literally Homeless: 0

Number staff trained in SOAR in grant year ending in 2021: 0 Number of PATH-funded consumers assisted through SOAR: 0

PATH Intended Use Plan FY 2022-23
Lancaster County BH/DS

Lancaster County BH/DS
2022/2023 PATH Comprehensive IUP
Lancaster County BH/DS PATH Programs Overview

Local Provider Description –

The PATH Program is coordinated through the Lancaster County Behavioral Health and Developmental Services (LCBHDS), which is the local governmental agency that administers and oversees public mental health services. In 2018, LCBHDS eliminated ourselves as a PATH provider and have allocated all the PATH funds to two subcontracted housing/mental health provider agencies.

A. Tenfold (formerly known as Tabor Community Services) – is a local non-profit agency that provides supportive housing, transitional and permanent housing, credit counseling and homeless services to residents of the entire County of Lancaster, including Lancaster City. Tenfold receives $76,550 for their PATH services. The allocation is as following: $55,277 in PATH Federal funds, $18,426 in State PATH funds and $2,847 in other funding to provide the PATH Critical Time Intervention service (PATH CTI).

Tenfold
308 E King St
Lancaster, PA 17602
717-397-5182

PDX Name – PA-051 Lancaster: Tenfold (Formerly Known as Tabor)

B. Community Services Group – is a statewide provider of mental health, intellectual disabilities and children's behavioral health services. Community Services Group receives $49,555 per year. The allocation is as following: $35,821 in PATH Federal funds, $11,940 in state PATH funds and $1,794 in other funds for the PATH Homeless Outreach Case Management (PATH HOCM) services. The CSG PATH Outreach will be focused on Lancaster County and City outreach to those facing homelessness.

Community Services Group
320 Highland Drive
Po Box 597
Mountville, PA 17554
717-299-4636

PDX Name – PA-065 Lancaster: Community Services Group

Enclosed is a separate intended use plan for each provider as well as a comprehensive budget. Total PATH allocation for Lancaster County for FY 2021-22 is $121,464 of which $91,098 are federal PATH funds and 30,366 are State PATH funds.

Collaboration with HUD Continuum of Care (CoC) Program –

Lancaster County and City are within the HUD CoC PA-510. LCBHDS, Tenfold and Community Services are a part of Lanco MyHome (Formerly Lancaster County Coalition to End Homelessness/LCCEH) (HUD Continuum of Care lead agency). Each agency participates in one or more of the subcommittees identified in the Heading Home plan. LCBHDS's Executive Director, Deputy Director of Mental Health and Tenfold's President are members of the Leadership Council for Lanco MyHome. Community Services Group's President is a board member of Lanco MyHome's board of directors.

Each agency utilizes Coordinated Entry and Assessment. Tenfold is the Coordinated Entry organization for the CoC PA 510 and is accessed through the United Ways 211 system. Both PATH providers and LCBHDS regularly refer people experiencing homelessness to coordinated entry and assessment.

Tenfold
Member of Lanco MyHome. Provides housing supports, housing outreach services, subsidized housing, and budgeting services. Provider of coordinated entry and assessment services of the homeless system.

Community Services Group
Member of Homeless Provider Network and Homeless Support Network. Provides a large array of mental health services to include Intensive Case Management, Psychiatric, social and vocational rehabilitation, clubhouse, partial hospitalization, residential, supportive housing, outpatient services

Lanco MyHome separated from LCBHDS and became part of Penn Medicine Lancaster General Health (LGH) under a contract with the County of Lancaster to provider oversight of the county's homeless system. As of this year, 2022, LGH has ended their contract with Lanco MyHome and the contract has now been picked up by Lancaster County Housing and Redevelopment Authority (LCHRA). Lancaster County will now contract with LCHRA for to provide this oversight in FY 2022/23 using the Housing Assistance Program funds from the Human Services Block Grant. LCBHDS will continue to meet on a regular basis with Lanco MyHome, working on specific needs of the people experiencing homelessness in Lancaster county. All three agencies utilize the 211 system to access the homeless services funded through CoC, ESG and CDBG funds through a coordinated entry and assessment system funded by HSBG and CoC funds.

There are separate IUPs included on each provider regarding their responsibilities.

Collaboration with Community Organizations –

Partnerships include:

- Lanco MyHome (oversight by LCHRA) – Coordination of the homeless system
- Community Services Group - Mental health treatment, long term housing support, residential, rehabilitation and case management including PATH Case Manger dedicated to serving the people experiencing homelessness
- Tenfold – Supportive housing, budget and credit counseling
- Lancaster County Housing and Redevelopment Authority (LCHRA) – Housing subsidy, oversight of CoC
- Recovery Insights – Peer support services
- Blueprints for Addiction Recovery – Dual certified peer support services
- Mental Health America of Lancaster County (MHALC) – Mental health education, counseling and medication assistance, Compeer program / peer advocates, Suicide Prevention Coalition
- Mid Penn Legal Services – Legal services to obtain entitlement and benefit income
- Office of Vocational Services – vocational services and funding
- Keystone Service Systems – Mental health rehabilitation, residential programs
- The Lodge Life Services– Homeless outreach, HUD permanent housing, long term housing support
- Water Street Rescue Mission – Homeless shelter, drug and alcohol services, medical and dental services, furniture, clothing and food banks
- Salvation Army - Furniture and clothing bank
- Goodwill – Vocational services, furniture and clothing
- Off The Streets – housing contingency funds, furniture
- Behavioral Healthcare Corp – Mental health treatment and social rehabilitation services
- Southeast Clinic – Medical services
- Ephrata Area Rehabilitation – Vocational services
- Lancaster City Housing Authority – Housing subsidy
- Arch Street Center – Mental health drop-in center
- Philhaven Hospital – Mental health treatment services, mental health diversion program
- Lebanon Veterans Administration – Federal veteran services
- Lancaster County Veteran Affairs Office – Local government veteran assistance office
- Community Basics – Housing development
- Housing Development Corp – Housing development
- Lancaster County Drug and Alcohol Commission – Drug and alcohol services
- Compass Mark – Drug and alcohol services
- Lancaster County Probation and Parole
- Lancaster County Prison – Local jail
- Lancaster Housing Opportunity Partnership – Housing clearinghouse, fair housing
- Lancaster County Food Hub – clothing and food boxes
- The Welcome Place (run by Lancaster County Food Hub) – Low barrier homeless shelter, Emergency winter shelter, Day center
- ECHOS (Elizabethtown Community Housing & Outreach Services) – Homeless shelter, HUD Permanent Housing
- Community Action Partnership (CAP) – HMIS Lead, Rent and Utility Assistance, DV Services, Early Learning Resources, Re-entry Coalition, Senior Centers, Navigation
- Various Landlords in the community

- Various housing development companies

LCBHDS organizes several stakeholder meetings and other opportunities for networking with outreach teams , as well as, community and natural resources. LCBHDS's Housing Specialist maintains an email listserv that allows communication across the entire mental health system, including all PATH providers, and different governmental and community resources to those who are being served. LCBHDS Housing Specialist attends bi-weekly meetings run by Lanco MyHome with Lancaster County's homeless outreach staff and related providers. The PATH HOCM meets with the local homeless emergency shelter providers every week to discuss current cases and how they can work together. Lancaster County Crisis Intervention team employs a crisis worker devoted to homeless outreach, who also collaborates across community homeless providers and outreach teams. Lancaster County named Lancaster Housing Opportunity Partnership (LHOP) as the Local Lead Agency for housing under Department of Human Services housing initiatives to coordinate affordable housing for those with disabilities and accessing the PA's HUD 811 Demonstration Grant and 811 Mainstream Grant. LHOP combined with Tabor Community Services in 2021 and are now collectively known as Tenfold.

Service Provision –

A. PATH Critical Time Intervention Program (PATH CTI) (provided by Tenfold)

Critical Time Intervention is on SAMHSA's National Registry of Evidence-based Programs and Practices as an effective model to work with people who are either homeless or institutionalized and are experiencing a serious mental illness. PATH CTI is a time limited supportive housing program for people who are experiencing or at risk for becoming homeless. The PATH CTI worker will be responsible for supportive housing, housing search, linking to non-mental health community and natural supports and teaching the person and their service/treatment team skills to work effectively together. Individuals referred to the PATH CTI program are eligible for contingency funds for: Security Deposit, First Months Rent, Arrears Support from LCBHDS's supportive housing program to support those in housing emergency or at-risk situations. There are other community resources that can also be leveraged to obtain resources, such as Off The Streets, community churches, subsidies through coordinated entry, etc. All referrals to this program are diagnosed with SMI and would continue to be eligible if dually diagnosed with substance abuse disorders as well. Referrals are sent to LCBHDS's housing specialist for review to determine that they meet PATH's definition of homelessness and have income or resources available in order to seek and maintain independent housing.

This service includes: Housing support to include housing search, community service and resource linkage, housing maintenance, independent living skills development

B. Community Services Group Homeless Outreach Case Manager (PATH HOCM)

The PATH HOCM funds a 0.8 FTE outreach case manager and 0.1 case management supervisor who also works in the field. These positions will outreach to people experiencing homelessness that may have a serious mental illness and assist them to access the mental health system. If the people meet the criteria of PATH, the PATH HOCM will enroll them in the program. This access includes supporting the person in obtaining mental health case

management, applying for benefits including income, medical and other social service benefits, linking the person to employment resources and building relationships with people to increase their participation in social services that could benefit them. This also includes assisting people who have both SMI and substance abuse disorder to find available community treatment options.

The service include: Outreach Case Management

There are separate IUPs included on each provider regarding their responsibilities.

LCBHDS, in coordination with the County of Lancaster has leveraged a great deal of funds to support PATH participants, which each contracted agency has access to. These funds include HSBG funds that fund all the mental health services that are not treatment services. These services include: additional supportive housing services, drop-in centers, mental health and/or drug and alcohol treatment services, mental health and/or substance abuse case management, psychiatric rehabilitation services, supportive employment and other mental health and substance abuse recovery oriented services. In addition, PATH participants have access to funds for first month's rent, security deposits, bridge subsidies and Master Leasing funded through HealthChoices housing reinvestment plan. LCBHDS has three HUD grants that provide full subsidies to people who are HUD defined homeless and have no income. Several transitional age people have been served by Tenfold's CTI program and have participated in LCBHDS's HUD programs. PATH HOCM supports people to access, not only mental health services, but other community and public resources and/or services. All three agencies leverage funds and services from several non-profit and faith-based organizations which include, food banks, clothing banks, rental assistance, furniture banks, medical services and dental services.

A gap in services to those experiencing homelessness in Lancaster County is meeting the exact criteria of HUD's definition of homelessness. People who are homeless are not thinking about meeting a criterion; they are trying to survive by whatever means they have. This can include doing things that would make them ineligible for HUD funded services like doubling up with family or friends temporarily, renting a motel or hotel room until their financial means are expended, moving into transitional housing that does not meet HUD's definition of Transitional Housing or renting a room that far exceeds their ability to pay which results in them becoming homeless for a portion of each month due to using all their financial means. PATH CTI program can support people who fall into one of these gaps to support them in attaining permanent, safe, and affordable housing.

Another gap people open with LCBHDS face is a lack of services to assist those people who are in time limited residential programs and state institutions, find safe and

affordable housing. Housing search and developing relationships with landlords is a specialized set of skills. We have found that a good housing agency can work with landlords on behalf of the person in services to negotiate rent or utility reductions, attain special accommodations and other amenities that are a necessity to the success of many of the people who receive these mental health services. The housing agency can be the place the landlord can access when there are issues with the tenant versus the landlord starting the eviction process immediately.

An additional gap identified by LCBHDS is that people experiencing homelessness lack street outreach that would engage them in moving toward recovery. People who are homeless are not thinking about treatment of their mental illness, they are trying to survive by any means necessary. This can include behaviors that would increase the negative symptoms of mental illness which could include self-medication with drugs and/or alcohol, developing poor relationships, remaining on the fringe of society where services are not available and committing minor crimes. The PATH HOCM is well versed in available mental health resources in our community but has limited time and resources available to reach all people in need of services in Lancaster County.

The last gap recently identified by Lancaster County are those who are homeless or at risk of homelessness that are transitional age. Lancaster identifies this group as aged between 18-24. In 2021, this age group represented 8.0% (2020 PIT 12.9%, 2019 PIT 10.9%) of those who were in emergency shelter and 6.5% (2020 PIT 7.3%, 2019 PIT 4.8%) of those were in a homeless transitional housing program. This group (persons age 18-24) represents 7.1.% (2020 PIT 9.5%, 2019 PIT 8.8%) of the total HUD defined homeless population in Lancaster County. (*Due to COVID-19 2021 PIT data was not collected for unsheltered individuals) With LCBHDS's targeting of this population, we believe these specialized services and supports are having an impact on the transitional age homeless population which have very low numbers as compared to other subpopulations. LCBHDS has worked with the transitional age populations with mental illness through specialized programs to include targeted case management, residential rehabilitation and support groups. PATH CTI will continue to focus half the caseload on those in the transitional age group who are literally homeless or at significant risk of homelessness.

People in the PATH CTI program and those who are opened with LCBHDS mental health services through the PATH HOCM will have access to the mental health services contracted with LCBHDS which includes supportive housing, vocational rehabilitation, treatment services, social rehabilitation, Drop-in Centers, advocacy and self-help programs. In addition, the mental health case managers have experience in linking people who have substance abuse disorders to those services that are available to them. With the initiation of the HSBG program, Lancaster County now has some flexibility in moving funds to services that are needed by the residents of the county. Medicaid expansion has supported more people getting into drug and alcohol services. Lancaster has also seen an increase in PATH participants eligible for Medicaid through

the Medicaid expansion. Getting more people with disabilities enrolled in Medicaid has allowed a decreased need for HSBG funds for treatment services and those funds can be shifted to mental health and substance abuse services and other resources to support the person's recovery. As of March 2022, Lancaster County also has instituted a warm line with dually diagnosed Certified Peer Specialists who have history of SMI and substance abuse. We project that this will be a valuable resource to those in need of services as they will have direct access to speak with people who have lived experience.

Lancaster PATH programs determine eligibility in different ways. LCBHDS's Housing Specialist determines PATH CTI eligibility at the time of referral by Mental Health Case Managers. Enrollment occurs when the PATH CTI's Supportive Housing Worker assesses the person, and the person agrees to the services. PATH HOCM determines eligibility based on a face-to-face outreach assessment via in person meeting. Due to COVID-19, HCOM has also been able to offer one on one virtual meetings with those who have access to virtual meetings. Once the person is determined eligible and is in need of and willing to accept PATH HOCM services, then the person is enrolled in the program. Both programs document eligibility of enrolled clients in HMIS, in both the PATH data points and a case note.

Neither agency is a drug and alcohol service providers and are not required to follow the 42 CFR Part 2 regulations.

Lancaster County has three providers of Certified Peer Specialists: Recovery InSight, Blueprints for Addiction Recovery, and Mental Health America of Lancaster County. No PATH funds are currently being used for peer specialist services, as all who have Medicaid are eligible for the service through Medicaid funding. LCBHDS contracts with Recovery InSight to provide funding for the few people who are not Medicaid eligible. All PATH participants can be referred for a Certified Peer Specialist, as long as they have Medicaid, not dependent on them being open with LCBHDS. Without Medicaid, only LCBHDS clients may receive the contracted service though county HSBG funding.

MHALC provides peer services that include: Compeer Friendship Program (matching adults with one to one supportive friendships with people of the same gender wo are in recovery from a mental illness), Veterans Compeer (extension of Compeer Friendship program that creates a supportive network for veterans who could benefit from a veteran peer mentor), Peer Education (Meets with individuals who need assistance in navigating the system, listens, and guides while sharing their own personal recovery stories)

As of March 2022, Lancaster County now hosts a peer run warmline which all individuals receiving PATH funding would have access to when needed. Lancaster County Crisis Services also began contracting with certified peer specialists, through a grant from OMHSAS to expand crisis services, including 988 and utilizing dually certified peer specialists to assist on calls and outreach when necessary.

Data –

LCBHDS is integrally involved with HMIS having both PATH and HUD grants. The County of Lancaster is providing funding to the Lead Agency through HSBG funding and will continue in a lead role with Lanco MyHome. Lancaster migrated to a new HMIS product, Case Worthy, July 1, 2015. As of July 1, 2016, Lancaster PATH providers were fully utilizing HMIS for the PATH programs as developed by the software vendor. Since 2017, CAP Lancaster is now the HMIS administrative entity for Lancaster County. Sheldon Kepiro from CAP is the HMIS Lead and responsible for the HMIS used in Lancaster County. All PATH staff have been trained in using the HMIS being utilized by Lancaster County. LCBHDS is recommending that CAP should provide on-going training for current staff and training provided to new staff and providers as they enter the system. LCBHDS will work with the HMIS Lead Agency to encourage them to develop policies and procedures for training the staff and to include developing a training manual and online training. Housing Specialist has been working with local HMIS Lead to create solutions to ongoing problems with reporting. Each contract with the PATH providers requires the entry of data in HMIS as part of the service provision. LCBHDS will continue to work with Lanco MyHome and Case Worthy in improving currently utilized HMIS to accommodate the required PATH data points.

Housing –

LCBHDS has partnerships with supportive housing providers, both housing authorities and housing development companies in Lancaster County. These include Tenfold, Community Basics, Lancaster County and City Housing Authorities, and The Lodge Life Services. LCBHDS's HUD Permanent Supportive Housing Program brings the number of available units to 47 for those single unaccompanied adults experiencing homelessness. LCBHDS continues looking at other funding opportunities in housing including partnering with a housing development corporation for set aside units and a long-term project-based subsidy of 6 units for people with mental illnesses. LCBHDS, CSG and Tenfold have developed many partnerships with local landlords and property management companies and have become agencies that the landlords are willing to partner with.

LCBHDS oversees the contract with Tenfold for their oversight as the Local Lead Agency. The Local Lead Agency is responsible for the oversight of the LIHTC properties set asides for those with a disability and for the management of Pennsylvania Housing and Finance Administration's 811 grant for subsidized housing for those with a disability and Lancaster City Housing Authority's 811 Mainstream grant. As part of this partnership, LCBHDS's Housing Specialist has developed literature on educating landlords about working with people who have mental illnesses and those who have experienced mental illness to include how to access community and crisis services when a tenant is experiencing symptoms that effect their other tenant's safety and rights and potential damage to their property. PATH funded positions have been meeting with potential landlords and having discussions about what mental illness is and how to decrease the stigma around mental illness and homelessness. This work has expanded opportunities to people in the PATH programs and landlords have been willing to take more risks with some of the individuals who have significant barriers to housing. (ex: poor rental histories, credit histories and criminal backgrounds)

Staff Information –

Tenfold PATH CTI has one FTE supportive housing case manager who leads the CTI process and the team leader who supervises the case manager at .07 FTE. Community Services Group PATH HOCM has a 0.8 FTE outreach case manager and a 0.1 FTE case management supervisor who also provides PATH HOCM services in the field a few hours per week. Of the four employees being funded with PATH funds, the demographics include four females, all four are Caucasian with the ethnicity of four non-Hispanic. One person is Spanish/English bilingual. All 4 have been long time staff of each agency with no turnover in the past several years.

There are several opportunities for PATH staff to receive training on cultural competency through internal trainings and conferences they attend. Lancaster County offers cultural competency training a minimum of annually to their internal employees. In addition to the annual training, our office encourages both internal staff and providers to attend the various cultural competency trainings and workshops offered by advocacy groups, providers, and County and State agencies. We disseminate training opportunities to the providers of the PATH grant through a local list serve email distribution by our office. These opportunities often include subject areas of focus on age, gender, disability, lesbian, gay, bisexual and transgender, racial and ethnic differences. The direct service employees, provider supervisors, and LCBHDS's Housing Specialist will attend the annual Pennsylvania PATH Conference.

None of the staff are Certified Peer Specialist or Recovery Specialist. PA is approved to bill Peer Specialist services under medical assistance, which allows PATH funds to be used for services not funded by third party options.

Client Information –

Both programs will target people who are experiencing homelessness or are at risk of becoming homeless. For the PATH CTI service, the demographics will include any person residing in Lancaster County who is 18 years and over and of any race, gender, ethnicity, religious belief and meets the OMHSAS Serious Mental Illness criteria, which is defined as a person who has a diagnosis of psychotic NOS disorder, schizophrenia, major depression, mood disorder and/or borderline personality disorder and has a secondary history that impedes their ability to function in the community successfully. In addition, the person must agree to be open in LCBHDS's services for PATH CTI services. LCBHDS is dedicating half the PATH CTI case manager's caseload to those 18-24 years old. The PATH HOCM will target anyone over the age of 18 who is homeless and is in need of mental health supports.

The estimated number of contacted clients for FY 2022-2023 in PATH CTI will be 33 and the projected number of enrolled clients that will receive PATH CTI services is 30. Estimated percent of the clients to be literally homeless is 25%. Due to COVID-19 and eviction moratoriums, movement within the program has been limited and slower than previous years. We see that fewer people are coming from literally homeless situations and most are coming from psychiatric or time-limited programs. As of the time of writing this IUP, the PATH CTI program has been at fuller capacity compared to earlier points in the year. In FY 2020-2021, 33% of persons enrolled in PATH CTI were between ages 18 – 24, 83% identified as White and 13% identified as Black and/or African American, and 3% as American Indian. We expect to see a similar breakdown of demographics in the coming year.

The projected number of contacted clients that will receive PATH HOCM services for FY 2022-2023 is 200 people. The PATH HOCM will enroll an estimated 30-50 clients. Estimated percent of the clients to be literally homeless is 100%. Due to COVID-19, PATH HOCM has seen a reduction in those who are following through with PATH outreach services. PATH HOCM also reports spending more time with each enrolled person as finding suitable housing and being linked to community mental health and

recovery resources is much harder, with fewer providers accepting new clients. We saw a steep reduction in the number of persons contacted in FY 2020-2021 but expect that those number will increase again for the 21-22 and 22-23 fiscal years as more people are in need of housing, losing COVID funding, and becoming evicted due to the end of moratoriums. In FY 2020-2021, 6% of persons enrolled in PATH CTI were between ages 18 – 24, which is in line with community percentages of people experiencing homelessness. 72% identified as White and 15% identified as Black and/or African American, 4% as Multi-Racial, and 8% declined to answer. We expect to see a similar breakdown of demographics in the coming year.

Consumer Involvement –

Lancaster County is committed to involving people in recovery in the planning, implementation, and evaluation of any of the programs they provide or contract for. Unfortunately, due to COVID-19 many advisory boards have suspended or reduced meetings due to limited access to virtual meetings. The LCBHDS Advisory Board currently does not have anyone who has experienced homelessness, but it does have representation of one or two members who have experienced mental illness. Members are still being recruited and special emphasis will be placed on finding someone who has experienced homelessness. There are family members and individuals who are active members of community boards such as NAMI Family meetings and Stakeholder Planning Meetings, but these numbers are fluid and change based on who decides to share or be part of these community meetings. The Community Support Program, which does not have an advisory board but through which members act as advisors, also encourages participation from individuals who have mental illness and/or have experienced homelessness. An estimated 11-12 members have a mental illness and 3-4 have likely experienced homelessness at some time in their life.

LCBHDS contracts with Recovery InSight, to recruit Certified Peer Support Specialists that have experienced homelessness in their life. There are currently 9 Certified Peer Specialists on their staff, with 7 additional vacancies. They have an additional 4 peers employed specifically for running the Lancaster County Warmline. LCBHDS also contracts with Blueprints for Recovery Addiction to employ dual certified peers who work with Lancaster County's Crisis Intervention Team. They currently employ 5 peers for this program.

Tenfold intends to launch a new and innovative advisory committee with the purpose of strengthening the programs and services that Tabor/LHOP has provided for people experiencing or at risk of homelessness. Due to COVID-19 and the merger of Tabor/LHOP, implementation of this committee has unfortunately been delayed, but they expect it to be operational by July 1, 2022 or before. Over the years Tenfold has usually had one or more staff members who have had their own prior personal experience with homelessness. This new advisory committee will be comprised of all current staff members who have lived experience of homelessness, plus Board members with such experience, and several former program participants. They expect this will be a group of at least 7-10 people who will meet regularly to discuss and reflect on Tenfold's current programs in light of their own experiences; to provide suggestions and feedback to help improve current services; and to brainstorm innovative new approaches, practices, or programs to help close gaps in the system or provide services in more effective and impactful ways. Rather than having one person with experience of homelessness on each of several different committees, this new advisory committee will be a diverse group with a wide range of experiences who can process ideas and provide input and feedback to any and all levels of the Tenfold organization. This committee will be represented on the Board and on Tenfold's Performance and Quality Improvement (PQI) Committee. At this time, they are unable to project actual numbers but are looking forward to what this group will bring to all of Tenfold's programs, including the PATH CTI program.

Community Services Group has supported the local NAMI affiliate and the NAMI Director is on their Board of Directors. They send employees to several of the consumer driven groups including Community Support Program and the Lancaster County Stakeholder meeting. Community Services Group provides an annual satisfaction survey to people receiving their services and their community partners to get feedback about the programs they provide.
It is unclear if the 2 staff working for PATH programs have a history of homelessness or mental illness as these questions are not able to be asked in hiring practices.

Alignment with State Comprehensive Mental Health Services Plan –

Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) identified in their PATH state plan in targeting adults who are in the category of transitional age, aged 18-24, and literally homeless as a priority group. Lancaster has dedicated several resources specific to PATH funding and specific to all adults in this category. Tenfold's PATH CTI program has at least half their caseload dedicated to working with this priority group, as the need arises in our community. There has not been the need in the past year to have a full 50% of caseload dedicated to transitional age youth but PATH CTI is the preferred housing case management services for those who fall into this age group. In addition, several resources have been dedicated to assist those transitional age adults in obtain housing, utilizing the housing first model, while setting expectations that they work towards becoming self-sustaining through attaining income, both competitive work and/or benefits/entitlements and learning how to be a good tenant, neighbor, and member of their community. LCBHDS has also dedicated first month's rent, security deposits and bridge subsidies to this group who have an income to sustain their own housing.

In addition to the state PATH goals, LCBHDS has also included both PATH programs as part of their Olmsted Plan submission. These programs provide critical supports to reduce the need for those with mental illness for long term institutionalization, including state mental health hospitals, long term homeless shelters and transitional housing and other settings that are not integrating them into our community. Lancaster outlines both programs in the Human Services Block Grant plan, submitted to the state every year outlining the service and programs planned for the next fiscal year including some outcomes. This is how the state provides updates on their initiatives and whether the counties are following their direction.

Other Designated Funds –

LCBHDS receives, through the State of Pennsylvania, both CMHBG and HSBG funds. LCBHDS also has three HUD funded PSH programs that serve 47 people in fully subsidized one bedroom units for a total of $520,236 with $130,059 local matching funds and/or in-kind provided through HSBG. While none of these funds are dedicated to PATH services specifically, these funds have direct impact on those people who are receiving PATH funded services. LCBHDS utilizes CMHBG funds for supportive housing and peer support for those who are not eligible for Medicaid or who are uninsured. LCBHDS utilizes HSBG funds for supportive employment. LCBHDS allocates an additional $4,641 to PATH funded services from Lancaster's HSBG to make the total spent on PATH funded services $125,610. The state allocation of PATH funds is $30,366 and PATH federal allocation is $91,098.

Programmatic and Financial Oversight –

The state of Pennsylvania provides both PATH federal and state PATH match funds to Lancaster County through the Human Services Block Grant. These funds are categorized as PATH and are only used for the providers and programs submitted through the PATH intended use plan. LCBHDS contracts with the providers through either a fee for service or program

funding for the PATH services. As part of the contracting process, LCBDHS requires an annual budget submitted by the provider, a service description, quality assurance plan, outcome-based goals and other supportive documentation. The contract specifies that PATH funds can only be used for approved expenses as required by the PATH regulations. The provider is responsible to provide LCBDHS with a 6 month, 9 month, and annual profit/loss statement. A copy of the provider's annual single audit is obtained by LCBHDS. Included in the contract is LCBHDS's right to audit the provider as needed. LCBHDS provides the state with how the funds were utilized through the annual Human Services Block Grant report, which shows from which category the funds were expensed.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

Three of the direct service staff funded by PATH have been SOAR trained as provided by Mid Penn Legal Services, Valerie Case. There was 1 consumer (still in progress) supported by PATH Outreach Case Management and 0 consumers through PATH CTI program with a SOAR application in 2021-2022. In addition, several LCBHDS and CSG Mental Health Case Managers are SOAR trained and are supporting people who are homeless in obtaining income benefits through full SOAR process when time allows. Lancaster at this time does not collect data on SOAR and there are no staff solely dedicated to SOAR. While Lancaster understands the importance of data collection, limited resources to enter into multiple electronic systems to track data has become overwhelming to our agency. Lancaster has to enter information into a multitude of data collection systems and has prioritized those systems that are funded and require the information to be entered as a condition of funding. The SOAR process is not funded by any funding source and in itself is an extremely time-consuming process. Lancaster cannot bill the BH-MCO for targeted case management for any part of the SOAR process. This means the use of limited state funding is the only source to pay for up to 20 hours of service within a 2-3 week period to complete the SOAR process. Lancaster has integrated SOAR into the mental health system through Case Management and outreach who assist with the process when available.

Coordinated Entry –

Both providers participate in the coordinated entry program developed for the homeless system. The process includes calling the United Way 211 system to request support if a person is experiencing homelessness. If the person is assessed on the phone as meeting HUD defined homelessness, they are then referred to Tenfold's Coordinated Housing Assessment Referral Team (CHART), for an intake worker to provide an intake and determine what homeless services a person might be eligible for. Lanco MyHome oversees the contract with Tenfold for CHART and is responsible for monitoring and governing under a contract with the County of Lancaster. Coordinated entry does not provide any barriers to PATH eligible participants since CHART and LCBHDS are in constant communication for all people who are open with LCBHDS or in need of outreach by the PATH outreach worker.

PATH CTI is not directly receiving referrals from CHART because of the requirement of being open with LCBHDS. PATH HOCM utilizes the system when homeless services and/or resources are needed for people they support who are not open with LCBHDS. When needed, PATH HOCM will refer people to CHART to access the Rapid Rehousing services and other Lancaster County homeless services and/resources that can support people in attaining permanent housing when they might not qualify or voluntarily engage in public mental health services. LCBHDS does support CHART in providing supportive housing to people who are homeless. LCBHDS has invested in a vast array of resources for housing and/or resources for people open with LCBHDS. LCBHDS has relied less on the homeless system to serve the people open with the agency, this reduces the burden on the homeless system. Lancaster 2021

PIT count reflects that 9% of those counted reported a mental illness, while Pennsylvania is at 24.2% and the United States is at 16.8%. This was an increase from the year before (2020 PIT) for Lancaster County PA 510 which had 6% report mental illness. (*Due to COVID-19 2021 PIT data was not collected for unsheltered individuals) LCBHDS accepts referrals from CHART for LCBHDS's services through the person's mental health case manager or LCBHDS's Housing Specialist.

Justice Involved –

LCBHDS, Tenfold and CSG all work with a significant number of people who are currently in the criminal justice system or have convictions that could present barriers to obtaining housing. LCBHDS's Housing Specialist provides a full housing assessment of a person referred to Tenfold's PATH CTI that includes a full criminal background check. This assists the person's team to work through potential barriers to housing. Pennsylvania has a Unified Justice Portal, which any person has access, including landlords and property managers. Being upfront about criminal history has been very important in developing relationships with the landlords and property managers. The other issue with criminal background is that with Low Income Tax Credit Properties, the housing development companies, and property managers have set very strict criteria on criminal history. Understanding what a person's barriers to those units are and how to appeal the rejection of the person's application is very important.

All three agencies work closely with the local courts, prison and probation/parole services to improve a person's chance of being successful in reentry back into their community. Lancaster has a great number of jail diversion and justice related programs for those with mental illness and/or substance abuse disorders. These programs include Mental Health Court, Drug Court, Special Offenders Probation and Parole Services for those with mental health and/or intellectual disabilities, Mental Health Forensic Case Management, and Mental Health Hospital/Forensic Intake Worker. In addition, LCBDHS has developed tools that help the justice system in determining the best course of action for someone who is being released from jail that has no permanent housing to return too.

LCBHDS estimates that nearly 80% of the people working with the PATH programs have some sort of criminal history. It is estimated that 25% have felonies. The group that Lancaster has found to have the greatest barrier to finding permanent housing are people with convictions that would place them on the Sexual Offender's list, arson, manufacture/sales/distribution of controlled substances and multiple convictions of domestic violence.

The County of Lancaster through Probation/Parole Services provide Crisis Intervention Training (CIT) to both local and state law enforcement and the local prison guards. While not every officer or police jurisdiction has participated in CIT, there have been many officers trained in the last several years the CIT program has been established. There are community providers, including CSG, who provide Mental Health First Aid trainings for local and state law enforcement, prison guards and probation and parole officers. It is hard to estimate the number of law enforcement officers who have been trained since there are so many jurisdictions of local, state and federal officers who are responsible to Lancaster County.

Veterans –

Neither PATH program contracted with LCBHDS targets veterans for service but will assist both in finding housing and accessing the appropriate veteran's services if eligible.

CTI: Will serve veterans who are open with agency to find housing. They also have access to funding for SD/FMR.

Outreach: Will assist veterans in accessing veteran services if they meet necessary criteria and if needed. HOCM will also link these people with other housing or mental health services as needed if they are not eligible for veteran's services.

Tobacco Policy –

LCBHDS has tobacco free facilities. No smoking is permitted on county property. Employees are encouraged to adopt tobacco-free lifestyles. There are no regulations in place regarding LCBHDS clients, but they are not permitted to smoke on county grounds.

CSG has a no smoking /vaping on grounds policy. They also ask that individuals refrain from smoking while meeting with them when out in the community and have not had issues with this request. There is no specific policy for the PATH program, but HOCM and individuals enrolled in service follow the CSG policy.

CTI staff and individuals enrolled in the program follow the policy of Tenfold. Smoking is not permitted indoors in any of Tenfold's office facilities. Employees or clients wishing to smoke must do so in designated areas outside. Smoking is not permitted in the garage, or in the parking/ driveway area in front of the garage.

Health Disparities Impact Statement –

Lancaster County has identified the Youth and Young Adult (YYA) and those who are chronically homeless as subpopulations that are our most vulnerable populations. In addition to those, Lancaster is also recommending rural homelessness as another subpopulation that is vulnerable. With most of the services and outreach done in the urban center, the outlining rural areas are not fully served. This population is extremely challenging to serve due to large geographical area, lack of community resources to identify those in need and a very different cultural identity to those in urban and suburban areas.

Both programs will serve YYA. PATH CTI will have at least 50% of their caseload dedicated to the YYA population. Tenfold expects to serve 10 people in this subpopulation. Additionally, PATH HOCM will serve approximately another 10 people within this subpopulation based on the percentage who are homeless within this age range. We project that the total amount expended on this subpopulation will be approximately $38,275 for Tenfold's PATH CTI and $8,286 for CSG's PATH HOCM. These services will include outreach and supportive housing services but will be able to access any of the additional services and/or resource offered by LCBHDS if opened with the office. We will work with LCBHDS's and CSG's Transitional Age Case Mangers in linking these young adults to PATH services and other mental health and/or drug and alcohol services. If the young adult is identified as homeless and with mental illness and/or drug and alcohol issues, CSG's PATH HOCM will attempt to engage with them and linking them to community and public services. These contacts will be tracked in HMIS through entry exit and service provision entries.

LCBHDS has several services dedicated to the YYA population. These services include Transitional Age Intensive Case management, Transitional Age Residential Program, Transitional Age groups and skill building classes and the half a caseload of the PATH CTI dedicated to housing and follow-up of this age group. LCBHDS reviews these cases through a

group of professionals who meet to discuss specific cases and current trends with this subpopulation.

Limited English Proficiency –

LCBHDS requires all contracted providers to provide services to limited English proficiency people. Each provider either accesses an interpretation service or employs bi-lingual staff to assure every person in services can be communicated with, including those who are deaf and hard of hearing. LCBHDS also contracts with interpretation services for every language, including sign.

Budget Narrative –

Personnel:

Cost associated with a portion of the salaries for the Critical Time Intervention Worker and Outreach Case Managers who will provide the direct service provision. Cost associated with a portion of the Team Leader who provides direct supervision to the CTI Worker. This line item includes the following breakdown: $55,116 in Federal PATH, $18,372 in State PATH and $3,492 in other funding for a total of $76,080.

Fringe Benefits:

Cost associated with a portion of fringe benefits that include employer shared taxes, physical health, dental and optical insurance, employer shared retirement plans, worker compensation insurance and unemployment insurance for each of the above funded position. This is based on the same allocation methodology used to calculate the portion of the PATH grant that fund the salaries of each position. This line item includes the following breakdown: $13,405 in Federal PATH, $4,468 in State PATH and $0 in other funding for a total of $17,873.

Travel:

Provide mileage reimbursement to employees for utilizing their own vehicles to provide services to participants in the PATH funded program within the community or at their home in Lancaster County. This line item includes the following breakdown: $4,125 in Federal PATH, $1,375 in State PATH and $0 in other funding for a total of $5,500.

Equipment:

Cost of replacement and/or maintenance of existing equipment in supporting PATH funded positions and services. This line item includes the following breakdown: $378 in Federal PATH, $126 in State PATH and $0 in other funding for a total of $504.

Supplies:

Costs associated with office supplies needed to do day to day business of the PATH program. This line includes Consumer Related Supplies which are small household items and personal

hygiene items. This line item includes the following breakdown: $538 in Federal PATH, $179 in State PATH and $654 in other funding for a total of $1,371.

Other:

Staff training and costs associated with training and education to increase the competencies of the staff who provide services to the participants of the PATH funded programs. Building and equipment maintenance is for equipment upkeep like copiers and scanners and for office building upkeep. Purchased services would be the professional services the organization needs to maintain their computer technology associated with direct service provision, audits required by contract and regulations and other outsourced services to support the program under the agency. Protective Payee Services is a service offered to the participants of the PATH funded program to support them in managing their income to assure timely payment of rent, bills and other cost associated with maintaining a home. Communication cost would include telephone, cell telephone and internet access associated with direct service provision. Utilities are costs that include electric, gas, oil, trash removal, water and sewer associated to the office space used by the direct service staff. Office rent is the rent allocated to the program for space utilized by the direct service staff. Insurances would include professional liability, umbrella, property insurance and other liability insurance. Administrative costs would be allocated indirect costs associate with implementing the PATH funded program. These include salaries and benefits of the indirect or support staff and rent, utilities, communication, purchased services, supplies and equipment allocated in administrative support of the PATH funded program. This line item includes the following breakdown: $17,537 in Federal PATH, $5,846 in State PATH and $0 in other funding for a total of $23,382.

In – Kind Supports:

The participants will have access to mental health services provided through county funding to include treatment, psychiatric rehabilitation, vocational, social rehabilitation, case management, housing supports and advocacy/self-help services

***See Budget Table on next page**

Lancaster County
PATH Program
FY 2021-22 Total Budget

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Position				
CTI Worker	$36,980	1 FTE	$36,980	$36,980
Team Leader	$57,592	0.07 FTE	$4,031	$4,031
Outreach Case Manager	$30,387	.8 FTE	$30,387	$30,387
Outreach CM Supervisor	$55,818	0.1 FTE	$5,582	$5,582
sub-total	**$180,777**	**1.97 FTE**	**$76,980**	**$76,980**

Fringe Benefits				
CTI Worker				$10,611
Team Leader				$1,962
Outreach Case Manager				$3,746
Outreach CM Supervisor				$1,554
sub-total				**$17,873**
Travel				
Local Travel for Outreach				$5,500
sub-total				**$5,500**
Equipment				
Replacement and/or maintenance of existing equipment				$504
sub-total				**$504**
Supplies				
Office Supplies				$717
Consumer related items				$654
sub-total				**$1,371**
Other				
Staff training				$1,100
Building and Equipment Maintenance				$2,287
Purchased Services				$4,201
Communication				$2,289
Utilities				$702
Admin Costs				$11,560
Office Rent				$668
Insurance				$575
sub-total				**$23,382**
Total PATH Budget			**$125,610**	

Lehigh County - Lehigh County MH/ID/D&A/HealthChoices Program
17 South 7th Street
Allentown, PA 18101
Contact: Wendy Mingora
Email Address:

Provider Type: Social service agency
PDX ID: PA-014
State Provider ID: 4214
Contact Phone #: 6107823135

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 51,680.00**	**$ 17,227.00**	**$ 68,907.00**	

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

Office: Other (Describe in Comments)	$ 51,680.00	$ 17,227.00	$ 68,907.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 51,680.00	$ 17,227.00	$ 68,907.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 51,680.00	$ 17,227.00	$ 68,907.00	

Source(s) of Match Dollars for State Funds:

Lehigh County MH/ID program will receive a total of $68,907 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 30

Estimated Number of Persons to be Enrolled: 15

Estimated Number of Persons to be Contacted who are Literally Homeless: 8

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Lehigh County MH/ID/D&A PATH Intended Use Plan
FY 2022-2023

Local Provider Description

Lehigh County MH/ID/D&A/HealthChoices Program is the sole recipient of PATH funding. Lehigh County Mental Health, Lehigh County Government Center, 17 South Seventh Street, Allentown, PA 18101. In PDX we are listed as: PA-014 Lehigh County Mental Health/Mental Retardation. The Mental Health Program manages federal, state, and local funds to provide comprehensive, community-based, recovery-oriented services. These services include, but are not limited to: outpatient, partial hospitalization, residential, vocational, and specialized case management for individuals with a severe mental illness. The region served is Lehigh County, which includes the City of Allentown, part of the City of Bethlehem and numerous smaller municipalities. Lehigh County will receive a federal allocation of $51,680 and a state match of $17,227 for a total of $68,907 for the fiscal year 2022/2023.

Collaboration with HUD Continuum of Care (CoC) Program

Lehigh County MH is now a coordinated entry site in our county. Homeless individuals can walk in to our Information & Referral waiting room to see a caseworker. The caseworker will then complete the online questionnaire/application with the individuals. This will then place them on lists for further services. Lehigh County participates quarterly in the CoC meetings held at Wernersville State Hospital. Lehigh County actively participates in the Homeless Intervention & Client Case Planning (HICCP) meeting. We track all outreach referrals received through Homeless Support Services. Additionally, The Lehigh County Reinvestment Housing Plan entails a comprehensive plan to address the need for decent, safe, and affordable housing for mental health individuals in our community. Consumer representatives actively participate in the planning process. Our Lead Agency for Continuum of Care is Diana T Meyers & Associates.

Collaboration with Local Community Organizations

The County of Lehigh works and partners with many community organizations that provide services to our PATH eligible individuals. These services may include outreach, primary health care, behavioral health services, housing supports, and employment and/or life skills services. The agencies providing these services include: local hospitals, hospital programs, food banks, outpatient clinics, shelters, vocational programs, etc.

Service Provision

Path eligibility is determined by reviewing if an individual is homeless or at imminent risk of homeless and when the person is identified as having serious and persistent mental illness. Enrollment occurs when the individual agrees to enrollment. Usually this will be the same day they sign the PATH enrollment/release forms and do the PATH goal plan. We will then require documentation of homelessness through an eviction notice or homeless letter. We will also collect documentation from the mental health treatment provider of the serious and persistent mental illness.

The Lehigh County Housing Case management staff work closely with the agencies in our community that are doing outreach and working with the literally homeless population. We have developed relationships with these agencies and have made them aware of the availability of PATH funds. Conference of Churches targets street outreach. Our priority at initial contact is to provide case management services which may include other case managers in our agency working closely with our housing staff to discuss situations when they have an individual who is homeless. Our county case managers work with the Conference of Churches housing case manager to provide maximum use of PATH money and other available resources.

Lehigh County maximizes the use of PATH funds by leveraging use of other available funds for PATH services. Agencies we connect individuals with include but are not limited to: Goodwill, Office of Vocational Rehabilitation, Recovery Education, D&A services, Clubhouse, Daybreak, Drop In Centers, Food Banks, Peer Mentor, Certified Peer Specialists, Veterans Affairs, Conference of Churches, Furniture Depot, Soup Kitchens, VNA nurses, Health Clinics, Street Medicine, Specialized Case Management, Partial Hospitalization Programs, Peer supports, Valley Housing, Section 8, Overlook Housing Authorities, Social Security, Department of Public Welfare, Unemployment Compensation, Domestic Relations, Turning Point, Pathways, Homeless Support Services, Representative Payee, Guardianship……

There are many gaps in our current service systems. We struggle to work effectively with transitional age youth that often have no income and have to endure homelessness to be eligible for Social Security benefits. There is not enough housing that is affordable for individuals with Social Security incomes. We are in great need of Section 8 housing vouchers. Our Section 8 wait list has been long for years. Housing eligibility requirements can limit people's access to housing including individuals with criminal records being barred from site-based subsidies. We do not have programs/resources to support people experiencing a financial or personal crisis that may cause them to lose their housing. Individuals with Mental Illness and chronic homelessness may struggle to maintain a steady source of income. There is a lack of furnished single room occupancies (SROs) that are affordable.

The PATH program provides case management, screening, and referral to individuals with mental illness and/or substance abuse disorders who are homeless or in danger of becoming homeless. Additionally, there are many community programs that we refer to. Some of those include: Step-by-Step – which offers a dual program where individuals can access treatment and case management services; The Lehigh Valley D&A Intake Services – which assesses individuals with co-occurring disorders, makes recommendations regarding D&A treatment or rehabilitation placement, and provides intensive case management services, this is done through various agencies in our county; The Allentown Rescue Mission – which offers a D&A residential program in addition to shelter services; and outpatient clinics such as Hispanic American Organization and Haven House – which have programs and groups which include Drug & Alcohol treatment components.

The Lehigh County Mental Health office is not required to follow 42 CFR Part 2 regulations. We are not collecting records on Drug and Alcohol Treatment for individuals. Lehigh County follows the Health Insurance Portability & Accountability Act of 1996 (HIPAA). We notify each individual of what the Act means and their rights under the Act.

Lehigh County offers several programs to directly assist individuals with criminal justice involvement. We offer MISA, Re-Entry and SPORE. Team MISA has an initial goal of diverting low risk MH offenders from incarceration or in the very early stages of incarceration. The meetings are scheduled weekly as a "think tank" for the involved parties to streamline processes and expedite appropriate releases from jail. The success of the group hinges on collaboration and ensuring that there are decision makers, as well as front line staff, at the table. The team meets weekly to discuss new referrals and any updates on "old" referrals. Each team member collects all information from their respective office, has information releases signed when necessary, and collectively, the team discusses the most appropriate and expeditious approach to manage the case. Recommendations for any type of release do not require unanimous agreement; however, if any member believes that the defendant presents a threat to self or others, the release is tabled. Plans of action are developed. The Re-entry Committee is a multi-disciplinary team that meets every other week to discuss and develop re-entry plans for inmates who have a variety of needs including mental health and/or intellectual disabilities. S.P.O.R.E. is a joint program that supervises those offenders that have mental illness and/or mental retardation that have received a county term of probation or parole. S.P.O.R.E. integrates the criminal justice system of Lehigh County and the Mental Health/Intellectual Disability systems of Lehigh County. This collaborative effort combines the resources of two systems in order to provide a greater positive impact on behalf of the client. Adult S.P.O.R.E. can provide two main functions; one being a diagnostic function and the other a case management/supervision function.

Data

Our PATH staff are entering all PATH individuals in the PA HMIS system. We are using the Client Track System. We have a HMIS new user guide for reference. Lehigh County will continue to participate in any web trainings available for the HMIS system. DCED is the PA HMIS Administrator.

Housing

PATH funds are utilized for security deposits and rental assistance to prevent eviction. The Lehigh County PATH case managers maintain an extensive list of landlords and constantly update lists of available housing. Lehigh County has used reinvestment dollars to fund housing programs partnering with PHFA, Allentown Housing Authority and Pennrose Management. We have been able to provide and maintain about 40 individuals in subsidized housing units. The Fountain Street Bridge Program continues to offer a transitional housing program and allows individuals the ability to have access to decent, safe and affordable housing on a short-term basis while waiting for a permanent housing option. The PATH case managers work with each individual Case Manager to ensure that housing goals are met.

Staff Information

Staff serving the PATH individuals at the county and at the various community organizations are of both sexes, a variety of ethic backgrounds and between the same age ranges as the individuals they serve. Our PATH staff are involved in ongoing trainings offered through the county, community and most recently through webinars. PATH staff provides services sensitive to age, gender, racial/ethnic diversity by being seasoned workers who have been trained in gender/age/cultural competency. We have the ability to use other case managers to do translating and to use a telephone service that allows us to communicate with a person speaking any language. We have paperwork that is printed in English and Spanish, as those are the languages that are most consistent with the population we serve. Staff have received training in cultural competency and sensitivity and are encouraged to attend “refresher” courses on an annual basis. PATH staff are well versed on the unique needs of people with a mental illness and are able to assist staff of other agencies in their sensitivity working with all populations. We do not have PATH staff that are peers directly working for Lehigh County MH.

Client Information

In FY 2022/2023, we project serving around 30 individuals. We project enrolling about 15 individuals. From recent years, we have found that about 50% of the individuals served with PATH funds are “literally” homeless, 72% of individuals enrolled by PATH were Caucasian, 25% were Hispanic/Latino/Black or African American, with many individuals falling into more than one category. All individuals served were between the ages of 18 to 64 years, 85% were 35 years of age or older, and both females and males are served close to equally.

Consumer Involvement

Persons who are homeless and have serious mental illness and family members are involved in the planning, implementation, and evaluation of PATH funded services through active participation in Mental Health Planning process. Individuals and/or family members are represented on the Mental Health and HealthChoices Advisory Boards and are well represented on the Mental Health Planning Committee. Individuals will continue to provide the actual direction of the Reinvestment Plan Housing Initiatives by identifying their needs and collaborating with the stakeholders regarding their services. We have no PATH eligible individuals on our board at this time.

Alignment with State Comprehensive Mental Health Services Plan

Our PATH program supports the efforts to reduce/eliminate chronic homelessness in the state by providing and linking to all services in our community that are available. Our goal in Lehigh County is to house the most chronically homeless and mentally ill. Some of the programs helping individuals are through Seneca House and our MISA programs. PATH integrates with the Continuum of Care (CoC) planning through RHAB. The CoC also provides housing (subsidies, master leases) for people who are homeless. In regards to disaster preparedness, Lehigh County meets with the City of Allentown and County of Lehigh Emergency Management staff as part of the homeless, winter sheltering workgroup. PATH can be used to house people who are displaced and become homeless in an emergency. We work with prioritizing the Transitional Age Youth (TAY) population that is homeless.

Other Designated Funds

In Lehigh County we have a Mental Health Block Grant. PATH funding and services are not a part of the Block Grant. PATH funding is only used for PATH services. PATH funding is kept separate. We do give providers funds through our Block Grant that are earmarked to serve people with homelessness and serious mental illness. We work with Valley Housing and our Health Choices programs provides money for Conference of Churches Clearinghouse program. These additional funds are not specifically for PATH.

Programmatic and Financial Oversight

Lehigh County Mental Health is the provider organization that is using the PATH funds through our program. We are internally auditing our program through many levels of services including case management, supervision, our fiscal department and our fiscal officers. This auditing is on a monthly and quarterly basis along with PATH case managers that work with the organizations daily.

SSI/SSDI Outreach, Access, Recovery (SOAR)

In Lehigh County we have 3 staff trained to do SOAR applications. We also work with staff at Conference of Churches in order to assist individuals in the SOAR application process. Conference of Churches does have trained SOAR staff. PATH staff directly assist individuals in reviewing their individual situation in order to help them apply for benefits they may qualify for. We can work with any of those case workers in order to refer someone for help applying through SOAR or they can refer individuals to the PATH program. We have served zero people with SOAR last year.

Coordinated Entry

Lehigh County is now a site for the Continuum of Care Coordinated Entry for Homeless Services. Individuals will come to our Information and Referral office. By coordinating entry we can prioritize housing and services for families and individuals based on vulnerability and severity of need. We do consider housing for the most needy person first. We screen within our agency. Only outdoor homeless and individuals living in shelters are eligible for some of our available programs.

Justice Involved

Lehigh County is very proactive in training police in the areas of mental health, de-escalation, and crisis intervention. The Director of Forensic Services has held annual CIT trainings for the police departments that have jurisdiction in Lehigh County since 2014. To date 148 police officers have been CIT Trained representing 15 different police department, including Lehigh County Sherifs Department and 2 college campus police departments. He also provides a 2 day mental health training for police twice a year and about 50 officers have received it. He provides a 4 hour mental health training to every new hire of the Allentown Police department, the largest police department in Lehigh County. In the last 2 years two professors (one criminologist and one psychologist) performed a study on the trainings resulting in great improvements to these trainings resulting in greater officer learning and skill development.

In Lehigh County, many of our enrolled PATH individuals are criminally involved and or have a criminal history. We have a program called Team MISA (Mental Illness Substance Abuse). Team MISA is comprised of a variety of disciplines within the County, including the District Attorney's Office, Lehigh Valley Pre-Trial Services, MH/ID, SPORE, D&A, Lehigh County Prison (treatment, administration, and case managers), Probation/ Parole and the Public Defender's Office. The meeting is chaired by the first Assistant DA. The success of the group results from the collaboration and participation of department heads, as well as front line staff, at the table. The team meets weekly to discuss new referrals and any updates on ongoing cases that are involved in the criminal justice system. Members collect and present pertinent information from their office which the team discusses to develop the most appropriate plan to most appropriately address the individual's situation in the most clinically appropriate manner.

Veterans

The Lehigh County Mental Health office participates as part of the DA's Veteran Mentor Program and makes referrals for appropriate supports and services as needs. Our office also works closely with Lehigh County's Office of Veterans' Affairs and participates on the RHAB.

Tobacco Policy

In regards to a non-smoking/vaping and smoking cessation policy, Lehigh County now pays a stipend to employee's that do not smoke/vape and/or are willing to participate in a smoking cessation training video.

Health Disparities Impact Statement

We work with many subpopulations in working with the Serious Mentally Ill population. One of the subpopulations we are working with is the YYA (Youth and Young Adult) Population. Based on previous years, we would predict serving around 3 YYA this year. Last year about 5% of the people serviced were in our Transitional Age Youth group. The funds expected to be used for them would be around $5,000. An individual in the YYA population may need PATH funds for security deposit or rental assistance. We are attempting to make the community aware of the availability of PATH funds for individuals in the YYA population.

Limited English Proficiency

Lehigh county staff are called upon in order to provide direct Bi-Lingual services to individuals when they come in the Government Center. We have a diverse speaking group of staff who are willing to act as an in person translator when needed. If a translator is not available, we use Propio Language Services to get a translator on the phone line whether we are in the community or in the main office building. We have paperwork that is written in English and Spanish. We connect individuals to ongoing services in their native language. This might include case management, therapy, doctors, etc.

Lehigh County MH/ID Program
PATH Budget
FY 2022-2023

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Position				
Sr. Case Manager 2	$76,325	.3 FTE	$22,898	$22,898
Program Specialist/Supervisor	$91,936	.1 FTE	$9,194	$9,194
sub-total				**$32,092**
Fringe Benefits				
Case Mngr Benefits	$26,935		$8,081	$8,081
Prog Spec Benefits	$32,444		$3,244	$3,244
sub-total				**$11,325**
Travel				
Travel-train/workshps/mtgs				$200
sub-total				**$200**
PATH Assistance Payments				
Rental Assistance				$16,000
Security Deposits				$8,155
Utility Payments				$1,000
Sub-Total				**$25,155**
Other				
Postage				$35
Trainings				$100
Sub-total				**$135**
Total PATH Budget			**$68,907**	

Lehigh County MH/ID/D&A – Budget Narrative
FY 2022-2023

Use of Path Funds:
Lehigh County will receive a federal allocation of $51,680 and a state match of $17,227 for a total of $68,907 for the fiscal year 2022/2023. The county will be spending around $406,024 on housing from other county funding sources combined.

Personnel:
A portion of the 1 Senior Housing Case Managers and of the 1 Program Specialist/Supervisor's salaries are PATH funded.

Travel:
Our travel expense is used mainly for traveling to meet with possible PATH eligible individuals. It would also include: Travel to housing meetings and to give presentations at provider meetings and other community agencies.

Rental assistance:
The rental assistance is used to assist eligible PATH individuals for the purpose of preventing eviction and subsequent homelessness.

Security Deposits:
The security deposit assistance is used to make a one-time payments directly to the landlord or housing manager.

Utility Assistance:
Utility Assistance is used to make a one-time payment directly to a utility company in the case where the individual would have been evicted due to utility non-payment. This would be the case in which an individual got behind but is now able to show how continued payment will occur in the future.

Postage:
The postage expense is used to send out information on the PATH program. This may include: mailing rental and security deposit checks, sending correspondence to individuals, and mailing housing grant information.

Training:
The training expense includes covering the registration costs accrued as the housing case manager attends necessary workshops, trainings and conferences that will enhance the ability of the housing case manager to provide PATH effective services.

Luzerne/Wyoming: Children's Service Center/Robinson Counseling Center of Wyoming Valley, Inc.
335 S Franklin St
Wilkes-Barre, PA 18702
Contact: Shari Pisarcik
Email Address:

Provider Type: Community mental health center
PDX ID: PA - 081
State Provider ID:
Contact Phone #: 570-825-6425

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**Detailed budgets and narratives are included in individual provider IUPs.**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 51,680.00**	**$ 17,227.00**	**$ 68,907.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 51,680.00	$ 17,227.00	$ 68,907.00	Detailed budgets and narratives are provided in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 51,680.00	$ 17,227.00	$ 68,907.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 51,680.00	$ 17,227.00	$ 68,907.00	

Source(s) of Match Dollars for State Funds:

Luzerne/Wyoming Counties Children's Service Center/Robinson Counseling Center will receive a total of $68.907 in federal and state PATH funds. Detailed budgets and narratives are provided in individual provider IUPs.

Estimated Number of Persons to be Contacted: 150

Estimated Number of Persons to be Enrolled: 70

Estimated Number of Persons to be Contacted who are Literally Homeless: 85

Number staff trained in SOAR in grant year ending in 2021: 2

Number of PATH-funded consumers assisted through SOAR: 0

Luzerne/Wyoming Counties

Children's Service Center/Robinson Counseling Center

2022-2023 PATH IUP

Local Provider Description

Children's Service Center/Robinson Counseling Center

335 S. Franklin St.

Wilkes-Barre, PA 18702

570-825-6425

PDX: PA-081 Luzerne/Wyoming: Children's Service Center/Robinson Counseling Center of Wyoming Valley, Inc.

Children's Service Center/Robinson Counseling Center (CSC/RCC) is a large non-profit community mental health /substance use disorder clinic that is deeply committed to the wellness of children, adolescents and adults in our community. It is an integrated health care system that offers individual/group/family counseling, SUD services, Blended Case Management, Homeless Advocate, Peer Support Programs, medication management and integrated medical services (physical, mental and pharmaceutical services). CSC/RCC staff are able to identify and link to community resources and have cooperative relationships with other community organizations. Total PATH funding allocation is $68,907 of which $51,680 is federal and $17,227 is state match.

Collaboration with HUD Continuum of Care (CoC) Program

The Luzerne County CoC includes Wilkes-Barre, Hazleton and Luzerne County. The CoC had met on a monthly basis before the COVID-19 pandemic emergency. Since then meetings have been scheduled by the Commission on Economic Opportunity as needed. CSC/RCC PATH Homeless Advocate works with CoC /HUD providers to coordinate services for the homeless and those who are at risk of homelessness who are mentally ill. CSC/RCC are an active part of an Emergency Planning and Intervention Team that helps to resolve difficult problems with homeless/at risk of homelessness individuals that may involve mental illness, substance abuse, legal issues, physical disabilities etc. in Luzerne/Wyoming Counties.

Luzerne County Continuum of Care contact is through Commission on Economic Opportunity at

#570-826-0510

Collaboration with Local Community Organizations

Mental Health:

- o Children's Service Center/Robinson Counseling Center - home agency - full service community integrated mental health agency servicing children and their families and adults, ability to facilitate rapid involvement in services/SOAR consultations
- o Community Counseling Services - community mental health agency in northern Luzerne county - provide coordination when their consumers are in shelters
- o Northeast Counseling Services - community mental health agency in southern Luzerne County – provide coordination when their consumers are in shelters/SOAR consultations

Housing:

- O Step by Step - Community Residential Rehab and Supported Living provider - Mutual referrals based on consumer needs
- o Mother Theresa's Haven - Men's emergency shelter - outreach at the shelter to identify residents who request or need mental health services
- o Commission on Economic Opportunity (housing assistance) - HUD-funded permanent supported housing programs; rental, mortgage and utility assistance; medication purchase assistance - outreach to CEO when a consumer presents who requests or appears to need mental health services
- o VA Transitional Housing Programs
- o Local Housing Authorities (permanent Housing) - Section 8 and subsidized housing - outreach as needed to tenants or applicants who may be in danger of becoming homeless
- o Ruth's Place - Women's emergency Shelter - weekly outreach to the shelter to meet with residents and involvement in weekly planning meeting
- o Catholic Social Services Bridge to Independence - provides housing and supportive services for young adults ages 18-26 who have mental health concerns
- o Domestic Violence Service Center - Emergency Shelter/Transitional Housing for single women 18 and older and female parent with child/children who are experiencing domestic violence
- o Catherine McAuley House - emergency shelter for women with children
- o Volunteers of America - Manna House - Transitional housing for ages 18-25, Master Leasing Program
- o Valley Youth House - Transitional housing for transition age youth
- o Salvation Army Kirby Family House - Transitional housing for families
  - o Allied Services- Community Residential Rehab and Supported Living Services

Health:

- o Wilkes-Barre General Hospital - outreach at the request of nurse case managers to patients who are homeless and in need of services and community resources
- o Geisinger Wyoming Valley Hospital /Geisinger South Hospital- outreach at the request of nurse case managers to patients who are homeless and in need of services and community resources
- o McKinney Clinic - Healthcare for the Homeless provider - outreach at the request of clinic staff to patients who are homeless and in need of services

o Volunteer in Medicine Clinic - Clinic for working individuals with no insurance - outreach at the request of clinic staff to patients who are homeless and in need of services
o The Wright Center - walk in healthcare clinic located at Children's Service Center

Substance Use Disorders:

- Robinson Counseling Center SUD-Home Agency-Outpatient Drug and Alcohol Services and CRS Services
- Choices Drug & Alcohol Services – mutual referrals based on consumer need

o Wyoming Valley Alcohol & Drug Services (outpatient and intensive outpatient) - mutual referrals based on consumer need
o Luzerne County Drug and Alcohol Case Management-mutual referrals based on consumer need

Employment:

o Office of Vocational Rehabilitation - Local OVR office has a representative at Community Counseling Services who is available for rapid enrollment into services
o Step-by-Step - Supported employment - referrals to /for supported employment
o The Greenhouse - Clubhouse Model - TEPs, supported employment, Psychiatric Rehabilitation - mutual referrals based on consumer need

Service Provision

PATH eligibility is determined through the engagement process. As soon as a diagnosis of serious mental illness is determined, housing status confirmed and participants consents to enrollment they are deemed PATH eligible and can be enrolled in the service. Having the Homeless Advocate embedded in the community mental health setting makes connecting consumers to services a seamless process. Our PATH program does not have a Certified Peer Specialist. Our agency does have CPS's/ CRS's in other programs. Those programs have referred to our PATH services when needed.

The PATH funds are used to:

1. Homeless Advocate-primary responsibility is to engage with the homeless and/or those at risk of homelessness who have a mental illness. Assists with obtaining housing using all available resources in the community, entitlements, educational, vocational or any community services as needed. Helps to connect to Community Residential Rehab settings and refers to Mental Health, SUD, Case Management and Supported Living services to help the individual to live well in their community.
2. Monetary assistance for housing when needed
3. Birth certificates for the homeless
4. Photo ID's for the homeless
5. Equipment for those who are living outdoors
6. Basic household cleaning supplies/furniture/bedding

7. Pots/pans/dishes silverware
8. Laundromat gift cards
9. Haircut gift cards
10. Grocery store/Basic needs gift cards
11. Winter Coats, Boots, hats, gloves, socks
12. Bicycles to assist with transportation
13. Help with obtaining bus passes
14. As needed support based on individual need

Gaps in current service system: Numbers of those that are homeless and/or at risk of homelessness has increased in our area due to many factors: mental illness, substance use disorders, unemployment/underemployed, legal issues, those displaced from housing due to fire, evictions, loss of income source etc. Many have difficulty following treatment recommendations, taking prescribed medications to reduce mental health symptoms and/or attending counseling services for mental health and/or substance use disorders. Many residential providers, both subsidized and non-subsidized, have strict requirements on behaviors/legal issues (both present and past) that prevent many severely ill people from finding adequate housing. At this time only the women in upper Luzerne County have a permanent Shelter (Ruth's Place). The men's shelter (Mother Teresa's Haven) is staying at one local church facility due to the pandemic. A shelter in Hazleton, PA (Divine Providence) serves men and women. Wilkes-Barre City opened a Code Blue temporary shelter this winter for when the temperature is 20 degrees and below at night or if there is more than 12 inches of snow. It serves both men and women. Keystone Mission administers the program.

Co-occurring Services available: All CSC/RCC consumers are assessed for both Mental Health and Substance Use Disorders when entering all services. The Homeless Advocate will assess when outreaching into the community or receiving a referral from any provider agency. Referrals are made as needed to the appropriate service within CSC/RCC and/or to community agencies. Detox, inpatient rehabilitation, intensive outpatient, individual outpatient and Medication Assisted Treatment (MAT) are all available through our local agencies. CSC/RCC offers Substance Use Disorder services, Certified Recovery Specialist services and Co-occurring Case Management services. Individuals also have access to case management services through Luzerne County Drug and Alcohol and Wyoming Valley Alcohol & Drug Services.

42 CFR Part 2 Regulations: CSC/RCC is required to follow 42 CFR Part 2 regulations. Consumers must sign D&A Consent for Release of Confidential Information in order for any information to be disclosed. 42 CFR Part 2 prohibits the unauthorized disclosure of patients records except in limited circumstances.

Data

PATH funded staff received training on the CLARITY HMIS system utilized by the Luzerne County CoC. In addition to having access to the expertise of the lead agency, CSC/RCC has a copy of the user manual. The Commission on Economic Opportunity is the lead HMIS agency and Barbara Gomb is the HMIS director.

Housing

Referrals for housing include: Personal Care Homes, Community Residential Rehabilitation homes, transitional housing, permanent supported housing, Shelter plus Care, Master Leasing, subsidized housing, private housing and home ownership. All are based on participant's wishes and needs. Agencies include Personal Care Home providers. Step-by-Step program, Allied Services, Commission on Economic Opportunity, Housing Development Corporation, Luzerne County Office of Human Services, Public Housing Authorities, Private subsidized providers and private landlords. Rental assistance is available through CEO as funds are available.

Staff Information

The staff funded through PATH are white, female and over age 50. Cultural Competency mandatory education is a yearly educational requirement of the agency. No current PATH staff are CPS's or CRS's.

The Homeless Advocate has 16 years of experience and relationship building, which serves PATH clients well. She seeks out resources to assist the individual while they transition from homelessness to housed.

Client Information

CSC/RCC reported:

- 103 individuals contacted through outreach from the Homeless Advocate of which 56 were enrolled in PATH
- 30 were referred for MH services and 12 attained MH services
- Prior Living situations: 52 were in an emergency shelter, 6 were in a place not meant for habitation, 2 were referred from a psychiatric facility and 2 were staying with family/friends
- Ethnicity: Of the 56 PATH enrolled 85% are non-Hispanic/non-Latin(a)(o)(x) , 15% are Hispanic/Latin (a)(o)(x), 2 were veterans, 23 have a co-occurring disorder
- Ages: Age 18-23=7, Age 24-30=6, Age 31-40=12, Age 41-50=13, Age 51-61=15. Age 62 and over=3
- Gender: Identified as female=29, Identified as male=25, Identified as no single gender=1
- Race: American Indian=1, Asian or Asian American=0, Black, African American or African=6, Native Hawaiian or Pacific Islander=2, White=49

We are anticipating 150 individuals to be contacted during 2022/2023. Of those, we are estimating the # of individuals to enroll in PATH to be 70. Number and percentage of adult clients to be served using PATH funds who are literally homeless: 85 individuals/56%.

Consumer Involvement

Consumers and families are invited to participate in initial planning and development of all services. Each year the county office holds public hearings to accept input for development of the annual plan.

The county has an on-going Mental Health Planning Committee that meets on a regular basis to discuss family and consumer ideas about existing services and development of new services. At this time, Luzerne/Wyoming County has no PATH eligible consumers who are employed as staff, volunteer with provider, serve on a governing board or serve on a formal advisory board.

Alignment with State Comprehensive Mental Health Services Plan

The Homeless Advocate works in accordance with the Luzerne County CoC to meets the needs of homeless individuals we encounter. Agencies involved in the CoC have long used the "no wrong door" approach to prevent shuttling clients from agency to agency. Service providers work together to decrease interruptions in the lives of homeless individuals and their families. Outreach is conducted at programs which serve the homeless and in the community to areas where the homeless can be found to begin to form relationships which can turn into successful engagement and enrollment. CSC/RCC work with Luzerne County emergency management services in the event of a natural disaster to help meet the needs of those with SMI and the homeless.

Other Designated Funds

While PATH funds are used exclusively for the outreach and engagement of homeless individuals, many homeless connect with CSC/RCC through self-referral, crisis service and referrals from many other services. These entries into services are funded through county base dollars as well as Health Choices. PATH is now using funds from the grant for specific needs of the homeless which include: Backpacks filled with necessities, items for outdoor living, Homeless to Housed starter items and miscellaneous items such as Birth Certificates, photo ID's, out of state Birth Certificates, emergency hotel housing.

Programmatic and Financial Oversight

CSC/RCC receives its PATH funding through the Luzerne/Wyoming Counties MH/DS services. CSC/RCC submits an RFP for these services and service provision is monitored through the counties' contract monitoring program

SSI/SSDI outreach, Access and Recovery (SOAR)

PATH Homeless Advocate and Supervisor are PATH trained. We have 2 other staff that are trained in our Adult BCM department. All consumers that are PATH eligible are offered

assistance with SSI/SSD application. PATH Homeless Advocate has not been able to complete an application mostly due to the transient nature of our homeless population. She has been able to assist some individuals to scheduled appointments at Social Security and helps them to follow up with an attorney if an appeal is needed.

Coordinated Entry

Ongoing implementation of the Coordinated Entry System in Luzerne County is key to gathering data which eliminated clients retelling their stories with each agency. Privacy and safety concerns are practiced by all agencies. Individuals are not bounced from agency to agency without a clear handoff to an identified representative. This has been shown to reduce barriers to accessing services.

Justice Involved

PATH participants with criminal backgrounds account for approximately 40%. These individuals present challenges in finding permanent housing. CSC/RCC provides Case Management services to individuals accepted into the Mental Health Specialty Court program. Master Leasing program administered by Volunteers of America assists consumers in obtaining housing despite their criminal history and allows them to garner a good landlord reference after their involvement in the program is completed. Master Leasing is now taking referrals from other programs to offer help with housing. Crisis Intervention Team training has been active in Luzerne/Wyoming Counties for the past 9 years. Two trainings are held per year or as need arises. Officers report feeling more confident in their interactions with persons in crisis. No specific outcomes have been measured.

Veterans

When/If a veteran is identified in the PATH engagement/enrollment process we will ask them for their choice of available services. These services may include but are not limited to: referral to the local VA programs and/or any services that may fit their individual needs in the community.

Tobacco Policy

CSC/RCC is a tobacco/smoke free since 01/01/2003. This includes properties, line of sight and tobacco/smoking products.

Health Disparities Impact Statement

Efforts to support the Youth and Young Adult (YYA), ages 18-30yrs., disparity population by providing the following:

- Expected number of YYA to be contacted is 25, enrolled 10
- Approximately 5% of PATH funds or $3445
- Types of services funded by PATH that are available for YYA individuals include: outreach, screening, enrollment, linkage to services and case management.

CSC/RCC works with other community agencies to ensure transition into housing and treatment resources that fit the needs of the individual consumer.

Limited English Proficiency

CSC/RCC provides services to many consumers with limited English proficiency. We offer some bi-lingual staff and professional medical translation is accessed through Language Line. The service is available via telephone 24 hours per day.

Budget Narrative

Personnel:
The PATH funds are used to fund the Homeless Advocate and a portion of supervisory time for 1 supervisor including SOAR administration time. $36,100 pays the salary of the Homeless Advocate and $6,790 pays 13% or about 5 hours per week of the supervisor's salary. The supervisor participates in CoC meetings, and other meetings related to homeless topics such as the Homeless Coalition meetings, CJAB meetings, etc. The supervisor is the lead SOAR contact for our agency as well as other providers in the county who need assistance. The Director has 5% or 2 hours per week assigned to oversee the program at a cost of $3,750. Total request for salaries is $46,640.

The requests for fringe benefits includes:
FICA tax at 7.65% of wages
Retirement costs at an average of 3% of wages
Health Insurance at a cost of $585 per month
$12,000 is the amount to be expended for fringe benefits of PATH staff.

Travel:
Travel expenses related to PATH duties are estimated at $260 (480 miles at $.54 per mile).

Supplies:
Outreach resources and supplies for PATH population are estimated to be $10,000.

Total PATH allocation is $68,900.

Children's Service Center/Robinson Counseling Center

PATH Program
FY 2022/2023 Budget

	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Position				
Housing Case Manager	$36,100	1.00	$36,100	$36,100
1 Supervisor (5hrs/week)	$52,228	.13	$6,790	$ 6,790
1 Director (2hrs/week)	$75,000	.05	$3,750	$ 3,750
sub-total				**$46,640**
Fringe Benefits				
FICA Tax	$3,500			$3,500
Unemployment				
Retirement	$1,500			$1,500
Life Insurance/Health	$7,000			$7,000
sub-total	$12,000			**$12,000**
Travel				
Local Travel for Outreach	$260			$260
Travel to training and workshops				
sub-total	$260			**$260**
Supplies/Equipment				
Consumer-related items	$10,000			$10,000
sub-total	$10,000			**$10,000**
Other				
Staff training				
One-time rental assistance				
Security deposits				
sub-total				
Total PATH Budget				**$68,900**

Mercer County - Community Counseling Center
2201 E State St
Hermitage, PA 16148
Contact: Fran Billen
Email Address:

Provider Type: Community mental health center
PDX ID: PA-005
State Provider ID: 4205
Contact Phone #: 7249816193

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 33,750.00**	**$ 11,250.00**	**$ 45,000.00**	

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

Office: Other (Describe in Comments)	$ 33,750.00	$ 11,250.00	$ 45,000.00	Community Counseling Center is one of two providers in Mercer Co. Detailed budget can be found in respective IUP budget narrative and budget table.
j. Total Direct Charges (Sum of a-i)	$ 33,750.00	$ 11,250.00	$ 45,000.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 33,750.00	$ 11,250.00	$ 45,000.00	

Source(s) of Match Dollars for State Funds:

Community Counseling Center of Mercer County will receive a total of $45,000 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 50

Estimated Number of Persons to be Enrolled: 40

Estimated Number of Persons to be Contacted who are Literally Homeless: 40

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

2022-2023 PATH IUP
Community Counseling Center of Mercer County

Local Provider Description

Community Counseling Center of Mercer County (CCC) is a comprehensive mental health non-profit agency. It is located at 2201 East State Street, Hermitage, PA 16148. CCC is identified in the PDX as PA-005 Community Counseling Center. The agency has been providing community services to persons with mental illness for over 60 years. Residential Services, specifically Permanent Supportive Housing, was started in the late 1990's. Community Integration Services were available in the early 1980's with its Community Residential Program. All services are available to any resident of Mercer County with housing services provided in both the urban and rural areas.

Annually the agency receives $45,000 in PATH Funding. This funding is used to provide housing services to individuals with mental illness living in Mercer County who are homeless or at risk of homelessness. All referred individuals are entered into the coordinated entry system as part of the HMIS database.

The funds are used to maintain staff members that assist eligible individuals to locate and secure safe affordable housing. If unable to provide services to any individual, staff members will complete a referral to an agency that could provide those services. Also, staff members provide outreach services through the members of the local Housing Coalition, the churches and other local contacts in the county.

CCC is able to provide these services through a contract with the Mercer County Behavioral Health Commission.

Collaboration with HUD Continuum of Care (CoC) Program

As a member of the Western PA Continuum of Care (CoC) PA 601, CCC's Supportive Housing Staff will represent the mental health component of the Northwest Region. These meetings usually occur in a virtual online format.

Locally, Supportive Housing Staff are members of the Mercer County Housing Coalition. The local Housing LHOT for Disabilities is a sub-committee of the local coalition and meets on an as-needed basis. The Supportive Housing Staff relay information from the RHAB and CoC to the local housing coalition as well as provides updates of relevant postings to the state website and trainings available. The Staff also keeps the regional entities updated on the activities of the Mercer County Housing Coalition that affect the CoC and housing opportunities.

With the addition of Coordinated Entry, CCC is a member of the CE Committee. The Staff meets with the other entities doing coordinated entry on a monthly basis to discuss issues and concerns regarding the system.

Collaboration with Community Organizations
The local housing coalition, Mercer County Housing Coalition (MCHC) has an active membership which includes the following agencies: Community Counseling Center, Mercer County Behavioral Health Commission, Veterans Services of Butler, PA, Community Action Partnership of Mercer County, AWARE, Prince of Peace Center, Adult Probation and Parole, Primary Health Network, Self Determination Housing Project, Mercer County Housing Authority, Fair Housing Law Center, Northwest Legal Services and local realtors.

The MCHC provides the opportunity for agencies to network and share resources that are available. Through the membership, documentation of the number of homeless individuals being served in the Mercer County area monthly is distributed and discussed. Information from the RHAB and CoC regarding new funding, additional housing options and trainings is also provided.

Because of the relationship among the members of the MCHC, when an agency has a person that they are unable to service, that agency is able to make an appropriate referral. The outreach of one agency provides referrals to other services to ensure that an individual has access to assistance from all resources in the area. Referrals can be made to Community Counseling Center for Mental Health Services; domestic abuse victims are referred for shelter through AWARE; and others such as those seeking Veteran's services will be made to Community Action Partnership for their specialized programs. This network of agencies coordinates referrals to assist those in need to navigate the multiple resources available with less frustration. Pennsylvania 2-1-1 Southwest is utilized in the area to refer individuals for appropriate services and for Coordinated Entry after business hours.

Service Provision
A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients
Through the use of PATH funds, Community Counseling Center of Mercer County (CCC) is able to support the staff needed to do the outreach into the community to locate and assist those who have a mental health diagnosis and are homeless. We are able to serve any individual who is 18 years of age or older, homeless or at risk of being homeless, has a mental health diagnosis and lives within Mercer County. CCC staff is able to meet the individual wherever they are, as transportation is limited especially in the more rural parts of the county. Once staff has completed the initial contact with the individual and has determined their eligibility into the program, the individual's needs are assessed and the necessary referrals completed. The individual's information is entered into HMIS and the coordinated entry system to accurately collect the data needed to complete the PATH application.

Alignment with PATH goals
Through the use of PATH funds, Community Counseling Center of Mercer County (CCC) is able to provide the staff needed to do outreach in the community to locate and assist those who are disabled and homeless, which aligns with PATH goals. CCC is able to provide services to those who call because they have been evicted and are living in the streets or places not meant for human habitation. CCC often receives referrals through HUD's annual Point in Time Survey due to outreach to the local police departments and food pantries. Once that relationship is

established, it is utilized throughout the year. Because transportation is limited, especially in the rural areas, CCC staff will plan to meet homeless individuals where it is most convenient for the individual. Once staff has met with the individual and has determined their eligibility into the program, the individual's needs are assessed and necessary referrals completed.

Maximizing of PATH funds
PATH funds are used to support staff assigned to the 30-day Respite Rooms for mental health individuals who are homeless. CCC staff assesses the needs of the individuals and make needed referrals. Staff starts the process to help these individuals find and secure safe affordable housing and to access resources available in the community. Once enrolled in the Supportive Housing Program, County Base Funding for mental health services is used to support the person. Medicaid dollars are also accessed to provide therapy and medication management as well as other rehabilitation services.

CCC has been contracted as the sub-grantee in several HUD grants with the first starting in 1999. CCC has provided outreach services with use of PATH Dollars to support its staff in the following ongoing projects:

- Permanent Housing with Supports for 8 single individuals with mental illness with Community Action Partnership of Mercer County;
- The 811 project built through Community Action Partnership of Mercer County. This project is for individuals with mental illness and consists of 2 single apartments.

Gaps in current service system
Over the past years, the housing gap in Mercer County has not changed. The county continues to experience an increasing number of homeless families and individuals without the shelter beds to accommodate them. It has been the goal of the Mercer County Housing Coalition (MCHC) to establish a shelter for these individuals. Currently in Mercer County, there are a large number of individuals in the criminal justice system, who are both homeless and mentally ill, who are facing barriers to housing. Because of the crime(s) they have been convicted of, their options are limited for housing. CCC has joined CJAB of Mercer County and the Integration Sub-Committee for Housing to address this need.

At the present time, CCC has respite rooms located at CCC's Community Residential Rehabilitation facilities, which permit a 30-day stay. AWARE has shelters in the county but they are only for victims of domestic violence. There are a few private shelters for males in the county. Many agencies or faith-based organizations have small amounts of money that can be used to shelter a homeless family or individual for a night or two at the local hotel, but that money is quickly depleted.

Co-occurring services available
CCC offers a variety of services designed for those with both a serious mental illness and a substance abuse disorder. These services are:

- **Intensive outpatient groups and individual sessions** are available for individuals with substance abuse disorders to address their specific issues. Along with group and

individual sessions, individuals are assigned a psychiatrist for Medication Checks and evaluations to address their mental health needs. In 2018, CCC started providing alternative therapy to those individuals dealing with opioid addiction through a grant that was received by the agency.

- **The Community Residential Rehabilitation (CRR) program** is used by individuals as a stepping stone between the hospital and re-integration into the community. The CRR group homes provide a highly structured setting for the residents who have been diverted from the local psychiatric unit or from the community, as opposed to going to the state hospital or a drug and alcohol rehabilitation facility. Many of these individuals were homeless upon admission. The program provides training and assistance in all daily life skills and allows the residents to progress at their own level and ability.

- **Respite Rooms** located within the CRR group homes are used to house individuals who have a dual diagnosis and who are homeless. Individuals can remain in the respite program for 30 days while seeking other permanent housing with the assistance of the PATH staff.
- **The Supportive Housing Program** helps individuals with mental illness and substance abuse to locate, secure and maintain safe affordable housing in Mercer County. All services are provided in the community or in the consumer's home. This is a voluntary program and the person must be willing to accept the services before they are provided. Many of the referrals to the program come from the Emergency Shelter Unit or the Respite rooms.

CCC provides training and supports evidence-based practices through several other funding sources. Through CCC's partnership with other agencies to provide Supportive Services in several HUD projects, funding is received to support staff and evidence-based services provided to their participants. CCC also receives mental health base funding through Mercer County Behavioral Health Commission which supports training for staff and activities associated with the collection of PATH data in the HMIS System. Lastly, CCC provides evidence-based practices such as Psychiatric Rehabilitation Services which are billable services through Beacon Behavioral health, the MCO.

42 CFR Part 2 regulations
CCC is required to follow 42 CFR part 2 regulations and has developed a specific policy and procedures to ensure the confidentiality of those participants. Access to client records is limited to clinical and support staff on a need to know basis. There is also firewall protection and password protocols in place to provide security.

Justice-involved
In Mercer County, the Mercer County Behavioral Health Commission has a staff member within the criminal justice system who makes the referrals to CCC for housing and services through their jail re-entry project. CCC's respite room has been utilized to assist with an individual's re-entry into the community. The CCC staff works with the individual to meet their housing needs and to refer them to other services such as therapy, drug and alcohol programs, medication management, employment and life skills development. CCC is assisting CJAB in their attempt to secure additional funding through a PCCD grant for a re-entry coordinator to work with the

individuals while incarcerated.

The challenge with the criminal justice population is due to the restrictions that apply when an individual has a criminal record. Many landlords will not rent to them and the local Housing Authority reviews each case to determine eligibility. In these instances, CCC utilizes its Master Leasing Program, where CCC holds the lease and the individual enters into a sublease as a participant in that program. CCC has also admitted many individuals into the CRR Program to help individuals learn daily living skills and then transition back into the community.

Data
At present time, CCC staff are entering data in the HMIS system for individuals who are entered into the PATH program. All of the outreach contacts made at CCC are entered into HMIS. The data includes individual contact information as well as all referrals made and attained by the program participants. CCC has multiple users imputing data into HMIS and a Clerical Staff person is the local system manager. The Supportive Housing Staff are able to run reports to ensure that data is entered and individuals are exited from the program in a timely manner. All HMIS users have viewed the needed trainings listed on the PA HMIS website through DCED and will attend all additional and updated training as needed. ClientTrack maintains its user manual on the site.

Housing
Community Counseling Center of Mercer County (CCC) is able to offer an individual eligible for PATH services several different housing options. This includes respite rooms available. These sites are available for 30 days while permanent housing is sought. If neither housing option is available, other agencies through the local housing coalition will be contacted to provide emergency shelter for the individual. Other agencies such as Prince of Peace Center, Salvation Army, Good Shepherd Center of Greenville and AWARE may be able to assist with housing through their homeless programs. There are a few men's shelters in the Mercer County Area, but no adequate shelters for families or single women. If no other option is available, then housing through a faith-based organization is explored. Faith-based organizations can sometimes offer funds to provide one or two-night stays at a local hotel/motel. Once the immediate housing need has been met, the individual will meet with a caseworker to discuss their housing needs and what services are appropriate for them. If there is an opening in any of the HUD projects, the individual will be referred if they meet the criteria. If all of the projects are filled, then the caseworker will work with the individual to find a private landlord, or the Mercer County Housing Authority to find a housing situation that they can afford. If they meet the qualifications and are in need the services, a person can be referred to CCC's Community Residential Rehabilitation program.

Staff Information
Community Counseling Center of Mercer County (CCC) staff who are working in the PATH program come from Mercer County with a variety of different backgrounds. They are hired on their ability to be flexible and sensitive to the cultural differences of the individuals they work with and to set their goals accordingly. They are required to attend orientation training dealing with cultural competencies. CCC staff is also able to access Relias Learning, which is a web based educational site for additional training in these areas. Staff is expected to provide

effective, equitable, understandable and respectful quality of care that is responsive to the diverse cultural health beliefs and practices of their participants. They will communicate in the person's preferred language and secure an interpreter if needed. As part of the staff's annual training, updated cultural competency training is provided on site at the Community Counseling Center or in the community and staff is encouraged to attend.
At the present time the PATH staff does not include a Certified Peer Specialist but we do have access to this service through our agency. We will refer individuals to the Peer Support program at CCC at the individual's request. The CPS will work with the individual to incorporate PATH goals into their individual recovery plan and address these goals weekly.

Client Information
All of the persons served through the PATH Grant by the CCC's Supportive Housing Program will be individuals with any mental health diagnoses that are homeless in Mercer County. CCC is projecting to contact or be contacted by 50 individuals. Of those individuals, 40 will be enrolled in the PATH program and 100% of those enrolled will be literally homeless.

Consumer Involvement
CCC believes strongly that individuals with mental illness and their family members should be involved in the planning, implementation and evaluation of programming. The Programs and Services Board Committee meets quarterly to review existing programs and the possible expansion or addition of new programs. The Board consists of staff and board members, one of whom may be a participant of services. One Board member attends a Client Social biannually to get direct feedback from clients about the services they receive.

In addition, the Governance Board of the CoC has included in its membership two individuals that have experienced homelessness. One from the Northern Rehab and one from the Southern Rehab have been identified.

Alignment with State Comprehensive Mental Health Services Plan
The State Comprehensive Mental Health Services Plan states that counties should have goals and objectives for preventing and ending chronic and episodic homelessness that reflect the state's commitment to the recovery model for all people with serious mental illness. CCC implements the Evidence Based Model of Supportive Housing and embraces the CSP Principles of Recovery that are consistent with the state plan.

Other Designated Funds
Community Counseling Center of Mercer County (CCC) receives mental health base dollars through the Mercer County Behavioral Health Commission to enhance the services provided to those individuals who are eligible for PATH assistance. CCC also receives a small amount of Community Mental Health Block Grant money, which is used for the same population. None of these funds are earmarked specifically for PATH services, but are used in the Supportive Housing program. Through two HUD grants (Permanent Supportive Housing and Master Leasing for Chronically Homeless) that CCC is the sub-recipient for, funding is received for supported services. These dollars are specific to dealing with homeless individuals that are also eligible for PATH services.

Programmatic and Financial Oversight
CCC receives PATH monies through the Mercer County Behavioral Health Commission on behalf of the county. The PATH monies are allocated as part of the Supportive Housing budget and is used to support the staff in that program. The state PATH Coordinator annually monitors the program through a site visit and reviews all charts for program participants and all eligible expenses.

SSI/SSDI Outreach, Access, Recovery (SOAR)
Due to staff turnover during the pandemic, CCC has lost previous staff who were trained. We will have at least 2 new full-time staff members to be trained in SOAR ASAP. Staff will assist consumers with SSI/SSDI applications using the SOAR model and then track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system.

Coordinated Entry
Community Counseling Center of Mercer County (CCC) is a member agency in Mercer County for Coordinated Entry. CCC has partnered with AWARE, Mercer County Housing Authority, and Community Action Partnership of Mercer County to collect and enter all homeless data into the system. Coordinated Entry meetings are held on a monthly basis to discuss the process and review any changes. CCC participates in the monthly webinar conducted by Lawrence County Community Action Partnership to stay up to date on the issues. Because we have housing options available to the consumers that are not associated with HUD Funding, the CoC's assessment and prioritization process does not produce any barriers to housing for those we serve through PATH.

Justice Involved
During the grant year 2020-21, Mercer County held two CIT trainings for law enforcement. There was an average of 21 officers in enrolled in each class. It is hoped that two sessions will continue to be held each year. Due to COVID-19, it is unclear whether trainings will be held in 2022.

Veterans
CCC will assess each client for history of military experience and offer appropriate resources including outpatient therapists who specialize with treating this population. CCC will work with active duty military service members, returning veterans and military families to refer for these services. In some cases, this could also be the treatment of PTSD symptoms via our EMDR treatment in our Outpatient setting.

Tobacco Policy
To ensure the safety and health of all consumers and staff, Community Counseling Center enforces and fosters the philosophy of no smoking in all buildings and satellite offices owned or operated by the Center. This includes the use of electronic cigarettes, personal vaporizers (such as vape pens, etc.) as well as the use of smokeless tobacco.

Health Disparities Impact Statement
During the PATH grant year 2021-22, CCC expects to serve 3-5 individuals who are considered Youth and Young Adult (YYA). The PATH funds used to support these individuals will be

proportional to the percentage of individuals in total served for the year. All services funded by PATH are available to the YYA individuals. These services include but are not limited to: assessment and referrals to mainstream resources, emergency and permanent housing location, referral to other agencies for services not provided by Community Counseling Center and general case management. Referrals will also be made for either employment services or aide in furthering their education.

At present time, CCC does not encounter any other subpopulations that may have a health disparity that adversely affects their ability to access use of, or outcomes from provided services.

In Mercer County, as part of the New Freedom Initiative a subcommittee has been developed to specifically deal with youth and young adults and the additional services available to them.

Limited English Proficiency
During the past grant year, CCC did not have any participants who had limited English proficiency. If staff did experience such a person, they would contact individuals who would be able to assist in their communication with the individual. Technology would also be used that is available on the computers or cell phones to help with proper communication.

Budget Narrative
PATH funds which are federally funded will be used to support a portion of the Supportive Housing caseworker's salary and their health care benefits. This caseworker works directly with PATH contacts to determine eligibility and to assess the needs of the individuals. Once eligibility is determined the caseworker will assist the individual to seek and secure either emergency or permanent housing if possible. They will also make necessary referrals to appropriate agencies for assistance that CCC is unable provide.

Included in the budget are monies for transportation. As stated in the narrative, staff must go to where the person is located due to the lack of public transportation. Mercer County is largely a rural county and traveling large distances is a common occurrence. The county has a total area of 683 square miles.

Additional budget expenses are for electronic devices and their connection to the internet. The Supportive Housing staff each has a cell phone and iPad to help with documentation and communication to assist the participants. Each device has a monthly charge, and other basic office supplies are needed to provide services to the participants.

Community Counseling Center
Mercer County PATH Program
FY 2022 - 2023 Budget

PERSONNEL **Position**	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Housing Case Manager	$38,556	.70	$26,991	$26,991
Outreach Liaison (Certified Peer Specialist)				
Outreach Liaison #2				
Resource Specialist				
sub-total			**$26,991**	**$26,991**
FRINGE BENEFITS **Position**				
Housing Case Manager		Health Care	$7,100	$7,100
sub-total			**$7,100**	**$7,100**
TRAVEL				
Local Travel for Outreach			$3,250	$3,250
Travel to training and workshops				
sub-total			**$3,250**	**$3,250**
SUPPLIES/EQUIPMENT				
Consumer-related items			$1,530	$1,530
Office supplies			$1,000	$1,000
Cell Phone			$2,160	$2,160
sub-total			**$4,690**	**$4,690**
Other				
Staff training			$1,000	$1,000
One-time rental assistance			$1,000	$1,000
Security deposits			$800	$800
Client transportation			$169	$169
sub-total			**$2,969**	**$2,969**
Total PATH Budget				**$45,000**

Mercer County Behavioral Health Commission, comprehensive AND provider
8362 Sharon-Mercer Road
Mercer, PA 16137
Contact: Anna Shears
Email Address:

Provider Type: Social service agency
PDX ID: PA-016
State Provider ID: 4216
Contact Phone #: 7246621550

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 22,430.00**	**$ 7,477.00**	**$ 29,907.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Other (Describe in Comments)	$ 22,430.00	$ 7,477.00	$ 29,907.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 22,430.00	$ 7,477.00	$ 29,907.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 22,430.00	$ 7,477.00	$ 29,907.00	

Source(s) of Match Dollars for State Funds:

Mercer County Behavioral Health Commission will receive at total of $74,907 in federal and state PATH funds of which $29,907 will be used by MCBHC. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 20

Estimated Number of Persons to be Enrolled: 10

Estimated Number of Persons to be Contacted who are Literally Homeless: 18

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

2022-2023 COMPREHENSIVE PATH IUP
MERCER COUNTY BEHAVIORAL HEALTH COMMISSION

Local Provider Description

The Mercer County Behavioral Health Commission, Inc. (MCBHC) is the provider organization receiving PATH funds within Mercer County. The MCBHC was originally incorporated by the Mercer County Board of Commissioners in 1979 to administer the county's substance abuse services, and later integrated to include mental health and intellectual disability services (1998). As the initial point of contact for the three programs, the MCBHC provides administrative oversight, centralized program intake functions, case management services, mental health emergency crisis services, peer support services, mobile psychiatric nursing services, early intervention services, and prevention education programs. For 40 years the MCBHC has provided outreach, engagement, intervention, and has been a partner in recovery with the targeted populations. The MCBHC is a private, non-profit organization that administers the county's Mental Health, Developmental Services, and Substance Abuse services. The organization has long-standing experience and a positive track record of involvement with the targeted population.

The MCBHC serves the entire 682 square miles of the Mercer County region of Pennsylvania; (as per the 2021 Census) population of approximately 116,638, of which 8,688 are Veterans, 91% are white, while 9% are of color, 19.2% are under age 18. The median income is reportedly $50,696.00, and 12% of the population live in poverty, although 89.9% are high school graduates and 22.8% have higher education.

The MCBHC serves as the Single County Authority (SCA) for drug and alcohol program funding through the PA Department of Drug and Alcohol Programs. As the SCA, the MCBHC is responsible for planning, administering, funding, and evaluating the drug and alcohol service programs within Mercer County.

The MCBHC functions as the fiduciary for Mercer County and will receive a federal allocation of $56,180 and a state allocation of $18,727 totaling $74,907. MCBHC will provide $33,750 in federal funds and $11,250 in state funds to Community Counseling Center and the remaining $29,907 ($22,430 - federal and $7,477 state) will be used by MCBHC for provision of the PATH program. The attached line-item budget reflects the detail funding for the MCBHC. One (1) MCBHC staff member, who coordinates PATH for other staff members at the MCBHC, is funded with PATH funds.

The mailing address for the MCBHC is:

Mercer County Behavioral Health Commission
8406 Sharon-Mercer Road
Mercer, Pennsylvania 16137

The MCBHC is identified in PDX as "PA-016: Mercer County MH/MR, Mercer Co. Behavioral Health Commission."

The MCBHC subcontracts with one in-county provider for PATH-funded services and supports. Community Counseling Center (CCC) will receive $33,750 in federal funds and $11,250 in state funds (totaling $45,000) to support PATH-funded services. This is reflected within the attached budget detail under the "*Contracts/Purchase Services*" line item.

Community Counseling Center (CCC) is a non-profit agency that has been providing comprehensive community behavioral health services since 1957. CCC provides mental health and substance use disorder treatment, rehabilitation, and support services through a wide range of services for children, adults, and families. There are service locations throughout Mercer County. An area of focus for CCC is providing services to individuals with mental illness who are experiencing homelessness or to prevent homelessness. CCC assists individuals through Supported Housing, Community Residential Rehabilitation, and Fairweather Lodges. Please refer to CCC's Intended Use Plan for more comprehensive information.

The mailing address for CCC is:

Community Counseling Center
2201 East State Street
Hermitage, Pennsylvania, 16148

Community Counseling Center is identified in PDX as "PA-005 Mercer: Community Counseling."

Collaboration with HUD Continuum of Care (CoC) Program –
It is recognized that the Pennsylvania Continuum of Care (CoC) identified goal is to reduce homelessness by 50% by 2022. The Housing Coordinator within the Mercer County Behavioral Health Commission has participated in the Western Region Continuum of Care meetings. This participation has provided the MCBHC an opportunity to be a resource of information for the staff within the MCBHC, as well as to the local Housing Coalition. The Housing Coordinator is also an active member of the local Housing Coalition.

Mercer County participates in the Coordinated Entry Process, using the coordinated assessment, as of 6/30/17. Coordinate Entry is facilitated by Community Counseling Center of Mercer County, Community Action Partnership of Mercer County, and AWARE. The single point of entry allows for an easier flow of assisting homeless individuals within the county.

Additionally, the MCBHC Housing Coordinator participates regularly in the webinars provided by SAMHSA, which allows the MCBHC to maintain alignment with not only the state goals, but also with federal expectations.

Mercer County participates in the Western PA CoC, and its CoC number is PA-601.

Collaboration with Local Community Organizations –
Local efforts for reducing homelessness within Mercer County are driven by the Mercer County Housing Coalition (MCHC). The MCHC meets monthly to discuss planning activities, program coordinator initiatives, updates within each participating organization, and other concerns. The current roster of participants at the MCHC meetings have representatives from a wide array of

social services agencies and housing providers. Interagency communication of issues and concerns is ongoing between meetings. MCHC has collectively coordinated homeless walks, landlord engagement events, and other community events.

One of the main functions that the Mercer County Behavioral Health Commission (MCBHC) provides is case management. It is imperative that the case management staff be aware of local community organizations and agencies which provide housing supports. The MCBHC Housing Coordinator is an additional resource for the case management staff when housing issues arise. Additionally, the MCBHC conducts a Utilization Review and authorization process for some housing related services. This allows greater oversight to providers who receive funding from the county for housing related services and ensures that the dollars received are being utilized effectively.

Below are the key services provided by local community organizations throughout Mercer County with whom the MCBHC collaborates and coordinates with regularly:

Primary Health Providers

The Mercer County Assistance Office (through the PA Department of Human Services) links eligible persons to benefits in order to access health care services in Mercer County.

The county has two Federally Qualified Health Centers: Primary Health Network and Sharon Community Health Center. Each provides quality primary care services and access to specialty care to meet the needs of individuals. The Federally Qualified Health Centers offer free services or sliding scale fees to persons who are deemed eligible.

Primary Health Network (PHN) also has Certified Health Care Navigators on staff to assist individuals in applying for medical benefits. Often, individuals who are homeless do not have insurance for medical needs. Having staff that is able to assist with applying for benefits through the Mercer County Assistance Office helps to eliminate the barrier to treatment. Additionally, PHN has received special grant funding for providing physical health, behavioral health, and dental services to individuals who are homeless. This grant allows the homeless individual to receive any necessary treatment, transportation to appointments, and may cover costs of medications. The staff is able to connect the homeless individuals with other housing, mental health, drug and alcohol services and supports that may be needed. The PHN staff who determines eligibility for this grant program is also a Certified Health Care Navigator and is an active member and participant at the Mercer County Housing Coalition meetings. Primary Health Network also provides transportation to medical appointments for PHN patients.

Mental Health Providers

The MCBHC provides Intake and Assessment, Blended Case Management, Certified Peer Specialist, Crisis Intervention, and Mobile Psychiatric Nursing services to persons in need of mental health services. Upon completion of an assessment and level of care determination, individuals are referred to appropriate agencies. Currently, Mercer County's only inpatient mental health provider is Sharon Regional Health Medical Center (SRMC) located in Sharon, PA. The SRMC inpatient facility has both children and adult units. SRMC's Behavioral Health Services offer partial programs for children, adolescents, and adults. Outpatient mental health

medication management is also provided by SRMC and serves as one of four licensed providers. The other three remaining licensed providers of outpatient mental health services are: Associates in Counseling and Child Guidance located in Sharon, PA, Community Counseling Center, with locations in Hermitage, PA, Greenville, PA and Grove City, PA, and Paoletta's Counseling Service, located in Mercer, PA. Although these providers do not receive PATH funding, with the exception of Community Counseling Center, services are available for persons eligible for PATH.

Substance Abuse Providers

The MCBHC provides Intake and Assessment, Case Coordination services, and Recovery Specialist services to persons seeking substance abuse treatment. For those individuals identified as needing detoxification a referral is made to an out of county contracted provider. Upon completion of inpatient treatment, the MCBHC Case Coordinator assists in arranging aftercare within the community setting. MCBHC also provides Recovery Specialist services.

Mercer County has two licensed providers of Outpatient and Intensive Outpatient substance abuse treatment; Gaudenzia, located in Sharon, PA, and Community Counseling Center, a PATH funding recipient with locations in Hermitage, PA, Greenville, PA and Grove City, PA, both provide these levels of care for substance abuse treatment. Mercer County also has two licensed Methadone providers: Discover House, located in Hermitage, PA, and Rainbow Recovery Center, located in Sharon, PA. Mercer County has added Clinically Managed High-Intensity Residential Services (Adult) and two Medically Monitored Intensive Inpatient Withdrawal Management facilities, Resolutions Recovery Center, LLC in Farrell and Alpine Springs in Jamestown, Pa.

Housing

Mercer County has multiple agencies providing a variety of housing supports and services. All the services, supports and programs are available to eligible PATH recipients.

The MCBHC collaborates with all the agencies in the community that provide housing supports and services in order to meet the needs of the individuals. MCBHC specifically provides case management services in order to link, coordinate and monitor services for individuals with mental health, drug and alcohol, and intellectual disabilities. The case management departments are made aware of the community supports through training opportunities, departmental meetings, and collaboration with providers.

MCBHC, via the Housing/PATH Coordinator, has become the Local Lead for 811 Project Rental Assistance (PRA) applications and has housed four applicants and has ten applicants on the wait list. 811PRA applicants are also eligible for our PATH finds.

- **Community Counseling Center (CCC)** offers a wide variety of housing programs. Their services specific to housing include: supportive housing services, respite rooms, Fairweather Lodges, and full and partial Community Residential Rehabilitation programs. All programs are designed to meet the individual's needs and are intended to be structured and recovery oriented. CCC is a recipient of PATH funding to support the

housing programs that they offer. Please refer to CCC's Intended Use Plan for more specific details of the housing supports offered.

Other county organizations that offer housing services and supports but are not subcontracted to provide PATH funded services and supports include AWARE, City of Sharon Community Development Department, Community Action Partnership of Mercer County, Good Shepherd Center, Joshua's Haven City Mission, Mental Health Association, Mercer County Housing Authority, Prince of Peace Center, Salvation Army, Shenango Valley Urban League, VA Butler Healthcare Center, and Youth Advocate Program. All individuals served within these county organizations may be eligible for PATH funded assistance and programming as well.

- **AWARE** provides emergency shelter for women, men and children fleeing from domestic violence situations. The organization partners with local school districts, allied health, medical and mental health, law enforcement and justice systems, and faith institutions as part of their larger mission to assist domestic and sexual violence victims. The Shirley Bursey House can accommodate up to 13 people, and the Williams House can accommodate up to 9 people. Community Action Partnership of Mercer County leases the Legacy House, a four-unit complex, to AWARE for the provision of transitional housing for victims of domestic violence. Residents may stay up to 18 months and are provided services that enable them to move into stable and permanent housing.

- **The City of Sharon's Community Development Department** oversees the Community Development Block Grant (CDBG) funds. The City of Sharon offers a Housing Rehabilitation Program which provides a low interest installment loan of up to $10,000 for qualified individuals in the City of Sharon to improve the safety and sanitary conditions of their home.

- **Community Action Partnership of Mercer County (CAPMC**) offers a wide variety of housing supports and services. CAPMC Housing Counselors assist with housing counseling, senior housing, special needs housing, and single-family rental housing. The agency owns and/or manages 275 units of senior housing at 10 locations. This program provides independent living housing units for income-qualified seniors aged 62 and older. Additionally, the agency owns and manages 22 units of special needs housing at five locations: Florence Street Apartments, Independence Park, and Permanent Supported Housing for Persons with Serious Mental Illness inclusive of eight units at two locations in which Community Counseling Center provides the supportive services. Additional housing consists of nine units at four locations for persons with mental health issues. This project was developed with financial support from the MCBHC. Single Family Rental Housing is yet another housing option provided by CAPMC to offer decent, safe and affordable housing for five families. Rents are subsidized and based on household income. Further, CAPMC is a certified HUD Housing Counseling Agency and provides services under contract with the Mon Valley Initiative, PA Housing Finance Agency, and City of Sharon.

  Additionally, CAPMC assists military veterans who are experiencing a housing crisis.

CAPMC assists veterans in navigating the Veteran's Administration (VA), and links veterans to additional supports offered by the VA.

- **The Good Shepherd Center** addresses the physical needs of the economically challenged in the greater Greenville area. Greenville is located in the Northern part of Mercer County. Services offered include food pantry, thrift store, hot meals program, and assists in linking individuals to rental and utility assistance from ERAP.

- **Joshua's Haven City Mission** serves as the only emergency and temporary shelter in Mercer County for homeless men. Joshua's Haven provides warm meals, hygiene facilities, counseling, a Christian-based environment, skill building programs, vocational assistance, individual case management, transportation and referrals. A free medical clinic is also available to provide physicals and health screenings.

- **The Mental Health Association of Mercer County (MHA)** has been a long-standing community agency providing Representative Payee services for individuals with mental illness. The organization has expanded their program to include housing services. MHA currently has two locations which provide a shared living situation where individuals have their own bedrooms and share the living areas, bathroom, and kitchen. One location has three bedrooms and the other has five bedrooms. MHA offers four individual apartments, three of which are Section 8-approved. Additionally, they provide respite that MCBHC funds.

- **The Mercer County Housing Authority (MCHA)** administers the Homeless Prevention and Rapid Re-Housing Program. MCHA also oversees the Section 8 Housing Choice Voucher program and public housing. To date there are 20 public housing properties available throughout Mercer County which are managed by the MCHA. In additional to providing housing, the MCHA offers a Resident Services Department which provides supportive services and programs to residents to promote self-sufficiency and housing stability. The MCHA offers a program which provides beds to children that move into a MCHA property with little or no furniture and without the means to obtain a bed. In addition, MCHA offers a Section 3 program which links individuals residing in MCHA properties to employment, training and contractual opportunities with projects and activities in their neighborhood.

- **The Prince of Peace Center** provides emergency services, Family Supportive Services (FSS), thrift store, and food services. Prince of Peace provides a program within the community entitled AWESOME (Assistance With Education, Shelter, Organization, Money management, and Employment). The program provides the participants with educational classes on a wide array of topics, including proper nutrition, financial planning, and informed decision making. When an individual successfully completes the class, they are awarded funds to be put towards a utility bill or rent.

- **The Salvation Army** operates a worship center and thrift store. It also provides housing assistance, emergency disaster services, emergency food assistance including hot meals to those in need, clothing assistance and home heating and utility assistance.

- **The Shenango Valley Urban League** exists to ensure equal access and opportunity to African Americans and others in need. The Shenango Valley Urban League provides comprehensive housing counseling services as they are a Certified HUD Counseling Agency. The Shenango Valley Urban League assists in locating decent, affordable housing and provides rental education, delinquent/default counseling, and budget counseling. Additional housing services provided include but are not limited to: Homeowners Emergency Mortgage Assistance Program (HEMAP), Emergency Shelter Program, and assistance with one month's rent or security deposit.

- **VA Butler Healthcare Center** offers programs to Veterans through the U.S. Department of Veterans Affairs such as housing solutions, employment opportunities, health care, and justice- and reentry-related services. The VA also has a housing program for eligible veterans (HUD-VASH) which operates in collaboration with HUD in the form of rental assistance vouchers and supportive housing services to promote housing stability.

- **Youth Advocate Program (YAP)** offers two mental health housing support services: Mental Health Habilitation and Mental Health Chore and Homemaker Services. One of the identified needs for housing supports is a "hands on" approach in order to assist individuals in maintaining independent living. The MH Chore and Homemaker service helps adults with mental health challenges maintain their homes in a clean, sanitary, and safe condition. This service may include washing floors, windows, and walls; yard maintenance; moving heavy furniture which may be blocking exits; and other needs that the individual identifies. The Mental Health Habilitation Service assists adults with mental health challenges in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the home and community

<u>Employment Providers</u>
PA Career Link has an office in Sharon, PA, and provides a variety of career services to job seekers including, but not limited to: resume preparation, job searching resources, employment advocates, and unemployment compensation applications. PA Career Link also houses the Office of Vocational Rehabilitation to assist those with disabilities to find employment, or to further their education.

Community Counseling Center (CCC), a recipient of PATH funding, is an employment provider for individuals with disabilities through their Employment Resource Specialists (ERS) program. After an individual completes an assessment through the Office of Vocational Rehabilitation, they can be referred to CCC for employment services. ERS is an employment placement service benefitting both the potential employee and the potential employer. ERS will assist with interviewing candidates, provide on the job training, and educate potential employers about the benefits of hiring individuals with disabilities. CCC's vocational services assists individuals with disabilities to find and maintain gainful employment. The largest disability group served through this program is behavioral health consumers; however, other disability groups also served include blind or visually impaired, deaf, and hard of hearing, physically disabled, and developmentally disabled. Services vary depending on the client's needs. Services are delivered

based on need and include, but are not limited to: pre-vocational training, job development, and job coaching.

Other employment providers within Mercer County include Youth Advocate Program and St. Anthony's Point. Both agencies provide pre-vocational training, job development, and job coaching services for individuals with disabilities. Those providers are not recipients of PATH dollars but are available for individuals who are eligible for PATH services.

Service Provision

Alignment with PATH goals
Individuals who are receiving Mental Health Blended Case Management, Drug and Alcohol Case Coordination, Drug and Alcohol Recovery Specialist, and Mental Health Peer Specialist services through the MCBHC are eligible to receive PATH funded services provided they meet the PATH eligibility criteria. These individuals have been identified as having a serious mental illness in order to be eligible for case management services through the MCBHC. The Case Management department staff are aware of PATH funded services being available. The case managers meet with the PATH Coordinator and make applicable referrals for PATH assistance in order to provide support to the individual who may be at risk of homelessness, or who is homeless thus aligning with PATH goals.

The PATH Coordinator at the MCBHC receives referrals for the PATH program through Blended Case Managers. PATH eligibility is determined through an individual being deemed as literally homeless or at imminent risk of homelessness, and the determination of a serious mental illness, age 18 or older and agreement to PATH services. The Case Managers have direct contact with the clients and work with them closely. The PATH Coordinator communicates directly with the Case Managers when a referral is made for PATH. Eligibility determination is done by the PATH Coordinator. Case notes done by the Case Managers for individual consumers reflect PATH related services. Housing services related to planning of housing, costs associated with matching eligible homeless persons with appropriate housing situations, technical assistance in applying for housing assistance, improving the coordination of housing services, re-establishment of utility services, and one-time only assistance with security deposits or first month's rent are PATH funded services provided to individuals who meet eligibility criteria. PATH funds are never paid directly to the PATH individual, but rather are paid directly to the vendor. Individual's information is entered into HMIS once the PATH application has been accepted.

Community Counseling Center (CCC) is able to support staff needed to do the outreach into the community to locate and assist those who have a mental health diagnosis and are homeless through the use of PATH funds. CCC staff meet individuals where they are in the community, and once completing the initial contact with the individual, determine their eligibility into the program and make needed referrals. The individual's information is entered into HMIS and the coordinated entry system to accurately collect data needed to complete the PATH application.

Maximizing of PATH funds

The Mercer County Behavioral Health Commission (MCHBC) maximizes the use of PATH funds for the individuals being served because they are also receiving services and supports of Mental Health Blended Case Management, Mental Health Certified Peer Specialist, Drug and Alcohol Case Coordination, and/or Drug and Alcohol Certified Recovery Specialist services. The funds that support these programs are provided by the Managed Care Organization and base funds from both the Mental Health and the Department of Drug and Alcohol Programs.

Gaps in current service system
Gaps existing within the current service system include emergency housing specific to: women, women with children, men with children, and entire family units. Historically, one barrier for identifying a location is lack of local community support for a homeless shelter.

A second identified gap is reaching the transitional age youth, which appear to fall between the cracks as they age out of the adolescent mental health system and make the decision to drop out of services upon reaching adulthood. As these transitional age youth attempt to survive independently without supportive services, many meet obstacles in achieving a self-sufficient, healthy, and satisfying life. In regard to housing, this priority population begins to "couch surf" – living in households in which their name does not appear on the lease. Due to HUD changing the definition of homelessness, couch-surfing is no longer considered being homeless; therefore those individuals would not qualify for HUD homeless housing services. Mercer County Children and Youth Services (CYS) has the only Independent Living Program for transition age youth in the county. This program is only available to youth with an open case through Mercer County CYS and assists youth to remain in care and/or youth leaving care with obtaining and maintaining safe and affordable housing. The program can provide transitional housing and supportive services to eligible transition age youth up to age 21.

Finally, there remains a problematic gap in securing housing for individuals with mental health diagnoses who also have criminal histories of felony and/or sex offenses.

Co-occurring services available
Services for individuals with co-occurring disorders of mental health and substance abuse are available through a variety of providers throughout Mercer County. Individuals experiencing a co-occurring mental illness and substance use disorder can access appropriate treatment through the Base Service Unit of the Mercer County Behavioral Health Commission (MCBHC), also known as the Central Intake Unit. MCBHC remains the gatekeeper and initial point of contact for persons in need of such services. The assessment process is conducted to ensure that individuals with co-occurring needs have access to services in a full continuum of care by identifying, referring, and authorizing appropriate levels of care. The Central Intake Unit provides intake, evaluation, and referrals. As previously mentioned, MCBHC provides Certified Recovery Specialist services and Drug and Alcohol Case Coordination for drug and alcohol services in addition to the mental health services available. The staff are cross trained in both substance abuse and mental health co-occurring disorders in order to be better prepared to address the specific needs of this population. The case management supervisors are also cross-trained and supervise both mental health and drug and alcohol staff. This cross-training allows the staff and supervisors the knowledge of resources available and knowledge of skills in working with the dually diagnosed populations. MCBHC works collaboratively with Community Counseling Center, which is the only local provider with a license for providing

outpatient drug and alcohol services and mental health services. Additionally, the MCBHC contracts with multiple co-occurring residential treatment providers. All those providers are outside of Mercer County.

The Housing Coordinator at MCBHC participates regularly in the webinars made available through the SAMHSA Homeless and Housing Resource Network in order to keep apprised of new services, issues and programs. Additional trainings that are offered by the Department of Drug and Alcohol Programs, as well as the Office of Mental Health and Substance Abuse Services are offered to MCBHC staff and providers throughout the year. Examples of trainings include areas such as: Dual Diagnosis, PTSD and Addiction, and Forensics and Addiction. Staff monitor the websites for upcoming relevant trainings and register for them as they become available.

PATH Eligibility Determination
When a consumer receiving services through MCHBC is also experiencing a housing crisis, a referral to the PATH program is made. During the time of determining PATH eligibility, the PATH Coordinator meets with the staff person who is making the referral in order to discuss additional supports that the individual may benefit from. Examples of additional services includes educational classes on topics like budgeting, housekeeping, and credit counseling provided by a variety of community organizations or suggested linkages with other housing supports within Mercer County. The case manager assists the individual with applying for those classes or making referrals for additional housing supports.

42 CFR Part 2 regulations
The MCBHC is required to follow 42 CFR Part 2 Regulations governing the confidentiality of patient records and information. Client confidentiality is a crucial part of the daily activities of the staff working with the substance abuse populations. Confidentiality is maintained by the use of valid consent forms which capture all the required elements as per the Department of Drug and Alcohol Programs CMCS Manual, Section 5.12. Additionally, client records, service notes, and treatment plans are maintained within an encrypted electronic health records system called Susquehanna.

Use of Certified Peers Specialists
MCBHC does not have PATH funded Certified Peer Specialists (CPS), but CPSs are also able to make referrals for PATH funds and access housing information and supports.

Data
The MCBHC has been entering data into PA-HMIS since December 2011. CCC is also an established user of PA-HMIS. All PATH-eligible individuals are entered into the PA-HMIS system using ClientTrack. The Housing Coordinator at MCBHC has been trained on entering data into ClientTrack. As additional training for updates become available, the MCBHC Housing Coordinator participates in order to stay apprised of any new requirements or updates to the system. The PA-HMIS user manual is available for reference by the MCBHC Housing Coordinator.

Housing

The PATH staff through the MCBHC and CCC are kept apprised of the various housing services available within Mercer County. Staff are able to make appropriate referrals and linkages based on the information they are provided and knowledge of the local housing providers, which are listed in the "Collaboration with Local Community Organizations" section of the Intended Use Plan. Both the MCBHC and CCC actively attend and participate in the monthly Mercer County Housing Coalition Meetings as well as the Western PA CoC meetings, which allows everyone to be kept apprised of other housing agencies, projects and programs in the area and region.

The MCBHC PATH Coordinator is able to offer an individual who is facing eviction or is currently homeless and is eligible for PATH services direct financial assistance. The financial assistance is never paid directly to the individual, but rather to the vendor. This financial assistance is most frequently used for first month's rent, rental assistance to prevent an eviction, or utility assistance.

Community Counseling Center (CCC) is able to offer a person eligible for PATH services several different housing options. Please refer to CCC's IUP for additional information related to how CCC makes suitable housing available for PATH clients.

Staff Information

Specific to the Mercer County Behavioral Health Commission (MCBHC), PATH is administered by one individual housed within the MCBHC. There is a total of 39 part-time and full-time staff employed by the MCBHC who serve the PATH eligible population; 82% females and 18% males. Regarding race, 100% of the staff are Caucasian. Please reference CCC's Intended Use Plan for the respective staff demographics.

The PATH organizations provide their staff with regular trainings to keep up to date of the changing culture and to maintain cultural sensitivity. At least one Mercer County PATH staff is registered with the Think Cultural Health in order to stay apprised of upcoming trainings and to ensure that agency staff serving the targeted population is able to address any health disparities and maintain cultural competency.

Trainings are made available to staff through a variety of venues that include on-site trainings, conferences, regional meetings, webinars, PATH technical center, etc. Training opportunities on effective outreach such as being person-centered, recovery oriented and highly informed on trauma, as well as gender, age, and cultural competency are highly valued within the MCBHC.

No PATH funds are used to support Certified Peers Specialists or Certified Recovery Specialists but are able to make referrals to PATH.

Client Information

The individuals served in the PATH program will have either a serious mental health or a co-occurring substance abuse and mental health disorder. The age range of PATH clients being served is 18 and over. Clients served by PATH funds are typically at imminent risk of homelessness. They are generally either "couch surfing," in a doubled-up living arrangement where their name is not on a lease, living in a condemned/substandard dwelling and have no other place to live, living in temporary or transitional housing that has time limits for length of

stay, received an eviction notice, or those being discharged from a health care facility or criminal justice institution without a place to live. Others served are those considered "literally homeless." This refers to individuals who are staying in a temporary shelter, or those who are in transitional housing. It is estimated that the total number of individuals to be contacted, or to contact MCBHC and CCC will be approximately 70. The individual organizational breakdown of the total number of individuals estimated to be contacted is MCBHC – 20 and CCC – 50. It is estimated that the total number of individuals in Mercer County who will become enrolled in PATH services in the upcoming fiscal year will be around 60. Estimating that of those clients, 90% will be literally homeless.

The unduplicated number of individuals (18 and older) enrolled in Blended Case Management, Peer Specialist, Drug and Alcohol Case Coordination, and Drug and Alcohol Recovery Specialist services within the 2021-22 fiscal year to date is 492. Of the individuals enrolled in the services identified above provided by the Mercer County Behavioral Health Commission, 10 individuals were enrolled in the PATH program. This equals 2% of individuals served at MCBHC received PATH funded services.

Demographics of PATH individuals (10 individuals) served through the MCBHC from 2021-2022 fiscal year to date:

Age:		**Race:**		**Ethnicity:**		**Gender:**	
18 – 45	50%	Black or African American	20%	Non-Hispanic/Non-Latino	100%	Male	40%
46-62	30%	White	80%	Refused	0%	Female	60%
63+	20%	Refused	0%				

Consumer Involvement

The New Freedom Initiative (NFI) is Mercer County's Community Support Program. The local committee is comprised of some individuals in recovery from mental health disorders and/or co-occurring disorders. NFI is partly responsible for developing the local Human Service Plan where housing is a component within the plan and is a well-known problem area for many of the individuals receiving services. Many of the individuals who participate in the monthly NFI meetings have had housing crisis experiences. These lived experiences can assist with providing that unique and specific perspective. NFI reports to the county Administrative Entity and to the Mercer County Behavioral Health Commission administrator any proposals, concerns, areas of need, etc. that would assist in the recovery of individuals with mental health and/or co-occurring disorders.

Additionally, local Mercer County mental health consumers attend the Western Regional Community Support Program (WRCSP) monthly. One of the committee's formed within the WRCSP is a group addressing homelessness and looking at ways to end homelessness. The ideas and suggestions shared at the WRCSP are shared at the local NFI committee. There is also

representation at the WRCSP meetings by OMHSAS who are also able to hear what the mental health consumer's ideas and planning efforts and thoughts are.

The number of PATH eligible individuals who are:

1. Employed as staff-3
2. Volunteer with the provider-0
3. Serve on Governing Board-0
4. Serve on a formal advisory board-7

Alignment with State Comprehensive Mental Health Services Plan
Services provided within Mercer County related to housing are consistent with the State Comprehensive Mental Health Services Plan. The housing agencies available within the county coordinate services and promote targeting the resources available. Additionally, assessing the effectiveness of the current housing services is completed on a regular basis. The Mercer County Housing Coalition supports local efforts to end homelessness. The collaborative agencies are continually engaging in efforts to work towards ending homelessness to a functional zero. Additionally, all mental health and drug and alcohol housing services provided in Mercer County are recovery oriented. Those recovery-oriented services are fostering empowerment of the individual to understand what recovery means and how stable housing promotes and builds their personal recovery.

The MCBHC staff plays a major part in coordinating, planning, and writing of the mental health services plan section within the Mercer County Human Services Plan. The Housing Coordinator assists with the housing section of the plan. Because of this, the narrative of the mental health section is all inclusive of housing supports provided in Mercer County including PATH funds. It is widely known that the Housing First approach is the most effective way to improve individual mental health recovery. As case managers meet with mental health consumers, housing is always at the forefront of service planning and coordination of services in order to ensure that individuals are receiving the housing supports needed.

The MCBHC provides multiple services and supports which are consistent with the state initiatives to prevent or reduce homelessness. The PATH Coordinator/Housing Coordinator and the case management department link homeless individuals, or individuals who are at imminent risk of homelessness, with supports and services that exist within the county. The support provided intends to encourage the individuals and families to break the cycle of entering back into situations that may lead to a housing crisis. Additional support provided by the MCBHC includes direct financial assistance for individuals who are facing eviction, or who are currently homeless. The financial assistance is never paid directly to the individual, but rather to the vendor. This financial assistance is most frequently used for first month's rent, rental assistance to prevent an eviction, or utility assistance.

The staff providing services through the MCBHC are providing case management services and are able to identify individuals that are homeless or at risk of homelessness throughout their daily work functions. When individuals are identified as possibly qualifying for PATH services, the

MCBHC staff will meet with the PATH Coordinator in order to make that determination and referral.

Individuals and families are referred to other providers who may be offering educational classes on topics such as budgeting skills, tenant/landlord agreements, or how to find an apartment. The organizations throughout Mercer County who receive funding from the United Way are encouraged to provide learning sessions. Those sessions are geared to promote financial stability and independence. By providing ongoing learning sessions and educational opportunities, people within the community – including those with mental health conditions – will be less likely to become homeless or face eviction. The MCBHC has been a long-standing member of the United Way and supports those efforts.

The MCBHC has a good collaborative and working relationship with the Mercer County Department of Public Safety and Program Director. The MCBHC has worked with the Director of Public Safety in order to discuss the county disaster response plan and what the response would be for homeless individuals. Mercer County has over 70 identified emergency shelter locations throughout the county. In the event of a disaster where evacuation would be needed, the Red Cross would identify which location(s) would be opened for accepting evacuees. Local law enforcement personnel and other public safety staff would assist with identifying individuals who are at the highest risk of needing assistance, which would include those who are homeless, and would provide assistance to secure their safety. When needed, the Department of Public Safety would coordinate services and activities related to disaster response within the PA Disaster Mental Health and Human Services Coordinator.

The MCBHC also has representation on the County Emergency Operations Center and participates within those planning meetings and efforts in order to provide behavioral health, substance abuse, and intellectual disability representation. The county often utilizes and calls upon the MCBHC Critical Incident Response Team (CIRT). The team is called into situations within the county where emergency behavioral health services may be needed. Emergency Behavioral Health (EBH) response is the current Department of Human Services (DHS) format for a disaster response and is considered a sub-group of CIRT. This state trained team is utilized for large scale disasters and would be utilized as part of the County Disaster plan, if needed. There are staff members at the MCBHC that are trained and actively serve on both CIRT and EBH. Additionally, two employees at Community Counseling Center serves on CIRT.

There are currently 45 individuals representing MCBHC and several other organizations who are trained for CIRT. Of those 45 individuals, 17 are trained in the model of National Organization for Victim Assistance (NOVA) Crisis Response Team, 7 have the advanced NOVA training, 17 are trained in the DHS EBH model, 10 are trained in Psychological First Aid, and 29 are trained in Grief and Bereavement.

Community Counseling Center provides regular emergency drills within their housing programs. This allows the residents within the variety of housing settings an opportunity to learn about emergency preparedness and to practice it. As those individuals move into the community and to less restrictive settings, they have experience with those educational and practice opportunities.

Other Designated Funds
Mercer County is not a Block Grant County and does not receive Block Grant funding.

The MCBHC maximizes the use of PATH funds for the individuals being served because these individuals are also receiving services and supports of Mental Health Blended Case Management, Certified Peer Specialist, Drug and Alcohol Case Coordination, and Certified Recovery Specialist services. The funds that support these other programs are provided by the Managed Care Organization and base funds from both the Mental Health and the Department of Drug and Alcohol Programs but are not earmarked for PATH services specifically.

The MCBHC also receives federal Substance Abuse Prevention and Treatment (SAPT) Block Grant dollars. Those funds are used for Case Coordination, Central Intake Unit, Prevention and Intervention/Treatment of substance use disorders. Those funds are not earmarked for PATH services specifically.

Programmatic and Financial Oversight
Within the MCBHC, financial oversight is provided to the PATH program. Housing and PATH-related service expenditures are coded to a separate cost center to enable the financial information for the PATH program to be tracked and monitored. Additional oversight is provided by the Chief Financial Officer, who reviews and approves PATH dollars needed to support PATH referrals for services.

The MCBHC is familiar with the services Community Counseling Center (CCC) is providing to their supported living/housing program related to PATH individuals. Monthly invoices and their annual audit are reviewed. Please refer to CCC's IUP for additional information related to how CCC monitors the utilization of PATH dollars.

Additional programmatic and financial oversight is provided by the State PATH Coordinator. Regular monitoring is completed for all PATH recipient organizations in Mercer County.

SSI/SSDI Outreach, Access, Recovery (SOAR)
There is currently one known individual in Mercer County trained in SOAR which is one staff member at the MCBHC, the previous PATH Coordinator, who received the certification in 2014. To date, there are no PATH-funded consumers assisted using SOAR through the MCBHC because all of the PATH funded individuals receive SSI, SSDI and/or are employed.

SOAR can be very time consuming, and none of the case management staff currently employed at the MCBHC are able to take on additional responsibilities to successfully complete SOAR applications. The MCBHC Case Management department often assists their clients in accessing benefits through the Mercer County Assistance Office and/or the Social Security Office. The individuals that have been assisted with PATH funds through the MCBHC already have benefits in place due to the case management services they have been participating in, so there have been no individuals in need of SOAR to date.

MCBHC Case Managers assist individuals with SSI and SSDI applications or refer them to SSI and SSDI attorneys.

Coordinated Entry
Mercer County began utilizing a Coordinated Entry Program as part of the Western CoC on 6/30/17. Three local agencies are able to enter homeless individuals into the Coordinated Entry system: Community Counseling Center, Community Action Partnership of Mercer County, and AWARE. The MCBHC PATH Coordinator attends monthly Mercer County Housing Coalition meetings, where the Coordinated Entry Program is discussed. The MCBHC PATH Coordinator works with CCC, CAP and AWARE as the Coordinated Entry points of contact. No barriers have been identified as a result of the Coordinated Entry Program.

Both the MCBHC and CCC utilize Pennsylvania 2-1-1 Southwest as often as possible. This United Way funded service provides individuals who call 2-1-1 resources available within the county related to the identified need. One of the most frequently requested services is related to housing needs.

Justice Involved
The Mercer County Criminal Justice Advisory Board (CJAB), Community's that Care (CTC), and the Mercer County Behavioral Health Commission collaborated to support the local police departments and other first responders to receive Crisis Intervention Team (CIT) trainings. In the fall of 2017, 15 police officers were trained in CIT. The training was very well received by those who participated at that time. In April 2018, 21 additional trainees completed the 40-hour training: 13 were police officers from across the county, three were from the county jail, three from a local provider, one Juvenile Probation Officer, and one adult Probation Officer. A third training was held in October 2018 and a fourth in April 2019 with 23 individuals participating and graduating from this class. The CIT trainings have provided an increase in collaboration between the police departments and the local mental health Drop-In Center, where the mental health consumers want to build a good relationship with the police officers. Due to COVID, CIT training was not able to be held since 2019. Trainings will be planned for the 2022-2023 fiscal year.

The MCBHC coordinates with individuals being released from the county prison who meet the criteria for Vivitrol. A mobile Vivitrol van comes to the MCBHC monthly in order to provide the medical-assisted treatment and to link individuals with ongoing outpatient treatment within the community. Because the van is located at the MCBHC, the individuals are able to have immediate access to the Central Intake Unit, where additional referrals can be made to other community mental health, drug and alcohol, and community resources in order to have a continuity of care.

Mercer County recognizes that there are many inmates incarcerated within the county jail who have mental health and/or drug and alcohol concerns. In working to address this, the President Judge requested an increase in supportive services to reduce the number of individuals in jail who have committed crimes because of unaddressed mental health and/or drug and alcohol conditions. Mercer County initiated a "Community Integration Project" in October 2016. The

project is aimed at working more closely with identified individuals who are returning to the community from the county jail. The project serves on average 15-20 consumers a year with approximately 40% being identified as having a serious mental illness and 60% having and underlying serious addiction related diagnosis.

The MCBHC provides co-occurring mental health and drug and alcohol intervention with the county jail. The Forensic Intervention Specialist conducts mental health and drug and alcohol evaluations per court orders, mental health psycho-educational groups, coordinates mental health hearings as needed at the jail for involuntary commitments, and can make referrals prior to release from the jail for outpatient services, case management, peer support, and other supportive services that are available. From July 2021 to February 2022, a total of 174 inmates were assessed. The breakdown of assessment types provided is: 79 Drug and Alcohol, 25 Driving while Under the Influence, and 70 Dual. No psycho-educational groups were provided due to Covid restrictions.

The MCBHC allocates a clerical staff's time for visiting the jail to assist all individuals with mental health or drug and alcohol issues in filling out their COMPASS applications. This eliminates any loss of benefit coverage for services and assures eligible patients utilize their full Medicaid benefits as soon as they need them. This not only provides them quick access to behavioral health services but, as a supplemental benefit, they are also immediately able to access any physical health services they may need.

Housing continues to be an obstacle for individuals with a criminal record. The Director of Probation and Parole is a current and active member, and chair, of the Mercer County Housing Coalition. One of the many barriers inmates face upon release from incarceration is lack of income. If an incarcerated individual has an identified mental health or co-occurring drug and alcohol diagnosis, and a doctor has determined the individual unable to work due to the disability, SSI/SSDI Outreach, Access and Recovery (SOAR) could be utilized within the prison system, prior to release, in order to establish SSI or SSDI, thereby reducing the barrier of financial burden relating to finding housing. SOAR is a very time burdensome service and is not reimbursable through Health Choices; therefore, it has not been utilized to its fullest capacity within Mercer County.

It was identified that a Treatment Court was needed and therefore it was established in 2019. This specialty court provides participants the opportunity to resolve their addiction problems, move beyond criminal behavior, and become productive members of the community. This voluntary program has various requirements for participants which includes mandatory treatment, random drug screening, and other supportive services to assist the individual in their recovery, which includes establishing housing.

Veterans

Mercer County has had a Veteran's Court since 2014. This court is a two-year program to assist and support veterans through a coordinated effort among the court, VA, and community-based services and to promote public safety through accountability and responsibility. Currently, there are 10 Veterans in their first year and 15 Veterans in their second (aftercare) year.

MCBHC collaborates with the local Veterans Administration, Veterans Leadership Program (VLP), Community Action Partnership (CAP), and other organizations who provide assistance that includes housing for veterans. CAP, using SSVF funds, provides financial assistance for housing, and both programs provide housing search assistance and other supports. This information and resources are routinely shared with staff.

Tobacco Policy-
To provide a professional work environment that is free from hazards of tobacco products, the MCBHC complies with all applicable federal, state, and local regulations regarding tobacco products in the workplace. Tobacco products are defined as a lighted cigarette, cigar, pipe or other lighted smoking device and/or the use of tobacco in any form (snuff, chew, snus and other smokeless tobacco products).
The MCBHC recognizes the use of tobacco in the workplace can adversely affect employees, visitors and clients. Accordingly, smoking and the use of any other tobacco product is restricted in the MCBHC facility, in company vehicles and on designated company property.
Per the recommendation of the Clean Indoor Air Act (Act 27 of 2008), the use of tobacco is permitted only in the designated area. MCBHC encourages and offers assistance to those employees who wish to quit smoking or using tobacco products. Employees may contact their supervisor to obtain information regarding the availability to cessation programs.
MCBHC's ongoing specific initiatives include:

- Onsite and virtual tobacco dependence treatment and access to Nicotine Replacement Therapies for employees.
- PA Quitlogix/PA Quitline training and resources for employees working directly with individuals receiving Behavioral Health Services and disparity populations.
- Staff in-services provided with updated state, national and local resources for tobacco treatment was offered to case managers, mobile psychiatric nursing program, and prevention department.

- NF NWPA, under the auspices of MCBHC continues to provide ongoing support to all Public Housing Authority properties
    - NF NWPA provided onsite education for Mercer County Housing Authority property managers and program Director.
    - NF NWPA updated signage, onsite resources and provided 5,000 door hangers with PA Quitline/COVID prevention/lung health information for residents.
    - NF NWPA provided technical assistance and opportunities for onsite tobacco treatment options at individual housing properties.
    - NF NWPA and Tobacco Resistance Unit(TRU) youth provided onsite education and activities for residents at Riverview Manor. Intergenerational programming was unique and very positive in reaching senior populations.
- NF NWPA, under the auspices of MCBHC continues to provide ongoing support to all community collaborations and worksites in Mercer/Lawrence Counties.
    - 8 worksite locations have had policy enhancements or improvements made during the FY21-22.

- 3 Park/Recreational areas have joined Young Lungs at Play, a Department of Health initiative to protect children from secondhand smoke.
- 155 youth aged 12-18 have joined Tobacco Resistance Unit in Mercer/Lawrence Counties to participate in advocacy and community events to urge young people not to use tobacco/nicotine.
- Virtual lunch and learns and in services by Nicotine Free NW PA include Veteran and Treatment Court, School Nurses of Mercer County, Regional Services Network, Communities that Care, Behavioral Health providers, Headstart programs and School District Administrators and staff.
- Faith-based Tobacco treatment in-person workshops and virtual zoom meetings were held for residents.
- NF NWPA has two drug and alcohol providers that are currently participating in the Statewide Tobacco Free Recovery Initiative pilot program.
- All Mercer County School Districts receive tobacco and e-cigarette information/resources from weekly Student Assistance Program Liaisons and collaboration with NF NWPA.

Health Disparities Impact Statement
Community Counseling Center provides MH counseling and Psychiatric care for the deaf and hard of hearing population.

PATH funds at MCBHC are available to individuals in case management who are homeless or at risk of being homeless and MCBHC provides and encourages case management services for any individual who has a serious mental illness regardless of age, race, gender, physical disability, or any other health disparity.

Efforts to support YYA 18-30
It is estimated that the unduplicated number of Youth and Young Adult (YYA) served using PATH funds in Mercer County is expected to be six to eleven. The breakdown is an estimated 3-5 individuals will be served through CCC and 3 individuals will be served through MCBHC. The MCBHC estimates the amount of PATH funds used to assist the YYA individuals to be $1,200. CCC estimates spending a proportionate amount on YYA individuals in 2022-23. The PATH funded services for YYA are the same services provided to non-YYA: first month's rent, security deposit and utility assistance. Additional services are referrals to other agencies to provide assistance with obtaining and maintaining independent living. Supports offered through other agencies include supportive housing, housing counseling, outreach services, staff training, psychiatric rehabilitation, referrals to community mental health services, which may include case management, and additional housing supports. All services are used in order to prevent homelessness, or to establish housing and are never paid directly to the individual.

A sub-committee of NFI is the Transition-Age Workgroup (TAWG). TAWG was developed many years ago in an effort to identify and address the needs faced by the Transition-Age Youth population. This has proven to be very challenging for the committee and involved agencies. One major area of difficulty is getting individuals within the ages of 14-26 to participate and attend any meetings in order to share their specific needs. TAWG has proposed a number of

options to address needs of this population. Some of the suggestions are: Big Brother/Big Sister program and Youth Peer Specialist.

TAWG developed a resource directory of services available within Mercer County for the YYA population. This resource directory was distributed in multiple places throughout the county, including, but not limited to: mental health providers, schools, churches, and libraries. It has also been posted on the MCBHC website. The use and availability of the resource directory is one effort completed by the TAWG workgroup.

Mercer County Children and Youth Services (MCCYS) Independent Living program collaborates with the Youth Advocate Program (YAP) to provide transitional supportive housing services to youth ages 18- 21 who are leaving placement and do not have suitable or stable housing options. Once a youth has been identified to be an appropriate candidate for the program, MCCYS Independent Living (IL) Program refers the youth ages 18-21 to YAP's housing assistance program. The YAP worker coordinates with the youth to find and secure safe, affordable housing. MCCYS covers the cost of the youth's rent and utilities for a period up to 12 months, by using a housing initiative grant, as well as IL grant money. Once the youth has moved into their own apartment, the YAP worker provides case management services to assist the youth in becoming more independent. All supportive housing participants are provided with the assistance necessary to access community resources, including, but not limited to, employment assistance, social security, Department of Public Welfare, and transportation services.

Due to the waiting list for subsidized housing, the youth is placed on the housing list upon entering the supportive housing program. This will be an option for the youth, if they do not anticipate taking over their supportive housing lease at the end of the 12-month period.

Housing continues to be a need in all categories, but especially with the YYA population. Even more alarming is that Mercer County is a pass-through county for human trafficking and YYA are often targeted, especially youth who are homeless. Continued education to the community, families, and to youth themselves is needed to reduce the risk of being a victim of human trafficking.

The types of services funded by PATH available for YYA is Permanent Supportive Housing at Community Counseling Center and Housing Coordination services at MCBHC. YYA involved in CM at MCBHC are also able o access PATH funds to prevent homelessness.

Through the public hearing process for the Human Service Plan, information is gathered from the public as to how decrease the disparities in access, service use, and improve outcomes for the YYA population.

Limited English Proficiency

At this time, Mercer County has not required the need for assistance in providing meaningful access to limited English proficient persons within the PATH program. All individuals served speak English as their first language or when it is not, are proficient in speaking and understanding English. If the need does develop, MCBHC has contracted translation services as well as contracted American Sign Language interpreters.

Budget Narrative

The money received through the contract with the Mercer County Behavioral Health Commission will be used for salaries and benefits of the case workers who will be assisting the individuals referred for services. Within the Mercer County Behavioral Health Commission, a portion of PATH funds are also utilized for one-time assistance to qualified individuals for rental payments, security deposits, or other special needs payments which would prevent eviction. The PATH coordinator at MCBHC will also ensure that referrals are being made to local agencies, as needed and accepted, for such areas as budgeting skills, independent living skills, mental health services, drug and alcohol services, etc. The overall budget consists of $56,180 – federal allocation and $18,727 – state match allocation. The budget does not include local match required for the state portion of the budget.

Personnel & Employee Benefits

This line item includes the cost of salary for .38 of an FTE. Primarily it is the PATH coordinator who coordinates housing/PATH related items in the county and works with providers to assist the system at large. Employee Benefits include the costs associated with the FTE listed under the salary line item. These are based on actual costs and are listed out in detail.

Travel

This line includes travel at .585 per mile, which is the current agency reimbursement rate for use of personal vehicles and use by an agency vehicle at MCBHC. Because of the gas prices, we are currently utilizing the state and federal 2022 approved reimbursement rate. This line item includes attending meetings for the MCBHC PATH Coordinator.

Contracts/Purchase Services

MCBHC will be contracting with one local provider for PATH funded services for 2022-2023.

Community Counseling Center – Supportive Housing Services for this population are funded with PATH dollars. Community Counseling Center (CCC) is estimating contacting 50 individuals in the upcoming fiscal year. Of those individuals, CCC estimates that 40 of those individuals will become enrolled in PATH.

Supplies

Office Supplies – Basic supplies to run the program and to provide training material.

Other

One-Time Rental Assistance – This line item addresses the needs of homeless individuals to assist in various housing needs to prevent homelessness. These items include: one-time rental payments, transportation, temporary overnight respite, and security deposits.

Occupancy

This line item includes workspace for employees attributed to the PATH program.

Mercer County Comprehensive PATH Program

FY 2022-2023 Budget

PERSONNEL Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Housing Case Manager	$46,180	.38 FTE	17,548	$17,548
sub-total			**$17,548**	**$17,548**
FRINGE BENEFITS Position				
FICA Tax			$1,358	$1,358
Health Insurance			$3,030	$3,030
Retirement			$857	$857
Life, Disability & Misc. Benefits			$307	$307
PA Unemployment			$53	$53
Workmen's Compensation			$46	$46
sub-total			**$5,651**	**$5,651**
TRAVEL				
Travel to trainings and meetings			$50	$50
sub-total			**$50**	**$50**
Contracts/Purchase Services				
Community Counseling Center Services			$45,000	$45,000
sub-total			**$45,000**	**$45,000**
Supplies				
Office Supplies			$220	$220
sub-total			**$220**	**$220**
Other				
One-time rental assistance			$6,000	$6,000
Occupancy			$438	$438
sub-total			**$6,438**	**$6,438**
Total PATH Budget				**$74,907**

Montgomery County - Access Services, Inc.
500 West Office Center Drive, Suite 100
Fort Washington, PA 19034
Contact: Kara Savastio
Email Address:

Provider Type: Social service agency
PDX ID: PA-077
State Provider ID: 4277
Contact Phone #: 215-540-2150

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 79,998.00**	**$ 26,666.00**	**$ 106,664.00**	

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

Office: Other (Describe in Comments)	$ 79,998.00	$ 26,666.00	$ 106,664.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 79,998.00	$ 26,666.00	$ 106,664.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 79,998.00	$ 26,666.00	$ 106,664.00	

Source(s) of Match Dollars for State Funds:

Montgomery County Access Services, Inc. Justice Related Services will receive a total of $106,664 in federal and state PATH funds. Detailed budgets and narratives are provided in individual provider IUPs.

Estimated Number of Persons to be Contacted: 150

Estimated Number of Persons to be Enrolled: 120

Estimated Number of Persons to be Contacted who are Literally Homeless: 48

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Montgomery County
Access Services, Inc
Justice Related Services
PATH IUP
FY 2022-2023

Local Provider Description

Access Services, Inc.
Justice Related Services
4070 Butler Pike
Suite 900
Plymouth Meeting, PA 19462
Phone: 610-500-2111
Fax: 610-397-0142

The provider's name listed in the PATH Data Exchange is Access Services, Inc. Access Services is a 501(c)(3) non-profit social services agency operating in ten counties in Pennsylvania. This year, Justice Related Services received $106,664.00 total of PATH funding. The federal allocation amount was $79,998 while the State allocation amount was $26,666. Justice Related Services provider number is PA-077.

In Montgomery County, Access Services offers the following programs:

- Montgomery County Mobile Crisis – Montgomery County's 24/7 mobile crisis response team providing crisis support services to the entire county. MCMC also provides support through the Teen Talk Line (anonymous talk and text line for teens in Montgomery County operated by trained peers) and the Peer Support Talk Line (warm line operated by Certified Peer Specialists)
- Starting Point – Mobile psychiatric rehabilitation program providing support in the community to adults with chronic mental illness.
- Justice Related Services – ***JRS is the county recipient of PATH funds*.** Access Services recently acquired the JRS contract with services starting on 01/01/2017. JRS provides blended case management services for adults with Serious Mental Illness who are involved with the criminal justice system. The program works to divert charges, shorten sentences, facilitate re-entry to the community, and reduce recidivism for people with a diagnosed SMI.
- Homeless Street Outreach- The Street Outreach Program seeks to provide whole-person intervention toward improving stability for persons identifying as homeless in Montgomery County. The Street Outreach Program partners with Your Way Home to confirm homelessness and qualify persons for housing support. The street Outreach Team provides screening and assessment, assistance in resolving immediate needs, referrals to providers, and ongoing caseload support until a homeless individual is sheltered

- In-Home Supports – IHS provides individualized in-home care and support for adults and children with developmental disabilities by setting personal goals and learning the basic skills of day-to-day living
- Lifesharing – The Lifesharing program supports individuals with developmental disabilities living with qualified, trained, host families. As host families' welcome individuals into their lives, offering support and guidance, individuals with developmental disabilities become fully participating members of their communities and are empowered to reach for and achieve their goals and aspirations
- Respite Services – Our respite program provides a temporary home with qualified providers for adults and children with behavioral health challenges to allow for their daily caregivers to strike a balance between time spent caring for others and time spent caring for themselves.
- Life Day Program – The Life Day Program helps adults with developmental disabilities develop functional skills and discover their talents through volunteer work and engaging and vocational skills.
- Intensive Behavioral Health Services- IBHS provides therapeutic services to children under the age of 21 who are experiencing mental, emotional, or behavioral problems.
- Transition to Independence Process- TIP is a specialized service aimed to address common hurdles encountered by young adults, age 16-26. The program is designed to help individuals reach their vision of a successful future by using a strength-based approach that focuses on achievement and problem solving.

Collaboration with HUD Continuum of Care (CoC) Program:

Currently, Your Way Home, PA504, is Montgomery County's unified homeless crisis response system, part of the HUD Continuum of Care. JRS utilizes YWH which fully embraces HUD policy of prioritizing rapid re-housing and permanent supportive housing, using a Housing First model. The JRS team currently works in collaboration with the Homeless Street Outreach team in assessing and supporting homeless individuals within Montgomery County who have forensic involvement. Your Way Home call center can be contacted at 866-964-7925 or Dial 211. They can also be contacted through www.211SEPA.org.

Collaboration with Community Organizations:

Access Services has historically built positive relationships with community providers and county agencies to provide the most cohesive, beneficial, and efficient services to the people we serve. PATH-eligible clients served by JRS generally find supports through the following services:

- Outreach Teams – JRS works closely with the agency's Mobile Crisis Program for immediate mobile response to crisis situations and for assistance in outreach to clients who are street homeless. JRS has also received support from the Coordinated Homeless Outreach Center's outreach team with some of our street homeless clients during code

blue situations. JRS attends Norristown HUB meetings to help with the identification of individuals who pose community risk and follows up on relevant referrals.

- Physical Health Providers – JRS frequently collaborates with health districts and supports consumers attend and engage with medical providers. JRS' PATH-eligible participants are often susceptible to undiagnosed, undertreated, and untreated medical issues and oftentimes lack the coverage or advocacy skills to get access to the care that they need. Our program's Blended Case Management regulations require attempts at securing a physical/screening for all program participants and coordinators facilitate the scheduling of these appointments with community providers.
- Mental Health Providers – Access Services has developed strong relationships with the county's Community Behavioral Health Centers as well as Crisis Residential Programs, and Inpatient Behavioral Health Hospitals. Coordinators/ Case Managers are trained in Mental Health First Aid and Trauma Informed Care and receive continual training on assessing for appropriate level of cares. The mission of JRS is to reduce incarceration for people with SMI through stabilization of symptoms and connection to community mental health service providers.
- Substance Abuse Treatment Providers – JRS frequently works with program participants who have a history of substance abuse to receive services to assess, treat, and house in supported sober-living environments when appropriate.
- Peer Support – JRS is currently in the process of seeking out Forensic Peer Specialists with relevant training and lived experience to provide support, encouragement, and resources to program participants. Access Services also provides warm-line peer support through the Peer Support Talk Line which is a phone number provided to all JRS program participants.
- Housing- JRS collaborates with Residential settings and Housing funding opportunities to connect individuals to housing plans that are supportive to their needs.
- Employment - JRS frequently uses county employment and vocational training services for participants in need of income through employment.

Service Provision:

The Justice Related Services program is a blended case management for adults with Serious Mental Illness who are involved in the criminal justice system. PATH funds are used by JRS for clients who are homeless and incarcerated. They are eligible for release pending housing and re-entry planning and approval. They are enrolled in PATH when they obtain case management services and once a housing plan is approved, they are no longer eligible for PATH funding. Many people remain incarcerated up until their maximum sentence date due to the lack of their home plan. Access to stable housing, either temporary or permanent, has proven to be a large system gap that disproportionately affects this population. For adults with SMI, length of time spent in jail is significantly longer than those without SMI. Housing remains a critical area of support for these individuals who are mandated by probation to provide an address to avoid violating their probation terms and returning to jail. Currently the visibility of a person who is street homeless and suffering from an SMI makes it difficult to avoid interaction with law enforcement.

A gap also exists for individuals who return to the community with ongoing forensic involvement. At any moment, these individuals could be at risk of losing housing due to relapse of behaviors or violations of probation/parole. Due to this, all individuals served by JRS are being assessed for PATH eligibility continuously. Many times, individuals JRS serve can struggle to obtain and maintain employment due to their charges and the legal/treatment mandates posing a threat to income and ability to pay rent. JRS is actively connecting consumers with funding programs such as Columbus Properties to fund for first month payments and security deposits. We are also connecting consumers to a Restart Housing pilot program through a grant from Family Services that houses qualifying individuals for up to 12 months.

JRS' blended case managers work with the clients by utilizing the Your Way Home call center for rapid re-housing and also works with county supported housing resources when appropriate to find supervised residential settings for participants who need more structure for success in the community. JRS also creatively and actively partners with the Homeless Street Outreach team to assist clients in getting into emergency shelter programs a multidisciplinary support system while street homeless. In addition to physical housing, JRS case managers help facilitate benefits, employment, connection to mental health services, and community involvement to ensure stability and improvement in quality of life. For clients who have both SMI and a substance use disorder, case managers work on obtaining a ASAM for the client to determine appropriate level of care and then work to coordinate services as recommended, either through outpatient programming, recovery houses, or inpatient rehabilitation. In addition to working with JRS' Drug and Alcohol Consultant, JRS utilizes Montgomery County's two detox centers, D&A case management services through Gaudenzia, Creative Health Services, and RHD Center of Excellence, outpatient services at five different agencies, and access to over a dozen residential settings in surrounding counties, many of whom specialize in COD and are trauma-informed.

JRS staff are required to complete the University of Pittsburgh Case Management training. Staff are also encouraged to complete Mental Health First Aid training and Applied Suicide Intervention Skills Training. Two staff members are trained and have access to the HMIS system and use Clarity to enroll and document all PATH client data. Individual coordinators maintain a spreadsheet with updates to demographics for PATH clients so that these changes can be tracked and monitored and adjusted in PATH as they occur. Case notes on PATH clients are sent to Clarity-trained staff daily to be entered into the HMIS system.

PATH eligibility is determined through a questionnaire completed with an individual at time of intake. The questionnaire addresses level of housing status, or lack thereof, mental health diagnoses, history of substance use, income, and other potential benefit support. If a stable home plan is not verified, an individual may be determined to be literally homeless or at imminent risk allowing individual to be PATH eligible. PATH eligible individuals have ongoing assessment for appropriation of funding as well as individuals opened in services you are presenting potential need of allocation. After a stable housing plan is identified and a JRS client is no longer PATH-eligible, services provided to a client is billed to Magellan or from county reinvestment dollars.

Access Services complies with all state and federal regulations governing the confidentiality of substance abuse and mental health records. JRS maintains confidentiality of individuals' records via a secured electronic health record system, Evolv and back up files are stored on a protected drive only accessible through special permissions granted by the IT department and confirmed by program supervisors. JRS has confidential releases signed by consumers for all relevant parties and is compliant with individual providers' unique release forms. As a covered program, we will meet the requirements of 42 CFR Part 2 defining the confidentiality regulations for substance abuse as it applies to client consent and disclosure of information in cases of medical information and other limited circumstances.

JRS partners with Witt Community Advocates who consist of Certified Peer Specialist and offer supports within the jail. JRS continues to actively seek out relationships and trainings with local agencies who can assist with linking forensically involved clients to housing programs and job opportunities. JRS is actively involved on county efforts to reduce the number of people with SMI in jails. JRS currently co-chairs the county's Forensic Coalition which is committing to the national Stepping Up initiative in addition to chairing that coalitions Diversion subcommittee and sitting on the Reentry subcommittee. JRS also attends Women's Reentry Committee meetings and regularly attends county HUB meetings. JRS is actively involved in the county's Behavioral Health treatment court and completes assessments for all Behavioral Health Court applicants. In response to sometimes extended waits to see a psychiatrist or receive prescription refills in a timely manner, JRS also collaborates with the county's Mobile Crisis provider to utilize tele-psychiatry for necessary medication to help maintain stability in the community while waiting for a long-term service provider. JRS collaborates with Street Medicine in Pottstown which is a service provided by Access Services and Tower Health Medical Group that assist in medication for those who are homeless and in need of medicine.

Data:

JRS currently has two staff members trained in the county's HMIS system who are responsible for entering all PATH data. JRS is utilizing HMIS Clarity Bitfocus for PATH services. JRS maintains a separate spreadsheet to keep updates on changing demographics for PATH eligible clients. There is presently a quick guide HMIS user manual for reference and is available for new and current employees.

Housing:

Returning prisoners face many barriers in the private rental market. These include lack of affordability, having poor credit backgrounds, ineligibility due to criminal history, and delays in receiving benefits among other issues. JRS partners with providers to assist participants in overcoming these obstacles by locating and securing decent, affordable housing. The program is working on building relationships with landlords to facilitate better access to open units and to identify landlords willing to rent to individuals who may have criminal justice involvement. JRS also utilizes initiatives like Fair Housing Rights to identify affordable, non-subsidized housing. Additionally, JRS works with the Office of BH/DD in accessing new housing initiatives

developed for the mental health population through Medicaid reinvestment funds or other county resources.

Presently, JRS is referring to Family Services of Montgomery County for the Re-start grant, which is a pilot program designed to reduce levels of incarceration and increase positive social outcomes for returning citizen by providing housing location support, roommate matching, rental assistance and case management. The goal is to reduce recidivism by increasing housing supports for individuals re-entering into the community.

Transitional housing provides an intensive, structured living environment for adults who need on-going assistance in developing and utilizing daily living skills in preparation for moving to independent housing. Justice-involved individuals may benefit from being directed to transitional housing options in the community while their legal issues are in the process of being resolved.

As a result of family conflict, there can be reluctance on the part of family members to welcome an offender back into their lives. In other cases, natural supports are non-existent. In these scenarios' participants need immediate housing upon release as well as access to shelters on an emergency basis if their ongoing residential arrangements are disrupted. JRS assists individuals in connecting with resources that may be available relating to emergency/short-term housing.

Staff Information:

JRS currently has the capacity for 11 staff: one Program Director, two Assistant Directors, one Administration Assistant, one Clinical Coordinator, one liaison & five Case. Managers we are currently hiring for a certified peer specialist. This number will be reviewed and revisited as the program expands. Current JRS staff consists of 8 Caucasians and 2 Latina's, 1 African American, Staff are of both female and male case managers. Staff are all trained in cultural competency as part of agency regulations and on-going trainings are available to ensure that the most relevant, sensitive, and appropriate services are being provided to JRS participants. Access Services abides by a person-centered, trauma-informed, and recovery-oriented model and coordinators are expected to be cognizant of, and responsive to, the needs of different populations in regard to age, gender, disability, sexual orientation, gender identity, race, religion, and any other areas of note. Reactivity to diverse populations related to demographics, criminal background, or diagnosis is assessed for in the coordinator interview process and the agency is committed to hiring individuals who are accepting and aware of differences of clients as well as knowledgeable around how to be responsive to their different needs. Employees are encouraged to attend relevant trainings on diversity and cultural competency as they are made available.

Client Information:

Currently the broad demographic served by JRS are adults in Montgomery County who are involved in the criminal justice system and have a severe mental illness. Specifically, the demographics of all clients served since July 2021 break down as follows:

AGE:

18-24: 10
25-34: 27
35-44: 21
45-54: 11
55-64: 9
65 & Older: 4

GENDER:

Female: 15
Male: 66
Trans: 1

RACE:

American Indian or Alaska Native: 0
Asian: 2
Black or African American: 27
Native Hawaiian or Other Pacific Islander: 0
Multiple races:2
White: 51
Client does not know/ refused: 0
No Answer: 0

With full staff, which will grow as the program expands, JRS will have the capacity to serve approximately 150 consumers with a current census of 82. PATH individuals are incarcerated and at risk of imminent street homelessness and are taken off PATH funding once housing is secured. Since July 2021 JRS has served 65 PATH clients, of whom 22 were literally street homeless upon release with no shelter and 2 consumers were in a shelter.

In fiscal year 2020-2021, 112 individuals were enrolled PATH and it is projected that in fiscal year 2022-2023, JRS will enroll 120 PATH eligible individuals. JRS estimates that 40% of this projection over the next year will be considered literally homeless.

Consumer Involvement:

JRS has been fortunate to have graduates of the JRS program volunteer in teaching opportunities with newly hired staff. This year so far, we have had 4 graduates of JRS who have volunteered to our program and have spoken about their experience in the jail, managing their SMI, hardships in the community, stigmas, and important things they need case managers to know. This has allowed much insight on how to best serve our population and how areas to focus on for successful re-entry.

JRS engages in consumer satisfaction surveys monthly to evaluate our service delivery, overall experience, and quality of care. We collect data to measure our outcomes as we operate from our values. Client feedback is used as a tool for enhancement and training.

JRS also participates in other forms of consumer involvement such as the Women's Reentry Initiative which utilizes input from women recently released from the county jail, some of whom were PATH eligible JRS participants, to help develop the most helpful and relevant strategies and resources related to reentry.

JRS engages often with the county's Community Advocates program through Hopeworx. This program provides forensic peer advocacy and meets with PATH-eligible individuals who are currently incarcerated to provide classes on success in the community upon reentry. We have no governing board or formal advisory board at this time.

Alignment with State Comprehensive Mental Health Services Plan:

Currently, as part of their Comprehensive Mental Health Services Plan, Pennsylvania is transitioning to a recovery-oriented mental health system which is outlined in the state publication A Call for Change. Montgomery County was an early adapter of this and Access' JRS engages all clients in a recovery-oriented and trauma-informed manner, providing case management services to help consumers reach the level of stability and functioning needed to avoid involvement in the criminal justice system and to maintain stable housing.

Access Services works with Montgomery County Office of BH/DD to assure that all services provided using PATH funds are consistent with the State Plan to End Homelessness. This ensures that the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state.

The PATH program relies on agency protocol to provide an efficient, well-coordinated response to promote the safety and well-being of the people we serve. The agency has several locations across 11 counties and can relocate staff to continue necessary service provision without interruption. Emergency response updates are to be communicated through several channels including the agency website, e-mail, and phone. Agency servers are backed up daily so PATH consumers' information will be able to be restored within one week in case of an emergency. The agency also maintains a Disaster Planning Steering Committee to review and update procedures.

Other Designated Funds:

Access Services JRS is also funded by Magellan Health Choices and through County Health Choices reinvestment dollars.

Programmatic and Financial Oversight:

Access Services JRS PATH funding is dispersed to the program through the Montgomery County Office of BH/DD. JRS submits the program budget and monthly billing to the county for review and approval.

JRS leadership assesses and evaluates current census in weekly supervision of case managers for PATH eligibility and appropriateness while also preforming monthly audits for allocation of PATH funds.

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

Access Services JRS has 5 case managers who have registered and will have their completed SOAR certification by the ending of March 2022. Our current goal is to continue to have onboarding staff complete their SOAR certification within the first 60 days of hire. Presently JRS utilizes the SOAR certified specialist contact from Social Security Administration Office to assist with SOAR applications, a total of 6 consumers were connected through SOAR. Once staff are trained and using the SOAR model, outcomes will be tracked in the SOAR OAT system.

Coordinated Entry:

The Montgomery County Housing and Community Development Department operates Your Way Home, which is the Coordinated Entry program for homeless individuals. JRS collaborates with the Your Way Home program on a regular basis to help homeless individuals secure housing through this program.

PATH funds help to provide intervention before an induvial reaches Category 1 homelessness status per HUD definition. To intervene before this status allows the opportunity to prevent the barrier of literal homelessness interfering with an individual's wellness, recovery, and stability.

Justice Involved:

Currently Crisis Intervention Team training is not mandated in Montgomery County, there are a few police departments that have completed this training as optional. As an alternative, Montgomery County Emergency Services provides a three-day Crisis Intervention Specialist training to educate law enforcement around how to work with a person experiencing a mental health crisis. The curriculum focuses on:

- Introduction to Forensic Mental Health and Jail Diversion
- Overview of the Mental Health System in Pennsylvania (State and County)
- Mental Health Law and Treatment Options
- Crisis Intervention
- NAMI – In Our Own Voice: Living with Mental Illness
- Psychiatric Medication
- Mental Illness
- Substance Abuse
- Suicide Awareness

The county has also joined the national Stepping Up initiative to reduce the amount of people with SMI incarcerated. This will include an evaluation of training provided to law

enforcement officials in assessing the role of diversion as it relates to the mission of the initiative.

Justice Related Services is actively partnering with our forensic partners such as the Montgomery County Correctional Facility, the Public Defenders office, Adult Probation and Police Districts and re-entry initiatives to offer ongoing collaboration and support for our mutual consumers. This allows Justice Related Services to be timely and effective in jail diversion and re-entry planning. We are prioritizing this population for services while incarcerated and following with them as a support into the community.

Veterans:

Homeless veterans continue to be actively sought out in outreach efforts as they are disproportionately represented in both the homeless and incarcerated populations. The program attempts to make full use of the extensive resources and support that the Veterans Administration has for veterans through community partners as well as services provided directly to veterans facing homelessness. The program is committed to informing any veteran who is homeless or at imminent risk of homelessness of the VA's "Make the Call – 877-424-3838" initiative that connects callers 24/7 to VA services to overcome or prevent homelessness for veterans. JRS staff are also available to assist eligible homeless veterans to apply for HUD-VASH vouchers which target vulnerable Veterans who have experienced multiple episodes of homelessness, have been homeless four or more times in the past three years, or who have been continuously homeless for one year or longer.

Tobacco Policy:

Access Services is committed to providing a healthy and safe workplace and to promoting the health and well-being of employees, associates, visitors, and consumers. Smoking is not permitted inside any of the facilities or vehicles or in the presence of staff or consumers.

Health Disparities Impact Statement:

A health disparity population is one that manifests a higher incidence of disease and overall poorer health status than the general population. PATH-eligible individuals are at risk of health disparities because of more limited access to and use of available health care services than the general community because of mental illness and other factors, which may leave them vulnerable to poorer health outcomes. JRS works to connect these consumers with appropriate physical health supports in the community.

Since July 2020, out of 65 PATH-eligible consumers, Access Services has served 8 Transitional Age Youth (TAY) aged 18-24 through PATH funding. While there is no focused outreach specifically targeting TAY at this time, JRS is a service made available to all Montgomery County residents over the age of 18 who meet criteria and forensic need.

Montgomery County has a residential program for TAY with SMI to gain independent living skills. This program is called YALE (Young Adult Learning Environment) and JRS coordinators are available to make referrals as appropriate.

Limited English Proficiency:

Access Services complies with Executive Order 13166 by utilizing technology and local interpreters as needed to provide access to services for consumers with limited English proficiency. To date, one referral to the program has had limited English proficiency and the program was able to arrange for an interpreter while connecting the consumer to long-term community supports. The program intends to be mindful of referral trends related to people with limited English proficiency and as the need arises, will assess staffing to reflect language needs of the population served.

Budget Narrative:

The funds requested in the attached budget are primarily to pay for staff salaries and benefits. There is 1.15 FTE case managers coverage weekly, five hours a week for the program director and ten hours a week from the assistant director. Benefits included in this budget are health care insurance, workers compensation insurance, unemployment insurance and retirement benefit costs. Employer taxes are based on set percentages of wages for social security and Medicare benefits. Personnel and benefit costs account for 82% of the total budget.

Staff development, communications, legal, accounting, and advertising costs comprise 5% of the total budget. These costs are based on a percentage of total costs or estimates of direct expenses for cell phone use, printing costs for advertising and training.

In the travel section of the proposal, we have budgeted a portion of agency owned vehicles to be utilized as well as staff using their own vehicles. The purpose of both is to aid in searching and obtaining housing for the consumers. Costs associated with client and staff travel account for the final 2.5% of the total budget costs.

Administration expenses include overhead costs for utilities, insurance, communications, and housekeeping for office space based on a percentage of total costs. This accounts for 11% of the total budget. Please see budget below.

Montgomery County
Access Services
Justice Related Services Department
PATH Program
FY 2022-2023

PERSONNEL Position	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Director	$65,000	0.125	$8,125.00	$8,125.00
Assistant Director	$50,101.00	0.25	$12,525.00	$12,525.00
Case Managers/Workers	$42,120.00	1.15	$48,438.00	$48,438.00
sub-total			**$69,088.00**	**$69,088.00**
FRINGE BENEFITS Position				
Employer Match Taxes			$5,182.00	$5,182.00
Insurance & other Benefits			$12,799.00	$12,799.00
Retirement			$674.00	$674.00
sub-total			**$18,655.00**	**$18,655.00**
OTHER				
Staff Development			$600.00	$600.00
Advertising & Office Supplies			$420.00	$420.00
Office Rent			$1,815.00	$1,815.00
Communications (incl. cell phones)			$1,500.00	$1,500.00
Accounting & Legal			$660.00	$660.00
Sub-Total			**$4,995.00**	**$4,995.00**
TRAVEL				
Automobile Leased, Purchased			$540.00	$540.00
Automobile Ins, maint. & fuel			$600.00	$600.00
Staff/Client travel			$1,500.00	$1,500.00
sub-total			**$2,640.00**	**$2,640.00**
Indirect Cost				
Administrative Costs			$11,286.00	$11,286.00
Sub-Total			**$11,286.00**	**$11,286.00**
Total PATH Budget			**$106,664.00**	**$106,664.00**

Philadelphia County - Project HOME
1515 Fairmont Ave.
Philadelphia, PA 19130
Contact: Ben Lambertson
Email Address: blambertsen@pmhcc.org

Provider Type: Social service agency
PDX ID: PA-042
State Provider ID: 4242
Contact Phone #: 2152327272

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 48,254.00**	**$ 75,252.00**	**$ 123,506.00**	

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

Office: Other (Describe in Comments)	$ 48,254.00	$ 75,252.00	$ 123,506.00	Project Home is one of four PATH providers in Philadelphia County. Detailed budget narrative and budget table are found in the Project Home IUP.
j. Total Direct Charges (Sum of a-i)	$ 48,254.00	$ 75,252.00	$ 123,506.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 48,254.00	$ 75,252.00	$ 123,506.00	

Source(s) of Match Dollars for State Funds:

Project HOME: Street Outreach will receive a total of $123,506 in federal and state PATH funds. Detailed budgets and narratives will be included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 2,900

Estimated Number of Persons to be Enrolled: 779

Estimated Number of Persons to be Contacted who are Literally Homeless: 2,900

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Project HOME: Street Outreach
1515 Fairmount Avenue
Philadelphia, PA 19130
2022-2023 PATH Intended Use Plan, PA-042
Philadelphia County

Local Provider Description

The mission of the Project HOME (PA-042 Philadelphia: Project HOME) community is to empower persons to break the cycle of homelessness and poverty, to address structural causes of poverty, and to enable all of us to attain our fullest potential as individuals and as members of the broader society. Project HOME achieves this through the provision of a continuum of care comprised of street outreach; supportive housing; and comprehensive services including health care, education, and employment. They also address the root causes of homelessness through neighborhood revitalization programs, including affordable housing development; employment training and opportunities; adult and youth education; health care; and environmental enhancement. Project HOME strives to create a stable and secure environment where we support each other in our struggles for self-esteem, recovery and the confidence to move toward self-actualization. The work of Project Home is rooted in our strong spiritual conviction of the dignity of each person.

The mission of the Project HOME community is to empower adults, children, and families to break the cycle of homelessness and poverty, to alleviate the underlying causes of poverty, and to enable all of us to attain our fullest potential as individuals and as members of the broader society. Project Home strives to create a safe and respectful environment where we support each other in our struggles for self-esteem, recovery, and the confidence to move toward self-actualization.

Project HOME achieves its mission through a continuum of services comprised of street outreach, a range of supportive housing, and comprehensive services. We address the root causes of homelessness through neighborhood-based affordable housing, economic development, and environmental enhancement programs, as well as through providing access to employment opportunities; adult and youth education; and health care.

Project HOME is committed to social and political advocacy. An integral part of our work is education about the realities of homelessness and poverty and vigorous advocacy on behalf of and with homeless and low-income persons for more just and humane public policies. Project HOME is committed to nurturing a spirit of community among persons from all walks of life, all of whom have a role to play in making this a more just and compassionate society.

More detailed information regarding Project HOME can be found at their Web site, www.projecthome.org. Project Home recently received national recognition from the National Alliance to End Homelessness (NAEH) for non-profit sector achievement. Project Home, founded in 1988, has been a local and national leader in outreach to street homeless individuals through their Outreach Coordination Center (OCC). Project Home

is a non-profit social service agency that contracts with the Philadelphia County Department of Behavioral Health for residential and homeless services. Project HOME coordinates all city supported outreach

Project HOME will receive $123,506 from PATH Funding; 2/3's of which is federally allocated. Project Home, as indicated below, actively involves consumers and families in all of its activities, including staff hiring and volunteer opportunities. Further, outreach works to engage the person where they are, offer choices, and where appropriate, refer to mental health or substance abuse treatment programs as part of the behavioral health care continuum.

Project	Federal Allocation	State Allocation	Total Allocation
Project Home - Outreach	$ 92,629	$ 30,877	$ 123,506
Total	**$ 92,629**	**$ 30,877**	**$ 123,506**

Collaboration with the HUD Continuum of Care (CoC) Program
Project HOME is a primary recipient of local CoC funds, as well as the lead Outreach and Homeless Advocacy Organization in the city.

In addition, ProjectHOME works very closely with Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS). DBHIDS allocates $50million dollars for an array of homeless services through its contracted agencies including housing (transitional and permanent), residential support, case management, and outreach and evaluation. The DBHIDS PATH coordinator as well as representatives Project Home attends the Philadelphia Continuum of Care CoC Board (PA-500 Philadelphia CoC) meetings and sub committees and contributes to the vision, development and management of the CoC. DBHIDS staff sit on the local CoC board. Philadelphia's CoC board as well. Persons who receive PATH funded services are eligible for CoC resources.

Coordination with Local Community Organizations
The designated PATH provider Project Home is well connected in the network of community providers working to end homelessness. Project Home partnered with Health Care for the Homeless, Jefferson University Hospital Medicine, and other community partners to offer drop in center services to persons living in the downtown transportation hub. The Hub of Hope provides services included medical and psychiatric services as well as peer support and case management services, and has daily programs with showers, laundry and food services throughout the year. Participating agencies include Pathways to Housing PA, Horizon House and Bethesda Project. DBHIDS continually works towards the creation and coordination of policies with local organizations through the CoC Board and corresponding sub-committees.

With regards to Project Home's outreach efforts, all outreach teams are overseen by a County Coordinator of DBH Homeless Outreach Services who holds biweekly meetings to ensure lines of communication are open and coordination is smooth. In addition, all

teams are responsible for adhering to shared policies and procedures. Meetings focus on hot spots, current issues and reviewing people on the streets and their needs.

The DBHIDS PATH contact works closely with PATH providers and the PATH State Representative. This includes monthly webinars, quarterly state calls and receiving PATH state information via email. The DBH contact and PATH contact have frequent additional communication with need.

PATH providers work closely together with the DBHIDS PATH contact as well around connections from street outreach to safe haven and linking to PSH via Coordinated Entry matches, Housing First COC programs, PHA mainstream vouchers, as well as various additional subsidies funded by the City of Philadelphia.

Service Provision
Path eligibility for enrollment to the County Path funded programs, safe havens and outreach, include being literally homeless, 18 years of age or older, experiencing Serious Mental Illness and agrees to the Path funded service. Agencies do leverage other available funds outside of Path. US Veterans access VA services first and there are other county funds available for people including DBHIDS funded safe havens and DBHIDS and other funded outreach teams.

Philadelphia continues to use internal and HMIS data to identify, target and prioritize the most vulnerable people on the street with the longest histories of homelessness to link to needed housing and service resources. This information is used to identify people who are eligible for Safe Havens and JOH programs. All people who enter safe havens and JOH programs are also enrolled in HMIS for Coordinated Entry and do a housing assessment (CEA-BHRS). The collaboration between various City of Philadelphia departments as well as provider agencies enables ongoing dialogue and cooperation to ensure that each individual is receiving the level of care and services that are most appropriate for them. This includes situations where individuals are enrolled in PATH but it becomes apparent that they are eligible for other services and funding streams (i.e. Medicaid, Medicare). This transfer allows us to leverage the PATH funds allocated to serve the most individuals possible.

Seven street outreach teams are deployed city-wide in Philadelphia on a year-round basis and Project HOME Outreach leads the Outreach Coordination Center and Outreach Hotline for the entire City. These services to provide 24-hour outreach. PATH funded staff are included in these efforts and are deployed throughout the city, targeting the City as well as identified “hot spots”. During periods of severe winter or summer weather, outreach hours are extended in order to prevent weather-related injuries or death. Individuals who are PATH eligible and are reached via Outreach efforts, are given access to Respite and Café-style overnight placements, Safe Havens, JOH or shelter placement, on a referral basis. Safe havens are designed to accommodate rapid admissions and to address the needs of persons with mental illness who have experienced chronic homelessness. Outreach is also highly involved and focused on target hotspots in

Philadelphia to work with people with Opioid Use Disorder to connect to services, treatment and housing when possible.

Outreach efforts that involve mental health, and medical personnel are centrally coordinated by the Outreach Coordination Center (OCC). This resource, funded by DBHIDS, serves to both coordinate and deploy mobile outreach teams and to facilitate rapid placements into specialized residences and generic shelters.

DBHIDS currently has contracts with six social service agencies for the provision of 253 entry-level beds designated specifically for homeless persons with mental illness or co-occurring disorders. Two of these programs are specified for the Emerging Youth population, one for couples and 10 additional winter respite beds. These housing resources provide rehabilitative services, case management and transition support. Additional long-term housing subsidies are provided via Federally funded Shelter Plus Care grants to homeless persons with disabilities related to mental illness, substance abuse and/or HIV through CEA-BHRS and DBHIDS. There are mobile assessors working with street outreach to access these slots, as well as an internal DBHIDS outreach team embedded in the Department.

DBHIDS' Behavioral Health Division, Housing & Homeless Services Unit, continues to centrally gatekeep virtually all of the current mental health residential slots. This includes the 253 existing entry level beds as well as a large number of transitional and permanent housing resources that serve to prevent persons with mental health disabilities from becoming homeless. The larger residential system and continuum of resources have maintained an occupancy level of approximately 90% during CY 2021, but 95% occupancy rate if dedicated beds are accounted for, meaning active and viable referrals were in the admission process. DBHIDS also coordinates other housing projects with OHS to help link people to additional subsidies such as PHA mainstream vouchers, shallow rent subsidies, Bridge to Independence subsidies and Bridge to Recovery subsidies through DBHIDS reinvestment funds. City departments and providers and stakeholders work closely together to help make these transitions possible with added services. During Covid this has been challenging as programs went on and off line during outbreaks but all programs are back to being full and running at this time.

Homeless persons who require emergency psychiatric assessment and stabilization services are afforded access to an eight-bed crisis residence (Emergency Evaluation Center - EEC) or to five (5) Crisis Response Centers (CRCs). An assessment and treatment team, including psychiatrist time, has been funded to work closely with the Office of Supportive Housing (OSH) Intake sites, shelters. Access to the EEC and Crisis Response Center services is centrally coordinated by the DBHIDS Acute Services Unit. The CRCs accept walk-ins. DBHIDS has a Homeless Services Unit that is responsible for the coordination of homeless services.

The DBHIDS participates in ongoing planning and coordination of homeless service initiatives, under the direction of the Commissioner of the Office of Homeless Services (OHS). These initiatives have included the annual winter plan (Code Blue), and summer

heat emergency plan(Code Red), outreach planning and hotspots, working with the larger community and City stakeholders, 100 Day Challenge housing slots for the Kensington area which is a new initiative for 2022, Coordinated Entry (CEA-BHRS) and planning for people who are chronically homeless, literally homeless, and the emerging adult population. All Safe Havens, City funded Recovery Houses, and JOH programs have been trained in HMIS and the VISPDAT and the TAY-VISPDAT to assess vulnerability and housing needs. Both OHS and DBHIDS work closely together and with Providers as well to ensure services are provided to those with mental and behavioral health needs.

Maximizing use of PATH funds
The City of Philadelphia is committed to aiding the State and bolstering supports following the lawsuit filed by the American Civil Liberties Union (ACLU). These actions include more definition, attention and efforts around the movement of individuals from both the forensic and civil units at Norristown State Hospital (NSH). DBHIDS mental health services providers help coordinate with community-based supports to assist these individuals with linkages to employment, education, mental health treatment, healthcare, and other community based activities to help prevent recidivism. Additional efforts are put in place to assist individuals with building skills of independent living so that she/he may move on some day to her/his highest attainable level of independent living.

Gaps in current service systems
There are gaps in the area of shelter capacity. Shelter capacity cannot accommodate all the persons who wish to enter emergency housing. The last Point In Time count of unsheltered individuals was February 2022, which was pushed back briefly due to Covid and omicron, as part of the national homeless count sponsored by the Department of Housing and Urban Development. There has been a partnership with the Philadelphia Housing Authority to address the gap in capacity, and the City was awarded 863 Emergency Housing Vouchers in 2021/2022, though there are still not enough vouchers for the entirely of our sheltered and unsheltered population.

Increasing numbers may be due to lack of housing resources, increased persons with Opioid Use Disorder in the City of Philadelphia, and a small amount of affordable housing. It is also possible that the numbers have increased since Outreach teams are covering more areas of the City and count now includes people sleeping in hospital Emergency Rooms. There is also a severe gap in affordable housing in Philadelphia County. SSI payments are not enough for Fair Market Rent. We continue to need more affordable housing options for people receiving SSI or less than SSI. It is also challenging at this time to find an affordable one-bedroom apartment in Philadelphia as the market grows here as well.

Services for clients who have both SMI and a substance use disorder
All of the services described above are available for persons with co-occurring substance use disorders and all homeless services programs are expected to develop expertise to serve persons with co-occurring disorders. In addition, the DBHIDS has developed the Journeys of Hope (JOH) programs, which offer year-long substance abuse treatment that will result in obtaining permanent supportive housing for all persons who complete the

programs. These are licensed addiction treatment services with capacity to serve persons with co-occurring mental health disorders.

Safe Haven and Outreach staff have been trained in providing Narcan; an effective treatment for people who are unresponsive at risk of death due to opioid drug overdose. DBHIDS is also working closely with Prevention Point who is doing Outreach with this population, and we are working to identify more needed resources and treatment for people. There are now respite beds for this population, services have been increased for treatment, including expanded Medical Assisted Treatment slots, and Housing First slots that target people with OUD and living in encampments. JOH expanded it's treatment services and have MAT embedded in one of it's programs and hopes to be able to expand those services. The City and outreach have been involved in multiple initiatives to close encampments in Kensington and place people into housing and treatment. The City is relying heavily on outreach and connection to treatment and services.

It should be noted that DBHIDS is not responsible for following 42 CFR Part 2 regulations, as we do not provide licensed drug and alcohol outreach programs.

Data
Outreach Staff use tablets to do in real time data input into the outreach data system. With this system, weekly reports are generated for all outreach contacts and are shared with supervisors to use as a management tool. PATH Safe Haven and Outreach Providers have been trained in the HMIS system this year and submit data required by PATH. Safe Havens put in housing assessments and work with people to be part of Coordinated Entry. Project Home outreach is also using HMIS for their Path data. DBHIDS and OHS continue to work on data needs between both Departments. All Path funded programs entering data into HMIS have a written HMIS manual for reference and it is made available to new and current employees. The DBHIDS webfocus system is now able to do some data migration into HMIS and we continue to work on this function.

Housing
Outreach participants have access to the DBH safe haven system that includes all three PATH funded residential programs. Outreach participants and safe haven residents have priority access to a variety of housing initiatives including:

- PHA Blueprint Vouchers when available
- PHA Mainstream Vouchers
- PHA Emergency Housing Choice Vouchers.
- Coordinated Entry HUD funded RH, TP and PSH
- Housing First options, operated by Horizon House and Pathways to Housing PA, this includes teams focused on people with Opioid Use Disorder.
- Various McKinney permanent supportive housing programs including McKinney programs with Project Home, 1260 Housing Development Corporation, Horizon House and Bethesda Project

- Priority access to Mobile Psychiatric Rehabilitation Services (MPRS) including programs operated by RHD, Horizon House and Northwestern Human Services
- Bridge to PHA Mainstream Vouchers
- Independence subsidies utilizing DBHIDS reinvestment funds
- Bridge to Recovery subsidies for OUD
- PHA partnered SharePlace vouchers

Staff Information
All programs are expected to document efforts to recruit and retain staff at all levels that are culturally appropriate to the population served. This documentation must include goals, efforts made toward those goals, and outcomes. Additionally, all staff are required to receive annual trainings on cultural competencies and health disparities.

Project HOME PATH staff are all African American, including 2 males and 2 females ranging from 22-50 years of age. This includes staff who identify as part of the LGBTQ community.

Efforts continue to ensure that all providers are aware and trained in appropriate sensitivity measures (i.e. cultural, religious, LGBTQ, etc.). All of the DBHIDS Homeless Outreach work with transgender individuals and will accept a person based on their gender-identity, not on their demarcated gender at birth. In order to effectively engage with all participants, all staff are required to receive and respect all clients regardless of their cultural, religious, sexual, or gender differences.

At this time there are no CPS on staff but one of the outreach workers is applying for a CPS program.

Client Information
The projected number of people to be contacted by the PATH funded Project Home Outreach team and safe havens is approximately 2900 of which are unduplicated people. Out of the 2900 people we expect approximately 779 are expected to become enrolled in outreach and safe havens. All clients served by PATH funds will be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness). The following are the demographics of those who received Outreach contacts:

- 99% had both co-occurring substance abuse and behavioral health issues
- 3% veterans
- 55% black/African-American
- 36% white
- 69% male
- 30% female
- 14% between the ages of 18-29

- 29% between the ages of 30-39
- 23% between the ages of 40-49
- 23% between the ages of 50-59
- 13% aged 60 and over

Consumer Involvement
DBHIDS continually involves consumer, provider and family groups in the development of programs, policies and procedures that affect them directly. Inclusivity efforts, with regard to planning and service initiatives, have increased in response to the DBHIDS' Recovery Transformation model that is implemented across the behavioral health care system. Numerous task forces have been organized to address programmatic issues which include provider, consumer and family representatives. In addition, DBHIDS regularly meets with The Consumer Satisfaction Team (CST), an organization of consumers and family members that monitor service quality and advocate for the needs of individual consumers and their families. CST addresses the needs of consumers served in all parts of the behavioral health system. This involves assessing the satisfaction of consumers in drug and alcohol, adult and children's mental health and dual diagnosis programs. The information provided by CST is used by DBHIDS and provider agencies to continually improve the quality of mental health services in Philadelphia.

CST addresses the needs of consumers served in all parts of the behavioral health system. This involves assessing the satisfaction of consumers in drug and alcohol, adult and children's mental health and dual diagnosis programs. All DBHIDS services operated by Project HOME participate in the CST process. Safe Havens have access to Peer Specialists that come to the location and participate with residents in a variety of ways that are based on the interest and needs of the residents. Project Home has advisory boards that residents can attend and join.

There are PATH enrolled people within Project HOME who are employed as staff or volunteer with Project HOME and serve on the governing boards.

Alignment with State Comprehensive Mental Health Services Plan
DBHIDS and the City continue to use street Outreach data to determine chronicity and people who are the most vulnerable and have spent the most times on the street to help inform eligibility for Housing First services, Safe Havens and any other housing options available through the OHS Clearinghouse/PHA or DBH reinvestment dollars. Our system operates within the Recovery model which includes Person First services throughout DBHIDS. The Department's Practice Guidelines for Persons in Recovery has been implemented throughout services and Providers including Project Home and RHD.

$43M of DBHIDS' reinvestment funds are earmarked for our housing programs which includes tenant based rental assistance for person experiencing homelessness. This also includes former inmates or persons with a history in the criminal justice system. We collaborate closely with the prisons, courts, criminal justice partners, providers, and probation staff through the Behavioral Health Justice Related Services Unit.

Persons experiencing mental health and/or substance abuse have services and treatment available and have access to a variety of housing options including: OHS Clearinghouse Permanent Supported Housing options, some of which are Project Home, McKinney and HUD funded PSH, Housing First services, and RHD JOH programs. Outreach and Safe Haven staff have been and are in the process of receiving Narcan training and K2 training which has been increasing in Philadelphia.

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services plans for disasters and emergencies in collaboration with the Philadelphia Office of Emergency Management, the Philadelphia Department of Public Health, and other City and community response stakeholders. Those plans include, but are not limited to evacuation, mass sheltering, points of dispensing for mass prophylaxis, and mass casualty events. Planning for Access and Functional Needs continues to be a priority in all of our planning efforts. Vaccine clinics have been made available to Outreach staff and the sheltered and unsheltered population routinely for Covid 19, and Project HOME has been able to work closely with staff from the Philadelphia Department of Public Health as well as their own internal medical network.

DBHIDS continues to work closely with homeless advocacy and service agencies during major events and incidents in Philadelphia in order to insure that homeless persons living on the street are contacted and surveyed prior to notice events, they receive timely information about events, and are offered services and supports during events based upon their identified preferences. In addition, particular attention is paid to planning for severe winter and severe heat periods, which results in additional resources and services being deployed in support of those on the street. Through our planning, outreach, and response efforts, resources continue to be identified and utilized by the homeless, resulting in some specific successes in providing housing to several long-term homeless individuals. Lessons learned in these major incidents continue to inform our planning. Additionally, Safe Haven and Outreach staff must complete Mental Health First Aid (MHFA) training which enables staff to intervene in the instance of a mental health crisis. As stated at this time we continue to manage the COVID-19 crisis as severity increases and decreases.

One RHD Path funded Safe Haven targets emerging adult males, and a second Emerging Adults Safe Haven has opened targeted females. We are seeing approximately 80% of young adults entering the TAY Safe Haven having LGBTQ needs and staff are working on training and supports for Outreach and Safe Havens to address needs of this population.

Other Designated Funds

DBHIDS spends $50M annually for persons experiencing homelessness; this includes funding from Medicaid, the Mental Health Block Grant and the Substance Abuse Block Grant. Different funding streams are work in collaboration to fund our efforts with the Journey of Hope Programs, Housing First Services and Safe Havens. It should be noted that these funds are not specifically designated to only serve people who are experiencing homelessness and have a serious mental illness (SMI), as some of the funds are

designated for addiction services. Additionally, none of the designated funds are earmarked specifically for PATH services.

Programmatic and Financial Oversight
The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) monitor the use of PATH funds through our Provider and Program Management unit and oversight of all the programs. The Coordinator for Homeless Services works and oversees the Outreach Coordination Center (OCC) and monitors, provides trainings and is in daily contact with Project Home's Outreach program.

SSI/SSDI Outreach, Access, Recovery (SOAR)
Homeless Advocacy Project (HAP) had been providing SOAR to people in Safe havens and JOH as well as people who are homeless working with Outreach. HAP also works with people in OHS shelter and are connected to DHS for aging out youth. HAP trains staff hired for this project staff members have provided assistance with the DBH/SOAR project. HAP files DHB/HAP SOAR applications. Project HOME does have 2 staff trained in PATH but also send referrals to HAP. Project HOME will assist in obtaining other necessary documentation or letters needed where the Safe Havens rely on outside case management to do this.

Coordinated Entry
DBHIDS homeless programs all have access to Coordinated Entry and are trained in housing assessments, VISPDAT and the Flag Review process. Mobile assessors help people on the street do housing assessments in partnership with Outreach. DBHIDS participates in the monthly workgroup to assess Coordinated Entry assessment and best practices moving forward.

Justice Involved
Crisis Intervention Training (CIT) is being used by the City of Philadelphia DBHIDS. The targeted goal in the past was to train 35% of Philadelphia Police and we exceeded this number. Per personal testimonies from the officers the training is extremely helpful. There has been recognition of officers who have saved lives by using the training. DBHIDS works closely with the Philadelphia Police Dept by having Behavioral Health Navigators in the dispatch call rooms and working on co-responding plans, there is ongoing planning regarding crisis response for the community.

DBHIDS Homeless Services partners with the Behavioral Health Justice Related Services (BHJRS) to coordinate care for people that have been incarcerated and offers Permanent Supported Housing for those discharged from the prison system. We collaborate closely with BHJRS to create unofficial jail diversion opportunities to ensure that when PATH clients are incarcerated they are treated appropriately and swiftly with regards to treatment and discharge. When people are not eligible for subsidies from the Philadelphia Housing Authority they may be offered Bridge Subsides from DBHIDS reinvestment dollars. During this time, we are continually working on creating an efficient flow of institutionalized and incarcerated individuals into the appropriate level of care. We have

utilized 45 Hi-5 subsidies for this population (homeless, criminal justice and high utilizers of the system) and are in the process of filling an additional 40 Hi 5 slots in 2021 and 2022.

DBHIDS has also partnered with First Step Staffing to employ persons who are homeless or have a homeless history and people leaving the criminal justice system. First Step staffing works with people in PATH funded Safe Havens that were connected to Outreach, to connect people to full-time employment.

Veterans
All PATH funded services in Philadelphia, are available to homeless veterans. Weekly PATH funded outreach workers and VA outreach staff spend a shift on the street, engaging homeless veterans. Coordination of care with the VA occurs at the participant, program and system level to coordinate care for those who have served their country. Veterans have been placed in the safe haven system and are prioritized for access to HUDVASH voucher resources as well as VA treatment resources. There is also a VA Outreach Team.

Tobacco Policy
DBHIDS has been working towards a Tobacco Policy in conjunction with the City of Philadelphia.

Health Disparities Impact Statement
Behavioral and physical health are strongly linked. Evidence shows that mental health disorders are associated with increased risk, occurrence, progression and outcomes of serious chronic diseases and health conditions. The cycle can decrease someone's ability to be a part of treatment and recovery from both. PATH funds are used to hire outreach workers, and those teams target underserved populations who are more likely to experience behavioral health disparities.

Philadelphia's street homeless population has been found to be 69% male and 55% African-American. Our staffing patterns for outreach and in the safe havens reflects similar demographics. Outreach has staff that are fluent in Spanish. When persons are referred to behavioral health services, their ethnic and cultural backgrounds are considered in the referral process, as required by the DBHIDS Practice Guidelines. Referring staff are looking for agencies and services that reflect the community from which the person they are serving hails from. Data is collected to track the following key factors in Behavioral Health Disparities: language barriers, cultural and ethnic barriers to services, barriers related to LGBTQ status. DBHIDS outreach services include 2 categories to the gender variable, Transgender- Male to Female and Transgender-Female to Male. PATH funded staff are included in this data system.

Project Home works with both safe havens and provides the warm hand-off for youth on the street. Project Home collaborates with the Synergy Project, a youth outreach provider.

DBHIDS and providers hope to reduce disparities by working closely with providers who have made serving these communities a priority and therefore to reduce disparities and increase positive outcomes, including leaving homelessness. Training is provided on a regular basis to outreach and safe haven staff regarding behavioral health disparities and effective strategies for overcoming these disparities.

The unduplicated number of YYA individuals who are expected to be served using PATH funds:

	FY21	Projected FY22
RHD CEDAR PARK	6	5
RHD KAILO HAVEN	3	3
RHD LA CASA	19	24
PROJECT HOME	64	75

The total amount of PATH funds expected to be expended on services for the YYA population:

	FY21 Amount YYA population	Projected FY22 Total Amount	Projected FY22
RHD LA CASA	$253,601.00	$ 297,188.67	.1% increase from FY21
PROJECT HOME	$ 92,629.00	$ 108,549.61	.2% Increase from FY21

Improving data entry into HMIS will decrease the disparities of how many people we actually serve and inputting the correct services receive. Another improvement is retraining on what each service provides and how it will assure a better display of the YYA population outcomes compared to the general population in the next fiscal year.

Limited English Proficiency PATH funded Safe Havens and Outreach have been given information for free interpretation through Proprio language services. This information is made available for people who receive these services.

Budget Narrative -The PATH funds received are allocated to cover the salaries and benefits for 5 outreach staff. All of the staff listed on the PATH 2022-2023 Budget will provide those PATH services identified in Section 4 of the Intended Use Plan. Other staffing costs, including oversight and supervision, clerical support, maintenance, etc. will be funded by Philadelphia County.

Travel, Supplies, Indirect, and Other costs will be funded by Philadelphia County.

PATH Allocation…….…….$123,506

Detailed Budget
PATH – Phila Co
Project Home 2022-2023

Project Home Outreach	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Case Manager 100%	$30,388	100%	$30,388	$30,388
Case Aide	$24,165	35%	$8,458	$8,458
Response Worker	$32,588	100%	$32,588	$32,588
Response Worker	$27,080	100%	$27,080	$27,080
Response Worker	$24,992	100%	$24,992	$24,992
Total	**$139,213**			**$123,506**

Grand Total				**$123,506**

Philadelphia County - RHD (Cedar Park)
4926 Baltimore Ave.
Philadelphia, PA 19144
Contact: Judy Elzey
Email Address:

Provider Type: Community mental health center
PDX ID: PA-043
State Provider ID: 4243
Contact Phone #: 2157246380

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 109,668.00**	**$ 179,971.00**	**$ 289,639.00**	

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

Office: Other (Describe in Comments)	$ 109,668.00	$ 179,971.00	$ 289,639.00	RHD Cedar Park is one of four PATH providers in Philadelphia County. Detailed budget narrative and budget table are found in the RHD Cedar Park IUP.
j. Total Direct Charges (Sum of a-i)	$ 109,668.00	$ 179,971.00	$ 289,639.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 109,668.00	$ 179,971.00	$ 289,639.00	

Source(s) of Match Dollars for State Funds:

Resources for Human Development: Cedar Park will receive a total of $289,639 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 40

Estimated Number of Persons to be Enrolled: 40

Estimated Number of Persons to be Contacted who are Literally Homeless: 40

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Resources for Human Development: Cedar Park
4700 Wissahickon Avenue
Philadelphia, PA 19144
2022-2023 PATH Intended Use Plan
Philadelphia County, PA-043

Local Provider Description

Resources for Human Development (RHD) is a non-profit community behavioral health services organization center that provides a full continuum of mental health, substance abuse and physical health services. The Philadelphia County Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) contracts with RHD to provide mental health services, including PATH funded resources. Cedar Park (PA-043 Philadelphia: Resources for Human Development – Cedar Park) is a Safe Haven located 4926 Baltimore Avenue, Philadelphia, PA 19143. The PATH funds received cover part of the cost of the supportive staff at this location.

Cedar Park serves women with serious and persistent mental illness, and persons with co-occurring substance abuse issues who are considered chronically street homeless. This program is centrally gatekept by Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS) and is contained within the County's residential care continuum.

Cedar Park will receive $289,639 from PATH funding; all of which is allocated from the state.

Project	Federal Allocation	State Allocation	Total Allocation
RHD - Cedar Park	$ 211,868	$ 77,771	$ 289,639
Total	**$ 211,868**	**$ 77,771**	**$ 289,639**

Coordination with the HUD Continuum of Care (CoC) Program

Cedar Park, represented by RHD, is a key participant in the Philadelphia Continuum of Care (CoC), Board, PA-500, and is the recipient of a variety of CoC grants to provide permanent supportive housing (PSH) to persons with serious mental illness.

In addition, RHD and Cedar Park work very closely with Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS). The Department of Behavioral Health and Intellectual disAbilities (DBHIDS) allocates $50M for an array of homeless services through its contracted agencies including housing (transitional and permanent), residential support, case management, and outreach and evaluation.

DBHIDS staff as well as RHD, sits on the local Continuum of Care (CoC) Board or sub committees and contributes to the vision, development and management of the CoC. Persons who receive PATH funded services are eligible for CoC resources.

DBHIDS works very closely and intricately with the local Philadelphia CoC. The collaboration is built upon a mutual respect and vision which is further deepened through multiple meetings between the Office of Homeless Services (OHS), RHD, and DBHIDS, and continual coordination regarding people in Safe Havens, including Cedar Park, to identify housing, housing needs and challenges that may arise.

Collaboration with Local Community Organizations

The designated PATH providers and Cedar Park are well connected in the network of community providers working to end homelessness. RHD operates the central intake for single men for the city. RHD manages a significant portion of the Mental Health Residential system and has a newspaper developed for and management by homeless and formerly homeless persons, called "One Step Away." RHD also operates three drug and alcohol treatment programs (JOH) that serve exclusively chronically homeless individuals, New Start I, New Start II and Womanspace. They also run a federally qualified health center that offers low or no cost health care services for the uninsured or underinsured. The agency offers supportive employment programming that is available to PATH clients and has an inventory of Permanent Supportive Housing and is the recipient of numerous McKinney/COC grants. RHD also works with Horizon House to identify people with the highest need for housing services through their programs (Housing First).

RHD and Cedar Park works closely with outreach teams who are targeting the most vulnerable people on the streets to make the warm handoff and connection into the Safe Haven. They attend joint trainings with outreach teams, as well as monthly Safe Haven Director's meetings where outreach information is updated and vice versa.

The DBHIDS PATH contact works closely with PATH providers and the PATH State Representative. This includes monthly webinars, quarterly state calls and receiving PATH state information via email. The DBH contact and PATH contact have frequent additional communication with need.

PATH providers work closely together with the DBHIDS PATH contact and street outreach to link to safe haven and PSH via Coordinated Entry matches, Housing First COC programs, PHA mainstream vouchers, as well as various additional subsidies funded by the City of Philadelphia. RHD is invited to attend monthly webinars and HMIS training and PATH trainings and is trained on an ongoing basis.

Service Provision

Path eligibility for enrollment to the County Path funded programs, safe havens and outreach, includes being literally and chronically homeless, 18 years of age or older, experiencing Serious Mental Illness and agrees to the Path funded service. Agencies do leverage other available funds outside of Path. US Veterans access VA services first and there are other county funds available for people including DBHIDS funded safe havens and DBHIDS and other funded outreach teams.

Seven street outreach teams are deployed city-wide in Philadelphia on a year round basis. These services have been expanded to provide 24 hour outreach. PATH funded staff are included in these efforts and are deployed throughout the city, targeting the City as well as identified "hot spots". During periods of severe winter or summer weather, outreach hours are extended in order to prevent weather-related injuries or death. Individuals who are PATH eligible and are reached via Outreach efforts, are given access to Respite and Café-style overnight placements, Safe Havens, JOH or shelter placement, on a referral basis. Safe havens are designed to accommodate rapid admissions and to address the needs of persons with mental illness who have experienced chronic homelessness. Outreach is also highly involved and focused on target hotspots in Philadelphia to work with people with Opioid Use Disorder to connect to services, treatment and housing when possible.

Outreach efforts that involve mental health, and medical personnel are centrally coordinated by the Outreach Coordination Center (OCC). This resource, funded by DBHIDS, serves to both coordinate and deploy mobile outreach teams and to facilitate rapid placements into specialized residences and generic shelters.

DBHIDS currently has contracts with six social service agencies for the provision of 253 entry-level beds designated specifically for homeless persons with mental illness or co-occurring disorders. Two of these programs are specified for the Emerging Youth population, one for couples and 10 additional winter respite beds. These housing resources provide rehabilitative services, case management and transition support. Additional long term housing subsidies are provided via Federally funded Shelter Plus Care grants to homeless persons with disabilities related to mental illness, substance abuse and/or HIV through CEA-BHRS and DBHIDS.

DBHIDS' Behavioral Health Division continues to centrally gatekeep virtually all of the current mental health residential slots. This includes the 253existing entry level beds as well as a large number of transitional and permanent housing resources that serve to prevent persons with mental health disabilities from becoming homeless. The larger residential system and continuum of resources have maintained an occupancy level of 90% during CY 2021, but 95% occupancy rate if dedicated beds are accounted for, meaning active and viable referrals were in the admission process. DBHIDS also coordinates other housing projects with OHS to help link people to additional subsidies such as access to PHA Mainstream vouchers, and various other subsidies including Bridge to Independence and Bridge to Recovery subsidies, as well as the Philadelphia Coordinated Entry system. City departments, providers and stakeholders work closely together to help make these transitions possible with added services. DBHIDS also utilizes bridge subsidies for people in mental health residential slots using reinvestment funds.

Homeless persons who require emergency psychiatric assessment and stabilization services are afforded access to an eight bed crisis residence (Emergency Evaluation Center - EEC) or to five (5) Crisis Response Centers (CRCs). An assessment and treatment team, including psychiatrist time, has been funded to work closely with the Office of Supportive Housing (OSH) Intake sites, shelters.

Access to the EEC and Crisis Response Center services is centrally coordinated by the DBHIDS Acute Services Unit. The CRCs accept walk-ins. DBHIDS has a Homeless Services Unit that is responsible for the coordination of homeless services.

The DBHIDS participates in ongoing planning and coordination of homeless service initiatives, under the direction of the Commissioner of the Office of Homeless Services (OHS). These initiatives have included the annual winter plan (Code Blue), and summer heat emergency plan(Code Red), outreach planning and hotspots, working with the larger community and City stakeholders, 100 Day Challenge housing slots for a new 2022 Kensington initiative around encampments, Coordinated Entry (CEA-BHRS) and planning for people who are chronically homeless, literally homeless, and the emerging adult population. All Safe Havens have been trained in HMIS and the VISPDAT and the TAY-VISPDAT to assess vulnerability and housing needs. Both OHS and DBHIDS work closely together and with Providers as well to ensure services are provided to those with mental and behavioral health needs.

RHD Safe Havens also work with PHA, OHS, DBHIDS and Housing First Providers to secure Permanent Supported Housing for all eligible residents. RHD continues to work with OHS and DBHIDS around the annual winter plan (Code Blue and Winter Initiative beds) and the summer heat emergency plan (Code Red) and participated in the planning of the City's Coordinated Entry and Planning for people who are chronically and not chronically homeless, as well as the emerging adult population to place into COC PSH, RRH and TSH.

Maximizing use of PATH funds

The City of Philadelphia is committed aiding the State and bolstering supports following the lawsuit filed by the American Civil Liberties Union (ACLU). These actions include more definition attention and efforts around the movement of individuals from both the forensic and civil units at Norristown State Hospital (NSH). DBHIDS mental health services providers help coordinate with community based supports to assist the individual with linkages to employment, education, mental health treatment, healthcare, and other community based activities to help prevent recidivism. Additional efforts are put in place to assist individuals with building skills of independent living so that she/he may move on some day to his/her highest attainable level of independent living.

Gaps in current service systems

There are gaps in the area of shelter capacity. Shelter capacity cannot accommodate all the persons who wish to enter emergency housing. The last Point In Time count of unsheltered individuals was February 2022, as part of the national homeless count sponsored by the Department of Housing and Urban Development, and was performed in February due to Covid and the Omicron outbreak. There are a variety of reasons for seeing an increase in numbers including lack of housing resources, an increasing amount of people with Opioid Use Disorder on the streets, and minimal affordable housing. There has been a partnership with the Philadelphia Housing Authority to address the gap in capacity and the City of Philadelphia was awarded 863 EHV that are currently being utilized.. Safe Havens have access to PHA to these and Mainstream vouchers but are competing with other entities for these slots. There is also a severe gap in affordable housing in Philadelphia County. SSI payments are not enough for Fair Market Rent. We continue to need more affordable housing options for people receiving SSI or

less than SSI. We also continue to have challenges finding one bedroom units for people with vouchers and subsidies.

Services for clients who have both SMI and a substance use disorder
All of the services described above are available for persons with co-occurring substance use disorders and all homeless services programs are expected to develop expertise to serve persons with co-occurring disorders. In addition, the DBHIDS has developed the Journeys of Hope (JOH) programs, which offer yearlong substance abuse treatment that will result in obtaining permanent supportive housing for all persons who complete the programs. These are licensed addiction treatment services with capacity to serve persons with co-occurring mental health disorders. One JOH program now has MAT embedded in it's program and there is a plan to increase this program.

Cedar Park staff have been trained in using Narcan, an effective treatment for people who are unresponsive at risk of death due to opioid drug overdose. DBHIDS is also working closely with Prevention Point who is doing Outreach with this population, and we are working to identify more needed resources and treatment for people. In recent years DBHIDS and the City of Philadelphia and stakeholders started an Opioid Task Force to work with the community around needs. Services have increased for treatment, expanded Medical Assisted Treatment slots, and Housing First slots that are for people with OUD.

The City and outreach have been involved in multiple initiatives to close encampments in Kensington regarding the OUD crisis in Philadelphia which has expanded to other closures in the City. The City is relying heavily on outreach and connection to treatment and services. As the 100 Day Challenge kicks off in Philadelphia, Cedar Park will be available to work with people from encampments that are placed.

DBHIDS is not responsible for following 42 CFR Part 2 regulations, as we do not provide licensed drug and alcohol outreach programs.

Data
RHD Cedar Park staff have been trained in HMIS to do Housing Assessments and the VISPDAT for the CEA-BHRS process to help residents of Cedar Park get connected to housing. Once people are submitted to HMIS and CEA-BRHS they may be matched to PSH or RRH and EHV. HMIS have a written HMIS manual for reference and it is made available to new and current employees.

Access to Housing
Outreach participants have access to the DBH safe haven system that includes all three PATH funded residential programs. Outreach participants and safe haven residents have priority access to a variety of housing initiatives including:

- PHA Mainstream Vouchers
- PHA Blueprint Vouchers when available
- PHA Emergency Housing Choice Vouchers.
- Coordinated Entry HUD funded RH, TP and PSH

- Housing First options, operated by Horizon House and Pathways to Housing PA, this includes teams focused on people with Opioid Use Disorder.
- Various McKinney permanent supportive housing programs including McKinney programs with Project Home, 1260 Housing Development Corporation, Horizon House and Bethesda Project
- Priority access to Mobile Psychiatric Rehabilitation Services (MPRS) including programs operated by RHD, Horizon House and Northwestern Human Services
- Bridge to Independence subsidies utilizing DBHIDS reinvestment funds
- Bridge to Recovery subsidies for OUD
- PHA partnered SharePlace vouchers

Staff Information
All programs are expected to document efforts to recruit and retain staff at all levels that are culturally appropriate to the population served. This documentation must include goals, efforts made toward those goals, and outcomes. Additionally, all staff are required to receive annual trainings on cultural competencies and health disparities. All staff at Cedar Park identify as African American and range in age from 30-60.

Efforts continue to ensure that all providers are aware and trained in appropriate sensitivity measures (i.e. cultural, religious, LGBTQ, etc.). All of the DBHIDS Safe Havens work with transgender individuals and will accept a person based on their gender-identity, not on their demarcated gender at birth. In order to effectively engage with all participants, all staff are required to receive and respect all clients regardless of their cultural, religious, sexual, or gender differences.

Some of our Path funded program staff are CPS, but all programs have peers, persons with lived experience and CPS staff available that are not funded by PATH.

Client Information
Cedar Park specifically expects to contact approximately 40 people. Most people are contacted and enrolled the same day due to safe haven eligibility criteria. All clients served by PATH funds will be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness). The following are the demographics of those who received Outreach contacts:

- 56% had both co-occurring substance abuse and behavioral health issues
- 1% veterans
- 69% black/African-American
- 13% white
- Female Identifying Site
- 5% between the ages of 18-29
- 16% between the ages of 30-39
- 23% between the ages of 40-49

- 26% between the ages of 50-59
- 30% aged 60 and over

Consumer Involvement
DBHIDS continually involves consumer, provider and family groups in the development of programs, policies and procedures that affect them directly. All programs funded by DBHIDS follow the Practice Guidelines and RHD has worked closely with the Safe Haven Learning Collaborative to create the Safe Haven Practice Guidelines. In addition, DBHIDS regularly meets with The Consumer Satisfaction Team (CST), an organization of consumers and family members that monitor service quality and advocate for the needs of individual consumers and their families. CST addresses the needs of consumers served in all parts of the behavioral health system. This involves assessing the satisfaction of consumers in drug and alcohol, adult and children's mental health and dual diagnosis programs. The information provided by CST is used by DBHIDS and provider agencies to continually improve the quality of mental health services in Philadelphia.

Safe Havens have access to Peer Specialists that come to the location and participate with residents in a variety of ways that are based on the interest and needs of the residents.
Cedar Park requests that every resident list a family member or someone they consider to be family to program events and DBHIDS concurrent reviews. At this time there are no residents at Cedar Park that are employed, volunteer or serve on any boards at the site but this is something we will discuss with Cedar Park for the future.

Finally, DBHIDS' Office of Mental Health prepares an Annual Plan for Mental Health Services. This plan is distributed on an annual basis to the public, the Community Support Program (CSP) and provider agencies. A forum is then offered to the community to provide comments, feedback, and suggest programs and services for inclusion in the plan. This public forum is open to consumers, family members, as well as the provider community.

Alignment with State Comprehensive Mental Health Service Plan
Philadelphia continues to use data to identify, target and prioritize the most vulnerable people with the longest histories of street homelessness to link to needed housing and service resources. This information is used to identify people who are eligible for Safe Havens and JOH emergency housing, and any other housing options. La Casa admits homeless Youth and Young men to their program and have been trained in LGBTQ needs and supports. The collaboration between various City of Philadelphia departments as well as provider agencies enables ongoing dialogue and cooperation to ensure that each individual is receiving the level of care and services that are most appropriate for them. This includes situations where individuals are enrolled in PATH but it becomes apparent that they are eligible for other services and funding streams (i.e. Medicaid, Medicare). This transfer allows us to leverage the PATH funds allocated to serve the most individuals possible.

The City uses Outreach data to determine chronicity and people who are the most vulnerable and have spent the most times on the street to help inform eligibility for Housing First services, Safe Havens and any other housing options available through PHA or DBH reinvestment dollars. Every Safe Haven resident is entered into Clienttrack for a Housing assessment as well.

Cedar Park staff provide varying case management duties around connection to housing and work closely with residents and DBHIDS to provides these services.

Our system operates within the Recovery model which includes Person First services throughout DBHIDS. The Department's Practice Guidelines for Persons in Recovery has been implemented throughout services and Providers including Project Home and RHD.

$43M of DBHIDS' reinvestment funds are earmarked for our housing programs, which includes tenant based rental assistance for person experiencing homelessness. This also includes former inmates or persons with a history in the criminal justice system. We collaborate closely with the prisons, courts, criminal justice partners, providers, and probation staff through the Behavioral Health Justice Related Services Unit.

Persons experiencing mental health and/or substance abuse have services and treatment available and have access to a variety of housing options including: OHS Clearinghouse, Coordinated Entry and Permanent Supported Housing options, some of which are Project Home, McKinney and HUD funded PSH, Housing First services, and RHD JOH programs. Outreach and Safe Haven staff have received Narcan training and K2 training which has been increasing in Philadelphia.

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services plans for disasters and emergencies in collaboration with the Philadelphia Office of Emergency Management, the Philadelphia Department of Public Health, and other City and community response stakeholders. Those plans include, but are not limited to evacuation, mass sheltering, points of dispensing for mass prophylaxis, and mass casualty events. Planning for Access and Functional Needs continues to be a priority in all of our planning efforts. At Cedar Park the residents and staff have all had access to Covid 19 vaccines with multiple clinics on-site and access to staff at the Philadelphia Department of Public Health. The site as all others, did experience outbreaks in the last 2 years.

DBHIDS continues to work closely with homeless advocacy and service agencies during major events and incidents in Philadelphia in order to ensure that homeless persons living on the street are contacted and surveyed prior to notice events, they receive timely information about events, and are offered services and supports during events based upon their identified preferences. In addition, particular attention is paid to planning for severe winter and severe heat periods, which results in additional resources and services being deployed in support of those on the street. Through our planning, outreach, and response efforts, resources continue to be identified and utilized by the homeless, resulting in some specific successes in providing housing to several long-term homeless individuals. Lessons learned in these major incidents continue to inform our planning. Additionally, Safe Haven and Outreach staff must complete Mental Health First Aid (MHFA) training which enables staff to intervene in the instance of a mental health crisis.

Other Designated Funds

DBHIDS spends $50M annually for persons experiencing homelessness, this includes funding from Medicaid, the Mental Health Block Grant and the Substance Abuse Block Grant. Different

funding streams are work in collaboration to fund our efforts with the Journey of Hope Programs, Housing First Services and Safe Havens. It should be noted that these funds are not specifically designated to only serve people who are experiencing homelessness and have a serious mental illness (SMI), as some of the funds are designated for addiction services. Additionally, none of the designated funds are earmarked specifically for PATH services.

Programmatic and Financial Oversight
The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) monitor the use of PATH funds through our Provider and Program Management unit and oversight of all the programs. The Coordinator for Homeless Services works and oversees the Outreach Coordination Center (OCC) and monitors, provides trainings and is in daily contact with Project Home's Outreach program. The DBHIDS Homeless Services Unit monitors RHD Cedar Park, sends referrals, oversees discharges, and the Concurrent Review process that links people to housing. DBHIDS also provides technical support to Cedar Park. DBHIDS provides daily support to all PATH funded programs.

SSI/SSDI Outreach, Access, Recovery (SOAR)
Homeless Advocacy Project (HAP) had been providing SOAR to people in Safe havens and JOH as well as people who are homeless working with Outreach. HAP also works with people in OHS shelter and are connected to DHS for aging out youth. HAP trains staff hired for this project staff members have provided assistance with the DBH/SOAR project. HAP files DHB/HAP SOAR applications. Project HOME does have 2 staff trained in PATH but also send referrals to HAP. Project HOME will assist in obtaining other necessary documentation or letters needed where the Safe Havens rely on outside case management to do this.

Coordinated Entry
Safe Havens and PATH Outreach have been trained in HMIS and the VISPDAT and Safe havens do housing assessments directly into HMIS for every resident. The Path Contact at DBHIDS as well as RHD staff sit in the planning workgroup evaluating CEABHRS for the City of Philadelphia.

There are some barriers to housing and treatment for Path-eligible consumers in the safe haven programs as they are not awarded a point in the VISPDAT for street homelessness since they are now in safe havens for people who are considered chronic. Also some questions in the VISPDAT may not target their experiences or address their severity of behavioral and mental health needs. But this will be hopefully understood more fully as we evaluate the system in our planning work group.

Justice Involved
Crisis Intervention Training (CIT) is being used by the City of Philadelphia DBHIDS. The targeted goal was to train 35% of Philadelphia Police and we exceeded this number in the past. Per personal testimonies from the officers the training is extremely helpful. There has been recognition of officers who have saved lives by using the training. DBHIDS works closely with the Philadelphia Police Dept by having Behavioral Health Navigators in the dispatch call rooms and working on co-responding plans, there is ongoing planning regarding crisis response for the community.

DBHIDS Homeless Services partners with the Behavioral Health Justice Related Services (BHJRS) to coordinate care for people that have been incarcerated and offers Permanent Supported Housing for those discharged from the prison system. We collaborate closely with BHJRS to create jail diversion opportunities to ensure that when PATH clients are incarcerated they are treated appropriately and swiftly with regards to treatment and discharge. When people are not eligible for subsidies from the Philadelphia Housing Authority they may be offered Bridge Subsides from DBHIDS reinvestment dollars. During this time, we are continually working on creating an efficient flow of institutionalized and incarcerated individuals into the appropriate level of care. We have utilized 45 Hi-5 subsidies for this population (homeless, criminal justice and high utilizers of the system) and are now working to fill 40 new slots in our 2nd Hi-5 cohort.

DBHIDS has also partnered with First Step Staffing to employ persons who are homeless or have a homeless history and people leaving the criminal justice system. First Step staffing works with people in PATH funded Safe Havens to connect people to full-time employment.

Veterans
All PATH funded services in Philadelphia, are available to homeless veterans. Weekly PATH funded outreach workers and VA outreach staff spend a shift on the street, engaging homeless veterans. Coordination of care with the VA occurs at the participant, program and system level to coordinate care for those who have served their country. Veterans have been placed in the safe haven system and are prioritized for access to HUDVASH voucher resources as well as VA treatment resources. The VA also has an outreach team at this time.

Tobacco Policy
DBHIDS has been working towards a Tobacco Policy in conjunction with the City of Philadelphia.

Health Disparities Impact Statement
Behavioral Health and physical health are strongly linked. Evidence shows that behavioral health disorders are associated with increased risk, occurrence, progression and outcomes of serious chronic diseases and health conditions. The cycle can decrease someone's ability to be a part of treatment and recovery from both. PATH funds are used to hire outreach workers, and those teams target underserved populations who are more likely to experience behavioral health disparities.

Philadelphia's street homeless population has been found to be 69% male and 55% African-American. Our staffing patterns for outreach and in the safe havens reflects similar demographics. There people on the street that only speak Spanish, and there are outreach staff who are fluent in Spanish. When persons are referred to behavioral health services, their ethnic and cultural backgrounds are considered in the referral process, as required by the DBHIDS Practice Guidelines. Referring staff are looking for agencies and services that reflect the community from which the person they are serving hails from. Data is collected to track the following key factors in Behavioral Health Disparities: language barriers, cultural and ethnic

barriers to services, barriers related to LGBTQ status. DBHIDS outreach services include 2 categories to the gender variable, Transgender- Male to Female and Transgender-Female to Male. PATH funded staff are included in this data system.

DBHIDS and providers hope to reduce disparities by working closely with providers who have made serving these communities a priority and therefore to reduce disparities and increase positive outcomes, including leaving homelessness. Training is provided on a regular basis to outreach and safe haven staff regarding behavioral health disparities and effective strategies for overcoming these disparities.

The unduplicated number of YYA individuals who are expected to be served using PATH funds:

	FY21	Projected FY22
RHD CEDAR PARK	6	5
RHD KAILO HAVEN	3	3
RHD LA CASA	19	24
PROJECT HOME	64	75

The total amount of PATH funds expected to be expended on services for the YYA population:

	FY21 Amount YYA population	Projected FY22 Total Amount	Projected FY22
RHD LA CASA	$253,601.00	$ 297,188.67	.1% increase from FY21
PROJECT HOME	$ 92,629.00	$ 108,549.61	.2% Increase from FY21

Improving data entry into HMIS will decrease the disparities of how many people we actually serve and inputting the correct services receive. Another improvement is retraining on what each service provides and how it will assure a better display of the YYA population outcomes compared to the general population in the next fiscal year.

Limited English Proficiency
PATH funded Safe Havens and Outreach have been given information for free interpretation through Proprio language services. This information is made available for people who receive these services.

Budget Narrative

The PATH Funds received are allocated for the salaries and benefits for 10 direct care staff at Cedar Park specifically. All of the staff listed on the PATH 2022-2023 Budget will provide those PATH services identified in the Intended Use Plan.

Other staffing costs, including oversight and supervision, clerical support, maintenance, etc. will be funded by Philadelphia County.

Travel, Supplies, Indirect, and Other costs will be funded by Philadelphia County.

PATH Allocation…… Total: $289,639
Comprehensive Budget

RHD - Cedar Park	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Program Manager	$67,000	100%	$67,000	$67,000
Case Mgr	$27,040	100%	$27,040	$27,040
Ld Resident Advisor	$26,000	100%	$26,000	$26,000
Resident Advisor	$24,900	100%	$24,900	$22,880
Resident Advisor	$24,900	100%	$24,900	$22,880
Resident Advisor	$24,900	100%	$24,900	$22,880
Resident Advisor	$24,900	100%	$24,900	$22,880
Resident Advisor	$24,900	80%	$19,968	$19,968
Resident Advisor	$24,900	80%	$19,968	$19,968
Resident Advisor	$24,900	80%	$19,968	$19,968
Subtotal	**$294,340**			**$289,639**

Philadelphia County - RHD (Kailo Haven)
2107 Tioga St
Philadelphia, PA 19140
Contact: Jim McPhail
Email Address:

Provider Type: Community mental health center
PDX ID: PA-061
State Provider ID: 4261
Contact Phone #: 2152258645

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 149,149.00**	**$ 236,678.00**	**$ 385,827.00**	

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

Office: Other (Describe in Comments)	$ 149,149.00	$ 236,678.00	$ 385,827.00	RHD Kailo Haven is one of four PATH providers in Philadelphia County. Detailed budget narrative and budget table are found in the RHD Kailo Haven IUP.
j. Total Direct Charges (Sum of a-i)	$ 149,149.00	$ 236,678.00	$ 385,827.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 149,149.00	$ 236,678.00	$ 385,827.00	

Source(s) of Match Dollars for State Funds:

Resources for Human Development - Kailo House will receive a total of $385,827 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 60

Estimated Number of Persons to be Enrolled: 58

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

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Resources for Human Development: Kailo Haven
4700 Wissahickon Avenue
Philadelphia, PA 19144
2022-2023 PATH Intended Use Plan PA-061
Philadelphia County

Local Provider Description

Resources for Human Development (RHD) is a non-profit community behavioral health services organization center that provides a full continuum of mental health, substance abuse and physical health services. The Philadelphia County Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) contracts with RHD to provide mental health services, including PATH funded resources. Kailo Haven (PA-061 Philadelphia: Resourced for Human Development – Kailo Haven) is a Safe Haven located at 2107 Tioga Street, Philadelphia, PA 19134. The PATH funds received cover part of the cost of the supportive staff at this location.

Kailo Haven serves persons with serious and persistent mental illness, and persons with co-occurring substance abuse issues who are chronically street homeless. This program is centrally gatekept by Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS) and is contained within the County's residential care continuum.

Kailo Haven will receive $385,827 from PATH funding; all of which is federal allocated.

Project	Federal Allocation	State Allocation	Total Allocation
RHD - Kailo Haven	$ 289,370	$96,457	$ 385,827
Total	**$ 289,370**	**$96,457**	**$ 385,827**

Coordination with the HUD Continuum of Care (COC) Program

Kailo Haven, represented by RHD, is a key participant in the Philadelphia Continuum of Care (CoC) Board, PA-500, and is the recipient of a variety of CoC grants to provide permanent supportive housing (PSH) to persons with serious mental illness.

In addition, RHD and Kailo Haven work very closely with Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS). DBHIDS allocates $50 million dollars for an array of homeless services through its contracted agencies including housing (transitional and permanent), residential support, case management, and outreach and evaluation.

DBHIDS staff as well as RHD sits on the local Continuum of Care (CoC) Board or sub committees and contributes to the vision, development and management of the CoC. Persons who receive PATH funded services are eligible for CoC resources.

DBHIDS works very closely and intricately with the local Philadelphia CoC. The collaboration is built upon a mutual respect and vision which is further deepened through monthly meetings

between the Office of Homeless Services (OHS), RHD, and DBHIDS, and continual coordination regarding people in Safe Havens, including Kailo Haven, to identify housing, housing needs and challenges that may arise.

Collaboration with the Local Community Organizations

The designated PATH providers and Cedar Park are well connected in the network of community providers working to end homelessness. RHD operates the central intake for single men for the city. RHD manages a significant portion of the Mental Health Residential system and has a newspaper developed for and management by homeless and formerly homeless persons, called "One Step Away." RHD also operates three drug and alcohol treatment programs (JOH) that serve exclusively chronically homeless individuals, New Start I, New Start II and Womanspace. They also run a federally qualified health center that offers low or no cost health care services for the uninsured or underinsured. The agency offers supportive employment programming that is available to PATH clients and has an inventory of Permanent Supportive Housing and is the recipient of numerous McKinney/COC grants. RHD also works with Horizon House to identify people with the highest need for housing services through their programs (Housing First).

RHD and Cedar Park works closely with outreach teams who are targeting the most vulnerable people on the streets to make the warm handoff and connection into the Safe Haven. They attend joint trainings with outreach teams, as well as monthly Safe Haven Director's meetings where outreach information is updated and vice versa.

The DBHIDS PATH contact works closely with PATH providers and the PATH State Representative. This includes monthly webinars, quarterly state calls and receiving PATH state information via email. The DBH contact and PATH contact have frequent additional communication with need.

PATH providers work closely together with the DBHIDS PATH contact as well around connections from street outreach to safe haven and linking to PSH via Coordinated Entry matches, Housing First COC programs, PHA mainstream vouchers, as well as various additional subsidies funded by the City of Philadelphia. RHD is invited to attend monthly webinars and HMIS training and PATH trainings.

Service Provision

Path eligibility for enrollment to the County Path funded programs, safe havens and outreach, include being literally and chronically homeless, 18 years of age or older, experiencing Serious Mental Illness and agrees to the Path funded service. Agencies do leverage other available funds outside of Path. US Veterans access VA services first and there are other county funds available for people including DBHIDS funded safe havens and DBHIDS and other funded outreach teams.

Seven street outreach teams are deployed city-wide in Philadelphia on a year round basis. These services have been expanded to provide 24 hour outreach. PATH funded staff are included in these efforts and are deployed throughout the city, targeting the City as well as identified "hot

spots". During periods of severe winter or summer weather, outreach hours are extended in order to prevent weather-related injuries or death. Individuals who are PATH eligible and are reached via Outreach efforts, are given access to Respite and Café-style overnight placements, Safe Havens, JOH or shelter placement, on a referral basis. Safe havens are designed to accommodate rapid admissions and to address the needs of persons with mental illness who have experienced chronic homelessness. Outreach is also highly involved and focused on target hotspots in Philadelphia to work with people with Opioid Use Disorder to connect to services, treatment and housing when possible.

Outreach efforts that involve mental health, and medical personnel are centrally coordinated by the Outreach Coordination Center (OCC). This resource, funded by DBHIDS, serves to both coordinate and deploy mobile outreach teams and to facilitate rapid placements into specialized residences and generic shelters.

DBHIDS currently has contracts with six social service agencies for the provision of 253 entry-level beds designated specifically for homeless persons with mental illness or co-occurring disorders. Two of these programs are specified for the Emerging Youth population, one for couples and 10 additional winter respite beds. These housing resources provide rehabilitative services, case management and transition support. Additional long term housing subsidies are provided via Federally funded Shelter Plus Care grants to homeless persons with disabilities related to mental illness, substance abuse and/or HIV through CEA-BHRS and DBHIDS.

DBHIDS' Behavioral Health Division continues to centrally gatekeep virtually all of the current mental health residential slots. This includes the 253 existing entry level beds as well as a large number of transitional and permanent housing resources that serve to prevent persons with mental health disabilities from becoming homeless. The larger residential system and continuum of resources have maintained an occupancy level of 90% during CY 2021, but 95% occupancy rate if dedicated beds are accounted for, meaning active and viable referrals were in the admission process. DBHIDS also coordinates other housing projects with OHS to help link people to additional subsidies such as access to PHA Mainstream vouchers, and various other subsidies including Bridge to Independence and Bridge to Recovery, as well as the Philadelphia Coordinated Entry system. City departments, providers and stakeholders work closely together to help make these transitions possible with added services. DBHIDS also utilizes the bridge subsidies for people in mental health residential slots using reinvestment funds.

Homeless persons who require emergency psychiatric assessment and stabilization services are afforded access to an eight bed crisis residence (Emergency Evaluation Center - EEC) or to five (5) Crisis Response Centers (CRCs). An assessment and treatment team, including psychiatrist time, has been funded to work closely with the Office of Supportive Housing (OSH) Intake sites, shelters.

Access to the EEC and Crisis Response Center services is centrally coordinated by the DBHIDS Acute Services Unit. The CRCs accept walk-ins. DBHIDS has a Homeless Services Unit that is responsible for the coordination of homeless services.

The DBHIDS participates in ongoing planning and coordination of homeless service initiatives, under the direction of the Commissioner of the Office of Homeless Services (OHS). These initiatives have included the annual winter plan (Code Blue), and summer heat emergency plan(Code Red), outreach planning and hotspots, working with the larger community and City stakeholders, 100 Day Challenge housing slots for the new Kensington initiative in 2022, Coordinated Entry (CEA-BHRS) and planning for people who are chronically homeless, literally homeless, and the emerging adult population. This also includes planning and evaluating continuing needs around housing assessment and the prioritized By Name List. All Safe Havens have been trained in HMIS and the VISPDAT and the TAY-VISPDAT to assess vulnerability and housing needs. Both OHS and DBHIDS work closely together and with Providers as well to ensure services are provided to those with mental and behavioral health needs.

RHD Safe Havens also work with PHA, OHS, DBHIDS and Housing First Providers to secure Permanent Supported Housing for all eligible residents. RHD continues to work with OHS and DBHIDS around the annual winter plan (Code Blue and Winter Initiative beds) and the summer heat emergency plan (Code Red) and participated in the planning of the City's Coordinated Entry and Planning for people who are chronically and not chronically homeless, as well as the emerging adult population to place into COC PSH, RRH and TSH.

Maximizing use of PATH funds
The City of Philadelphia is committed aiding the State and bolstering supports following the lawsuit filed by the American Civil Liberties Union (ACLU). These actions include more definition attention and efforts around the movement of individuals from both the forensic and civil units at Norristown State Hospital (NSH). DBHIDS mental health services providers help coordinate with community based supports to assist the individual with linkages to employment, education, mental health treatment, healthcare, and other community based activities to help prevent recidivism. Additional efforts are put in place to assist individuals with building skills of independent living so that she/he may move on some day to her/his highest attainable level of independent living.

Gaps in current service systems
There are gaps in the area of shelter capacity. Shelter capacity cannot accommodate all the persons who wish to enter emergency housing. The last Point In Time count of unsheltered individuals was February 2022 which was pushed back due to Covid concerns and Omicron, the national homeless count sponsored by the Department of Housing and Urban Development. There are a variety of reasons for seeing an increase in numbers including lack of housing resources, an increasing amount of people with Opioid Use Disorder on the streets, and minimal affordable housing. There has been a partnership with the Philadelphia Housing Authority to address the gap in capacity, and this year the City was awarded 863 EHV to help with this gap. Safe Havens have access to PHA Mainstream and EHV vouchers but are competing with other entities for these slots. There is also a severe gap in affordable housing in Philadelphia County. SSI payments are not enough for Fair Market Rent. We continue to need more affordable housing options for people receiving SSI or less than SSI. We also have difficulty finding affordable one bedroom apartments at present.

Services for clients who have both SMI and a substance use disorder

All of the services described above are available for persons with co-occurring substance use disorders and all homeless services programs are expected to develop expertise to serve persons with co-occurring disorders. In addition, the DBHIDS has developed the Journeys of Hope (JOH) programs, which offer yearlong substance abuse treatment that will result in obtaining permanent supportive housing for all persons who complete the programs. These are licensed addiction treatment services with capacity to serve persons with co-occurring mental health disorders. One JOH program now has MAT embedded in it's program and there is a plan to increase this program.

Kailo Haven staff have been trained in using Narcan, an effective treatment for people who are unresponsive at risk of death due to opioid drug overdose. DBHIDS is also working closely with Prevention Point who is doing Outreach with this population, and we are working to identify more needed resources and treatment for people. In recent years DBHIDS and the City of Philadelphia and stakeholders started an Opioid Task Force to work with the community around needs. There are additional respite beds have been planned for and implemented, and services have increased for treatment, expanded Medical Assisted Treatment slots, and Housing First slots that are for people with OUD and people in encampments. Some of the people will be admitted to Kailo Haven.

DBHIDS is not responsible for following 42 CFR Part 2 regulations, as we do not provide licensed drug and alcohol outreach programs.

Data
RHD Kailo Haven staff are trained in HMIS to do Housing Assessments and the VISPDAT for the CEA-BHRS process to help residents of Kailo Haven get connected to housing. All Path funded programs entering data into HMIS have a written HMIS manual for reference and it is made available to new and current employees.

Housing
Outreach participants have access to the DBH safe haven system that includes all three PATH funded residential programs. Outreach participants and safe haven residents have priority access to a variety of housing initiatives including:

- PHA Blueprint Vouchers when available
- PHA Mainstream Vouchers
- PHA Emergency Housing Choice Vouchers.
- Coordinated Entry HUD funded RH, TP and PSH
- Housing First options, operated by Horizon House and Pathways to Housing PA, this includes teams focused on people with Opioid Use Disorder.
- Various McKinney permanent supportive housing programs including McKinney programs with Project Home, 1260 Housing Development Corporation, Horizon House and Bethesda Project
- Priority access to Mobile Psychiatric Rehabilitation Services (MPRS) including programs operated by RHD, Horizon House and Northwestern Human Services
- Bridge to Independence subsidies utilizing DBHIDS reinvestment funds

- Bridge to Recovery subsidies for OUD
- PHA partnered SharePlace vouchers

Staff Information
All programs are expected to document efforts to recruit and retain staff at all levels that are culturally appropriate to the population served. This documentation must include goals, efforts made toward those goals, and outcomes. Additionally, all staff are required to receive annual trainings on cultural competencies and health disparities. We do not collect demographic information on staff serving PATH clients.

Efforts continue to ensure that all providers are aware and trained in appropriate sensitivity measures (i.e. cultural, religious, LGBTQ, etc.). All of the DBHIDS Safe Havens work with transgender individuals and will accept a person based on their gender-identity, not on their demarcated gender at birth. In order to effectively engage with all participants, all staff are required to receive and respect all clients regardless of their cultural, religious, sexual, or gender differences. Staff is trained, coached and supervised to be sensitive to age, gender, LGBTQ and racial/ethnic differences. There are 7 trainings made available yearly that fall under this category plus additional training for anyone interested. There had been one CPS at Kailo Haven for most of 2021 but looking now to hiring a new CPS who left.

Some of our Path funded program staff are CPS, but all programs have peers, persons with lived experience and CPS staff available that are not funded by PATH.

At Kailo Haven there are 5 male staff, 8 female, 11 are African American and 2 are Caucasian. There are 5 staff that have lived experience with Substance Use, homelessness and Mental Health issues.

Client Information
Kailo Haven specifically expects to contact approximately 60 people and enroll 58 people. Most residents are contacted and enrolled on the same day since there is an eligibility criteria for safe haven admission but sometimes people do not stay. All clients served by PATH funds will be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness). The following are the demographics of those who received Outreach contacts:

- 96% had both co-occurring substance abuse and behavioral health issues
- 1% veterans
- 77% black/African-American
- 11% white
- Male Identifying Site
- 1% between the ages of 18-29
- 15% between the ages of 30-39
- 22% between the ages of 40-49
- 36% between the ages of 50-59
- 26% aged 60 and over

Consumer Involvement
DBHIDS continually involves consumer, provider and family groups in the development of programs, policies and procedures that affect them directly. Numerous task forces have been organized to address programmatic issues which include provider, consumer and family representatives. In addition, DBHIDS regularly meets with The Consumer Satisfaction Team (CST), an organization of consumers and family members that monitor service quality and advocate for the needs of individual consumers and their families. CST addresses the needs of consumers served in all parts of the behavioral health system. This involves assessing the satisfaction of consumers in drug and alcohol, adult and children's mental health and dual diagnosis programs. The information provided by CST is used by DBHIDS and provider agencies to continually improve the quality of mental health services in Philadelphia. At Kailo Haven, cards and stamps are provided to residents who want to contact family members and this helps in repairing possibly damaged relationships. Family of choosing are invited to events or to visit, or join for meals. Kailo Haven also holds cook outs and holiday meals for residents and their family or friend and supports.

Safe Havens have access to Peer Specialists that come to the location and participate with residents in a variety of ways that are based on the interest and needs of the residents and Kailo Haven has a PATH funded CPS on site. At this time no residents are employed as staff but 6 residents volunteer with RHD.

Kailo Haven has an advisory committee run by the residents and the leadership go to all staff meetings. They give and receive input concerning any issues or policies and are part of all decision making procedures. Residents also form their own recovery and goal plans. There are 3 residents serving on the board.

Finally, DBHIDS' Office of Mental Health prepares an Annual Plan for Mental Health Services. This plan is distributed on an annual basis to the public, the Community Support Program (CSP) and provider agencies. A forum is then offered to the community to provide comments, feedback, and suggest programs and services for inclusion in the plan. This public forum is open to consumers, family members, as well as the provider community.

Alignment with State Comprehensive Mental Health Services Plan
Philadelphia continues to use data to identify, target and prioritize the most vulnerable people with the longest histories of street homelessness to link to needed housing and service resources. This information is used to identify people who are eligible for Safe Havens and JOH emergency housing, and any other housing options. La Casa admits homeless Youth and Young men to their program and have been trained in LGBTQ needs and supports. The collaboration between various City of Philadelphia departments as well as provider agencies enables ongoing dialogue and cooperation to ensure that each individual is receiving the level of care and services that are most appropriate for them. This includes situations where individuals are enrolled in PATH but it becomes apparent that they are eligible for other services and funding streams (i.e. Medicaid, Medicare). This transfer allows us to leverage the PATH funds allocated to serve the most individuals possible.

The City uses Outreach data to determine chronicity and people who are the most vulnerable and have spent the most times on the street to help inform eligibility for Housing First services, Safe Havens and any other housing options available through PHA or DBH reinvestment dollars. Every Safe Haven resident is entered into Clienttrack for a Housing assessment as well.

Kailo Haven staff provide varying case management duties around connection to housing and work closely with residents and DBHIDS to provides these services.

Our system operates within the Recovery model which includes Person First services throughout DBHIDS. The Department's Practice Guidelines for Persons in Recovery has been implemented throughout services and Providers including Project Home and RHD.

$43M of DBHIDS' reinvestment funds are earmarked for our housing programs, which includes tenant based rental assistance for person experiencing homelessness. This also includes former inmates or persons with a history in the criminal justice system. We collaborate closely with the prisons, courts, criminal justice partners, providers, and probation staff through the Behavioral Health Justice Related Services Unit.

Persons experiencing mental health and/or substance abuse have services and treatment available and have access to a variety of housing options including: OHS Clearinghouse, Coordinated Entry and Permanent Supported Housing options, some of which are Project Home, McKinney and HUD funded PSH, Housing First services, and RHD JOH programs. Outreach and Safe Haven staff have received Narcan training and K2 training which has been increasing in Philadelphia.

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services plans for disasters and emergencies in collaboration with the Philadelphia Office of Emergency Management, the Philadelphia Department of Public Health, and other City and community response stakeholders. Those plans include, but are not limited to evacuation, mass sheltering, points of dispensing for mass prophylaxis, and mass casualty events. Planning for Access and Functional Needs continues to be a priority in all of our planning efforts. All residents and staff at Kailo Haven had access to Covid 19 vaccines with clinics on site and closely worked with staff from the Philadelphia Department of Public Health.

Other Designated Funds

DBHIDS spends $50M annually for persons experiencing homelessness, this includes funding from Medicaid, the Mental Health Block Grant and the Substance Abuse Block Grant. Different funding streams are work in collaboration to fund our efforts with the Journey of Hope Programs, Housing First Services and Safe Havens. It should be noted that these funds are not specifically designated to only serve people who are experiencing homelessness and have a serious mental illness (SMI), as some of the funds are designated for addiction services. Additionally, none of the designated funds are earmarked specifically for PATH services.

Programmatic and Financial Oversight

The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) monitor the use of PATH funds through our Provider and Program Management unit and oversight of all the programs. The Coordinator for Homeless Services works and oversees the Outreach Coordination Center (OCC) and monitors, provides trainings and is in daily contact with Project Home's Outreach program. The DBHIDS Homeless Services Unit monitors RHD Kailo Haven, sends referrals, oversees discharges, and the Concurrent Review process that links people to housing. DBHIDS also provides technical support to Kailo Haven. DBHIDS provides daily support to all PATH funded programs.

SSI/SSDI Outreach, Access, Recovery (SOAR)
Homeless Advocacy Project (HAP) had been providing SOAR to people in Safe havens and JOH as well as people who are homeless working with Outreach. HAP also works with people in OHS shelter and are connected to DHS for aging out youth. HAP trains staff hired for this project staff members have provided assistance with the DBH/SOAR project. HAP files DHB/HAP SOAR applications. Project HOME does have 2 staff trained in PATH but also send referrals to HAP. Project HOME will assist in obtaining other necessary documentation or letters needed where the Safe Havens rely on outside case management to do this.

Coordinated Entry
DBHIDS has worked closely with OHS and the COC, along with many Providers including Project Home and RHD to help develop and implement the Coordinated Entry system in Philadelphia (CEA-BHRS). Safe Havens and PATH Outreach are trained in HMIS and the VISPDAT and Safe havens do housing assessments directly into HMIS. Mobile assessors also help people on the street do housing assessments in partnership with Outreach. RHD participates in the workgroup to assess CEABHRS in Philadelphia and to help grow the process.

There are some barriers to housing and treatment for Path-eligible consumers in the safe haven programs as they are not awarded a point in the VISPDAT for street homelessness since they are now in safe havens for people who are considered chronic. Also some questions in the VISPDAT may not target their experiences or address their severity of behavioral and mental health needs.

Justice Involved
Crisis Intervention Training (CIT) is being used by the City of Philadelphia DBHIDS. The targeted goal in the past was to train 35% of Philadelphia Police and we exceeded this number. Per personal testimonies from the officers the training is extremely helpful. There has been recognition of officers who have saved lives by using the training. DBHIDS works closely with the Philadelphia Police Dept by having Behavioral Health Navigators in the dispatch call rooms and working on co-responding plans, there is ongoing planning regarding crisis response for the community.

DBHIDS Homeless Services partners with the Behavioral Health Justice Related Services (BHJRS) to coordinate care for people that have been incarcerated and offers Permanent Supported Housing for those discharged from the prison system. We collaborate closely with BHJRS to create unofficial jail diversion opportunities to ensure that when PATH clients are incarcerated they are treated appropriately and swiftly with regards to treatment and discharge.

When people are not eligible for subsidies from the Philadelphia Housing Authority they may be considered for Bridge Subsides from DBHIDS reinvestment dollars. We have utilized 45 Hi-5 subsidies for this population (homeless, criminal justice and high utilizers of the system) and are currently working to fill 40 new Hi -5 slots in our 2nd cohort in 2021 and 2022.

DBHIDS has also partnered with First Step Staffing to employ persons who are homeless or have a homeless history and people leaving the criminal justice system. First Step staffing works with people in PATH funded Safe Havens to connect people to full-time employment.

Veterans
All PATH funded services in Philadelphia, are available to homeless veterans. Weekly PATH funded outreach workers and VA outreach staff spend a shift on the street, engaging homeless veterans. Coordination of care with the VA occurs at the participant, program and system level to coordinate care for those who have served their country. Veterans have been placed in the safe haven system and are prioritized for access to HUDVASH voucher resources as well as VA treatment resources. The VA also has an outreach team embedded into City Outreach.

Tobacco Policy
DBHIDS has been working towards a Tobacco Policy in conjunction with the City of Philadelphia.

Health Disparities Impact Statement
Behavioral and physical health are strongly linked. Evidence shows that mental health disorders are associated with increased risk, occurrence, progression and outcomes of serious chronic diseases and health conditions. The cycle can decrease someone's ability to be a part of treatment and recovery from both. PATH funds are used to hire outreach workers, and those teams target underserved populations who are more likely to experience behavioral health disparities.

Philadelphia's street homeless population has been found to be 69% male and 55% African-American. Our staffing patterns for outreach and in the safe havens reflects similar demographics. There are also outreach staff who are fluent in Spanish. When persons are referred to behavioral health services, their ethnic and cultural backgrounds are considered in the referral process, as required by the DBHIDS Practice Guidelines. Referring staff are looking for agencies and services that reflect the community from which the person they are serving hails from. Data is collected to track the following key factors in Behavioral Health Disparities: language barriers, cultural and ethnic barriers to services, barriers related to LGBTQ status. DBHIDS outreach services include 2 categories to the gender variable, Transgender- Male to Female and Transgender-Female to Male. PATH funded staff are included in this data system.

DBHIDS and providers hope to reduce disparities by working closely with providers who have made serving these communities a priority and therefore to reduce disparities and increase positive outcomes, including leaving homelessness. Training is provided on a regular basis to outreach and safe haven staff regarding behavioral health disparities and effective strategies for overcoming these disparities.

The unduplicated number of YYA individuals who are expected to be served using PATH funds:

	FY21	Projected FY22
RHD CEDAR PARK	6	5
RHD KAILO HAVEN	3	3
RHD LA CASA	19	24
PROJECT HOME	64	75

The total amount of PATH funds expected to be expended on services for the YYA population:

	FY21 Amount YYA population	Projected FY22 Total Amount	Projected FY22
RHD LA CASA	$253,601.00	$ 297,188.67	.1% increase from FY21
PROJECT HOME	$ 92,629.00	$ 108,549.61	.2% Increase from FY21

Improving data entry into HMIS will decrease the disparities of how many people we actually serve and inputting the correct services receive. Another improvement is retraining on what each service provides and how it will assure a better display of the YYA population outcomes compared to the general population in the next fiscal year.

Limited English Proficiency
PATH funded Safe Havens and Outreach have been given information for free interpretation through Proprio language services. This information is made available for people who receive these services.

Budget Narrative
The PATH Funds received are allocated for the salaries and benefits for 19 direct care staff at Kailo Haven specifically. All of the staff listed on the PATH 2022-2023 Budget will provide those PATH services identified in section 4 of the Intended Use Plan.

Other staffing costs, including oversight and supervision, clerical support, maintenance, etc. will be funded by Philadelphia County.

Travel, Supplies, Indirect, and Other costs will be funded by Philadelphia County.

PATH Allocation…… Total: $385,827
Kailo Haven Budget Table

Clinical Manager	$0	100%	$0	$0
Program Dir	$40,000	100%	$40,000	$62,000
Supervisor	$32,000	100%	$32,000	$32,000
Supervisor	$32,000	100%	$28,497	$32,000
Peer Specialist	$0	100%	$0	$0
Case Mgr	$39,585	100%	$39,585	$39,585
Resident Advisor	$27,040	100%	$27,040	$27,040
Resident Advisor	$27,040	100%	$27,040	$27,040
Resident Advisor	$27,040	100%	$27,040	$27,040
Resident Advisor	$24,980	100%	$24,980	$24,980
Resident Advisor	$24,980	100%	$24,980	$24,980
Resident Advisor	$24,980	50%	$24,980	$12,490
Resident Advisor	$24,980	40%	$24,980	$9,984
Resident Advisor	$24,980	40%	$24,980	$9,984
Resident Advisor	$24,980	40%	$24,980	$9,984
Resident Advisor	$24,980	40%	$24,980	$9,984
Resident Advisor	$24,980	40%	$24,980	$9,984
Resident Advisor	$24,980	40%	$24,980	$9,984
D.S. Personnel	$27,040	62%	$27,040	$16,768
Subtotal	**$385,827**			**$385,827**

Philadelphia County - RHD (La Casa)
504 Washington Ave
Philadelphia, PA 19147
Contact: Howard McNeill
Email Address:

Provider Type: Community mental health center
PDX ID: PA-059
State Provider ID: 4259
Contact Phone #: 2154625041

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 131,602.00**	**$ 206,533.00**	**$ 338,135.00**	

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

Office: Other (Describe in Comments)	$ 131,602.00	$ 206,533.00	$ 338,135.00	RHD La Casa is one of four PATH providers in Philadelphia County. Detailed budget narrative and budget table are found in the RHD La Casa IUP.
j. Total Direct Charges (Sum of a-i)	$ 131,602.00	$ 206,533.00	$ 338,135.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 131,602.00	$ 206,533.00	$ 338,135.00	

Source(s) of Match Dollars for State Funds:

Resources for Human Development: La Casa will receive at total of $338,135 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 17

Estimated Number of Persons to be Enrolled: 15

Estimated Number of Persons to be Contacted who are Literally Homeless: 17

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Resources for Human Development: La Casa
4700 Wissahickon Avenue
Philadelphia, PA 19144
2022-2023 PATH Intended Use Plan
Philadelphia County, PA-059

Local Provider Description

Resources for Human Development (RHD) is a non-profit community behavioral health services organization center that provides a full continuum of mental health, substance abuse and physical health services. The Philadelphia County Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) contracts with RHD to provide mental health services, including PATH funded resources. La Casa (PA – 059 Philadelphia: Resources for Human Development – La Casa) is a Safe Haven located at 504 Washington Avenue, Philadelphia, PA 19147. The PATH funds received cover part of the cost of the supportive staff at this location.

La Casa serves homeless Youth and Young Adult males (18-24). This program is centrally gatekept by Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS) and is contained within the County's residential care continuum.

La Casa will receive $338,135 from PATH funding, all of which is federally allocated.

Project	Federal Allocation	State Allocation	Total Allocation
RHD - La Casa	$ 253,601	$ 84,534	$ 338,135
Total	**$ 253,601**	**$ 84,534**	**$ 338,135**

Coordination with the HUD Continuum of Care (CoC) Program

LaCasa, represented by RHD, is a key participant in the Philadelphia Continuum of Care (CoC) Board, PA-500 and is the recipient of a variety of CoC grants to provide permanent supportive housing (PSH) to persons with serious mental illness.

In addition, RHD and La Casa work very closely with Philadelphia's Department of Behavioral Health and Intellectual disAbilities (DBHIDS). DBHIDS allocates $50 million dollars for an array of homeless services through its contracted agencies including housing (transitional and permanent), residential support, case management, and outreach and evaluation.

DBHIDS staff as well as RHD sits on the local Continuum of Care (CoC) Board or sub-committees and contributes to the vision, development and management of the CoC. Persons who receive PATH funded services are eligible for CoC resources.

DBHIDS works very closely and intricately with the local Philadelphia CoC. The collaboration is built upon a mutual respect and vision which is further deepened through

multiple meetings between the Office of Homeless Services (OHS), RHD, and DBHIDS, and continual coordination regarding people in Safe Havens, including Lacasa, to identify housing, housing needs and challenges that may arise.

Collaboration with Local Community Organizations
The designated PATH providers and La Casa are well connected in the network of community providers working to end homelessness. RHD operates the central intake for single men for the city. RHD manages a significant portion of the Mental Health Residential system and has a newspaper developed for and management by homeless and formerly homeless persons, called “One Step Away”.

RHD also operates three drug and alcohol treatment programs that serve exclusively chronically homeless individuals, New Start I, New Start II and Womanspace. RHD also operates a federally qualified health center that offers low or no cost health care services for the uninsured or underinsured. The agency offers supportive employment programming that is available to PATH clients and has an inventory of Permanent Supportive Housing and is recipients of numerous McKinney/COC grants. RHD also works with Horizon House to identify people with the highest need for housing services through their programs (Housing First). Residents are also connected to First Step Staffing in conjunction with DBHIDS for further employment services.

RHD and La Casa work closely with outreach teams, including Youth Outreach and Youth Providers and shelters, who are targeting the most vulnerable people on the streets, and young adults, to make the warm handoff and connection into the Safe Haven and help support their housing and case management needs. They attend joint trainings with outreach teams, as well as monthly Safe Haven Director’s meetings where outreach information is updated and vice versa.

The DBHIDS PATH contact works closely with PATH providers and the PATH State Representative. This includes monthly webinars, quarterly state calls and receiving PATH state information via email. The DBH contact and PATH contact have frequent additional communication with need. PATH providers work closely together with the DBHIDS PATH contact as well around connections from street outreach to safe haven and linking to PSH via Coordinated Entry matches, Housing First COC programs, PHA mainstream vouchers, as well as various additional subsidies funded by the City of Philadelphia.

Service Provision
Path eligibility for enrollment to the County Path funded programs, safe havens and outreach, include being literally and chronically homeless, 18 years of age or older, experiencing Serious Mental Illness and agrees to the Path funded service. Agencies do leverage other available funds outside of Path. US Veterans access VA services first and there are other county funds available for people including DBHIDS funded safe havens and DBHIDS and other funded outreach teams.

Seven street outreach teams are deployed city-wide in Philadelphia on a year round basis. These services have been expanded to provide 24 hour outreach. PATH funded staff are included in these efforts and are deployed throughout the city, targeting the City as well as identified "hot spots". During periods of severe winter or summer weather, outreach hours are extended in order to prevent weather-related injuries or death. Individuals who are PATH eligible and are reached via Outreach efforts, are given access to Respite and Café-style overnight placements, Safe Havens, JOH or shelter placement, on a referral basis. Safe havens are designed to accommodate rapid admissions and to address the needs of persons with mental illness who have experienced chronic homelessness. Outreach is also highly involved and focused on target hotspots in Philadelphia to work with people with Opioid Use Disorder to connect to services, treatment and housing when possible. There is also a VAOutreach team.

Outreach efforts that involve mental health, and medical personnel are centrally coordinated by the Outreach Coordination Center (OCC). This resource, funded by DBHIDS, serves to both coordinate and deploy mobile outreach teams and to facilitate rapid placements into specialized residences and generic shelters. There has been an application for further funding for nurses to attend outreach in 2022.

DBHIDS currently has contracts with six social service agencies for the provision of 253 entry-level beds designated specifically for homeless persons with mental illness or co-occurring disorders. Two of these programs are specified for the Emerging Youth population, one for couples and 10 additional winter respite beds. These housing resources provide rehabilitative services, case management and transition support. Additional long term housing subsidies are provided via Federally funded Shelter Plus Care grants to homeless persons with disabilities related to mental illness, substance abuse and/or HIV through the County's Coordinated Entry Process.

DBHIDS' Behavioral Health Division continues to centrally gatekeep virtually all of the current mental health residential slots. This includes the 253 existing entry level beds as well as a large number of transitional and permanent housing resources that serve to prevent persons with mental health disabilities from becoming homeless. The larger residential system and continuum of resources have maintained an occupancy level of 90% during CY 21, but 95% occupancy rate if dedicated beds are accounted for, meaning active and viable referrals were in the admission process. There were some issues in conjunction with Covid and bed placements but the programs are all back on board at this point and open. DBHIDS also coordinates other housing projects with OHS to help link people to additional subsidies such as PHA Mainstream vouchers, shallow rent subsidies, and Coordinated Entry HUD COC projects. DBHIDS also utilizes bridge subsidies for people in mental health residential slots using reinvestment funds, as well as new Bridge To Recovery subsidies and a new Share Place vouchers in partnership with PHA in 2022 after a successful pilot project in 2020 and 2021.

Homeless persons who require emergency psychiatric assessment and

stabilization services are afforded access to an eight bed crisis residence (Emergency Evaluation Center - EEC) or to five (5) Crisis Response Centers (CRCs). An assessment and treatment team, including psychiatrist time, has been funded to work closely with the Office of Supportive Housing (OSH) Intake sites, shelters.

Access to the EEC and Crisis Response Center services is centrally coordinated by the DBHIDS Acute Services Unit. The CRCs accept walk-ins. DBHIDS has a Homeless Services Unit that is responsible for the coordination of homeless services.

DBHIDS participates in ongoing planning and coordination of homeless service initiatives, under the direction of the Commissioner of the Office of Homeless Services (OHS). These initiatives have included the annual winter plan (Code Blue), and summer heat emergency plan (Code Red), outreach planning and hotspots, working with the larger community and City stakeholders, new 100 Day Challenge housing slots in coordination with Kensington encampments, Coordinated Entry (CEA-BHRS) and planning for people who are chronically homeless, not chronically homeless, and the emerging adult population. All Safe Havens, City funded Recovery Houses, and JOH programs utilize HMIS and the VISPDAT and the TAY-VISPDAT to assess vulnerability and housing needs and access CEABHRS. Both OHS and DBHIDS work closely together and with Providers as well to ensure services are provided to those with mental and behavioral health needs.

Maximizing use of PATH funds
The City of Philadelphia is committed aiding the State and bolstering supports following the lawsuit filed by the American Civil Liberties Union (ACLU). These actions include more definition attention and efforts around the movement of individuals from both the forensic and civil units at Norristown State Hospital (NSH). DBHIDS mental health services providers help coordinate with community based supports to assist the individual with linkages to employment, education, mental health treatment, healthcare, and other community based activities to help prevent recidivism. Additional efforts are put in place to assist individuals with building skills of independent living so that she/he may move on some day to his/her highest attainable level of independent living.

Gaps in current service systems
There are gaps in the area of shelter capacity. Shelter capacity cannot accommodate all the persons who wish to enter emergency housing. The last Point In Time count of unsheltered individuals was February 2022 which was postponed due to covid concerns and the omicron outbreak, as part of the national homeless count sponsored by the Department of Housing and Urban Development. There has been an increased number of people with Opioid Use Disorder on the streets, and minimal affordable housing. There has been a partnership with the Philadelphia Housing Authority to address the gap in capacity, which includes access in 2022 to 863 Emergency Housing Vouchers that the City of Philadelphia was awarded. We continue to need more affordable housing options for people receiving SSI or less than SSI. Safe Haven residents continue to have access to PHA Mainstream and EHV vouchers though Safe Haven residents compete with other priority groups for these vouchers. We currently struggle with access to

affordable one bedroom apartments as the market has been increasingly unaffordable in Philadelphia County.

Services for clients who have both SMI and a substance use disorder
All of the services described above are available for persons with co-occurring substance use disorders and all homeless services programs are expected to develop expertise to serve persons with co-occurring disorders. In addition, the DBHIDS has developed the Journeys of Hope (JOH) programs, which offer yearlong substance abuse treatment that will result in obtaining permanent supportive housing for all persons who complete the programs. These are licensed addiction treatment services with capacity to serve persons with co-occurring mental health disorders. There is now a pilot MAT program embedded within one JOH program and there are hopes to expand this.

La Casa staff have been trained in using Narcan, an effective treatment for people who are unresponsive at risk of death due to opioid drug overdose. DBHIDS is also working closely with Prevention Point who is doing Outreach with this population, and we are working to identify more needed resources and treatment for people. In the last few years DBHIDS provided an Opioid Task Force to work with the community around needs. In 2018 additional respite beds have been planned for and implemented, and services have increased for treatment, expanded Medical Assisted Treatment slots, and Housing First slots that are for people with OUD.

The City and outreach have been involved in multiple initiatives to close encampments in Kensington regarding the OUD crisis in Philadelphia which has expanded to other closures in the City. The City is relying heavily on outreach and connection to treatment and services.

DBHIDS is not responsible for following 42 CFR Part 2 regulations, as we do not provide licensed drug and alcohol outreach programs.

Data
RHD La Casa staff has ongoing trainings in HMIS and staff have been trained to do the TAY-VISPDAT for the CEA-BHRS and do continued training, to help residents of La Casa get connected to housing in Clienttrack. All Path funded programs entering data into HMIS have a written HMIS manual for reference and it is made available to new and current employees.

Housing
Outreach participants have access to the DBH safe haven system that includes all three PATH funded residential programs. Outreach participants and safe haven residents have priority access to a variety of housing initiatives including:

- PHA Mainstream Vouchers
- PHA Blueprint Vouchers when available
- PHA Emergency Housing Choice Vouchers.
- Coordinated Entry HUD funded RH, TP and PSH

- Housing First options, operated by Horizon House and Pathways to Housing PA, this includes teams focused on people with Opioid Use Disorder.
- Various McKinney permanent supportive housing programs including McKinney programs with Project Home, 1260 Housing Development Corporation, Horizon House and Bethesda Project
- Priority access to Mobile Psychiatric Rehabilitation Services (MPRS) including programs operated by RHD, Horizon House and Northwestern Human Services
- Bridge to Independence subsidies utilizing DBHIDS reinvestment funds
- Bridge to Recovery subsidies for OUD
- PHA partnered SharePlace vouchers

Staff Information
All programs are expected to document efforts to recruit and retain staff at all levels that are culturally appropriate to the population served. This documentation must include goals, efforts made toward those goals, and outcomes. Additionally, all staff are required to receive annual trainings on cultural competencies and health disparities. We do not collect demographic information on staff serving PATH clients.

Efforts continue to ensure that all providers are aware and trained in appropriate sensitivity measures (i.e. cultural, religious, LGBTQ, etc.). All of the DBHIDS Safe Havens work with transgender individuals and will accept a person based on their gender-identity, not on their demarcated gender at birth. In order to effectively engage with all participants, all staff are required to receive and respect all clients regardless of their cultural, religious, sexual, or gender differences.

At LaCasa, there are 8 male and 5 female staff, 2 identify in the LGBTQ community, and 2 are trained CPS. There are trainings available in cultural competence and health disparities.

Client Information
LaCasa specifically expects to contact approximately 17 people in one year and enroll approximately 15. Often residents are contacted and enrolled on the same day due to safe haven eligibility criteria. All clients served by PATH funds will be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness). The following are the demographics of those who received Outreach contacts:

- 58% had both co-occurring substance abuse and behavioral health issues
- 1% veterans
- 71% black/African-American
- 10% white

- Male Identifying Site
- 100% between the ages of 18-29

Consumer Involvement
DBHIDS continually involves consumer, provider and family groups in the development of programs, policies and procedures that affect them directly. Numerous task forces have been organized to address programmatic issues which include provider, consumer and family representatives. In addition, DBHIDS regularly meets with The Consumer Satisfaction Team (CST), an organization of consumers and family members that monitor service quality and advocate for the needs of individual consumers and their families. CST addresses the needs of consumers served in all parts of the behavioral health system. This involves assessing the satisfaction of consumers in drug and alcohol, adult and children's mental health and dual diagnosis programs. The information provided by CST is used by DBHIDS and provider agencies to continually improve the quality of mental health services in Philadelphia.

La Casa employs 2 Peer Specialists at their location who participate and work with residents in a variety of ways that are based on the interest and needs of the residents. 3 residents volunteer with RHD although there are no residents employed, on the governing board or a formal advisory board. This is something RHD will work to increase with their residents.

La Casa utilizes a person-centered approach to support individuals to increase quality of life and overall wellness. This is also to help obtain and sustain housing in the community of their choosing. Staff at La Casa provides trauma-informed care. Residents are encouraged to have family members and significant others of their choosing be associated as they prefer on their recovery journey. There are visiting hours and internet access for communications, as well as several measures implemented that foster family involvement.

Finally, DBHIDS' Office of Mental Health prepares an Annual Plan for Mental Health Services. This plan is distributed on an annual basis to the public, the Community Support Program (CSP) and provider agencies. A forum is then offered to the community to provide comments, feedback, and suggest programs and services for inclusion in the plan. This public forum is open to consumers, family members, as well as the provider community.

Alignment with State Comprehensive Mental Health Services Plan
Philadelphia continues to use data to identify, target and prioritize the most vulnerable people with the longest histories of street homelessness to link to needed housing and service resources. This information is used to identify people who are eligible for Safe Havens and JOH emergency housing, and any other housing options. La Casa admits homeless Youth and Young men to their program and have been trained in LGBTQ needs and supports. The collaboration between various City of Philadelphia departments as well as provider agencies enables ongoing dialogue and cooperation to ensure that each individual is receiving the level of care and services that are most appropriate for them.

This includes situations where individuals are enrolled in PATH but it becomes apparent that they are eligible for other services and funding streams (i.e. Medicaid, Medicare). This transfer allows us to leverage the PATH funds allocated to serve the most individuals possible.

The City uses Outreach data to determine chronicity and people who are the most vulnerable and have spent the most times on the street to help inform eligibility for Housing First services, Safe Havens and any other housing options available through PHA or DBH reinvestment dollars. Every Safe Haven resident is entered into Clienttrack for a Housing assessment as well.

La Casa staff provide varying case management duties around connection to housing and work closely with residents and DBHIDS to provides these services.

Our system operates within the Recovery model which includes Person First services throughout DBHIDS. The Department's Practice Guidelines for Persons in Recovery has been implemented throughout services and Providers including Project Home and RHD.

$43M of DBHIDS' reinvestment funds are earmarked for our housing programs, which includes tenant based rental assistance for person experiencing homelessness. This also includes former inmates or persons with a history in the criminal justice system. We collaborate closely with the prisons, courts, criminal justice partners, providers, and probation staff through the Behavioral Health Justice Related Services Unit.

Persons experiencing mental health and/or substance abuse have services and treatment available and have access to a variety of housing options including: OHS Clearinghouse, Coordinated Entry and Permanent Supported Housing options, some of which are Project Home, McKinney and HUD funded PSH, Housing First services, and RHD JOH programs. Outreach and Safe Haven staff have received Narcan training and K2 training which has been increasing in Philadelphia.

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services plans for disasters and emergencies in collaboration with the Philadelphia Office of Emergency Management, the Philadelphia Department of Public Health, and other City and community response stakeholders. Those plans include, but are not limited to evacuation, mass sheltering, points of dispensing for mass prophylaxis, and mass casualty events. Planning for Access and Functional Needs continues to be a priority in all of our planning efforts. Outreach continues to work with people on the street assessing for symptoms and contacting 911 for people with symptoms. People without symptoms may still enter safe havens and shelter.

DBHIDS continues to work closely with homeless advocacy and service agencies during major events and incidents in Philadelphia in order to ensure that homeless persons living on the street are contacted and surveyed prior to notice events, they receive timely information about events, and are offered services and supports during events based upon their identified preferences. In addition, particular attention is paid to planning for severe

winter and severe heat periods, which results in additional resources and services being deployed in support of those on the street. Through our planning, outreach, and response efforts, resources continue to be identified and utilized by the homeless, resulting in some specific successes in providing housing to several long-term homeless individuals. Lessons learned in these major incidents continue to inform our planning. Additionally, Safe Haven and Outreach staff must complete Mental Health First Aid (MHFA) training which enables staff to intervene in the instance of a mental health crisis. This year all of our programs struggled but most people in safe havens and outreach were offered and have gotten vaccines for covid 19 this year. We did see outbreaks in most of our programs.

Other Designated Funds
DBHIDS spends $50M annually for persons experiencing homelessness, this includes funding from Medicaid, the Mental Health Block Grant and the Substance Abuse Block Grant. Different funding streams are work in collaboration to fund our efforts with the Journey of Hope Programs, Housing First Services and Safe Havens. It should be noted that these funds are not specifically designated to only serve people who are experiencing homelessness and have a serious mental illness (SMI), as some of the funds are designated for addiction services. Additionally, none of the designated funds are earmarked specifically for PATH services.

Programmatic and Financial Oversight
The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) monitor the use of PATH funds through our Provider and Program Management unit and oversight of all the programs. The Coordinator for Homeless Services works and oversees the Outreach Coordination Center (OCC) and monitors, provides trainings and is in daily contact with Project Home's Outreach program. The DBHIDS Homeless Services Unit monitors RHD Lacasa, sends referrals, oversees discharges, and the Concurrent Review process that links people to housing. DBHIDS also provides technical support to La Casa. DBHIDS provides daily support to all PATH funded programs.

SSI/SSDI Outreach, Access, Recovery (SOAR)
Homeless Advocacy Project (HAP) had been providing SOAR to people in Safe havens and JOH as well as people who are homeless working with Outreach. HAP also works with people in OHS shelter and are connected to DHS for aging out youth. HAP trains staff hired for this project staff members have provided assistance with the DBH/SOAR project. HAP files DHB/HAP SOAR applications. Project HOME does have 2 staff trained in PATH but also send referrals to HAP. Project HOME will assist in obtaining other necessary documentation or letters needed where the Safe Havens rely on outside case management to do this.

Coordinated Entry
DBHIDS homeless programs all have access to Coordinated Entry and are trained in housing assessments, VISPDAT and the Flag Review process. Mobile assessors help

people on the street do housing assessments in partnership with Outreach. DBHIDS and RHD participates in the monthly workgroup to assess Coordinated Entry assessment and best practices moving forward.

Justice Involved
Crisis Intervention Training (CIT) is being used by the City of Philadelphia DBHIDS. The targeted goal in the past was to train 35% of Philadelphia Police and we exceeded this number. Per personal testimonies from the officers the training is extremely helpful. There has been recognition of officers who have saved lives by using the training. DBHIDS works closely with the Philadelphia Police Dept by having Behavioral Health Navigators in the dispatch call rooms and working on co-responding plans, there is ongoing planning regarding crisis response for the community.

DBHIDS Homeless Services partners with the Behavioral Health Justice Related Services (BHJRS) to coordinate care for people that have been incarcerated and offers Permanent Supported Housing for those discharged from the prison system. We collaborate closely with BHJRS to create unofficial jail diversion opportunities to ensure that when PATH clients are incarcerated they are treated appropriately and swiftly with regards to treatment and discharge. When people are not eligible for subsidies from the Philadelphia Housing Authority may be offered Bridge Subsides from DBHIDS reinvestment dollars. During this time, we are continually working on creating an efficient flow of institutionalized and incarcerated individuals into the appropriate level of care. We have utilized 45 Hi-5 subsidies for this population (homeless, criminal justice and high utilizers of the system) and have 40 more subsidies we are currently working on in 2021 and 2022.

DBHIDS has also partnered with First Step Staffing to employ persons who are homeless or have a homeless history and people leaving the criminal justice system. First Step staffing works with people in PATH funded Safe Havens to connect people to full-time employment.

Veterans
All PATH funded services in Philadelphia, are available to homeless veterans. Weekly PATH funded outreach workers and VA outreach staff spend a shift on the street, engaging homeless veterans. Coordination of care with the VA occurs at the participant, program and system level to coordinate care for those who have served their country. Veterans have been placed in the safe haven system and are prioritized for access to HUDVASH voucher resources as well as VA treatment resources.

Tobacco Policy
DBHIDS continues to work towards a Tobacco Policy in conjunction with the City of Philadelphia.

Health Disparities Impact Statement
Behavioral and physical health are strongly linked. Evidence shows that behavioral health disorders are associated with increased risk, occurrence, progression and outcomes of

serious chronic diseases and health conditions. The cycle can decrease someone's ability to be a part of treatment and recovery from both. PATH funds are used to hire outreach workers, and those teams target underserved populations who are more likely to experience behavioral health disparities.

Philadelphia's street homeless population has been found to be 69% male and 55% African-American. Our staffing patterns for outreach and in the safe havens reflects similar demographics. There are people who are street homeless only speak Spanish and we have outreach staff who are fluent in Spanish. When persons are referred to behavioral health services, their ethnic and cultural backgrounds are considered in the referral process, as required by the DBHIDS Practice Guidelines. Referring staff are looking for agencies and services that reflect the community from which the person they are serving hails from. Data is collected to track the following key factors in Behavioral Health Disparities: language barriers, cultural and ethnic barriers to services, barriers related to LGBTQ status. DBHIDS outreach services include 2 categories to the gender variable, Transgender- Male to Female and Transgender-Female to Male. PATH funded staff are included in this data system. LaCasa has been trained around various LGBTQ needs to serve this population of emerging youth.

DBHIDS and providers hope to reduce disparities by working closely with providers who have made serving these communities a priority and therefore to reduce disparities and increase positive outcomes, including leaving homelessness. Training is provided on a regular basis to outreach and safe haven staff regarding behavioral health disparities and effective strategies for overcoming these disparities.

The unduplicated number of YYA individuals who are expected to be served using PATH funds:

	FY21	Projected FY22
RHD CEDAR PARK	6	5
RHD KAILO HAVEN	3	3
RHD LA CASA	19	24
PROJECT HOME	64	75

The total amount of PATH funds expected to be expended on services for the YYA population:

	FY21 Amount YYA population	Projected FY22 Total Amount	Projected FY22

RHD LA CASA	$253,601.00	$ 297,188.67	.1% increase from FY21
PROJECT HOME	$ 92,629.00	$ 108,549.61	.2% Increase from FY21

Improving data entry into HMIS will decrease the disparities of how many people we actually serve and inputting the correct services receive. Another improvement is retraining on what each service provides and how it will assure a better display of the YYA population outcomes compared to the general population in the next fiscal year.

Limited English Proficiency
PATH funded Safe Havens and Outreach have been given information for free interpretation through Proprio language services. This information is made available for people who receive these services.

Budget Narrative

The PATH Funds received are allocated for the salaries and benefits for 13 direct care staff at La Casa. All of the staff listed on the PATH 2022-2023 Budget will provide those PATH services identified in the Intended Use Plan.

Other staffing costs, including oversight and supervision, clerical support, maintenance, etc. will be funded by Philadelphia County.

Travel, Supplies, Indirect, and Other costs will be funded by Philadelphia County.

PATH Allocation…… Total: $338,135
La Casa 2018.2019 PATH Budget

RHD - La Casa	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Director	$61,325	100%	$61,325	$61,325
case manager	$45,000	100%	$45,000	$45,000
dir serv prof	$27,040	100%	$27,040	$27,040
dir serv prof	$26,000	100%	$26,000	$26,000
dir serv prof	$26,000	100%	$26,000	$26,000
dir serv prof	$26,000	100%	$26,000	$26,000
dir serv prof	$26,000	100%	$26,000	$26,000
dir serv prof	$26,000	60%	$15,600	$15,600
dir serv prof	$26,000	60%	$15,600	$15,600

dir serv prof	$26,000	60%	$15,600	$15,600
dir serv prof	$26,000	60%	$15,600	$15,600
cps	$29,120	100%	$29,120	$29,120
ops manager	$37,000	25%	$9,250	$9,250
Subtotal	**$399,485**			**$338,135**

Philadelphia County Comprehensive, not provider
1101 Market Street, 7th Floor
Philadelphia, PA 19107
Contact: Michele Wexler Kempinski
Email Address:

Provider Type: Social service agency
PDX ID: PA-021
State Provider ID: 4221
Contact Phone #: (215) 546-3253

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				

j. Total Direct Charges (Sum of a-i)	$ 0.00	$ 0.00	$ 0.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 0.00	$ 0.00	$ 0.00	

Source(s) of Match Dollars for State Funds:

Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 0

Estimated Number of Persons to be Enrolled: 0

Estimated Number of Persons to be Contacted who are Literally Homeless: 0

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

PHILADELPHIA COUNTY
1101 Market Street, 7th Floor
Philadelphia, PA 19109

FY 2022-2023 INTENDED USE PLAN
Comprehensive PA-047

Local Provider Description
Philadelphia County will receive $289,639 State allocated PATH funds and $847,468 Federally allocated funds; totaling $1,137,107. The following are the funds broken down into each PATH funded provider:

Project	Federal Allocation	State Allocation	Total Allocation
Project Home - Outreach	$ 92,629	$ 30,877	$ 123,506
RHD - Kailo Haven	$ 289,370	$ 96,457	$ 385,827
RHD - La Casa	$ 253,601	$ 84,534	$ 338,135
RHD - Cedar Park	$ 211,868	$ 77,771	$ 289,639
Total	**$ 847,468**	**$ 289,639**	**$ 1,137,107**

PATH funded services are rendered via contractual agreements between the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) and two provider agencies. PATH funding is only a portion of the overall funding used to support homeless services. Currently, DBHIDS funds approximately $50 million dollars annually worth of services that serve exclusively homeless persons. The two provider agencies are as follows:

Resources for Human Development (RHD) – Supportive, Supervisory and Case Management Services in Residential Settings, partially funded by PATH funds. This includes RHD Cedar Park Safe Haven, PA-043, RHD Kailo Haven Safe Haven, PA-061 and RHD LaCasa Safe Haven, PA-059.

Project HOME– Outreach Services, partially funded by PATH funds

Each of these agencies are contracted with the DBHIDS to provide an array of behavioral health and support services to residents of Philadelphia County. The region served by these agencies is the County of Philadelphia. The specific services provided by each agency are detailed in this report. Other services not listed above are available to homeless persons and to PATH participants, but are not funded by federal PATH funds.

Collaboration with the HUD Continuum of Care (CoC) Program
The Department of Behavioral Health and Intellectual disAbilities (DBHIDS) allocates $50M for an array of homeless services through its contracted agencies including housing (transitional and permanent), residential support, case management, and outreach and evaluation. This service total includes federally PATH funded services. PATH funded services represent a small portion of the total services available to the people that are homeless with mental health challenges in Philadelphia.

DBHIDS staff, as well as representatives from both agencies receiving PATH funds (Project Home and RHD) sits on the local Continuum of Care (CoC) Board, the Philadelphia CoC, PA-500, or sub committees and contributes to the vision, development and management of the CoC. The local CoC lead and the DBHIDS PATH coordinator have been involved with many aspects of the Coordinated Entry planning and implementation. Persons who receive PATH funded services are eligible for CoC resources.

DBHIDS works very closely and intricately with the local Philadelphia CoC, PA-500. The collaboration is built upon a mutual respect and vision which is further deepened through multiple meetings between the CoC and DBHIDS, continual coordination regarding policies, as well as a seat held by DBHIDS Housing and Homeless Services Housing Director at the Philadelphia's CoC Board Meetings.

Collaboration with Local Community Organizations

The designated PATH providers RHD and Project Home are well connected in the network of community providers working to end homelessness. During the winter of 2020, Project Home partnered with Health Care for the Homeless, Jefferson University Hospital Medicine, and other community partners to offer drop in center services to persons living in the downtown transportation hub. The Hub of Hope provides services included medical and psychiatric services daily as well as peer support and case management services, as well as showers, laundry and meals throughout the year. Participating agencies include Pathways to Housing PA, Horizon House and Bethesda Project. DBHIDS continually works towards the creation and coordination of policies with local organizations through the CoC Board and corresponding sub-committees.

RHD manages a significant portion of the Mental Health Residential system and has developed a newspaper targeted for and managed by homeless and formerly homeless persons, called "One Step Away." RHD operates two of the larger shelters in the city, one for single males and one for families, and operates services for persons experiencing homelessness in other counties. RHD also operates three drug and alcohol treatment programs that exclusively serve chronically homeless individuals (JOH New Start I, New Start II and Woman Space). RHD also operates a federally qualified health center, that offers low or no cost health care services for uninsured or underinsured individuals. Both agencies offer supportive employment programming that is available to PATH clients and as well as a range of Permanent Supportive Housing options. Additionally, both agencies are recipients of numerous McKinney/CoC grants. RHD works closely with Philadelphia Outreach teams for placement in their safe havens and JOH programs.

With regards to Project Home's outreach efforts, all outreach teams are overseen by a County Coordinator of DBH Homeless Outreach Services who holds biweekly meetings to ensure lines of communication are open and coordination is smooth. In addition, all teams are responsible for adhering to shared policies and procedures. Meetings focus on hot spots, encampments, and current issues and reviewing people on the streets and their needs. Outreach also works closely with RHD and are other Providers to do the warm hand off and admissions to our Safe Haven network.

PATH providers work closely together with the DBHIDS PATH contact as well around connections from street outreach to safe haven and linking to PSH via Coordinated Entry matches, Housing First COC programs, PHA mainstream vouchers, as well as various additional subsidies funded by the City of Philadelphia.

Service Provision

Path eligibility for enrollment to the County Path funded programs, safe havens and outreach, include being literally as well as chronically homeless, 18 years of age or older, experiencing Serious Mental Illness and agrees to the Path funded service. Agencies do leverage other available funds outside of Path. US Veterans access VA services first and there are other county funds available for people including DBHIDS funded safe havens and DBHIDS and other funded outreach teams as well as a VA Outreach team.

Philadelphia continues to use data to identify, target and prioritize the most vulnerable people on the street with the longest histories of homelessness to link to needed housing and service resources. This information is used to identify people who are eligible for Safe Havens and JOH programs. All people who enter safe havens and JOH programs are also enrolled in HMIS for Coordinated Entry and do a housing assessment (CEA-BHRS). The collaboration between various City of Philadelphia departments as well as provider agencies enables ongoing dialogue and cooperation to ensure that each individual is receiving the level of care and services that are most appropriate for them. This includes situations where individuals are enrolled in PATH but it becomes apparent that they are eligible for other services and funding streams (i.e. Medicaid, Medicare). This transfer allows us to leverage the PATH funds allocated to serve the most individuals possible.

Seven street outreach teams are deployed city-wide in Philadelphia on a year round basis. These services have been expanded to provide 24 hour outreach. PATH funded staff are included in these efforts and are deployed throughout the city, targeting the City as well as identified “hot spots”. During periods of severe winter or summer weather, outreach hours are extended in order to prevent weather-related injuries or death. Individuals who are PATH eligible and are reached via Outreach efforts, are given access to Respite and Café-style overnight placements, Safe Havens, JOH or shelter placement, on a referral basis. Safe havens are designed to accommodate rapid admissions and to address the needs of persons with mental illness who have experienced chronic homelessness. Outreach is also highly involved and focused on target hotspots in Philadelphia to work with people with Opioid Use Disorder to connect to services, treatment and housing when possible and help people in encampments enter treatment or shelter services including those specifically for that population.

Outreach efforts that involve mental health, and medical personnel are centrally coordinated by the Outreach Coordination Center (OCC). This resource, funded by DBHIDS, serves to both coordinate and deploy mobile outreach teams and to facilitate rapid placements into specialized residences and generic shelters.

DBHIDS currently has contracts with six social service agencies for the provision of 253 entry-level beds designated specifically for homeless persons with mental illness or co-occurring disorders. Two of these programs are specified for the Emerging Youth population, one for couples and 10 additional winter respite beds. These housing resources provide rehabilitative services, case management and transition support. Additional long term housing subsidies are provided via Federally funded Shelter Plus Care grants to homeless persons with disabilities related to mental illness, substance abuse and/or HIV through CEA-BHRS and DBHIDS.

Service Coordination: DBHIDS' Behavioral Health Division continues to centrally gatekeep virtually all of the current mental health residential slots. This includes the 253 existing entry level beds as well as a large number of transitional and permanent housing resources that serve to prevent persons with mental health disabilities from becoming homeless. The larger residential system and continuum of resources have maintained an occupancy level of approximately 90% during CY 2021, but 95% occupancy rate if dedicated beds are accounted for, meaning active and viable referrals were in the admission process. DBHIDS also coordinates other housing projects with OHS to help link people to additional subsidies such as PHA mainstream vouchers, shallow rent subsidies, Bridge to Independence subsidies and Bridge to Recovery subsidies through DBHIDS reinvestment funds. City departments and providers and stakeholders work closely together to help make these transitions possible with added services.

The transitional housing programs serving homeless adults in Philadelphia remain full. Despite capacity expansion, there remains a substantial unmet need for permanent supported housing for homeless individuals who are graduating from these transitional programs. As is the case for persons who do not currently meet the federal definition of homelessness but have no current place to go, as well as persons incarcerated over 90 days but were homeless upon prison admission and will be homeless upon prison discharge.

Homeless persons who require emergency psychiatric assessment and stabilization services are afforded access to an eight bed crisis residence (Emergency Evaluation Center - EEC) or to five (5) Crisis Response Centers (CRCs). An assessment and treatment team, including psychiatrist time, has been funded to work closely with the Office of Supportive Housing (OSH) Intake sites, shelters. Access to the EEC and Crisis Response Center services is centrally coordinated by the DBHIDS Acute Services Unit. The CRCs accept walk-ins. DBHIDS has a Homeless Services Unit that is responsible for the coordination of homeless services.

The DBHIDS participates in ongoing planning and coordination of homeless service initiatives, under the direction of the Commissioner of the Office of Homeless Services (OHS). These initiatives have included the annual winter plan (Code Blue), and summer heat emergency plan(Code Red), outreach planning and hotspots, working with the larger community and City stakeholders, 100 Day Challenge housing slots for people in the neighborhood of Kensington which is a new 2022 initiative, Coordinated Entry (CEA-BHRS) and planning for people who are chronically homeless, not chronically homeless, and the emerging adult population. All Safe Havens, City funded Recovery Houses, and JOH programs have been trained in HMIS and the VISPDAT and the TAY-VISPDAT to assess vulnerability and housing needs. Both OHS and DBHIDS work closely together and with Providers as well to ensure services are provided to those with mental and behavioral health needs.

Maximizing use of PATH funds

The City of Philadelphia is committed to aiding the State and bolstering supports following the lawsuit filed by the American Civil Liberties Union (ACLU). These actions include more definition attention and efforts around the movement of individuals from both the forensic and civil units at Norristown State Hospital (NSH). DBHIDS mental health services providers help coordinate with community based supports to assist the individual with linkages to employment, education, mental health treatment, healthcare, and other community based activities to help prevent recidivism. Additional efforts are put in place to assist individuals with building skills of

independent living so that she/he may move on some day to her/his highest attainable level of independent living.

Gaps in current service systems
There are gaps in the area of shelter capacity. Shelter capacity cannot accommodate all the persons who wish to enter emergency housing. The last Point In Time count of unsheltered individuals was February 2022 as part of the national homeless count sponsored by the Department of Housing and Urban Development which was delayed this year due to Covid/Omicron concerns.. As of today we are still waiting for the results of the count but it is reportedly higher this year than last, approximately 900 persons were sleeping on the streets of Philadelphia. There has been a partnership with the Philadelphia Housing Authority to address the gap in capacity, and the City of Philadelphia was awarded 863 Emergency Housing Vouchers for the people in priority groups, people who are homeless, youth, fleeing domestic violence.

Increasing numbers may be due to lack of housing resources, increased persons with Opioid Use Disorder in the City of Philadelphia, and a small amount of affordable housing. It is also possible that the numbers have increased since Outreach teams are covering more areas of the City and count now includes people sleeping in hospital Emergency Rooms. There is also a severe gap in affordable housing in Philadelphia County. SSI payments are not enough for Fair Market Rent. There are also issues finding one bedroom affordable apartments in Philadelphia at this time. We continue to need more affordable housing options for people receiving SSI or less than SSI and we continue to work with our partners to create landlord resources and connection to subsidies. .

Services for clients who have both SMI and a substance use disorder
All of the services described above are available for persons with co-occurring substance use disorders and all homeless services programs are expected to develop expertise to serve persons with co-occurring disorders. In addition, the DBHIDS has developed the Journeys of Hope (JOH) programs, which offer year-long substance abuse treatment that will result in obtaining permanent supportive housing for all persons who complete the programs. These are licensed addiction treatment services with capacity to serve persons with co-occurring mental health disorders.

Safe Haven and Outreach staff have been trained in providing Narcan; an effective treatment for people who are unresponsive at risk of death due to opioid drug overdose. DBHIDS is also working closely with Prevention Point who is doing Outreach with this population, and we are working to identify more needed resources and treatment for people. JOH has expanded it's treatment ability to have MAT embedded in one of it's treatment programs and hopes to be able to expand those services. The City, outreach and safe havens/system overall are in preparation for a new 2022 Kensington 100 Day Challenge to work to house more people in the area of Kensington in Philadelphia that has most of the OUD use, encampments and need. The City is relying heavily on outreach and connection to treatment and services. There are mobile services available for this population as well.

It should be noted that DBHIDS is not responsible for following 42 CFR Part 2 regulations, as we do not provide licensed drug and alcohol outreach programs.

<u>Recovery Support</u>

Outreach is designed to engage the most vulnerable persons living on our streets and assist them in moving forward in their recovery. With an array of recovery options (including specialized homeless treatment, housing first programs, permanent supportive housing that is both project based and scattered site), outreach can respond to most needs they are presented with. Project Home partners with the Mental Health Association of Southeastern PA (MHASP) to offer peer engagement services to persons living in Philadelphia's transportation hub of Suburban Station, Hub of Hope which has moved to a larger location in the station and now provides daily and increased services throughout the year. People transitioning to and living in housing have access to CPS services. Residents in Safe Havens work with peers in house or residents that take on leadership and peer roles, as well as Peer Advisory and Alumni groups. Kailo Haven and LaCasa employ peers at their programs and Project HOME does employ outreach staff with lived experience.

Data

Outreach Staff use tablets to do in real time data input into the outreach data system. With this system, weekly reports are generated for all outreach contacts and are shared with supervisors to use as a management tool. PATH Safe Haven and Outreach Providers have been trained in the HMIS system and submit data required by PATH. Safe Havens submit housing assessments and into the City's Coordinated Entry system. Project Home outreach is also using HMIS for their Path data. DBHIDS and OHS continue to work on data needs between both Departments. Philadelphia is on its third HMIS product, ClientTrack. All Path funded programs entering data into HMIS have a written HMIS manual for reference and it is made available to new and current employees. Web Focus information has begun the process of migrating data into HMIS which has been years in the works and Housing Assessors and the DBH Outreach SIT team can also now do housing assessments into HMIS, as well as present people for the EHVs that are available.

Housing

Outreach participants have access to the DBH safe haven system that includes all three PATH funded residential programs. Outreach participants and safe haven residents have priority access to a variety of housing initiatives including:

- PHA Blueprint Vouchers when available
- PHA Mainstream Vouchers
- PHA Emergency Housing Choice Vouchers.
- Coordinated Entry HUD funded RH, TP and PSH
- Housing First options, operated by Horizon House and Pathways to Housing PA, this includes teams focused on people with Opioid Use Disorder.
- Various McKinney permanent supportive housing programs including McKinney programs with Project Home, 1260 Housing Development Corporation, Horizon House and Bethesda Project
- Priority access to Mobile Psychiatric Rehabilitation Services (MPRS) including programs operated by RHD, Horizon House and Northwestern Human Services
- Bridge to PHA Mainstream Vouchers
- Independence subsidies utilizing DBHIDS reinvestment funds

- Bridge to Recovery subsidies for OUD
- PHA partnered SharePlace vouchers

Staff Information
All programs are expected to document efforts to recruit and retain staff at all levels that are culturally appropriate to the population served. This documentation must include goals, efforts made toward those goals, and outcomes. Additionally, all staff are required to receive annual trainings on cultural competencies and health disparities. Trainings occur in the Summer and Winter of each year and cover a variety of important topics with regards to training. We do not collect demographic data on staff serving PATH clients.

Efforts continue to ensure that all providers are aware and trained in appropriate sensitivity measures (i.e. cultural, religious, LGBTQ, etc.). All of the DBHIDS Safe Havens work with transgender individuals and will accept a person based on their gender-identity, not on their demarcated gender at birth. In order to effectively engage with all participants, all staff are required to receive and respect all clients regardless of their cultural, religious, sexual, or gender differences. This will be broken down and explained in the PATH IUPs per program.

Some of our Path funded program staff are CPS, but all programs have peers, persons with lived experience and CPS staff available that are not funded by PATH.

Client Information
The projected number of people to be contacted by the PATH funded Project Home Outreach team and safe havens is approximately 2900 of which are unduplicated people. Out of the 2900 people we expect approximately 779 are expected to become enrolled in outreach and safe havens. All clients served by PATH funds will be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness). The individual Safe Haven programs will be broken down in their respective IUPs. The following are the demographics of those who received Outreach contacts:

- 99% had both co-occurring substance abuse and behavioral health issues
- 3% veterans
- 55% black/African-American
- 36% white
- 69% male
- 30% female
- 14% between the ages of 18-29
- 29% between the ages of 30-39
- 23% between the ages of 40-49
- 23% between the ages of 50-59
- 13% aged 60 and over

Consumer Involvement

DBHIDS continually involves consumer, provider and family groups in the development of programs, policies and procedures that affect them directly. Inclusivity efforts, with regard to planning and service initiatives, have increased in response to the DBHIDS' Recovery Transformation model that is implemented across the behavioral health care system. Numerous task forces have been organized to address programmatic issues which include provider, consumer and family representatives. In addition, DBHIDS regularly meets with The Consumer Satisfaction Team (CST), an organization of consumers and family members that monitor service quality and advocate for the needs of individual consumers and their families. CST addresses the needs of consumers served in all parts of the behavioral health system. This involves assessing the satisfaction of consumers in drug and alcohol, adult and children's mental health and dual diagnosis programs. The information provided by CST is used by DBHIDS and provider agencies to continually improve the quality of mental health services in Philadelphia.

Safe Havens have access to Peer Specialists that come to the location and participate with residents in a variety of ways that are based on the interest and needs of the residents or work in the program. We do have a Provider Agency that can help connect residents to family and housing again if they are interested in that service.

Detailed consumer information per agency that was requested will be provided in the individual program IUPs.

Alignment with State Comprehensive Service Plan
DBHIDS and the City continue to use street Outreach data to determine chronicity and people who are the most vulnerable and have spent the most times on the street to help inform eligibility for Housing First services, Safe Havens and any other housing options available through the OHS Clearinghouse/PHA or DBH reinvestment dollars. Our system operates within the Recovery model which includes Person First services throughout DBHIDS. The Department's Practice Guidelines for Persons in Recovery has been implemented throughout services and Providers including Project Home and RHD.

$43M of DBHIDS' reinvestment funds are earmarked for our housing programs which includes tenant based rental assistance for person experiencing homelessness. This also includes former inmates or persons with a history in the criminal justice system. We collaborate closely with the prisons, courts, criminal justice partners, providers, and probation staff through the Behavioral Health Justice Related Services Unit.

Persons experiencing mental health and/or substance abuse have services and treatment available and have access to a variety of housing options including: OHS Clearinghouse Permanent Supported Housing options, some of which are Project Home, McKinney and HUD funded PSH, Housing First services, and RHD JOH programs. Outreach and Safe Haven staff have been and are in the process of receiving Narcan training and K2 training which has been increasing in Philadelphia.

The Philadelphia Department of Behavioral Health and Intellectual disAbility Services plans for disasters and emergencies in collaboration with the Philadelphia Office of Emergency Management, the Philadelphia Department of Public Health, and other City and community response stakeholders. Those plans include, but are not limited to evacuation, mass sheltering, points of dispensing for mass prophylaxis, and mass casualty events. Planning for Access and

Functional Needs continues to be a priority in all of our planning efforts. At this time we are dealing with the COVID-19 crisis and the Stay at Home order from the City of Philadelphia. We continue to operate as best we can with putting new policies in place to manage this, Outreach continues to work with people on the street assessing for symptoms and contacting 911 for people with symptoms. People without symptoms may still enter safe havens and shelter.

DBHIDS continues to work closely with homeless advocacy and service agencies during major events and incidents in Philadelphia in order to insure that homeless persons living on the street are contacted and surveyed prior to notice events, they receive timely information about events, and are offered services and supports during events based upon their identified preferences. In addition, particular attention is paid to planning for severe winter and severe heat periods, which results in additional resources and services being deployed in support of those on the street. Through our planning, outreach, and response efforts, resources continue to be identified and utilized by the homeless, resulting in some specific successes in providing housing to several long-term homeless individuals. Lessons learned in these major incidents continue to inform our planning. Additionally, Safe Haven and Outreach staff must complete Mental Health First Aid (MHFA) training which enables staff to intervene in the instance of a mental health crisis. As stated at this time we are managing the COVID-19 crisis.

Other Designated Funds
DBHIDS spends $50M annually for persons experiencing homelessness, this includes funding from Medicaid, the Mental Health Block Grant and the Substance Abuse Block Grant. Different funding streams are work in collaboration to fund our efforts with the Journey of Hope Programs, Housing First Services and Safe Havens. It should be noted that these funds are not specifically designated to only serve people who are experiencing homelessness and have a serious mental illness (SMI), as some of the funds are designated for addiction services. Additionally, none of the designated funds are earmarked specifically for PATH services.

Programmatic and Financial Oversight
The City of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) monitors the use of PATH funds through our Provider and Program Management unit and has oversight of all the programs. The Coordinator for Homeless Services works and oversees the Outreach Coordination Center (OCC) and monitors, provides trainings and is in daily contact with Project Home's Outreach program. The DBHIDS Homeless Services Unit monitors RHD Cedar Park, La Casa and Kailo Haven, sends referrals in coordination with outreach, oversees discharges, and the Concurrent Review process that links people to housing. DBHIDS also provides technical and daily support to all PATH funded programs.

SSI/SSDI Outreach, Access, Recovery (SOAR)
Homeless Advocacy Project (HAP) had been providing SOAR to people in Safe havens and JOH as well as people who are homeless working with Outreach. HAP also works with people in OHS shelter and are connected to DHS for aging out youth. HAP trains staff hired for this project staff members have provided assistance with the DBH/SOAR project. HAP files DHB/HAP SOAR applications. Project HOME does have 2 staff trained in PATH but also send referrals to HAP. Project HOME will assist in obtaining other necessary documentation or letters needed where the Safe Havens rely on outside case management to do this.

Coordinated Entry

DBHIDS homeless programs all have access to Coordinated Entry and are trained in housing assessments, VISPDAT and the Flag Review process. Mobile assessors help people on the street do housing assessments in partnership with Outreach. The DBH Path Coordinator and RHD are also part of the workgroup committee to assess Coordinated Housing in conjunction with various City partners and stakeholders.

Justice Involved
Crisis Intervention Training (CIT) is being used by the City of Philadelphia DBHIDS. The targeted goal in the past was to train approximately 35% of Philadelphia Police and we exceeded this number. Per personal testimonies from the officers the training is extremely helpful. There has been recognition of officers who have saved lives by using the training. DBHIDS works closely with the Philadelphia Police Dept by having Behavioral Health Navigators in the dispatch call rooms and working on co-responding plans, there is ongoing planning regarding crisis response for the community.

DBHIDS Homeless Services partners with the Behavioral Health Justice Related Services (BHJRS) to coordinate care for people that have been incarcerated and offers Permanent Supported Housing for those discharged from the prison system. We collaborate closely with BHJRS to create jail diversion opportunities to ensure that when PATH clients are incarcerated they are treated appropriately and swiftly with regards to treatment and discharge. When people are not eligible for subsidies from the Philadelphia Housing Authority they can be considered for Bridge Subsides from DBHIDS reinvestment dollars. During this time, we are continually working on creating an efficient flow of institutionalized and incarcerated individuals into the appropriate level of care. We have utilized 45 Hi-5 subsidies for this population (homeless, criminal justice and high utilizers of the system) and in 2021 and 2022 are working on our 2nd cohort with 40 more slots.

DBHIDS has also partnered with First Step Staffing to employ persons who are homeless or have a homeless history and people leaving the criminal justice system. First Step staffing works with people in PATH funded Safe Havens to connect people to full-time employment.

Veterans
All PATH funded services in Philadelphia, are available to homeless veterans. Weekly PATH funded outreach workers and VA outreach staff spend a shift on the street, engaging homeless veterans. Coordination of care with the VA occurs at the participant, program and system level to coordinate care for those who have served their country. Veterans have been placed in the safe haven system and are prioritized for access to HUDVASH voucher resources as well as VA treatment resources and the VA outreach team.

Tobacco Policy
DBHIDS has been working towards a Tobacco Policy in line with the City of Philadelphia and will continue to work on this.

Health Disparities Impact Statement
Mental Health and physical health are strongly linked. This appears to be caused by mental health disorders that may precede a chronic illness and that an illness can worsen a mental health disorder which can create a cycle of poor health in general. The cycle can decrease someone's ability to be a part of treatment and recovery from both. PATH funds are used to hire outreach

workers, and those teams target underserved populations who are more likely to experience behavioral health disparities. Outreach and DBHIDS are in the planning phases to increase our nurse capacity out on the streets at this time.

Philadelphia's street homeless population has been found to be 69% male and 55% African-American. Our staffing patterns for outreach and in the safe havens reflects similar demographics. There are outreach workers who are fluent in Spanish. When persons are referred to behavioral health services, their ethnic and cultural backgrounds are considered in the referral process, as required by the DBHIDS Practice Guidelines. Referring staff are looking for agencies and services that reflect the community from which the person they are serving hails from. Data is collected to track the following key factors in Behavioral Health Disparities: language barriers, cultural and ethnic barriers to services, barriers related to LGBTQ status. DBHIDS outreach services include 2 categories to the gender variable, Transgender- Male to Female and Transgender-Female to Male. PATH funded staff are included in this data system.

DBHIDS and providers hope to reduce disparities by working closely with providers who have made serving these communities a priority and therefore to reduce disparities and increase positive outcomes, including leaving homelessness. Training is provided on a regular basis to outreach and safe haven staff regarding behavioral health disparities and effective strategies for overcoming these disparities.

The unduplicated number of YYA individuals who are expected to be served using PATH funds:

	FY21	Projected FY22
RHD CEDAR PARK	6	5
RHD KAILO HAVEN	3	3
RHD LA CASA	19	24
PROJECT HOME	64	75

The total amount of PATH funds expected to be expended on services for the YYA population:

	FY21 Amount YYA population	Projected FY22 Total Amount	Projected FY22
RHD LA CASA	$253,601.00	$ 297,188.67	.1% increase from FY21
PROJECT HOME	$ 92,629.00	$ 108,549.61	.2% Increase from FY21

Improving data entry into HMIS will decrease the disparities of how many people we actually serve and inputting the correct services receive. Another improvement is retraining on what each

service provides and how it will assure a better display of the YYA population outcomes compared to the general population in the next fiscal year.

Limited English Proficiency
PATH funded Safe Havens and Outreach have been given information for free interpretation through Proprio language services. This information is made available for people who receive these services.

Budget Narrative
The PATH Funds received are allocated for the wages and salaries of the Outreach Workers and Safe Haven Staff. This includes the cost of salaries for 35 staff in three residential programs and 5 outreach staff. All of the staff listed on the PATH 2022-2023 Budget will provide those PATH services identified in the Intended Use Plan. Other staffing costs, including oversight and supervision, clerical support, maintenance, etc. is not paid for by the PATH Funds and, instead, will be funded by Philadelphia County.

PATH Funding will pay for the salaries of both Project HOME Outreach and RHD's Safe Havens staff.

Fringe benefits will come from a different funding source.

Travel, Supplies, Indirect, and Other costs will be funded by Philadelphia County.

Total PATH Allocation……$1,137,107

Comprehensive Budget

Project Home Outreach	Annual Salary	PATH-funded FTE	PATH-funded salary	TOTAL
Case Manager 100%	$30,388	100%	$30,388	$30,388
Case Aide	$24,165	35%	$8,458	$8,458

Response Worker	$32,588	100%	$32,588	$32,588
Response Worker	$27,080	100%	$27,080	$27,080
Response Worker	$24,992	100%	$24,992	$24,992
Subtotal	**$139,213**			**$123,506**

RHD - Kailo Haven	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Clinical Manager	$60,000	100%	$60,000	$60,000
Program Mgr	$40,000	100%	$40,000	$40,000
Supervisor	$32,000	100%	$32,000	$32,000
Supervisor	$28,497	100%	$28,497	$28,497
Peer Specialist	$11,025	100%	$11,025	$11,025
Case Mgr	$39,585	100%	$39,585	$39,585
Resident Advisor	$21,840	100%	$21,840	$21,840
Resident Advisor	$21,840	100%	$21,840	$21,840
Resident Advisor	$21,840	100%	$21,840	$21,840
Resident Advisor	$21,840	100%	$21,840	$21,840
Resident Advisor	$21,840	100%	$21,840	$21,840
Resident Advisor	$21,840	100%	$21,840	$21,840
Resident Advisor	$21,840	100%	$21,840	$21,840
Subtotal	**$385,827**			**$385,827**

RHD - Cedar Park	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Program Manager	$67,000	100%	$67,000	$67,000
Case Mgr	$39,599	100%	$39,599	$39,585
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Resident Advisor	$22,880	100%	$22,880	$22,880
Subtotal	**$289,639**			**$289,639**

RHD - La Casa	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Program Manager	$60,000	100%	$60,000	$60,000
Case Manager	$45,000	100%	$45,000	$45,000
Residential Advisor	$26,109	99.95%	$26,095	$26,095

Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Residential Advisor	$25,880	100%	$25,880	$25,880
Subtotal	**$338,135**			**$338,135**

Grand Total				**$1,137,107**

Schuylkill County - Service Access and Management, Inc.
590 Terry Reiley Way
Pottsville, PA 17901
Contact: Gerald Achenbach
Email Address:

Provider Type: Social service agency
PDX ID: PA-064
State Provider ID: 4264
Contact Phone #: 5706212700

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 34,816.00**	**$ 11,605.00**	**$ 46,421.00**	

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

Office: Other (Describe in Comments)	$ 34,816.00	$ 11,605.00	$ 46,421.00	Detailed budgets and narratives are included in individual provider IUPs.
j. Total Direct Charges (Sum of a-i)	$ 34,816.00	$ 11,605.00	$ 46,421.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 34,816.00	$ 11,605.00	$ 46,421.00	

Source(s) of Match Dollars for State Funds:

Schuylkill: Service Access Management, Inc. will receive a total of $46,421 in federal and state PATH funds. Detailed budgets and narratives are included in individual provider IUPs.

Estimated Number of Persons to be Contacted: 365

Estimated Number of Persons to be Enrolled: 72

Estimated Number of Persons to be Contacted who are Literally Homeless: 219

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Service Access and Management, Inc.
590 Terry Reiley Way
Pottsville, PA 17901

PDX: PA-064 Schuylkill: Service Access and Management, Inc.

Schuylkill County, Pennsylvania

PATH Intended Use Plan FY 2022-2023

Local Provider Description –

There will be a single provider of services for PATH (Projects for Assistance in Transition from Homelessness) services in Schuylkill County for the 2022-2023 fiscal year. The Schuylkill County Mental Health/Developmental Services and Drug & Alcohol Program has appointed the following company as the sole provider for PATH (Projects for Assistance in Transition from Homelessness) services in Schuylkill County for the 2022-2023 fiscal year:

Service Access and Management, Inc.
590 Terry Reiley Way
Pottsville, PA 17901

Service Access and Management, Inc. is an organization with tight community ties. We build bridges to others within our communities, resulting in meaningful working partnerships. As a non-profit 501(c)(3) that is contracted through the County of Schuylkill, Service Access and Management, Inc. focuses on providing mental health case management services and all supplemental services related to case management, such as housing services, within Schuylkill County. We respect and build upon the culture of each geographic area and service program. With a strong operational backbone and an impeccable reputation, payors seek us out to manage their human service delivery systems and provide needed services.

As a Charter Member of the National Association of Case Managers, Service Access and Management, Inc. programs, including Case Management/Service Coordination, are accredited by CARF **(**Commission on Accreditation of Rehabilitation Facilities).
Service Access and Management, Inc. consumers who have housing needs are eligible to receive the following services:

- Blended Case Management
- Certified Peer Support Services
- Clubhouse/Psychiatric Rehabilitation
- Crisis Intervention
- Crisis Residential
- In-Patient Behavioral Health
- Mental Health Case Management

- Mental Health Intake
- Mobile Psychiatric Rehabilitation
- Out-Patient Psychiatry and Therapy
- Representative Payeeship
- Supported Living Program (on-site housing assistance)
- Transitional Living Program (on-site housing assistance)
- Vocational Services

Even though Service Access and Management, Inc. operates in sixty-seven (67) counties in Pennsylvania and eight (8) counties in New Jersey, this particular Intended Use Plan is only for Schuylkill County, Pennsylvania. Services that will be provided through the PATH Intended Use Plan will serve consumers only in Schuylkill County, Pennsylvania.

Schuylkill County is scheduled to receive a total allocation of $46,421 in PATH funding for the 2022-2023 fiscal year, with a Federal allocation of $34,816 and a State allocation of $11,605.

Itemized revenue is as follows:

- $34,816 Federal Allocation
- $11,605 State Allocation
- $11,691 County Block Grant contribution toward the PATH Budget

Our provider number and name as it appears in PDX is:

- PA-064 Schuylkill: Service Access and Management, Inc.

Collaboration with HUD Continuum of Care (CoC) Program –

The supervisor of the PATH program is the Service Access and Management, Inc. Housing Coordinator. He is an active participant on the Central Valley Regional Homeless Advisory Board and served a three-year term as the Co-Chair of the Central Valley Regional Homeless Advisory Board. The SAM Housing Coordinator continues to participate in monthly Central Valley Regional Housing Advisory Board meetings and bi-annual Eastern Continuum of Care meetings. Service Access and Management, Inc.'s participation in the Continuum of Care began in October 2009 and will continue.

Schuylkill County's membership in the HUD Continuum of Care Program is with the PA-509 Eastern Pennsylvania Continuum of Care. More specifically, we are included on the Central Valley Regional Homeless Advisory Board (RHAB).

The Coordinated Entry Program, managed by the CoC, is critical to Service Access and Management, Inc. We fully participate in the regional Coordinated Entry program, which was implemented by the Continuum of Care in January 2018. Our PATH Master Case Manager and Service Access and Management, Inc.'s Housing Coordinator both received

Coordinated Entry System training from the Continuum of Care in order to provide consumers with the best care possible. The Service Access and Management, Inc. PATH Master Case Manager requires that PATH-eligible individuals and consumers utilize the 2-1-1 system that connects these individuals to the Coordinated Entry System. While using 2-1-1, callers are provided a universal assessment that allows them to access all services available to them, including the PATH program.

Servants to All and Schuylkill Hope Center receive Continuum of Care (CoC) related funding. The Service Access and Management, Inc. PATH program collaborates regularly with Servants to All and Schuylkill Hope Center.

Servants to All is the county's only general population homeless program serving children and adults. With the provision of CoC related funding, Servants to All has a full continuum of staff and services to assist PATH consumers.

PATH enrollees involved in thought-to-be domestic violence are asked to immediately sign release of information forms so that PATH may contact Schuylkill Hope Center for domestic violence assistance.

Schuylkill County's membership is with the PA-509 Eastern Pennsylvania Continuum of Care. We are included on the Central Valley Regional Homeless Advisory Board (RHAB).

Collaboration with Community Organizations –

The facilitation and linkage of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible consumers is provided by Service Access and Management, Inc. Service Access and Management, Inc. serves in this facilitation and linkage role in a number of specific manners:

1. Service Access and Management, Inc. plays a critical role in Supportive Services for Veterans Families (SSVF). The PATH Supervisor is the county's SSVF Outreach Specialist. In that role, the PATH Supervisor immediately links Veterans with PATH services.

2. The County CareerLink hosts CrossTalks meetings. The PATH Supervisor is a member of this committee.

3. The Local Housing Options Team (LHOT) is chaired by the Service Access and Management, Inc. As the Chairperson for the Local Housing Options Team, the Service Access and Management, Inc. Housing Director brings together all community organizations that assist in any manner in supporting the housing needs of individuals who are PATH-eligible.

4. The Annual Point-in-Time Unsheltered Homeless Count is a major countywide event. The 2022 Unsheltered Point-in-Time Count included one hundred fifty-one (151) volunteers who counted thirty-nine (39) individuals who were literally homeless by HUD definition. Service Access and Management, Inc. coordinates the Annual Point-in-Time Unsheltered Homeless Count. Service Access and Management, Inc. brings together all community organizations that assist in any manner in supporting the housing needs of persons who are homeless or at imminent risk of homelessness. Many of these individuals are PATH-eligible.

Service Access and Management, Inc. staff members actively serve on the Schuylkill County Local Housing Options Team (LHOT). Partnerships and activities with local community organizations that provide key services to PATH-eligible consumers are often facilitated through the Local Housing Options Team (LHOT). The LHOT is chaired by the Service Access and Management, Inc. Housing Director.

During the Point-in-Time Count, five (5) Service Access and Management, Inc. staff members played significant roles in the Point-in-Time Count process.

In addition, the Local Housing Options Team (LHOT) is represented by a number of staff from the Schuylkill County Mental Health/Developmental Services and Drug & Alcohol Programs. Those representatives include Elaine Gilbert, the Administrator of the Schuylkill County Mental Health/Developmental Services and Drug & Alcohol Programs. The Schuylkill County Mental Health/Developmental Services and Drug & Alcohol Programs serves as the recipient of the PATH funds.

There are one hundred fifty-one (151) members of LHOT. At LHOT meetings, coordination of activities and policies among organizations providing key services to PATH-eligible consumers are coordinated.

PATH-eligible individuals have the opportunity to reside in one of five permanent supportive housing apartment buildings. These units were developed through program coordination with Block Grant funds, County Mental Health Funds and Reinvestment Funds. Admission into these apartment buildings is initiated by submitting an application to Service Access and Management, Inc. Permanent supportive housing opportunities that are available to assist PATH-eligible individuals include:

a. Barefield Plaza, located in Pottsville, is the site of three apartments that have been set aside for individuals with serious mental health illnesses, including PATH consumers. Each of these apartments is a two bedroom apartment.

b. Two apartments, located at 719 North Second Street, Pottsville, are also on the county's permanent supportive housing inventory. Three beds are available at 719 North Second Street for consumers affected by a mental health illness, including PATH consumers.

c. Two additional permanent supportive housing units are located at 610 West Market Street in Pottsville. There are three bedrooms available at this location for consumers affected by a mental health illness, including PATH consumers.

d. Three permanent supportive housing units are available for PATH-eligible consumers at 21 South Centre Street in Pottsville. There are three one bedroom apartments available at this location.

e. Three permanent supportive housing units are also available for PATH-eligible consumers at 217 North Second Street in Pottsville. Two of the units are one bedroom apartments and one unit is a two bedroom apartment.

f. A full-time Housing Coordinator assists in many housing matters. The duties of the Housing Coordinator complement PATH services. The Housing Coordinator also supervises the PATH Master Case Manager.

Service Provision –

We will continue to employ one full-time, dedicated case manager in the PATH Program. By using this model, Service Access and Management, Inc. is able to align the PATH Master Case Manager's job description to the PATH goals. Our focus will be case management. Since beginning its administration of PATH in July 2010, Service Access and Management, Inc. has employed one full-time case manager dedicated solely to the PATH Program.

Although there are certain instances where active street outreach outside of the office is beneficial, we have found that we are able to provide more effective and efficient assistance to the PATH population by focusing on case management and serving the many individuals who walk into our office. A strong network of local human service professionals regularly recommends Service Access and Management, Inc. to those in need of housing assistance. So, outreach also occurs as those who are literally homeless seek out Service Access and Management, Inc. instead of Service Access and Management, Inc. searching for the homeless. Street outreach in Schuylkill County has been discussed on numerous occasions with a variety of professionals in human service agencies and other programs.

In August of 2019, Servants to All (the county's only homeless shelter for the general population) became an "Access Point" for the Coordinated Entry program. As an Access Point, homeless or individuals at-risk of homelessness may go directly to Servants to All to be screened in-person for services. The PATH Master Case manager can often meet eligible consumers just minutes after they have been screened by Servants to All.

Our PATH Master Case Manager uses three different strategies to actively seek out individuals who may be in need of housing. The PATH Master Case Manager engages in routine contacts with Safe Haven. Individuals with a mental health diagnosis who are

in a controlled state of crisis are eligible to reside overnight at the Safe Haven program for a limited amount of time. In addition to Safe Haven contacts, the PATH Master Case Manager conducts full day outreach visits one day each week at My Father's House. My Father's House is the county's only general population day program for individuals who are homeless. And, finally, Servants to All is now actively engaged in street outreach. Because of the direct, continuous partnership between Servants to All and Service Access and Management, Inc., the Servants to All street outreach case manager will immediately inform the PATH Master Case Manager of any potential PATH-eligible individuals encountered during outreach.

Aggressive, daily outreach that is conducted literally "on the street" is not a necessity in the Schuylkill County PATH program because, oftentimes, a person who is homeless, or a family member of a person who is homeless, will seek out our PATH Master Case Manager by name. Monica Kissinger's (PATH Master Case Manager) name has become synonymous with homelessness throughout Schuylkill County based on her successful reputation for assisting those who are homeless. We have learned that through our PATH Master Case Manager's networking and reputation, persons who are literally homeless have found us.

During this current fiscal year, from July 1, 2021, through June 30, 2022, we anticipate that more than three hundred (300) potential PATH-eligible individuals will either walk into the Service Access and Management, Inc. office or call the PATH Master Case Manager directly to seek assistance.

Even though the PATH Master Case Manager will not need to be "on the street" conducting daily outreach, the PATH Master Case Manager will engage in other forms of outreach. The outreach may include:

(a) observing and engaging an individual on the street who appears to be homeless

(b) locating a person who has been observed on the street or in a site unfit for human habitation and is reported to be homeless

(c) addressing the availability of PATH services with community agencies and other entities so that they may direct potential PATH enrollees to Service Access and Management, Inc., and

(d) visiting programs that traditionally attract individuals who may be homeless such as soup kitchens, food banks and drop-in centers.

One full-time PATH Master Case Manager will continue to work hand-in-hand with PATH-eligible consumers in assisting them with locating housing and securing other services. The PATH Master Case Manager will do this, directly, through written goals with the PATH consumers.

Service Access and Management, Inc. is perfectly positioned to assist those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing.

a. The primary focus of Service Access and Management, Inc. is mental health case management. There are many well-trained case managers, slong with highly qualified mental health case management supervisors. Service Access and Management, Inc. is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Service Access and Management, Inc. is also a Charter Member of the National Association of Case Managers.

b. Because Service Access and Management, Inc. is funded through the Schuylkill County Mental Health/Developmental Services and Drug & Alcohol Programs, we have a direct and continuous relationship with all County Drug & Alcohol Programs.

c. Service Access and Management, Inc. plays a critical role in Supportive Services for Veterans Families (SSVF). The PATH Supervisor is the county's SSVF Outreach Specialist. In that role, the PATH Supervisor immediately links Veterans with PATH services.

d. Long-term housing opportunities in Schuylkill County are facilitated by Service Access and Management, Inc. PATH-eligible Veterans have the opportunity to reside in one of five permanent supportive housing apartment buildings. These units were developed through program coordination with Block Grant funds, County Mental Health Funds and Reinvestment Funds. Admission into these apartment buildings is initiated by submitting an application to Service Access and Management, Inc. Permanent supportive housing opportunities that are available to assist PATH-eligible Veterans include:

    1. Barefield Plaza, located in Pottsville, is the site of three apartments that have been set aside for individuals with serious mental health illnesses, including PATH consumers. Each of these apartments is a two bedroom apartment.

    2. Two apartments, located at 719 North Second Street, Pottsville, are also on the county's permanent supportive housing inventory. Three beds are available at 719 North Second Street for consumers affected by a mental health illness, including PATH consumers.

    3. Two additional permanent supportive housing units are located at 610 West Market Street in Pottsville. There are three bedrooms available at this location for consumers affected by a mental health illness, including PATH consumers.

4. Three permanent supportive housing units are available for PATH-eligible consumers at 21 South Centre Street in Pottsville. There are three one bedroom apartments available at this location.

5. Three permanent supportive housing units are also available for PATH-eligible consumers at 217 North Second Street in Pottsville. Two of the units are one bedroom apartments and one unit is a two bedroom apartment.

6. A full-time Housing Coordinator assists in many housing matters. The duties of the Housing Coordinator complement PATH services. The Housing Coordinator also supervises the PATH Master Case Manager.

Leveraging of other available funds for PATH consumer services is a real strength of our PATH program. Service Access and Management, Inc. does maximize the use of PATH funds by leveraging other available funds for PATH consumer services.

Leveraged funds are provided in the following ways:

a. PATH consumers often become tenants in our permanent supportive housing apartments. These partnerships were created with real estate developers,

b. The Schuylkill County Mental Health Office provides furniture for PATH consumers who are tenants in the permanent supportive housing apartments.

c. The County provides matching funds for the PATH grant which assist with meeting the total costs of the PATH Master Case Manager.

d. Ancillary County funds for PATH consumers are available for emergency motel and rooming house vouchers, rental subsidy monies and critical household supplies.

e. BHARP Contingency Funds are regularly used to assist PATH consumers with rents, security deposits, arrears and household supplies.

The All-In At-Risk PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) Housing Program provides age appropriate PATH consumers with rental subsidies, security deposits, moving costs, payments of arrears, driver education training, moving costs, furniture, household supplies and monies for identification document application fees for individuals ages 17 through 26.

PATH consumers benefit from Schuylkill Community Action's emergency motel vouchers, ERAP (Emergency Rental Assistance Program) and the Rapid Rehousing program.

Servants to All, a local non-profit that assists the homeless, works closely with PATH consumers. Servants to All operates a day program for the homeless and provides

overnight shelter for men and women. These supports (emergency housing, rental assistance, food, clothing and case management) are available for PATH-eligible consumers.

Many of Schuylkill County's most significant housing gaps have been solved.

Even though Schuylkill County had a shelter for victims of domestic violence, the county was absent a general population homeless shelter. In 2015, a day program shelter for men and women was opened by Servants to All. In 2016, an overnight shelter was added for males. In 2017, after some physical plant modifications to the overnight shelter, beds for women were added to the overnight shelter. On January 1, 2020, overnight housing needs were transferred from the thirteen bed overnight shelter to single room occupancy placements. To further enhance the sheltering of individuals who are homeless, a family shelter option was added during March 2022.

Full access to the Servants to All day program, single room occupancy options, emergency motel placements and the family shelter are readily available to PATH eligible individuals. Because of a very proactive relationship between Service Access and Management, Inc. and Servants to All, PATH eligible individuals are provided seamless services by Servants to All.

Before 2015, we were also limited in how we assisted transition age youth. A grant that was awarded to Service Access and Management, Inc. in August 2015 significantly enhanced our housing services and financial supports to transition age youth who were identified as having a mental health illness. Unfortunately, that funding was exhausted in March 2018. However, as those funds were expiring, we learned that we had received a PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) grant from the Pennsylvania Housing Finance Agency that would allow us to continue our transition age youth housing project.

To further enhance housing options for youth ages 17 through 26 with mental health diagnoses and drug and alcohol addictions, a new PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) grant from the Pennsylvania Housing Finance Agency was implemented in August 2021. The All-In At-Risk PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) Housing Program provides age appropriate PATH consumers with rental subsidies, security deposits, moving costs, payments of arrears, driver education training, moving costs, furniture, household supplies and monies for identification document application fees for individuals ages 17 through 26.

Even though we are able to provide professional support services, rental assistance, furniture, household supplies and other services to transition age youth, we do lack a residential housing program targeted specifically for transition age youth.

There are two Housing Authorities in Schuylkill County – the City of Pottsville Housing Authority and the Schuylkill County Housing Authority. There is a waiting list for

Public Housing in both Housing Authorities. The availability of Housing Choice (Section 8) Vouchers has been improving; however, there is still a gap in the immediate availability of Housing Choice (Section 8) Vouchers.

Other challenges that are found in Schuylkill County include:

a. Limited housing options for persons who are homeless.

b. Limitations for successful prisoner re-entry; however, greatly improving.

c. Some limitations to public transportation.

d. Difficulty in locating apartments that can pass Housing Choice (Section 8) Voucher inspections.

Recently, a greater emphasis has been placed on the range of substance use disorders in Schuylkill County. Mental health and drug and alcohol outpatient providers conduct screenings of all clients for the presence of a co-occurring diagnosis. The presence of a co-occurring diagnosis is always a consideration when mental health and drug and alcohol outpatient providers consider a client's needs. Drug and alcohol non-hospital detoxification and drug and alcohol rehabilitation services are available within the county. Non-hospital and hospital-based treatment services are available outside of the county that include detoxification, rehabilitation, intensive outpatient services, outpatient services and halfway houses.

Pennsylvania Counseling Services is Schuylkill County's co-occurring licensed outpatient provider. Several other drug and alcohol outpatient providers for drug and alcohol abuse are: Clinical Outcomes Group, Inc., Gaudenzia, Lehigh Valley Health/Schuylkill Center, and Visualize Change.

Consumers are also encouraged to utilize Alcoholics Anonymous and other professional support groups.

Currently, our County Drug and Alcohol Program is funded to provide rental subsidies to individuals with drug and alcohol issues. Oftentimes, these individuals are also identified with a serious mental health illness.

The PATH Master Case Manager, through a thorough intake interview, determines the PATH-eligibility of the consumer using the PATH guidelines. If the consumer is willing, an enrollment may be completed the same day, or scheduled for another day depending on the availability of the consumer and PATH Master Case Manager.

When the Service Access and Management, Inc. PATH Master Case Manager meets with a consumer, the consumer's status is discussed including housing, finances,

medical and any other matters related to housing. If the consumer has not yet utilized the 2-1-1 Coordinated Entry System, the consumer is helped to utilize it.

At the time of the enrollment, written documentation of a mental health illness is not required; however, the consumer is informed that a written diagnosis is needed within the timeline provided by the PATH program. During enrollment, eligibility is documented in the PA Homeless Management Information System (PA HMIS). The consumer's intake information is also added to CPR-Web, which is Service Access and Management, Inc.'s comprehensive and secure database.

Even though Service Access and Management, Inc. is not a drug and alcohol facility, there are processes in place to protect all consumer information. During intake into Service Access and Management, Inc.'s PATH program, the consumer is provided documents to notify them of their rights to privacy. This is consistent with all other programs at Service Access and Management, Inc. Consumers learn how their information may be used by supplying them with the HIPAA Notification of Privacy Practices in both English and Spanish (other languages are available upon request). Consumers are provided a copy of the Service Access and Management, Inc. Grievance Procedures in the event that they feel that any of their rights have been violated during their time with Service Access and Management, Inc.

Service Access and Management, Inc. also cooperates with requests from drug and alcohol facilities when those facilities have separate, more specific forms. For example, Pyramid Health Care and Roxbury will request that their forms are also included when partnering on cases.

To ensure that all PATH consumers' information is protected, our PATH Master Case Manager uses only databases that are "secure." HMIS and CPR-Web are considered secure databases.

Service Access and Management, Inc. also has a "release" process for any consumer information that is shared with another agency. The consumer must consent to this release of information by signing a release form. Consumers may withdraw the release at any time, if they choose.

Service Access and Management, Inc. believes in the concept and value of Certified Peer Specialists. Service Access and Management, Inc. employs four (4) Peer Support Specialists.

In Schuylkill County, three providers employ Certified Peer Specialists. PATH consumers may choose one of these three providers of Certified Peer Specialist services in Schuylkill County. Currently, those providers are Culture 2 Culture, ReDCo, and Merakey. Each provider can provide Certified Peer Specialists to PATH consumers.

Certified Peer Specialists can play a key role in helping PATH consumers achieve their goals due to the Certified Peer Specialists "lived experience." Certified Peer Specialists can relate to our PATH consumers on levels that case management cannot. This unique relationship can provide guidance and understanding so that PATH consumers may achieve the best outcomes. PATH consumers receive additional certified professional services that can extend beyond a consumer's time in the PATH program. The experience and relationships gained during someone's time with a Certified Peer Specialist cannot be replaced.

Data –

For almost 10 years, Service Access and Management, Inc. has fully utilized HMIS for PATH data entry. Schuylkill County uses ClientTrack, which is a product of Eccovia.

Service Access and Management, Inc.'s PATH Master Case Manager and Housing Coordinator will continue to participate in new PATH trainings and other valuable PATH Webinars and Conference calls when they become available. All Service Access and Management, Inc. Housing staff are on the HMIS mailing list and receive all notifications of new HMIS required trainings and optional training opportunities. Service Access and Management, Inc.'s PATH Master Case Manager and Housing Coordinator participate in new HMIS trainings and have access to previously conducted trainings that are archived on the PA HMIS website.

In the event that Service Access and Management, Inc. would need to train new staff to use HMIS, there is a library of trainings available within the HMIS (ClientTrack). Trainings are available by PDF documents and are also in recorded webinar form located at http://www.pennsylvaniacoc.org/pahmis/. New staff would be required to complete all trainings relating to PATH and HMIS. Support from HMIS is also offered to help with the training of new staff.

Housing –

Through the work of the LHOT (Local Housing Options Team) and the Service Access and Management, Inc. Housing Department, current strategies are continuously enhanced and new strategies will be pursued. There are a number of strategies in place that provide suitable housing for PATH consumers.

These include:

a. Permanent Supportive Housing (PSH). Through the use of HealthChoices Reinvestment Funds, County Mental Health Base Funds and Block Grant Funds, multiple permanent supportive housing apartments have been developed. Permanent supportive housing beds first became available in June 2012. Currently, nineteen (19) permanent supportive housing beds are available in the City of Pottsville.

b. Housing Contingency Rental Subsidies. Service Access and Management, Inc. receives funding to assist consumers transition into apartments who are homeless or who are at imminent risk of homelessness. Monies are available to subsidize the security deposit, first month's rent (and even a few subsequent months of rent, as necessary) and rents in arrears. This Contingency Funding is often all that is necessary to bridge the gap between homelessness and permanent housing.

c. Housing Contingency Single Room Occupancy (SRO) Payments. Service Access and Management, Inc. receives funding to assist consumers who are homeless or who are at imminent risk of homelessness transition into a single room occupancy unit. While in the SRO, Service Access and Management, Inc. staff will work with the consumer in determining how long the SRO stay appears appropriate and when/where a transition should take place.

d. At-Risk Youth Housing Program. Beginning August 1, 2015, Service Access and Management, Inc. implemented a housing support services program dedicated to assisting transition age youth. The program was funded with Health Choices Reinvestment Funds. The program was scheduled to end June 30, 2017; however, an extension was granted. Eligible transition age youth receive assistance with rental costs, security deposits, moving costs, rents in arrears, furniture purchases, personal identification fees, household supplies and have access to professionals who will assist them with accessing housing and becoming successful tenants. Funding was exhausted in March 2018; however, because of a PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) grant received through the Pennsylvania Housing Finance Agency, the Transition Age Youth Housing Program continued into 2020 – 2021. County Mental Health Base Funds were used to finance the gap between March 2018 and June 2018.

   To further enhance housing options for youth ages 17 through 26 with mental health diagnoses and drug and alcohol addictions, a new PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) grant from the Pennsylvania Housing Finance Agency was implemented in August 2021. The All-In At-Risk PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) Housing Program provides age appropriate PATH consumers with rental subsidies, security deposits, moving costs, payments of arrears, driver education training, moving costs, furniture, household supplies and monies for identification document application fees for individuals ages 17 through 26. This grant also provided for a new position, "Youth Ambassador" which will assist each enrolled consumer before, during and after the housing process.

e. City of Pottsville Housing Authority and the Schuylkill County Housing Authority. The county's two Housing Authorities have become true advocates in addressing the housing needs of persons with mental health illnesses who are

homeless or at imminent risk of homelessness. Service Access and Management, Inc. has established linkages with the Housing Authorities that expedite, to the extent possible, placements in public housing and securing Housing Choice Section 8 vouchers.

The Housing Coordinator at Service Access and Management, Inc. has become a single point of contact with the housing authorities in matters regarding persons with mental health illnesses who are homeless or at imminent risk of homelessness. This single point of contact concept, and Service Access and Management, Inc.'s relationships with the Housing Authorities, has enhanced the services provided by the PATH Master Case Manager.

f. Bridge Housing. The Bridge House Program is a transitional housing program operated by Schuylkill Community Action for residents of Schuylkill County who are homeless or at imminent risk of homelessness. The program serves men, women and children with residency in Bridge Housing limited to three to twelve months. Residents must follow rules, attend programs and participate with case management and goal plans. The PATH Master Case Manager has Bridge Housing as an option that may be pursued when working with PATH consumers. The Housing Coordinator also serves on the Screening Committee for applicants for the Bridge Housing program.

g. Base Funded Motel Vouchers. Service Access and Management, Inc. receives funding to assist consumers who are homeless or who are at imminent risk of homelessness by moving them from the street into a motel as a stop gap measure. There are situations where public housing or permanent supportive housing may be secured as a step after the motel stay.

h. Community Rehabilitative Residence (CRR). In Schuylkill County, there are two Community Rehabilitative Residence sites (CRRs). Service Access and Management, Inc. staff is integral in the placement and monitoring of consumers as they enter and exit the CRRs. The PATH Master Case Manager has regular updates as to the availability of openings in the CRRs should that be an appropriate strategy for a PATH consumer. The PATH Master Case Manager also assists consumers move from the CRRs into more traditional housing.

i. Personal Care Homes. This is a somewhat restrictive housing environment; however, in some cases, this type of housing is necessary to ensure health and safety until the consumer is better prepared for a more independent living arrangement.

j. Servants to All. Servants to All is the County's only 501(c)(3) homeless program and shelter that serves the general population. Beginning November 2015, Servants to All opened My Father's House which has served as a homeless daytime resource center for Schuylkill County. The PATH Master

Case Manager coordinates with My Father's House to screen for PATH eligibility. My Father's House assists with temporary housing, housing searches, food, job searches, clothing, spiritual needs and referrals to other services.

k. Servants to All Overnight Sheltering. Beginning January 1, 2020, Servants to All initiated an overnight sheltering model supported through single room occupancy sites. For individuals who qualify, including PATH consumers, persons who are homeless are offered the option of enrolling in a program that combines a goal oriented day program and emergency housing in a single room occupancy unit.

l. Emergency Rental Assistance Program (ERAP). This program is overseen by Schuylkill Community Action (SCA). The program is funded by monies provided from the Federal CARES Act passed by Congress. Clients who have experienced a financial loss after March 2020 can apply for funding through the ERAP program. PATH consumers are helped to apply for ERAP and are eligible to receive funding for arrears, security deposit, ongoing rent, utilities and other costs approved through the program.

Staff Information –

The Service Access and Management, Inc. Schuylkill County staff, including all management, professional and administrative support staff, totals fifty-six (56). Of this total, forty-nine (49) are females and seven (7) are males. The age range is twenty-three (23) years of age to sixty-four (64) years of age. The staff consists of sixty (55) Caucasians and one (1) Hispanic/Latino.

All Service Access and Management, Inc. staff members are trained to be sensitive to age, gender, disabilities and racial/ethnic differences of consumers. In addition, there are periodic trainings available that address the area of lesbian, gay, bisexual and transgender. Upon employment with our organization, all new staff members complete an intensive New Staff Orientation (NSO). Trainings begin with a Company Overview and presentation of Service Access and Management, Inc.'s Policy and Procedures followed by a De-Escalation/Safety Training (DST) course.

Our staff is required to complete the following trainings:

- Violence in the Workplace – How to Prevent and Defuse for Employees
- Diversity for All Employees
- Suicide Assessment and Intervention
- Defensive Driving For Noncommercial Motorists
- Ethics – What Employees Need to Know

- OSHA/Blood borne Pathogens
- SAM, Inc. – Person Served & Family-Centered Services including People First Language
- SAM, Inc. – Mandated Reporting
- Emergency Action and Fire Prevention
- Sexual Harassment – What Employees Need to Know
- SAM, Inc. – Intro to CARF Standards
- SAM, Inc. – Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH)
- SAM, Inc. – Acceptable Use for Computer Devices – Acknowledgement
- SAM, Inc. – Fraud, Waste & Abuse Training
- SAM, Inc. New Staff Orientation (NSO) – Training Reference Guide: A Comprehensive Guide to Company-Wide Policy (Acknowledgment)

Service Access and Management, Inc. also has an E-Learning site (LMS online trainings) which provides our staff with well over three hundred (300) training opportunities. The E-Learning site has a search feature which allows staff to focus independent/individualized trainings on areas such as "diversity" and "age." Staff members may also request to attend trainings offered outside of the organization.

Service Access and Management, Inc.'s beliefs about cultural competence are described in our organization's annual Cultural Competence and Diversity Plan. That Plan states:

> "Cultural competence and diversity is a critical component in meeting our mission and vision as an organization. This means being aware of and sensitive to the increasingly diverse population that comprises the communities that we serve. It also means developing a working partnership with individuals from a variety of diverse and unique values, beliefs, and practices and providing services and resources which foster and accommodate cultural diversity.
>
> According to the U.S. Department of Health and Human Services, Department of Minority Health, cultural and linguistic competency is "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the

language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989)."

Cultural competency is important because it is, "One of the main ingredients in closing the disparities gap in health care. It's the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes."

Each staff member receives annual training in:

a. Diversity for All Employees

b. Assessing Individual Cultural Competence

In addition, each staff member has on-going electronic access to all company policies. One particular policy that is addressed in training and is available at all times to each staff member is the Language Assistance Policy and Procedure.

Our county employs a 1.0 FTE PATH staff member. That PATH Master Case Manager is not a Certified Peer Specialists or Certified Recovery Specialist.

Client Information –

The most recent PATH annual report provides the demographics of the client population:

AGE

0	17 and under
5	18 – 23 years
13	24 – 30 years
32	31 – 50 years
11	51 – 61 years
3	62 and over
0	don't know
0	refused

GENDER

36	male
28	female

0 transgender from male to female
0 don't know
0 refused

RACE/ETHNICITY

1 American Indian or Alaskan Native
0 Asian
8 Black or African American
0 Native Hawaiian or other Pacific Islander
57 White
0 two or more races
5 don't know
0 refused
7 Hispanic
57 Non-Hispanic

HOUSING STATUS (AT FIRST CONTACT)

3 outdoors (e.g. street, abandoned or public building, automobile)
28 short term shelter
0 long term shelter
39 own or someone else's apartment, room or house
hotel, single room occupancy, boarding house
0 halfway house, residential treatment program,
institution (psychiatric or other hospital, nursing home, etc.)
0 jail or correctional facility
0 other
0 unknown

LENGTH OF TIME LIVING OUTDOORS OR IN SHORT TERM SHELTER AT FIRST CONTACT

2 less than 2 days
22 2 to 30 days
4 31 to 90 days
1 91days to one year
2 over one year
0 unknown

The projected number of adult consumers to be contacted during the 2022 – 2023 fiscal year using PATH funds by the PATH Master Case Manager will be approximately three hundred sixty-five (365). Because Service Access and Management, Inc. either provides or oversees all mental health case management services contracted through Schuylkill County's MH/DS Program, our PATH Master Case Manager will have a sound network

of sources to identify persons who have a mental health illness and who are homeless or at imminent risk of homelessness.

The projected number of adult consumers who have a mental health illness and who are homeless or at imminent risk of homelessness and who will be enrolled by the PATH Master Case Manager will be approximately seventy-two (72).

The percentage of adult consumers to be served with PATH funds and who are projected to be "literally" homeless will be approximately sixty percent (60%) of consumers served with PATH funds.

Consumer Involvement –

1. **Are employed as staff**

   Service Access and Management, Inc. has not developed a tracking system to identify and calculate the number of employees who experienced homelessness and have serious mental illnesses. However, our Human Resource Department can verify that several employees are identified as having a serious mental illness.

2. **Volunteer with provider**

   During the 2022 Unsheltered Point-in-Time Count, Service Access and Management, Inc. served as the managing partner of Schuylkill County's Point-in-Time Count. Four (4) volunteers in the Point-in-Time Count were individuals who were previously homeless and identified as having a serious mental illness.

3. **Serve on governing board**

   Service Access and Management, Inc. is legally managed by the Service Access and Management, Inc. Board of Directors. According to the Board's Bylaws, Section 2.03 states: Twenty-five (25%) percent of the Board of Directors shall be comprised of individuals who use or have used (or member of the families of such individuals), services provided by the Corporation.

4. **Serve on formal advisory board**

   A Peer Specialist serves on the Board of Director's Program Committee.

All Service Access and Management, Inc. staff complete a Person-Served and Family Centered Services training upon employment and, again, annually. Service Access and Management, Inc. staff members receive training on how to complete an Individual Service Plan (ISP) and an Individual Family Service Plan (IFSP). Service Access and Management, Inc. staff members are also trained in the appropriate use of People First Language.

Individuals who are homeless and have serious mental illnesses, along with their family members, will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services in the following ways:

a. Service Access and Management, Inc. is legally managed by the Service Access and Management, Inc. Board of Directors. According to the Board's Bylaws, Section 2.03 states: Twenty-five (25%) percent of the Board of Directors shall be comprised of individuals who use or have used (or member of the families of such individuals), services provided by the Corporation.

b. In addition, a Peer Specialist serves on the Board of Director's Program Committee.

c. The day-to-day operations of Schuylkill County's MH/DS Program are managed through a contractual relationship with Service Access and Management, Inc. The Board of Directors of Schuylkill County's MH/DS Program includes consumer membership.

d. Service Access and Management, Inc. is involved with the local chapter of the National Alliance on Mental Illness (NAMI) on an on-going basis. Consumers participate in NAMI.

e. Service Access and Management, Inc. is a member of the Schuylkill County Recovery Team. The purpose of the Recovery Team is to support the mission of recovery. The partnership includes consumers, family members, providers and interested stakeholders.

f. Service Access and Management, Inc. is a member of the Schuylkill Employment Transformation Committee. This committee is composed of professionals from a variety of arenas and also includes consumers and family members. The committee's purpose is to study and develop initiatives that place value in hiring persons who are disabled.

g. Service Access and Management, Inc. is a member of the Community Support Program (CSP). The CSP membership includes consumers, family members, professionals and community representatives. The CSP, through collaboration of the members, strives to assess the effectiveness of the behavioral health system, decrease stigmas and increase awareness.

h. Service Access and Management, Inc. is a member of the Schuylkill County Forensics Task Force. Membership often includes a peer specialist along with appropriate professionals. The committee focuses on improving service delivery between systems.

i. A mental health consumer is a member of the Service Access and Management, Inc. Program Committee.

j. During the development of the most recent capital project, consumer input was sought regarding the location and amenities of an apartment building that would be selected to be renovated for mental health consumers.

In respect to meaningful evaluation of PATH-funded services, Service Access and Management, Inc. is committed to measuring service impact and demonstrating accountability to various organizational stakeholders in terms of service-specific outcomes. The organization uses an evidence-based process to determine the most meaningful outcomes relative to each service. This process includes identifying an answerable evaluation question and priority, considering stakeholder voice (individuals served, professional staff and payers) in the definition of the issue and service priorities, and combines the best-available literature and evidence to help define or frame the issue or service under consideration, as well as any outcomes being considered.

Using a participatory methodology grounded in evolutionary evaluation, the organization considers a number of factors to identify service outcomes. Those factors include defining the service (including intended population, purpose of the service, and the contexts and boundary conditions associated with the service), the lifecycle of the particular service being offered, the evaluation priorities or questions of interest, and existing research or evaluation evidence in print materials that demonstrate sufficient and appropriate academic rigor. These outcomes are intended to evolve as the service line evolves, which includes reframing or adding new evaluation priorities, as well as engaging in more sophisticated evaluation methodologies such as longitudinal, quasi-experimental, or experimental evaluation designs as, and when, appropriate.

Moreover, Service Access and Management, Inc. believes that people should have input on services and events that affect them. This means emphasizing the importance of consumer voice in the service episode and evaluation of services rendered. Throughout the service episode, consumer-defined strengths and needs are assessed, service goals are established and prioritized based on consumer-defined preferences, and measurable objectives and steps to achievement are expressed in ways that feel comfortable and relevant for the individual in service. The individual who is receiving the service participates in reviews of progress through collaborative documentation and signing of their case notes, and formally asking about an individual's experience while receiving service at the conclusion of the service episode.

To this end, Service Access and Management, Inc. uses an instrument called the *Experience with SAM Scale* (ESS) which measures elements of person-centered care and coordination (shared decision-making, empowerment and activation, and interpersonal support) and asks about general satisfaction with services rendered. This is formally administered at designated service intervals and, although, it is voluntary, it is requested from all service participants.

Based on data collected between July 1, 2019, and December 31, 2019, Service Access and Management, Inc. proudly found that:

- 97% of individuals surveyed indicated that they would continue with, or return to, SAM, Inc. for help if needed;
- 94% of individuals surveyed indicated that they feel SAM, Inc. services helped (or, are helping) them make the changes they want;
- 97% of individuals surveyed indicated that their opinions were taken seriously and that they felt listened to during services; and,
- 94% of individuals rated their overall service episode with SAM, Inc. favorably.

Lastly, Service Access and Management, Inc. welcomes individuals formerly or currently enrolled in service provision to serve on its Board of Directors. These individuals act in an advisory capacity; reviewing evaluation data and helping to drive service decisions in response to evaluation findings.

Alignment with State Comprehensive Mental Health Services Plan –

The State Comprehensive Mental Health Services Plan (Olmstead Plan for Pennsylvania's State Mental Health System) states:

> "Incorporation of "Housing First" approaches. "Housing First" is an approach used in Permanent Supportive Housing programs. It includes creating access to housing with minimal pre-conditions. This enables individuals to achieve recovery while in housing without making engagement in services or treatment as a pre-condition to receiving housing assistance. This "Housing First" approach includes housing funded through the mental health system and the types of housing that can be funded through other systems (such as public housing or subsidized housing). "Housing First" approaches are being implemented in many jurisdictions for people with serious and complex needs including people who are living in segregated housing programs and institutions, and those experiencing chronic homelessness."

Schuylkill County has taken a very aggressive approach in the development of permanent supportive housing. Our first units opened in 2012. We now have nineteen (19) permanent supportive housing beds. PATH consumers are often selected for tenancy in permanent supportive housing.

The State Comprehensive Mental Health Services Plan (Olmstead Plan for Pennsylvania's State Mental Health System) also states:

> "Our progress mirrors the national trend which recognizes that many individuals, who have a disability, including individuals who have a serious and persistent mental illness, can live successfully in the community if they have access to appropriate supports and services."

Schuylkill County's PATH Master Case Manager has dual expertise – in mental health and in housing. With these skills, along with a supportive community, PATH consumers have multiple housing options in the City of Pottsville and surrounding areas including permanent supportive housing, Public Housing and apartments supported through Housing Choice (Section 8) Vouchers.

Other Designated Funds –

Other designated funds are critical to the PATH program. PATH is well-supported by additional funds.

The County of Schuylkill generously provides additional funds that serve PATH consumers. These County Mental Health Base Funds are used to assist PATH consumers in a variety of ways, including:

a. monthly rents
b. security deposits
c. furniture
d. basic household supplies
e. apartment renovations (as capital projects) in partnership with real estate developers
f. emergency motel vouchers
g. rents in arrears

Another critical source of additional funds that serve PATH consumers is Reinvestment Contingency Funds. These funds support PATH consumers in a variety of ways, including:

a. monthly rents
b. security deposits
c. basic household supplies
d. fees for obtaining state issued identification, birth certificate, social security card or other documents required for state and federal housing
e. criminal background and application fees to obtain permanent supportive housing

f. money owed in arrears to a Public Housing Authority in order to become eligible for a Section 8 Housing Choice Voucher or other Project Based Subsidy Housing

g. cleaning and maintenance repairs necessary to pass housing inspections

h. temporary housing costs, for up to six nights, while in transition to permanent supportive housing

PATH consumers are also often supported through the All-In At Risk Youth Housing Program. PATH consumers, who qualify, are assisted in a variety of ways, including:

a. monthly rents

b. security deposits

c. furniture

d. basic household supplies

e. rents in arrears

f. personal identification document costs

g. moving costs

h. driver training costs

On an annual basis, the County Mental Health/Developmental Services and Drug and Alcohol Office provides an allocation to Servants to All, the county's only homeless shelter for the general population, for the sole purpose of assisting individuals with a mental health need and who are homeless. This allocation may be applied to a wide range of costs associated directly with individuals who have a mental health need and who are homeless.

When appropriate, we also partner with other companies and agencies and engage PATH consumers in those services such as ERAP and the Rapid Re-Housing program that is managed by Schuylkill Community Action.

Programmatic and Financial Oversight –

Ultimately, Service Access and Management, Inc.'s PATH program is subject to fiscal audits by local and state auditors.

In addition, the County's Office of Mental Health fiscal staff and administration conduct monthly meetings with Service Access and Management, Inc.'s fiscal staff and administration to review financial history, activity and forecasted expenditures regarding PATH. The County's Office of Mental Health's fiscal staff maintains an ongoing PATH dialogue with Service Access and Management, Inc.'s fiscal staff.

The programmatic integrity of PATH is continuously monitored and supported by Pennsylvania's Department of Human Services. The Human Services Program Specialist,

who is our PATH contact at the Bureau of Policy, Planning, & Program Development, provides regular updates related to PATH. In addition, questions are addressed often through emails or phone calls. Statewide PATH provider conference calls occur on a quarterly basis. Site visits by the Human Services Program Specialist are also scheduled.

Each PATH provider is also required to submit regular budget updates to Pennsylvania's Department of Human Services.

SSI/SSDI Outreach, Access, Recovery (SOAR) –

- **The number of staff trained in SOAR**

  Two of Service Access and Management, Inc.'s staff were trained in SOAR during grant year 2015-2016. Service Access and Management, Inc.'s Housing Coordinator actually served as the county organizer and coordinator with the Commonwealth to ensure that fifteen county human service agency staff enrolled in SOAR training.

- **The number of staff who provided assistance with SI/SSDI applications using the SOAR model**

  Because there is only 1.0 FTE PATH staff, we were unable to provide beginning-to-end comprehensive assistance with SI/SSDI applications using the prescribed SOAR model.

- **The number of consumers assisted through SOAR**

  No consumers were provided beginning-to-end comprehensive assistance with SI/SSDI applications using the prescribed SOAR model. Even though no PATH funded consumers were assisted with a complete SOAR application, trained Service Access and Management, Inc. staff now have a much better understanding of the Social Security application process and are able to apply that knowledge when assisting PATH funded consumers in completing the Social Security application process.

- **Application eligibility results (i.e., approval rate on initial application, average time to approve the application)**

  There is no available data.

  There are currently no staff members solely dedicated to implementing SOAR, part or full-time. There is only one PATH position funded with our $46,421 PATH grant and that PATH Master Case Manager is focused on outreach and case management by assisting the homeless with finding housing. The Service Access and Management, Inc.'s Housing staff and Blended Case Managers do assist with the completion of SSI/SSDI applications. This is accomplished by guiding the consumer through the application process, helping the consumer gather the necessary information and informing the consumer as to how the process works.

The PATH Master Case Manager and Housing Coordinator are on the SOAR email list and receive regular updates about the program and participate in SOAR webinars when possible.

Coordinated Entry –

Service Access and Management, Inc.'s PATH program is engaged and using the Coordinated Entry System that became available January 2018. Service Access and Management, Inc. signed the Coordinated Entry Agreement to use the Coordinated Entry System in the PATH Master Case Manager's region.

Service Access and Management, Inc. has six programs, including the PATH program, that are listed in the Coordinated Entry System that covers the region. This allows anyone utilizing the Coordinated Entry System to be screened and, then, to be immediately referred to the PATH program if they are appropriate. The Service Access and Management, Inc. PATH Master Case Manager receives these referrals via email from the Coordinated Entry System and then contacts the referred individual to begin the intake process.

Service Access and Management, Inc.'s PATH Master Case Manager is also able to assist PATH-eligible individuals by having the PATH-eligible individuals contact the Coordinated Entry System directly. This is accomplished by having PATH-eligible individuals utilize the 2-1-1 phone system. This ensures that every PATH-eligible individuals receives the same thorough screening and appropriate referrals.

The Eastern PA Continuum of Care holds monthly "Community Q By-Name-List Scrubs" meetings. Each provider that participates in the Coordinated Entry System is invited to attend. During the meeting, providers may discuss their recent referrals, difficult cases, issues with the system and more. Typically, representatives from the Collaborative Applicant and DCED are in attendance. Currently, the monthly meeting for the Central Valley Regional Homeless Advisory Board is managed by Chris Kapp.

The Coordinated Entry process is very beneficial to PATH-eligible individuals, but there are some barriers for PATH-eligible individuals, as well. One issue is that the definition of "homeless" for Coordinated Entry follows the strict Housing Urban Development definition, while PATH has a broader definition of homeless. This means that not every PATH-eligible individual who meets the definition of PATH homeless is being placed on the "Community Query By-Name-List." Additionally, those PATH-eligible individuals who are "at risk" of homelessness are not placed on the Community Query By-Name-List due to needing to meet the HUD-defined homeless requirement. To address this, PATH case manager is in daily contact with Servants to All, which is the county 211 referral center.

To address these issues, prior to pandemic restrictions, our PATH Master Case Manager dedicated one full day (usually Friday) to outreach at Servants to All, which has been

an official "Access Point" since August 2019 for the Coordinated Entry program. Our PATH Master Case Manager was able to work directly with our local "Access Point" and often works face-to-face with those PATH-eligible individuals who, minutes ago, received a Coordinated Entry screening. This coordination helps to address PATH-eligible individuals who may not be placed on the Community Query. To enhance the linkage between Coordinated Entry and PATH-eligible individuals, Servants to All staff members monitor Coordinated Entry applicants and connect applicants to the PATH Master Case Manager. We anticipate engaging in this full day outreach once again after pandemic restrictions are fully lifted.

Justice Involved –

Currently, Schuylkill County does not have any Crisis Intervention Teams. Training has been offered by the Family Training and Advocacy Center; however, no police departments have been able to commit to the training. Training opportunities will continue to be offered.

Service Access and Management, Inc.'s PATH program serves many consumers with a criminal history in all types of situations. Service Access and Management, Inc.'s PATH Master Case Manager works with consumers at all points in the criminal justice system process. Often, our PATH Master Case Manager will attend hearings with consumers who have been charged with crimes or who are facing eviction. The PATH Master Case Manager collaborates with the Service Access and Management, Inc. Forensic Case Manager in facilitating future housing needs of prisoners scheduled for release from prison. The PATH Master Case Manager serves as a single point-of-contact for probation and parole officials in respect to soon-to-be released prisoners with housing needs.

Consumers who are in need of health services and enrolled in Service Access and Management, Inc.'s PATH program can work with the PATH Master Case Manager to seek out health services for which they are eligible. Often, health needs are identified during enrollment, and the PATH Master Case Manager may refer or empower the consumer to refer themselves for health services.

While in the community, consumers with a criminal history often have difficulty accessing public housing and other affordable housing due to their previous criminal charges. Service Access and Management, Inc.'s PATH Master Case Manager has established a close relationship with our two public Housing Authorities and is very well-versed on what information is needed to assist consumers with "exceptions" and to address previous charges. This would include a letter of rehabilitation from treatment facilities, letters of completion from probation and parole officials, confirmations of diagnoses and other information that makes their applications more likely to be approved. If the application is denied, the PATH Master Case Manager can help the consumer file an appeal and, again, help the consumer secure documents needed to improve their chances of prevailing at their appeal hearing.

Consumers with a criminal history often have barriers to finding employment. Service Access and Management, Inc.'s PATH Master Case Manager works closely with the local CareerLink office, which is located less than a half-mile from the Service Access and Management, Inc. office. CareerLink is a no-cost service available to PATH consumers that helps them access job opportunities in businesses that employ individuals with criminal backgrounds.

Service Access and Management, Inc.'s Housing Coordinator also sits on the "Screening Committee" of the local Bridge House. On this committee, the Housing Coordinator reviews applicants who may be in the PATH program. The consumers who are reviewed by this committee have previous criminal charges, housing issues and, often, drug and alcohol issues.

Service Access and Management, Inc. is an active member of the County Forensics Task Force that strives to solve criminal justice issues by involving all companies, agencies and governmental services in problem solving. Service Access and Management, Inc. also has the opportunity to provide input and raise issues with the Criminal Justice Advisory Board.

A large percentage of PATH consumers have criminal backgrounds. Oftentimes, the active caseload includes at least seventy-five percent (75%) of consumers with criminal backgrounds.

Our PATH program is actively involved in assisting the PATH eligible prison population. Because of the housing urgency that exists at time of release, PATH eligible prisoners are a priority. Even though PATH is not able to open an individual who is still incarcerated, they may be opened in PATH once they are released from prison. The PATH Master Case Manager must be able to actively work with a PATH enrollee. This level of interaction cannot occur during incarceration. The Service Access and Management, Inc. Forensic Case Manager and PATH Master Case Manager collaborate and discuss prisoners who are scheduled for release from prison but who do not have a home or apartment awaiting them upon release.

Veterans –

The Service Access and Management, Inc. PATH Master Case Manager is supervised by the Housing Coordinator. The Service Access and Management, Inc. Housing Coordinator also dedicates twenty percent (20%) of his working time to the Opportunity House Supportive Services for Veteran Families (SSVF) Program. Because the Housing Coordinator works in the Supportive Services for Veteran Families (SSVF) Program, he attends multiple homeless Veterans' trainings each year at the Lebanon County Veterans' Affairs Office and other locations and is familiar with all Veteran resources in our area.

The PATH Master Case Manager notifies the Housing Coordinator of any Veteran that is contacted through PATH. By involving the Housing Coordinator, the PATH Master Case Manager will be able to help the Veteran access additional services through the Housing

Coordinator, even if the Veteran may not qualify for PATH services. If the needs of the Veteran must be prioritized, the Veteran can be referred to the Housing Coordinator who will complete a full intake into the Opportunity House Supportive Services for Veterans Families (SSVF) Program. The Housing Coordinator has worked with the Opportunity House Supportive Services for Veterans Families Program since 2013, so the Housing Coordinator is very experienced in handling these situations. Once the Veteran is active in the Opportunity House Supportive Services for Veteran Families Program, the Veteran will be eligible for all financial benefits through that program and will be able to be referred directly to Veteran Affairs resources through the Opportunity House Supportive Services for Veteran Families Program. As of 2021, the Opportunity House Supportive Services for Veteran Families Program has added a long-term "Shallow Subsidy" rental assistance program and has hired a "Healthcare Coordinator" which will be available to all referred Veterans.

The PATH Master Case Manager can simultaneously work with the Veteran and discuss other resources available through Service Access and Management, Inc. including any mental health needs the Veteran may have. The PATH Master Case Manager is aware of the unique benefits that Veterans receive in the community, such as access to free replacement birth certificates and a bonus preference point in the Public Housing application process.

Tobacco Policy –

Service Access & Management, Inc.'s tobacco policy is titled: "Safety of Individual's Served and Personnel" and states:

> Smoking, use of tobacco, and/or use of nicotine-enhanced products, such as e-cigarettes are not permitted in any SAM building or any company-owned vehicle, or in any area surrounding the property on which the SAM building is located that is designated as smoke-free.

Health Disparities Impact Statement –

Since assuming the role of PATH provider in Schuylkill County in July 2010, we have integrated the comprehensive disparity trainings and knowledge provided by Service Access and Management, Inc. into the operation of the PATH program. The PATH staff has been sensitive to the culture of Service Access and Management, Inc. in respect to acknowledging and responding to any disparities recognized in the individuals we serve.

In addition, our closest community partner, the Servants to All homeless program, has been invested in a formal study of social determinants among the homeless population since July 2017.

We see complementary threads tying together health disparities and social determinants.

Ultimately, we find that Schuylkill County, in respect to the PATH population and HMIS data, demonstrates few, if any, health disparities. Our county does not serve as a social magnet to draw into the county any specific population that would tend to be labeled under the definition of health disparities. Within the county, we find no evolving sub-population that would be defined as one of a significant health disparity; however, an aging population may eventually be a concern.

The following information was extracted from our PATH HMIS data.

AGE

0	17 and under
5	18 – 23 years
13	24 – 30 years
32	31 – 50 years
11	51 – 61 years
3	62 and over
0	don't know
0	refused

GENDER

36	male
28	female
0	transgender from male to female
0	don't know
0	refused

RACE/ETHNICITY

1	American Indian or Alaskan Native
0	Asian
8	Black or African American
0	Native Hawaiian or other Pacific Islander
57	White
0	two or more races
5	don't know
0	refused
7	Hispanic
57	Non-Hispanic

Currently, there are no direct HMIS questions for the PATH program that reference sexual or gender minority groups. However, our PATH Master Case Manager has recorded all transgender consumers who have enrolled into the PATH Program.

The PATH Master Case Manager expects to serve nineteen (19) YYA during the 2022-2023 fiscal year.

The total amount of PATH funds anticipated to be expended for services for the YYA population during the 2022-2023 fiscal year is $15,329.95, which is twenty-six percent (26%) of the total costs.

Total Federal, State and local PATH funds

$34,816	Federal Allocation
$11,605	State Allocation
$11,691	County Block Grant contribution toward the PATH Budget
$46,421	Grand Total of PATH funds

Total Federal, State and local PATH funds to be expended for the YYA population

$9,052	Federal PATH funds
$3,017	State PATH funds
$3,040	County Block Grant contribution toward the YYA population
$15,109	Grand Total of PATH funds for the YYA population

The primary service that is available to YYA individuals that is funded by PATH is case management and outreach.

The primary source of supplemental funds that are available to serve PATH YYA consumers are Reinvestment Contingency Funds. Another excellent source of funds for those in the 18 through 25 age range are funds available through the PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) Transition Age Youth Housing Program. These funds can support PATH YYA consumers in a variety of ways, including:

a. monthly rents
b. security deposits
c. basic household supplies
d. fees for obtaining state issued identification, birth certificate, social security card or other documents required for state and federal housing

e. criminal background and application fees to obtain permanent supportive housing

f. money owed to a Public Housing Authority in order to become eligible for a Section 8 Housing Choice Voucher or other Project Based Subsidy Housing

g. cleaning and maintenance repairs necessary to pass housing inspections

h. temporary housing costs, for up to six nights, while in transition to permanent supportive housing

i. other arrears

j. moving costs

k. furniture

Another source of funds that can serve PATH YYA consumers are County Mental Health funds. County Mental Health funds may be used to assist PATH YYA consumers in a variety of ways, including:

a. monthly rents

b. security deposits

c. furniture

d. basic household supplies

e. apartment renovations (as capital projects) in partnership with real estate developers

f. emergency motel vouchers

g. rent in arrears

In Schuylkill County, we do not believe that there are disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population. Actually, we believe the contrary is true. Since August 2015, Schuylkill County has invested Reinvestment Funds, Block Grant monies and a PHARE (Pennsylvania Housing Affordability and Rehabilitation Enhancement) Grant from the Pennsylvania Housing Finance Agency to target the 18 through 25 age population. We have committed staff directly to this population and have used our funding sources to assist with:

a. monthly rents

b. security deposits

c. furniture

d. basic household supplies

e. rents in arrears

f. personal identification document costs

g. moving costs

Now that we have learned that the disparate population of Youth and Young Adult (YYA, ages 18-30) is the group currently being targeted, we will expand our focus group from ages 18 through 25 to ages 18 to 30.

Limited English Proficiency –

The most recent census data reports:

> "In Schuylkill County, Pennsylvania, 94.81% of residents speak only English, while 5.19% speak other languages. The non-English language spoken by the largest group is Spanish, which is spoken by 3.00% of the population." (source: US Census 2019 ACS 5-Year Survey [Table S1601])

Even though, statistically, almost ninety-five percent (95%) of PATH consumers speak English, Service Access and Management, Inc. is well-prepared to address the needs of limited English proficient (LEP) persons. With Spanish being the language spoken by the majority of limited English proficient (LEP) persons, Service Access and Management, Inc. is well-equipped to address the needs of that population. Service Access and Management, Inc. employs many individuals who speak Spanish and have developed many forms and other material in Spanish.

Ultimately, no matter what language is spoken by our PATH consumers, Service Access and Management, Inc. has a contract with *Interpretalk* which provides immediate access to interpreters in all languages. Never has the needs of a limited English proficient (LEP) person hampered the delivery of PATH services.

Budget Narrative –

PATH costs include the following:

1. Case management services costs and outreach services costs include wages, FICA, Worker's Compensation and waiver in lieu of company health insurance ($48,778)

   The PATH Master Case Manager will:

   a. Prepare a plan for the provision of community mental health services to eligible homeless individuals and review such plan not less than once every 3 months;

   b. Provide assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial

planning, transportation, habilitation and rehabilitation, prevocational and vocational training, and housing;

c. Provide assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

d. Refer eligible individuals who experience homelessness for such other services as may be appropriate; and

e. Provide representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experience homelessness are receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services;

The PATH Master Case Manager will also provide outreach by seeking out and assisting individuals who do not access traditional services. This will include:

a. face-to-face interactions with literally homeless who live in nontraditional settings such as living on the street,

b. distribution of flyers and other methods of public announcements, and

c. "inreach" as a form of outreach where the PATH Master Case Manager will visit Servants to All (homeless shelter), food banks, soup kitchens, the Salvation Army and other areas that are frequented by persons who are homeless.

Our PATH Master Case Manager will provide persons who are homeless with linkages to local agency services. To support persons who are homeless as they move into housing, Service Access and Management, Inc.'s PATH Master Case Manager will assist in referring these individuals to supported living programs offered by two local providers.

The PATH Master Case Manager will also measure, track and respond to behavioral health disparities from any subpopulation that may have disparate access to, use of, or outcomes from PATH services.

2. Travel costs ($3,100)

The PATH Master Case Manager will incur travel expenses while working directly with PATH consumers and while conducting outreach activities.

3. Communication costs ($950)

We want the PATH Master Case Manager to be mobile. However, while working in the field, we need the PATH Master Case Manager to be responsive to the immediate needs of consumers, potential consumers, local agencies and outreach sites. A cell phone will make this possible.

4. Indirect costs ($5,283)

   This is the allowable Block Grant rate and includes costs for services such as accounting, insurance and human resources.

PATH Budget for FY 2022-2023

PDX: PA-064 Schuylkill: Service Access and Management, Inc.

Schuylkill County, Pennsylvania

Service Access and Management, Inc.
590 Terry Reiley Way
Pottsville, PA 17901

PATH Intended Use Plan for FY 2022-2023

Category	Total Annual Budget	Percentage of Personnel Costs Funded with PATH Funds (0.7988 FTE)	Federal PATH Funds	State PATH Funds	County Block Grant Funds
EXPENDITURES					
Personnel wages (actual FTE of Case Manager equals 1.0 FTE)	43,640.00	0.7988 FTE	26,146.00	8,715.05	8,779.00
Employer paid benefits including FICA and Worker's Compensation (3,338) and waiver in lieu of health insurance (1,800)	5,138.00	0.7988 FTE	3,079.00	1,026.16	1,034.00
Travel	3,100.00	0.7988 FTE	1,857.00	619.07	624.00
Communication Costs	950.00	0.7988 FTE	569.00	189.72	191.00
Total Direct	52,829.00	0.7988 FTE	31,651.00	10,550.00	10,628.00
Indirect	5,283.00		3,165.00	1,055.00	1,063.00
TOTAL ANNUAL COSTS	**58,112.00**		34,816.00	11,605.00	11,691.00
REVENUE					
Federal PATH Funds	34,816.00				
State PATH Funds	11,605.00				
Additional Block Grant Funds	11,691.00				
TOTAL REVENUE	**58,112.00**				

York County - Bell Socialization Services
160 South George Street
York, PA 17401
Contact: Crystal Ouedraogo
Email Address:

Provider Type: Social service agency
PDX ID: PA-002
State Provider ID: 4202
Contact Phone #: 7178485767

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

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **7/1/2022** to **6/30/2023**

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**0.00**	**0.00**	**0.00**	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
f. Contractual	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	
No Data Available				
h. Construction (non-allowable)				
i. Other	**$ 51,234.00**	**$ 17,078.00**	**$ 68,312.00**	

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

Office: Other (Describe in Comments)	$ 51,234.00	$ 17,078.00	$ 68,312.00	Detailed Bell Socialization budget table and narrative narrative are included in Bell Socialization's IUP.
j. Total Direct Charges (Sum of a-i)	$ 51,234.00	$ 17,078.00	$ 68,312.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	**n/a**
l. Grand Total (Sum of j and k)	$ 51,234.00	$ 17,078.00	$ 68,312.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 40

Estimated Number of Persons to be Enrolled: 25

Estimated Number of Persons to be Contacted who are Literally Homeless: 40

Number staff trained in SOAR in grant year ending in 2021: 0

Number of PATH-funded consumers assisted through SOAR: 0

Bell Socialization Inc.
Path Intended Use Plan- 2022-2023
York/Adams Counties

Local Provider Description
Type of organization: Bell Socialization Services, Inc., Private, Non - Profit

Bell Socialization Services, Inc. is a non-profit provider agency serving persons with mental illness, intellectual disabilities, and those who are homeless. The Supported Housing Program within the Mental Health Department provides services to people with a mental health diagnosis who are either homeless or in need of assistance from community resources offered in York County**.** Including outreach services as defined by PATH, case-management, and referrals for other services and supports, e.g., health care, job training, social rehabilitation and additional housing supports. Clients served range between the ages of **18-80**. The only age requirement is that they be over the age of 18. The services are provided predominately in York City; however, services are not limited to the city, but include all of York County. York County MH/IDD contracts with Bell as a provider for PATH services.

Provider Information:

Bell Socialization Services, Inc.	York County MH/IDD
160 S. George St.	100 W. Market St.
York, Pa 17401	York, Pa 17401

***Provider name as it appears in PDX: Bell Socialization Services**

Indicate the amount of PATH funds the organization will receive.

$51,234 -- federal PATH allocation
$17,078 -- state PATH allocation
$68,312 -- TOTAL ALLOCATION

See attached budget for expenditure breakdown

Collaboration with HUD Continuum of Care
The Program Coordinator and Assistant Director of the Mental Health Department are currently working with York County Continuum of Care PA-512 through the York County Planning Commission and a variety of human service agencies in York County to coordinate services rendered for the homeless, including those with mental illness. Meetings are held once a month and referrals are made and received to assist consumers in housing.

Collaboration with Local Community Organizations

Mental Health:

Linkages among local programs within the community include Intensive Case Management and Case Management offered through the York/Adams MH/IDD Program and Service Access Management. Consumers are referred from all case management units. The PATH Supported Housing Program (SHP) staff work along with Case Management staff by providing the housing component. There is a joint working relationship between PATH Supported Housing Program and case management to ensure continuity of care.

The Supported Housing Program works with agencies providing psychiatric and therapeutic services. These agencies include Bell Socialization Services, Inc. True North, T.W. Ponessa, Pressley Ridge, Family First Health, Pennsylvania Counseling Services, Community Health Center, and Wellspan Behavioral Health). The Supported Housing Program refers consumers to these agencies. The Supported Housing Program works with these agencies in assisting consumers with obtaining medication and other psychiatric services. Supported Housing Program staff will transport consumers to appointments and work closely with psychiatrists and therapists and other program staff in ensuring consumer stabilization.

Emergency Housing:

York County has a number of emergency shelters that are utilized by and coordinate services with the Supported Housing Program. These include: The Bell Family Shelter, Lifepath Christian Ministries, and the domestic violence Access Shelter. Not only can these shelters make referrals to the Supported Housing Program for individuals with mental health issues, often the Supported Housing staff will guide the individuals to these shelters as appropriate in order to get immediate assistance to prevent them from being on the street or in a potential harmful situation. The shelter services staff and the Supported Housing staff have a working relationship to coordinate the best services for the consumers. The Supported Housing Program will then work solely with the consumers, once they leave the shelters, to assure that stabilization continues.

Community Supports:

There are additional community services that provide support to the community and are commonly utilized by the Supported Housing Program. In addition, these agencies can refer consumers to the Supported Housing Program. They include The Next-Door Program within Bell Socialization Services which provides rental assistance, connections to info and resources, professional one-on-one guidance, step-by-step success planning, case management, and in some cases emergency funding for an overnight stay at a motel. Community Progress Council- which provides case management with housing and rental counseling and education. Local food banks, soup kitchens and churches are also utilized by the SHP.

Primary Health:

Local hospitals also work with the Supported Housing Program by referring individuals

(and their families if applicable), for services. The Supported Housing Program staff makes every attempt to meet the referred person(s) while they are in the hospital to help start the housing process prior to their discharge date.

Social/Financial:
The Supported Housing Program works with Mental Health America to assist consumers with gaining a Representative Payee to assist them with financial matters. The SHP also works with the Department of Public Assistance in helping consumers in obtaining medical, cash/or food stamp benefits. The SHP also assists consumers at the Social Security Office to assist with applying for SSI/SSDI benefits. The agency has staff that are SOAR certified.

Employment:
The Supported Housing Program has also developed a working relationship with Vocational Rehabilitation and Oasis House through Bell Socialization Services, Inc. and the Office of Vocational Rehabilitation.

Permanent Housing:
The Supported Housing Program works closely with several management agencies (who offer subsidized apartments for the elderly/handicapped/disabled), realtors, and private landlords in the community. Assistance is given with completing applications for subsidized housing, gathering necessary paperwork, setting up appointments, and assisting individuals with transportation. The program has also established ongoing communications with landlords and realtors.

Further Housing Support:
The Supported Housing Program works closely with other MH department programs. The Supported Housing Program receives referrals from various organizations and agencies that get directed within Supported housing program. The Supported Housing Program staff work with consumers in the residential program when they have met their goals and are ready to move into their own apartment in the community Supported Housing has two respite apartments that available to house individuals who are actively homeless and/or transition into there own apartment.

Service Provision
Path Eligibility:
In the Supported Housing Program, we operate on a case-by-case status when referring individuals to certain programs. Once a need is established through meetings with the consumer and any other necessary referrals are made, then the consumer's information is entered into our HMIS Service Point database where the caseworker will also complete their progress notes, and all demographic information is documented by the Program Coordinator. Supported Housing staff makes the initial contact to these providers and attends first appointment and meetings at the consumer's request.

Outreach:
The Program Coordinator and the caseworkers' outreach at local shelters, soup kitchens, and other organizations that service the homeless population. Outreach also includes any face-to-face contact with consumers that link them to services. All outreach is conducted by a PATH funded caseworker. (Outreach has operated on a limited basis due Covid- 19 in the year of 2021 once restrictions are fully lifted. Further Outreach will continue.) Supported Housing Program participate in the annual Point and Time Count. Working with local agencies that promote outreach.

PATH Fund Maximization:
The agency maximizes using PATH funds by providing case management services to clients and trainings to SHP staff. These case management services include aiding in obtaining and coordinating social maintenance services for the eligible homeless, assist with general housing needs of the consumer, making referrals to representative payee services if needed, as well as applying for Social Security benefits, food stamps, and housing and energy assistance. Case Management services are performed by a PATH funded caseworker. Trainings are offered throughout the year based on practicality and usefulness to the staff's job requirements.

Gaps in the current service system**:**
There are currently a few gaps that need to be addressed. First, is the limited staff that are currently in place for the overload of caseloads of individuals living with a mental health diagnosis in need of support services. Second, are the lack of support services offered for the SHP consumers to keep them out of the state and local hospitals and prison. Third, would be the lack of financial assistance that is given for PATH consumers with rent and security deposits that meet their budget requirements.

The fourth gap, previously addressed in prior PATH applications, is that of affordable housing available in the community. Bell Socialization Services, Inc. has taken steps to address this issue with development of three apartment buildings in the city of York. The first being Penn Apartments, consisting of 7 apartments (6 one bedroom and 1 two-bedroom unit) each apartment is rented at 30% of the consumers income. Philadelphia Street apartments consisting of four apartments, these apartments work with Section 8 vouchers. Finally, York Apartments provides eight apartments available to homeless individuals living with mental health challenges. In 2006, Bell started the Transitional Age Apartment Program, which provides four individuals from the ages of 18 to 29 years of age. These apartments are subsidized at 30% of the consumer's income. All of the above-mentioned apartments also include outreach services provided by the Supported Housing Program.

The final gap currently affecting the disbursement of effective housing services revolves around the sex offender population; these individuals are essentially prohibited from securing housing because they are unable to reside near minors. Clearly, most available rental units fall under this designation, making it virtually impossible to house these individuals. As a result, these individuals are more prone to itinerant living and/or homelessness; often, this type of living situation leads to recidivism.

Co-occurring:
Supported Housing staff continue to work with dual diagnosis facilities such as True North, White Deer Run, and Wellspan Behavioral Health. Caseworkers with Supported Housing general work with Wellspan Behavioral Health due to the establish relationship with the psychiatrist, therapist, and nurses. Consumers attend group meetings with their peers to address the stressor, concerns and progress when dealing with both mental illness and drug addiction. Services available for consumers who have both serious mental illness and substance use disorder are given information about available community resources. These resources include York/Adams Drug and Alcohol Program, York Hospital Counseling and Education Services, Alcoholics and Narcotics Anonymous and a local Dual Diagnosis group that meet weekly. In addition, the SHP staff has a working relationship with York County's Drug and Alcohol Case Management.

42 CFR Part 2:
Currently our agency is not required to follow 42 CFR Part 2 regulations.

Criminal Justice:
The Supported Housing Program does not discriminate to those who have a criminal justice history. The caseworkers currently refer, engage, and collaborate with York County Probation office to better serve those who have a criminal justice background. Collaboration with MH/IDD Blended case management who also coordinates with York County Prison in providing referrals. The agency participates in the York City Reentry Coalition that helps provide services to people incarcerated.

Data
The Supported Housing program along with the York County Planning Commission continues to document data in HMIS and works closely with the HMIS provider to implement the new PATH/HMIS system requirements. The Supported Housing program, Program Coordinator currently participates in York County Coalition on Homelessness.

The Supported housing program currently utilizes the HMIS system to enter and track housing data, to “collect the most accurate and representative information on individuals and families who experience homelessness.” The HMIS System is funded by the York County Planning Commission as part of the Continuum of Care initiative to end homelessness. Training and supports are provided by the York County Planning Commission. The York County Planning Commission also provides new HMIS users a reference manual explaining how to properly use the system. The HMIS administrator administers the manual to the new users as needed.

HMIS Administrator: Kelly Blechertas
Program Reporting Specialist-York Planning Commission
28 E. Market St. York, Pa 17403

Alignment with PATH Goals
Supported Housing program has developed program goals to outreach homeless individuals at local shelters, libraries, individual businesses, and soup kitchens. We also provide outreach services at Bell Socialization's drop-in center, where individuals frequently drop in to socialize, make phone calls, and receive support from staff.

Alignment with State Mental Health Services Plan
Currently SHP Program Coordinator has developed and implemented an emergency response fact sheet to give to consumers in our program. Caseworker will review emergency response knowledge with the consumer on a quarterly basis to ensure that consumers are aware of emergency exit plans, emergency numbers and nearest shelter facilities in case of weather or nuclear disaster.

A goal for Supported Housing Program is to continue to provide support to homeless individuals and help them obtain and maintain safe and affordable housing within their community. To continue to educate staff, the Program Coordinator participates in several committees to address the housing need for homeless individuals the York County area. Services available for consumers who have serious mental illness, literally homeless, and chronically homeless are given information about available community resources, such as local soup kitchens, shelters, rental assistance programs, and mental health outpatient services. In addition, the SHP staff has a working relationship with York County Coalition on Homelessness, York County COC, MH/IDD, York Housing Authority, Community Progress Council, Lifepath Christian Ministries, and the Women and Family Shelter among other services these providers also assist with the homeless population.

Other Designated Funds
Currently Bell Socialization Services, Inc.; Supported Housing PATH Program does not receive funds from Mental Health Block Grant nor Substance Abuse Block Grant.

PATH funds are dispersed to York County MH/IDD, which are then dispersed to Bell Socialization Services. On an annual basis, the budget is reviewed, and reports are developed and submitted to York County MH/IDD. The Director and Assistant Director of Finance from Bell Socialization Services, Inc. monitor the PATH funds that are given to the agency. Budget review of the PATH funds are completed annually.

SSI/SSDI Outreach, Access, Recovery (SOAR)
The Program Coordinator plans on providing guidance and assisting the caseworkers in completing and tracking the outcomes online through the OAT system. Once all the caseworkers have been certified, the caseworkers will use the SOAR model to complete SSI/SSDI applications. Currently none of the PATH supported caseworkers have completed any applications using the SOAR model. Within the Bell Socialization services, Inc. agency there are employee certified in SOAR.

Housing
The PATH supported housing caseworkers have established working relationships with local landlords and property management companies. The Supported Housing Program: Program Coordinator also participates in monthly Continuum of Care meetings to end homelessness in York County. SHP staff also links and makes referrals to other community service providers as needed (i.e., social, and vocational rehabilitation services, therapy services, adult basic education, etc.). The SHP also assists consumers in accessing community housing-related services.

- Providers frequently used by PATH program:
- Dutch Kitchen (provides 59 single occupancy rooms)
- Penn Apartments (provides 7 subsidized apartments and support staff)
- York Apartments (provides 8 apartments that are subsidized for homeless individuals living with mental health along with support staff)
- E. Philadelphia St. Apartments (provides 4 low-income apartments for the mentally ill)
- Delphia Management Corporation (provides subsidized housing)
- York Housing Authority (provides subsidized housing)
- Transitional Age Apartments (provides transitional housing for 4 individuals between the ages of 18 – 29 years of age)
- Lifepath Christian Ministries, Adams County Rescue Mission, and the York County YMCA. These three community partners offer emergency shelter and subsidized rents for individuals.

Coordinated Entry
Currently, the PATH SHP does engage with the local coordinated entry system. The York City/County Continuum of Care Coordinated Entry System is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, objectively assessed for, referred, and connected to housing and assistance based on their strengths and needs. Pathways to Home goals are to: improve coordinated care for and services to homeless persons in York County, create a unified, community-wide, prioritized waiting list for housing services, create an objective referral process that requires only one assessment that can house consumers with the most pressing needs as quickly as possible, and finally shift from an overall approach of “first come, first serve” to serving those with the most severe needs first.

York County Planning Commission will manage the coordination of the Coordinated Entry implementation, with the help of the Coordinated Entry Planning Committee and prioritization & Referral committee, both under the umbrella of the CoC. YCPC will coordinate the inclusion of additional "phases" of providers into the Coordinated Entry system. YCPC will maintain the prioritized waiting list and monitor the entry of assessment data into HMIS.YCPC will provide initial and periodic training updates to core Agency staff on the Coordinated Entry process, with the expectation that the Agency will take responsibility for conveying this information to all appropriate Agency staff.

The SHP Program Coordinator participates weekly in the Coordinated Entry call to discuss current individuals on the homeless queue. The agency has caseworkers trained to do VISPDATS assessment.

CoC's assessment/prioritization process produces only one barrier to housing/treatment for PATH-eligible consumers. The only barrier is that the time that it takes to find, approve, and designate a particular housing option for those who are in an emergency housing situation can sometimes be lengthy due to the lack of affordable housing options for those with little or no income. Typically, the shelters in the county are filled daily in which alternative housing options are needed quickly.

Justice Involved

Bell Socialization is aware of the challenges when assisting individuals who are homeless and have either drug and alcohol history and/or criminal history. Currently Bell Socializations works with specific programs that work to assist individuals who have a criminal history. Once an individual is approved for PATH and may have a criminal history; the caseworker will coordinate services with York County Probation or State Parole to ensure that the individuals recidivism rate remains as low as possible. Currently it is estimated that we provide service about 20% of consumers who have some type of criminal history. CIT trained officers are currently being implemented in York County as of 2018. These CIT trained officers have received positive feedback from consumers and agency staff who use their services on a frequent basis.

Veterans

Bell Socialization services inc. has establish a working relationship with York Veteran Affairs. Including a developed project called: The Higher Standards Project. The Higher Standard Project was an established program for Veterans that was coordinated by our staff. Unfortunately, the project was closed in January 2020. The Supported Housing Program coordinator is part of York County Coalition on Homelessness committee that meets and reports monthly pertaining to the Veteran population.

Tobacco Use Policy

POLICY STATEMENT:
It is the intent of Bell Socialization Services Inc. to provide all its consumers, clients, and staff with a healthy work environment.
PROCEDURES:
1. Bell will not tolerate smoking/vaping or other use of tobacco in any of its premises or in any of its vehicles, by either consumers or staff, except in designated areas.
2. In residential settings, to ensure the healthy environment of other consumers, smoking/vaping will be done outside of the building or in designated areas.

Staff Information
The Supported Housing staff is representative of the culturally diverse population of the service area. Currently there are 2 African Americans, 2 Caucasian, and 1 latino staff. Staff that directly works with PATH consumers consist of 1 African Americans and 1 Caucasian individuals. One PATH funded caseworker is fulltime, and the other PATH funded caseworker works part-time. One SHP staff member is bi-lingual (English/Spanish). The Supported Housing Program works with Sendero, the Latino social rehabilitation program of Bell Socialization Services, Inc. and is sensitive to the varying needs of a culturally diverse population. Trainings are offered monthly to remain aware of cultural diversities of the community we serve.

Trainings are presented by members of the community and address topics such as Veterans Affairs, Jewish Cultural, Hispanic/Latino Cultural, African American, and Native American Cultural. Referrals are also made from The Spanish American Center to SHP. A bi-annual survey is conducted for SHP consumers to both solicit feedback on quality of the services received and ideas for improvement. By implementing cultural diversity trainings monthly and ensuring our staff represents a culturally diverse population, the SHP can avoid pitfalls which contribute to our program's success. Currently, the Supported Housing Program Coordinator is the only staff member that is a Certified Recovery Specialist. The agency has become part of the welcoming working place with the Economic Alliance. Providing diversity, economic and inclusivity.

Client Information
In recent past we serviced 15 individuals in our PATH Program. Currently within Path program they 100% house. Using case management for support services. Of the population that are in the PATH Program. All PATH individual enrolled in the program has a Mental Health Diagnosis.

To date we currently are providing services to 15 individuals. We continue to strive to reach our goals to service more individuals who meet PATH requirements. Our estimated number of contacts will be 100 individuals and screen for 40 individuals. We intend to enroll for services will be 25 individuals on a regular basis during 2022-2023. In 2021-2022 we had funding inadequacies and we needed to reduce the services.

Consumer Involvement

There are currently consumers sitting in on the Continuum of Care meetings to try to focus services on the target populations. Family members are encouraged to participate in the planning and implantation of consumer services and program goals. The SHP works with Consumer Satisfaction Program as well as The National Alliance for the Mentally Ill to provide consumers with information and empowerment to maintain independence and housing opportunities. A Bi-annually survey is conducted for SHP consumers to both solicit feedback on quality of the services received and ideas for improvement. Consumers currently assist with new-hire trainings and goal planning within the agency. Consumers are encouraged to participate in both competitive employment and volunteer opportunities within the agency.

Health Disparities Impact Statement

In most recent history, our PATH program serviced 71% of consumers who are between the ages of 18-30. Currently we service 15 PATH individuals. Currently PATH funds are geared towards case management. Currently Supported Housing caseworkers assist our Young Adult Program consumers and obtaining skills and knowledge that they have not learned being connected to other resources and services. In doing so, consumers with the help of the caseworkers have been able to further their independence by teaching them budgeting skills, cooking (as needed), daily living, medication management and linkage with vocational opportunities. Currently, our Supported Housing program receives no extra funds to support TAY consumers. Currently consumers in our Young Adult Program are supported by an Occupancy Coordinator who serves as a landlord for the program. The consumer has access and opportunities provide by another program within the agency.

Another sub-population to consider is the elderly community growing amongst our mental health community. Many of our consumers that work with Supported Housing staff are growing in age and our phasing out of our services at some point met qualifications within our program. These consumers have grown to need more services and wellness care within their home and lives. They no longer meet the independence spectrum of some of our housing programs, including PATH services.

Limited English Proficiency

PATH caseworkers attempt to identify disparities and advocate for the best healthcare available for the consumer. PATH staff has developed relationships with community partners and referrals are made by PATH staff to ensure appropriate continuity of care. Trainings are presented by members of the community and address topics such as Veterans Affairs, Jewish Cultural, Hispanic/Latino Cultural, African American, and

Native American Cultural. Referrals are also made from The Spanish American Center to SHP. The Supported Housing staff is responsive and sensitive to the culturally diverse population of the service area. Language barriers are addressed at the initial assessment and enrollment into the PATH program. If a need is identified; referrals or translation needs are handled accordingly to ensure appropriate in-language primary care services.

2022-2023 PATH IUP Budget and Narrative
Bell Socialization Services

Budget Narrative –

Allocated funds for York County 2022-2023 are as follows:

$51,234 -- federal PATH allocation
$17,078 -- state PATH allocation
$68,312 -- TOTAL ALLOCATION

All Path funds are used for 1.5 Case Manager Salaries and benefits. Funding covers 100% of the salaries for the positions and 92% of the benefits being paid by Bell for these positions. However, even at 100%, the salaries for the case managers remain below average for the York/Adams County area. Funding covers 97% of the total salaries and benefits for 1.5 Case Managers. Note: Previously we had 2.5 case workers but were unable to sustain 2.5 staff with the current funding.

Personnel Salaries:

Funding of $40,436 is being requested to provide for the full salary of 1.5 MH Housing Case Managers. These positions will be located in the Bell Socialization Services' Mental Health Department at 160 S George St in York, PA. The Mental Health Department's work concentration is to increase and create housing resources in the county for homeless or at imminent risk of homelessness persons with serious mental illness.

Fringe Benefits:

Funding of $27,876 is being requested to be applied towards the full-time fringe benefits for 1.5 MH Housing Case Managers. Full cost of Fringe benefits includes the following:

- FICA 7.65% $ 3,093
- Health insurance $22,000
- Dental, Vision, EAP 2% $ 1,213
- Unemployment Insurance 1% $ 404
- Workman's Comp 2% $ 1,213
- Retirement 6% $ 2,427
- Total request for benefits $30,350

Total requested funding for Salaries & Benefits is $68,312.

BELL SOCIALIZATION BUDGET
Supported Housing - County PATH Program
FY 2022-2023 Budget

PERSONNEL Position	**Annual Salary**	**PATH-funded FTE**	**PATH-funded salary**	**TOTAL**
Case Manager	$26,437	1.0	$26,437	$26,437
Case Manager	$27,997	.5	$13,999	$13,999
sub-total	**$54,434**		**$40,436**	**$40,436**
FRINGE BENEFITS Position				
FICA Tax	$ 3,093			$ 3,093
Health Insurance	$22,000			$22,000
Dental, Vision, EAP	$ 1,213			$ 1,213
Unemployment	$ 404			$ 404
Workman's Comp	$ 1,213			$ 1,165
Retirement	$ 2,426			$ 0
sub-total	**$30,350**			**$27,876**
TRAVEL				
sub-total				
SUPPLIES/EQUIPMENT				
sub-total				
Total PATH Budget	**$84,784**			**$68,312**

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	Pennsylvania follows the definition for an Individual Experiencing Homelessness as provided under the PHS Act, Section 330(h)(5)(A) for its simplicity of statement and expansiveness of meaning. This section states: "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing."
Imminent Risk of Becoming Homeless:	Many individuals may fit within a categorical description of At Risk of Homelessness, but narrowing the list as published in the Emergency Solutions Grants, to define Imminent Risk Of Homelessness brings us to consider what further erodes an individual or family's ability to remain independent in the community. Describing increased tenuousness, the U.S. Interagency Council on Homelessness defines Imminent Risk of Homelessness as individuals or families, 1) whose residence will be lost within 14 days; 2) that no subsequent residence has been identified, and 3) who lack the resources or support networks to obtain permanent housing.
Serious Mental Illness:	Serious Mental Illness applies to adults 18 years old and over who currently, or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria, that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.
Co-occurring Disorders:	Refers to individuals who have any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or as adapted to subsequent editions.

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

III. State Level Information

B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

2021 PA Collaboration

Introduction

Point-In-Time Counts in the years leading up to 2020 were trending up in numbers of those experiencing homelessness. The Point-In-Time count number for 2019 was 13,512 counted homeless people in Pennsylvania and 2,570 total homeless persons counted throughout the two Balance of State counties of the Commonwealth, 76% of which were adults and the balance were children. 14% were unsheltered. 2020-21 counts of unsheltered homeless individuals were deeply affected by the advent of COVID and the continuation of the pandemic over the previous 2 years. Current counts mainly represent those using shelters. According to the HUD's 2021 Annual Homeless Assessment Report to Congress Pennsylvania saw a significant decrease in the availability of shelter beds and an overall decrease of sheltered individuals by 18.7%. It is hard to know at the present time, how much of this is due to affective interventions in the larger metropolitan areas moving people into different kinds of housing options and during the pandemic, how much might be due to the use of alternative arrangements in efforts to keep people in single units like hotels and motels to keep people safer through this period.

Collaboration throughout this time was reported by counties in their annual county plans of many people and agencies working together, including county housing specialists, county offices of mental health and intellectual disability, drug and alcohol, aging to mention a few, as well as DCED and community stakeholders.

Consolidated Plan

DCED continues to coordinate housing efforts for the State and serve as the lead agency for PA's Consolidated Plan for Housing and Community Development application to the U.S. Department of Housing and Urban Development (HUD) for federal funding to support various community development programs.

The Consolidated Plan identifies the housing, community development, homelessness, public service, and economic development needs of the non-entitled municipalities of the Commonwealth. It establishes goals and objectives in addressing those needs and charts the course for expenditure of housing and community development funds over a period of five years in resolving the needs. The current period expires in 2023.

The Consolidated Plan for the Commonwealth of Pennsylvania (Consolidated Plan) details the efforts of the Commonwealth in addressing the housing, community, homeless and economic development needs of its constituents, with specific focus on extremely low-, low-, and moderate-income persons and communities.

The Consolidated Plan is intended to outline the goals, strategies, and resources to be utilized in addressing those needs as well as related information on performance in realizing these goals. The current Consolidated Plan is developed for a five-year period encompassing Fiscal Years of 2019 through 2023. This document also includes the Commonwealth's Action Plan for Federal Fiscal Year (FFY) 2019 and the program year that began on January 1, 2019.

DCED also administers Emergency Solutions grant funds that support homeless services and facilities across Pennsylvania. Priority is given to the non-entitlement municipalities of the state, all areas may apply for funding. During 2011 (Second Allocation) – 2013 program year the ESG funding was awarded to 36 rapid rehousing programs, 13 homeless prevention programs, 27 shelters and one outreach program throughout the state. Additional services and facilities are funded directly by the direct entitlement jurisdictions with their own ESG funding.

HUD's Continuum of Care (CoC) program funds services and programs across Pennsylvania as well and DCED is the Collaborative Applicant for the four Balance of State CoCs, though not involved in the decision-making process for these funds. Many of these services and facilities coordinate or assist with those funded with ESG. In addition to the federal funding, the Commonwealth has a number of programs through the Department of Human Services to aid in addressing the needs of the Homeless. The ones most often leveraged with ESG funding in Pennsylvania Transition to HOME program (PATH), Housing Assistance Program (HAP), and State Opioid Response (SOR).

Counties/joinders receiving funds for Projects for Assistance in Transition from Homelessness (PATH) are all participating in their respective CoCs, Regional Housing Advisory Committees (RHACs), and often are also ESG recipients. Thus, PATH providers are included in DCED's efforts to eradicate homelessness in PA.

Consultation for Assessing Needs

In developing the Consolidated Plan, DCED uses its broad consultation and public participation process in assessing the needs of the state, especially in the non-entitled area of the CDBG program, as well as proposing changes in its administration of the federal programs. That process uses the regional and statewide meetings, web-based forums, provide online public hearings, conventional notices directly to interested parties and making the document available on DCED's website at: https://dced.pa.gov/housing-anddevelopment/consolidated-plan-annual-plans-reports/. All meetings are open to the public and follow Sunshine Act requirements and notices are sent electronically across the state to many organizations and community groups.

In the planning for this document the Commonwealth continued the use of the statewide needs assessment, started in 2014, asking residents, local government officials, grantees, business and community leaders, housing and shelter providers their input as to their areas' needs in housing, homelessness, community development and economic development. These responses were used in the development of the priorities found in the Plan.

The Commonwealth conducted six (6) Regional Housing Advisory Committee (RHAC) meetings to determine the needs of their regions. The RHACs met in August/September 2018 and reviewed the Needs Survey performed by DCED in the Spring of 2018 and analyzed the information to determine the direction of programs in their regions. The RHACs are established by Pennsylvania Act 172 of 1990 which identifies its composition of state grantees, housing officials and developers, non-profit organizations, the Continuum of Care Chairpersons of each region and the DCED regional office directors.

The Pennsylvania Housing Advisory Committee (PHAC), also established by Act 172 as the planning agency for the development of the Consolidated Plan, met in October 2018. The PHAC is comprised of state agency representatives, members of the Pennsylvania legislature as well as members of statewide non-profit and for-profit organizations, human service and housing development organizations, and RHAC chairs. The agenda consisted of the presentation of the 2018 Statewide Needs Survey, the 2017 CAPER, and reports from the six (6) RHAC Chairs on the needs of their regions. Discussion was then held on how best to address the needs of the regions and how can the federal programs assist.

Coordination of Stakeholders

DCED enhances coordination between public and assisted housing providers and private and governmental health, mental health and service agencies. The Commonwealth utilizes two committees to enhance coordination between the various categories of stakeholders. The first is through the Regional Housing Advisory Committees (RHACs). Membership of these committees is approved by the Secretary of DCED and its members are chosen from the housing, homelessness, developer, community development and non-profit areas of the six regions of DCED. These are the Northwest, Southwest, Central, Northeast, Lehigh Valley and Southeast. (See Appendix A for a map of the regions). These committees meet at least annually to discuss the previous year's CAPER, discuss issues in their respective regions in terms of housing, community development, homelessness, economic development and public services and provide a forum for further discussion on these specific topics. These committees also have as members of the Balance of State Continuum of Care that represents that region. This helps provide coordination between the State's 16 CoCs and the Commonwealth.

The second group that provides input into the plan is the Pennsylvania Housing Advisory Committee (PHAC). The PHAC's membership includes the Secretaries of the Departments of Community and Economic Development, Aging, Health, Public Welfare, Labor and Industry, representatives from the State House of Representatives and the State Senate, and the executive directors of Pennsylvania Housing Finance Agency (PHFA), and the Human Relations Commission, chairpersons of the Regional Housing Advisory Committees, representatives from county government, for-profit housing providers, housing and redevelopment authorities, organized labor, for-profit and non-profit providers of technical assistance, and social service providers. The chairmen of the RHACs are also members and provide the regional needs to the committee at their annual meeting. Appointments to the committee are made by the Governor and Senate and House Caucus leaders.

DCED also hosts the Community Development and Housing (CD&H) Advisory Committee as a means to coordinate with units of general local government in the implementation of the Consolidated Plan. The CD&H Advisory committee is made up of two representatives of each state organization of local governments responsible for administration of the CDBG, HOME or ESG programs. Advisory organizations include appointees of the County Commissioners Association, PA Association of Township Supervisors, PA Association of Township Commissioners, Pennsylvania Municipal League (League of Cities), PA Boroughs Association, and PA Association of Housing and Redevelopment Authorities. DCED also utilizes the 3-year

plans submitted by each of its CDBG non-entitlement grantees to develop the goals outlined in this Consolidated Plan.

Continuum of Care Coordination

The 16 Continuums of Care (CoCs) across the state of Pennsylvania are the lead organizations who determine the needs of their areas/regions and direct the use of the CoC funding program and coordinate with DCED in the allocation of the Commonwealth's ESG funding. As prescribed by the ESG program regulations, no less than 40% of the state's grant allocation will be allocated to Rapid Rehousing and Homelessness Prevention.

Of the Commonwealth's 16 CoCs, two (2) of these are Balance of State (BoS) covering the non-entitlement areas of the state and some Entitlement areas that have chosen not to establish their own CoC. (See attachment for map of the Commonwealth's Continuums of Care). DCED serves as the Collaborative Applicant and HMIS Lead for the BoS CoCs, so the department is actively coordinating efforts with the CoCs in the needs of the homeless. Each BoS CoC is represented by two chairpersons which have a seat on the PHAC board, where they can discuss housing, public service and community development needs with sectors of the development world.

As Collaborative Applicant for both the Eastern and Western Balance of State CoCs, the state has been actively involved with the CoCs in the development of the priorities, target populations, outcome measures, and evaluation process for the ESG program since the program's change under the Hearth Act in 2012. The ESG priority population ranking meets with both CoCs' prime focus of homelessness funding for the next five years as outlined in each Strategic Plan. (2017 - 2022).

The CoCs are actively involved in the review of the ESG applications by DCED. Applicants are expected to notify their respective CoC of their submission and at review CoC representatives are asked to provide input on the applicant's participation and engagement with the CoC as well as their knowledge of the agency program and consistency with the Continuum Strategic Plan. This review provides points in the evaluation process of the application and prioritizes agencies that are active participants in their local CoC.

DCED through its Balance of State Continuums of Care, have reorganized the governing boards of the CoC which now includes representation of the homeless population on each board. It is hoped through this interaction the Continuums will better assess the needs of the homeless in their regions and incorporate these needs into their own Work Plans, goals and objectives of the CoC and ESG Programs.

The two Pennsylvania Balance of State Continuum of Care (CoCs) meet the needs of 53 Pennsylvania Counties, 33 in the East and 20 in the West of PA. This structure with governing boards and governance charters have allowed for a more unified approach to homelessness based on their regional needs. The CoCs also provide the ability for training and coordination of mandated requirements of the Hearth Act such as coordinated assessment and performance measures, in a cost feasible manner while still allowing the Regional Housing Advisory Boards (RHABs) to retain their autonomy in the handling of local issues. This organizational structure

along with the implementation of coordinated entry has encouraged all segments of the homeless spectrum to be more actively engaged in the CoC.

HMIS

DCED also runs PA the Homeless Management Information System, PA HMIS, which is utilized by 15 of the 24 PATH counties/joinders. All CoCs using the PA HMIS have representatives on the HMIS advisory committee. All Balance of State CoCs have two representatives, along with two entitlement CoCs that use the system, on the committee. There is a HMIS governing board comprised of members of the BoS CoCs, entitlement CoC, HMIS lead (DCED) and other agencies using the HMIS system, such as the US Veteran's Administration and PA Department of Human Services' PATH program, that follow a governance charter, user policies and procedures. The use of the HMIS system has grown and will continue to expand over the next five years due to the implementation of the Coordinated Entry system in 2018. In 2015 the ESG invoicing process transitioned to electronic submission through the HMIS. With the implementation of Coordinated Entry throughout the CoC, more information will be collected in HMIS on households being served. This information provides an opportunity to more thoroughly determine the flow of people through the system, identify gaps, and needs and assess the effectiveness of programs and strategies. This information can be used to set the priorities of the ESG program to assure that the best use of the funds.

Prioritization

DCED has prioritized the use of homeless funding to continue to rapidly rehouse homeless individuals and families in accordance with the funding priority established by HUD. DCED uses a coordinated approach through the coordinated entry process established by the local Continuums of Care, to ensure the homeless crisis response system is easy to access, the needs of the homeless population are quickly identified and assessed, and priority decisions are based on those known needs. DCED follows a Housing First approach by ensuring people experiencing a housing crisis are quickly connected to permanent housing.

DCED has established the following priorities for its use of the 2019 allocation of Emergency Solutions Grant funds for Rapid Rehousing and Homelessness Prevention:

- It is critical that certain subpopulations of households who are already homeless receive priority due to their vulnerability. Therefore, DCED will give greater priority to applications for rapid re-housing of those who are chronically homeless, homeless veterans, homeless families and children, and/or unaccompanied youth.
- DCED will seek to use no less than 40% of its allocation of ESG funds for Rapid Rehousing and Homelessness Prevention (excluding administration and HMIS) but reserves the right to adjust this as the need becomes evident. To ensure this goal is met, applicants requesting rapid rehousing funds will receive a priority.

Pennsylvania's coordinated approach to address homelessness is overseen by an inter-agency body led by the Governor's office in coordination with key state agencies and partners in areas including housing, human services, health, substance abuse, community service, workforce, and corrections. The Homelessness, Housing, and Health Workgroup's goal is to promote and

enhance efforts to streamline data collection and standardization as it relates to homelessness and maximize federal resources in order to streamline state programs and serve more people in more efficient ways.

Through the Homelessness Housing and Health workgroup, special priority has been placed on coordination and collaboration among state agencies and partners to meet the needs of homeless persons including chronically homeless individuals and families, families with children, veteran and their families and unaccompanied youth. As the workgroup's purpose has unfolded over the last two years, attention has been paid to deepening the cross-agency understanding of resources available to assist specific populations. Examples of these cross-agency partnerships have been found in the PA Housing Finance Agency and Department of Human Services partnership under the HUD 811 Program to offer assistance in placement of persons with disabilities and extremely low incomes to live in their community, PHFA/Federal Home Loan Bank Home for Good new $4.5million funding opportunity to address innovative solutions to homelessness identified by Continuums of Care throughout Pennsylvania, Department of Human Service and Department of Drug and Alcohol Programs SOR Grant to address opioid use disorder and housing stability needs of those transitioning from Opioid Use Disorder treatment, multiagency partnerships to address the needs of hard to place persons exiting state prisons, and collaboration among the DCED, state partners and the Department of Military and Veterans Affairs to declare an end to veteran homelessness in PA Balance of State communities.

An outcome of the workgroup is the targeted goals to promote and enhance efforts to streamline data collection and standardization as it relates to homelessness and maximize federal resources in order to streamline state programs and serve more people in more efficient ways. In partnership with the Department of Human Services and other, DCED anticipates further opportunities to streamline data collection to be able best determine how to meet the needs of vulnerable special needs populations.

III. State Level Information

C. Veterans

Narrative Question:

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

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

2022 PA Veterans

OMHSAS continues to encourage and support PATH programs in their service to veterans in need. At the state level the PATH representative participates in monthly Homeless Committee meetings with the Department of Military and Veterans Affairs to share information. At the county level there are connections with veterans' centers that often carry over to the PATH programs. Through these partnerships veteran's organizations can identify and enroll veterans who are homeless. While site visits have been on hold since the pandemic, past experience and review of the intended use plans, the State PATH Contact strongly encourages all PATH providers to continue with special efforts to reach veterans, especially those who are among the unsheltered homeless.

PA PATH entities across Pennsylvania have indicated several services and programs in place for veterans in their IUPs. In more rural areas, there are PATH programs that often found that few veterans would open up and allow themselves to be identified. Many areas are prioritizing persons who are not HUD VA-Supportive Housing eligible, for other resources. Several are participating in collaborations for Supportive Services for Veteran Families Program (SSVF) to provide temporary assistance to veterans during a housing crisis. Veterans programs are aimed at preventing homelessness and improving veteran stability. These services include, but are not limited to outreach, case management, transportation assistance, housing counseling, financial planning, legal services, employment search assistance, life skills training, housing vouchers, temporary financial assistance and assistance with obtaining VA and other public benefits. Aid with accessing MH counseling as well as D&A counseling for individuals is also arranged as needed.

The PA SOAR Program has also been coordinating with both VA Hospitals and SSVF grantees to provide SOAR training for those who directly serve the Veteran population. Lebanon VA had at one point, approximately 24 HUD-VASH Social Workers trained through the SOAR online course. In addition, one of the staff for the Veterans Multi-Service Center attended the SOAR Leadership Academy and is now a local lead providing technical assistance and training to other SSVF grantees. Continued training for VA Hospital staff, statewide is planned.

OMHSAS continues to provide support and leadership through a collaborative and comprehensive approach to increase access to appropriate services, prevent suicide, promote emotional health and reduce homelessness among the veteran population. OMHSAS plans to continue encouraging the use of PATH funding to facilitate PATH-eligible, innovative community-based solutions that foster access to evidence-based prevention, treatment, and recovery support services for military service members, veterans and their families.

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III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

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Footnotes:

2022 PA Alignment with PATH goals

Pennsylvania PATH programs are expected to engage in street outreach to offer support and encourage individuals experiencing homelessness to accept shelter, and case management, as well, to help them with housing and needed health related supports. PATH supports are established in 20 different counties, supporting 34 agencies across the state, serving urban areas, large and small, and rural areas in between. Providers meet with people on the streets, at free meals, shelters, mental health drop-in centers and other locations in which literally homeless adults are found. They also have the ability to receive referrals from other agencies through community partnerships and relationships for individuals at risk of homelessness. County and agency interactions are important to maintain a presence for the PATH programs and through the strength of the relationship building with other agencies and community resources PATH encourages engagement of the hardest to reach participants, to access services with greater consistency.

The prioritization of street outreach and case management is reenforced by the State PATH Contact (SPC) through statewide PATH quarterly calls which review PATH principles and expectations as well as providing assistance through topical presentations on HMIS, data gathering and reporting, service access, housing topics and sharing ideas in the group. In general, about a third of the call is reserved specifically for providers to share information such as tips and methodologies on a variety of areas related to engaging and serving the PATH goals. Guest speakers are often invited to provide additional training on various related topics.

Site visits provide a direct opportunity to examine approaches and issues that come up regarding reaching the PATH target population. Through this engagement, the SPC will discuss potential modifications and note them in the site visit report if needed.

The PA PATH program was fortunate to be able to hold statewide PATH conferences in June of 2017 and again in June of 2021. The 2021 statewide PA PATH conference occurred during the COVID-19 pandemic requiring it to be adapted to a virtual platform to adjust to the health restrictions that arose from the mounting effects of the spread of COVID-19. Vaccinations had only just begun rolling out in earnest beginning in February of 2021 and would take months before the effect would be felt. Topics covered in the 2-day virtual conference covered youth and young adult topics including First Episode Psychosis (FEP), Housing including Landlord negotiations and reasonable accommodation and updates in housing and PATH, topics of concern including the Opioid crisis, and topics where service can assist including Peer Support services and finally, working with HMIS.

As providers participate in U.S. Department of Housing and Urban Development Continuums of Care (CoC), prioritization of those experiencing literal homelessness is highlighted in related coordinated entry efforts. It is worthy of note that several PATH providers serve in leadership roles in Pennsylvania's CoCs.

Also, the Request for Proposals (RFP) that was developed to select new PATH programs in November 2009 and January 2011 was designed to promote programs that serve the literally homeless population. Pennsylvania selects its new PATH programs through a competitive RFP process. The guidelines that were used in 2010-11 to evaluate the PATH proposals gave

significant weight to counties/programs that would provide outreach services to literally homeless individuals. Pennsylvania will continue to use this approach in any PATH RFPs issued in the future.

The SPC plans to continue to provide training and technical assistance to providers as is needed. This is important since many of our providers are located in rural areas where the traditional urban methods of outreach may not yield the desired outcomes.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

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Footnotes:

E. 2022 PA Alignment with Comprehensive State MH Services Plan

State Comprehensive Mental Health Services Plan

The PATH services offered collectively throughout Pennsylvania are aligned with the mental health supports offered through Pennsylvania's comprehensive state mental health service plan. PATH is included in Pennsylvania's Community Mental Health Services Block Grant (CMHSBG), which is also in the service of the Comprehensive Mental Health Services Plan for Pennsylvania. Pennsylvania's mental health planning is reviewed by the State Mental Health Planning Council and the State Plan including Pennsylvania's 1915(b) waiver, is approved by CMS.

PATH providers offer services that supplement existing mainstream mental health efforts in Pennsylvania. Collaboration and coordination between mainstream mental health services and PATH services exists in all counties that currently receive PATH funding. Counties typically manage the behavioral health component much of which is funded through the CMHSBG and most counties participate in the management of the behavioral health component of Medicaid's HealthChoices mandatory managed care program. The counties are at the fulcrum of the delivery of behavioral health services and directing the PATH programs in their respective counties. In addition, the HealthChoices program for both physical health and behavioral health are engaged in quality activities that include value-based purchasing (VPB) and community based care management (CBCM), both with a strong emphasis on the social determinant of health (SDOH), including housing. The SPC conducts regular monitoring activities with the PATH providers and the counties. The SPC has always accentuated the importance of strong collaboration including that which goes beyond the mental health arena and into other relevant systems to incorporate housing, health, and vocation. This is a message that strongly echoes the content and spirit of the New Freedom Commission Report and the mission of PATH.

Pennsylvania's Comprehensive Mental Health Services Plan recognizes those experiencing homelessness or who are at risk of homelessness, as a special population. As such, this group requires specialized attention beyond just simply delivering the general mental health services that exist in all of Pennsylvania's (67) counties. The SPC contributes to Pennsylvania's Mental Health Block Grant and participates in the block grant interviews with monitors at the federal level. Through site visits with the county PATH coordinators, the SPC ensures consistency, coordination and collaboration with existing mental health services.

PATH activities are also coordinated with Pennsylvania's 2019-2023 Consolidated Plan. The Consolidated Plan for the Commonwealth of Pennsylvania (Consolidated Plan) describes the efforts of the Commonwealth in addressing the housing, community, homeless, and economic development needs of its constituents. The Consolidated Plan is intended to outline the goals, strategies and resources to be utilized in addressing those needs as well as related information on performance in realizing these goals. Each year the Commonwealth is required to submit an Annual Action Plan based on the goals of the Consolidated Plan as part of its application process to the HUD.

Consolidated Plan

The Pennsylvania Consolidated Plan (Plan) also recognizes the special needs of the PATH population. The Plan covers the needs of the residents that are not directly funded with HUD funding and is submitted to HUD on a five-year cycle. Although Pennsylvania's Department of Community and Economic Development (DCED) is responsible for the Consolidated Plan, OMHSAS is also involved in its development.

The Plan's major goal is to reduce homelessness for all populations throughout the Commonwealth. To achieve this goal, DCED relies on the actions of 16 CoCs to address the economic, social, and health problems of the homeless populations in their respective regions. The CoC drives the direction of activities to address the homelessness needs. These needs were previously brought forth in the CoC Homelessness Steering Committee.

The CoC Homelessness Steering Committee was restructured with the implementation of local level CoC meetings as the new governing method. Included are the 14 county-based CoCs and 2 regional CoC's, which are collectively known as "Balance of State." The Balance of State covers 53 of Pennsylvania's 67 counties. This includes 33 counties that are part of the Eastern PA CoC, and 20 counties in the Western PA CoC. This process began in the summer of 2014 and as of February 2015, the CoCs officially became Eastern PA CoC- PA 509 and Western PA CoC – PA 601. Each CoC Board has quarterly meetings that are open to "everyone interested in working to prevent and end homelessness. This includes affordable housing providers, landlords, service providers, employers, law enforcement, health care, clergy, philanthropists, and concerned citizens."

The CoC Homeless Steering Committee was slated to meet monthly and include representation from numerous Commonwealth departments that have a vested interest in homelessness. DHS/OMHSAS was an active member of this steering committee. Through OMHSAS' ongoing representation and communication with the CoCs and funding sources, the PATH population and their needs are continually represented in broader planning initiatives.

Urban counties and local PATH providers are encouraged to participate in the development of their local Consolidated Plan, a piece completed by the direct entitlements of HUD. This participation allows for the identification of needs and goals across all systems. One outcome of coordination of providers and OMHAS on the former PA CoC Steering Committee was the establishment of housing specialists in some of the (48) County MH/ID programs. Many of the county PATH contacts also serve as housing specialists or work closely with the housing specialists.

Homelessness Program Coordination Committee/Interagency Council

In approximately 2016, the CoC Homeless Steering Committee morphed into the Homelessness Program Coordination Committee (HPCC), a statewide committee comprised of the public agencies, housing and service providers, and stakeholders of the homeless community, to serve

as the working body for the state's Interagency Council on Homelessness (Pennsylvania Housing Advisory Committee (PHAC). The HPC replaced the previous Homeless Steering Committee in overseeing broader planning responsibilities and coordination of all resources of the state in a manner to best serve the homeless population. The HPC Committee was to identify statewide policies for assisting homeless people, recommend the resources to eradicate homelessness conditions, and propose action steps to the PHAC so the Commonwealth may effectively assist the homeless population in gaining stability and limit its effect on the lives of homeless individuals and families.

The HPC served as the working body to support the efforts of the Pennsylvania Interagency Council on Homelessness, which addresses programs and policies to assist the homeless in PA. DCED and DHS/OMHSAS continue to chair this committee and the State PATH Contact was a member of this team. The HPC was still in transitional stages and intended to meet quarterly. One meeting was conducted. Many changes in DCED staff, partnered with HUD policy and guidance moving away from Emergency Solutions Grants supporting homeless shelters, seems to have halted forward movement of the HPC group.

In 2018, the Governor's office established an informal group called Health, Housing and Homelessness to review higher level policy issues related to its namesake on a statewide level. Their work is to parallel that of the Interagency Council to End Homelessness. The SPC has requested membership in this group and is supported in this endeavor by the Bureau Director of OMHSAS's Bureau of Policy, Planning and Program Development.

Local Housing Option Teams

PA OMHSAS provides technical assistance in formation of LHOTs. Currently, there are 44 LHOTs operating in 54 counties (out of a total of 67 counties in the state). County team membership includes representatives from the County Office of Mental Health, Public Housing Authority and other public and private agencies. The groups meet regularly to plan for increased availability of accessible, affordable housing opportunities for people with mental illness. The major purpose of the LHOT is to bring together the key stakeholders in the community to identify the housing needs of people with disabilities and to take action to meet those needs.

Any local agency that is willing to dedicate time and administrative support to the LHOT may serve as facilitator. In many of the LHOTs, these roles are assumed by the County Mental Health Housing Specialist (who is also usually the county PATH coordinator if the county receives PATH funding). Many of these LHOTS are also involved in their Continuums of Care, thus providing more cooperation between providers and agencies.

Alignment with State Plan to End Homelessness

Previously, Pennsylvania only employed the 2005 Commonwealth-developed "Agenda for Ending Homelessness in Pennsylvania" to govern the work of the Interagency Council and guide the efforts of the Homeless Steering Committee and local Continuums of Care. While there has

been no update to this particular document, other efforts have built upon it for a more comprehensive approach to end homelessness in the state.

The PA General Assembly recognized the need to complete a comprehensive analysis of Pennsylvania's homelessness problem and developed a set of recommendations that would move the Commonwealth toward permanently reducing and eliminating homelessness. In March 2014, House Resolution 550 of 2014 directed the Joint State Government Commission to establish a bipartisan legislative task force and an advisory committee to conduct a study on the occurrence, effects and trends of homelessness in Pennsylvania and to report its findings and recommendations to the House of Representatives. The *Joint State Commission Report on Homelessness in PA – Causes Impacts and Solutions, A Task Force and Advisory Committee Report (HR 550)* was released in April, 2016. The report is attached for your convenience and may be viewed at http://jsg.legis.state.pa.us/publications.cfm?JSPU_PUBLN_ID=447.

Suggestions presented in the document specifically cite the PATH grant and SSI SSDI Outreach Access and Recovery (SOAR) program as resources for addressing homelessness. In addition, PATH employs data collection and application in its Homelessness Management Information System mandate. PA PATH is further consistent with the HR 550 in its provision of services and housing options to specialized subpopulations among those experiencing homelessness or at risk of homelessness including: co-occurring, justice-involved, veterans, and transition-age youth.

Pennsylvania's *"Agenda for Ending Homelessness in Pennsylvania"* is based upon three state-driven strategies that correlate with the HR 550. These strategies outline steps that will occur at both the state and local levels, including:

- Improve coordination between state agencies and promote targeting of resources consistent with the state vision and guiding principles. A central part of the Agenda is to assess the effectiveness of the current state and local housing and human service delivery systems, and to ensure that they support the above vision and guiding principles.

- Foster and support local efforts to end homelessness. Given the size and diversity of the Commonwealth, the health of the local network of homeless housing and service providers is a critical factor in successfully implementing the Agenda for Ending Homelessness in Pennsylvania. Since every region of the state is different, the Plan must be designed to support local participation, while accommodating regional differences. Training and technical assistance are needed to build local capacity, especially in areas of the state where resources are limited.

- Promote recovery-oriented housing and services for homeless individuals with serious mental illness, substance abuse and/or co-occurring disorders. PA OMHSAS has embraced the recovery model for the provision of housing and services to individuals served through the mental health system, including homeless individuals and families. The goals and objectives for preventing and ending chronic and episodic homelessness reflect the state's commitment to the recovery model for all people with serious mental illness.

PA has both state and county level disaster preparedness plans. As an Emergency Medical Technician, the SPC has utilized background in mass casualty incident command, emergency medical services and preparedness planning to guide county providers in including their local emergency management agencies in the development of their individual protocols. In 2015, the SPC attended the PA Disaster Preparedness Summit and continues to acquire additional training from PA Emergency Management Agency and Emergency Medical Services outlets.

The SPC actively participates in all levels of disaster preparedness planning to stay current with protocols. Since the Fall of 2016, the SPC has represented OMHSAS on the evacuation team for Commonwealth Towers, the location of OMHSAS headquarters. By working directly with the OMHSAS Continuity of Operations Plan Coordinators, the SPC presented, built, disseminated and activated the building evacuation plan. Drills are held twice a year with evaluation, discussion and modifications as needed. The SPC was recently appointed to be the OMHSAS Continuity of Operation Planning (COOP) Team Lead.

In addition, the SPC attended the Governor's 2017 and 2018 Emergency Preparedness Summits and was also the OMHSAS lead for the August 2017 2-day Keystone 6 Mass Care Exercise, a training focusing on disaster shelter operation coordination in both Shippensburg, PA and Middletown, PA.

PA OMHSAS provides technical assistance to counties to form Local Housing Option Teams (LHOTs). Currently, 53 counties (out of a total of 67 counties in the state) have formed LHOTs in which representatives from the County Office of Mental Health, Public Housing Authority, and other public and private agencies meet regularly to plan for increased availability of accessible, affordable housing opportunities for people with mental illness. The major purpose of the LHOT is to bring together the key stakeholders in the community to identify the housing needs of people with disabilities and to take action to meet those needs. Most PATH providers participate in their local LHOT programs.

Any local agency that is willing to dedicate time and administrative support to the LHOT may serve as facilitator. In many of the LHOTs these roles are assumed by the County Mental Health Housing Specialist (who is also usually the county PATH coordinator if the county receives PATH funding) from the county department of mental health/intellectual disabilities.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

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

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Footnotes:

F. 2022 PA Process for providing public notice

The completed PATH application is distributed for review and comment both through the PA OMHSAS listserv and on PaRecovery (http://www.parecovery.org/). The application is posted for approximately 10 calendar days. After the response period closes, gathered information is compiled and incorporated into the PATH application as appropriate.

In addition, both the Consolidated Plan and the County Human Service Plans can include PATH in their service plan development for the homeless and seriously mentally ill population. Both provide public notice and allow interested parties, including family members, consumers, the general public as well as mental health, substance abuse, and housing agencies the opportunity to comment and provide recommendations.

The Consolidated Plan is available at each of the 67 County Commissioners' offices, the six regional offices of DCED and Pennsylvania's 28 District Libraries. A summary of the Action Plan is published in the Pennsylvania Bulletin for public comment and public meetings are held to respond to questions and recommendations. The state recently further expanded its broad public participation process for the Consolidated Plan by providing the opportunity for on-line public meetings. The Consolidated Plan Annual review is disseminated in the same manner and contains information on the PATH program.

Proposed PATH activities can also be included in County Human Service plans since PATH funds are allocated to County MH/ID programs by OMHSAS. All County MH/ID programs are required to hold advertised and announced public hearings on their proposed annual plans, and to document the meetings, attendees, and comments received. Stakeholders, including consumers, advocates, and other interested parties, often attend these public hearing forums and use these opportunities to provide comments and raise relevant issues. Also, PATH activities and proposed uses of PATH funds are described in the documents developed for discussion and approval by the members of the Pennsylvania State Mental Health Advisory Committees (Adult, Older adult, and Children's committees), that have the responsibility for development and approval of the Mental Health Services Block Grant application annually. At least 51% of the members on these advisory committees are mental health consumers and family members nominated by representative constituent organizations.

III. State Level Information

G. Programmatic and Financial Oversight

Narrative Question:

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

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Footnotes:

G. 2020 PA Programmatic and Financial Oversight

There are essentially two primary mediums used to provide programmatic and financial oversight of the PATH providers, the State PATH Contact and the County PATH Coordinators.

State PATH Contact (SPC)

Since 2001, Pennsylvania has employed a full-time State PATH Contact. The SPC oversees all activities related to the PATH program. The SPC monitors county MH/ID programs receiving PATH funds, as well as the local programs with which they sub-contract. Monitoring is done through site visits, quarterly plan review and fiscal reporting, quarterly conference calls, technical assistance, ongoing phone and email contacts, etc. In addition to reviewing services and budgets for compliance, the SPC examines program strengths, goals and development of new programs. In June 2017, Pennsylvania also hosted a statewide PATH conference, which will include education, training and collaboration. A new monitoring technique that PA is anticipating employing is the use of webinars with content chosen by PATH providers.

The SPC ensures PATH-funded programs truly understand and reflect the philosophy of service to the SMI homeless population. Site visits are conducted in a very structured manner and typically involve meetings with the County MH/ID Administrator (or designee), the County PATH coordinator, fiscal contact, CEO (or designee) of the contracted PATH agency, agency PATH coordinator and case managers who work with the PATH consumers. Office of Mental Health and Substance Abuse Services (OMHSAS) teams conducting county site visits typically include the State PATH Contact, a representative from the fiscal office and a representative from OMHSAS field offices. In addition to meetings with the county and PATH agency staff, the OMHSAS team interviews consumers, reviews charts and visits other community agencies where PATH consumers receive services. A detailed report is prepared and provided to the county after each site visit. This report includes recommendations and when appropriate, a corrective action plan. The SPC conducts follow-up and monitoring to ensure ongoing compliance.

As a result of the September 2016 Federal PATH Site Visit to Pennsylvania, PA's SCP implemented use of a PATH-specific tab on each county's annual Income and Expenditure Report. This tab calculates funds used under PATH housing categories to determine exact housing expenditures. If a county exceeds the 20% housing max, an alert is generated on the report and does not allow submission without SPC approval. Use of this tool easily demonstrates exact PATH federal funds used for housing.

In April 2016, PA hosted the PA PATH Homeless Management Information System (HMIS) Technical Assistance Conference in State College, PA. Fifty PATH Coordinators, HMIS Directors and members of the OMHSAS management attended. Pivoting on the upcoming SAMHSA deadline for full HMIS implementation of June 30, 2016, the training highlighted everything from SAMHSA's participation policy, goals and expectations of PATH providers, HMIS data standards, elements, and outreach, to the technical topics including physical data entry, system requirements, staff coordination with HMIS directors and using reports for advanced planning and reporting. Clarification on these topics was enhanced by having two of

SAMHSA's Homeless and Housing Resource Network trainers, as well as a representative from ICF, which is a HUD TA provider, facilitate the training. The instructors were able to simultaneously address participant concerns and questions from Continuum of Care and overlapping funding perspectives. In addition, having the HMIS Directors present allowed for immediate intervention from the programming side. Each participant was charged with implementing action steps before the June follow-up phone sessions. Feedback has been overwhelmingly positive with participants citing increased understanding and potential for better, more quantitative, outcomes.

County PATH Coordinators

To further ensure compliance, each county has a County PATH Coordinator. This county position is in place even where the county MH/ID offices sub-contract with other agencies to provide all PATH services. The county PATH coordinators work very closely with the contracted agencies to develop and implement new programs and provide oversight to the existing programs. Thus, Pennsylvania has a two-tiered oversight mechanism, one at the county MH/ID level and another at the State level.

III. State Level Information

H. Selection of PATH Local-Area Providers

Narrative Question:

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

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Footnotes:

H. 2022 Selection of PATH Local-Area Providers

Pennsylvania always allocates a substantial amount of PATH funds to those areas that have the highest concentration of homeless individuals with a serious mental illness. These areas include the more urban and densely populated counties such as Allegheny County (which includes the City of Pittsburgh) and Philadelphia County (which includes the City of Philadelphia) as well as other counties with significant urban centers in the state. While these counties demonstrate a high need, attention is given to the rural counties as well.

PATH funds are allocated by the state to county MH/ID programs on an annual basis. In order to ensure program stability, once a county establishes a PATH program or adds PATH funded services to an existing program, funding to that county is continued as long as compliance with all the PATH requirements are met.

When the PATH grant originally started in 1990, thirteen PA counties were awarded PATH funds based on the reported prevalence of homelessness in PA at that time. Since there were no specific statewide counts, useful statistics that would demonstrate need were not available at that time. National studies and available local data resources around Pennsylvania were what was available to examine homelessness and estimate the number of homeless individuals with a serious mental illness. This combination of data sources provided the basis for the selection of the original thirteen PATH counties that ranked the highest per capita for the presence of individuals who were homeless and had a serious mental illness.

Since then, Pennsylvania added new PATH programs and services using a competitive process requiring responses to issued Requests for Proposal (RFPs). In FY 2009-10, Pennsylvania added five completely new PATH programs in the state. In FY 2010-11, additional funding was received. This time, RFPs were open to both existing as well as new counties/joinders. With the second RFP, two PATH programs were funded in counties that did not previously have a PATH program, while three PATH programs were funded in counties that already had PATH programs (who were able to demonstrate the need for more funding/programs for the PATH population). Since the reduction in PATH funding in FY 2012-2013, the State has not added any additional programs.

Many of the county MH/ID programs that receive PATH grant funds will sub-contract with local providers to offer PATH services. Close coordination is maintained between the OMHSAS State PATH Contact, county PATH coordinators and local PATH providers contracted by the County MH/IDs. The Intended Use Plans (IUPs) provide additional information on the programs provided.

III. State Level Information

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

Narrative Question:

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

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Footnotes:

I. ***Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness*** *– Indicate the number of homeless individuals with serious mental illnesses 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.*

CoCs by REGION	Number of Homeless with SMI - 2020
1. Southeast PA	
Philadelphia County	1,767
Delaware County	24
Montgomery County	88
Bucks County	71
Chester County	68
Total Southeast PA	**2,018**
2. Eastern PA	
Eastern PA CoC (Adams, Bedford, Blair, Bradford, Cambria, Carbon, Centre, Clinton, Columbia, Cumberland, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Lehigh, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming Counties) **Note:** County-level data provided on the next page	280
Berks County	83
Dauphin County	68
Lackawanna County	63
Lancaster County	29
Luzerne County	53
York County	71
Total Eastern PA	**647**
3. Western PA	
Western PA CoC (Armstrong, Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Venango Warren, Washington, and Westmoreland Counties) **Note:** County-level data provided on the next page	177
Allegheny County	257
Beaver County	25
Erie County	88
Total Western PA	**547**
PA TOTAL HOMELESS WITH SERIOUS MENTAL ILLNESS	**3,212**

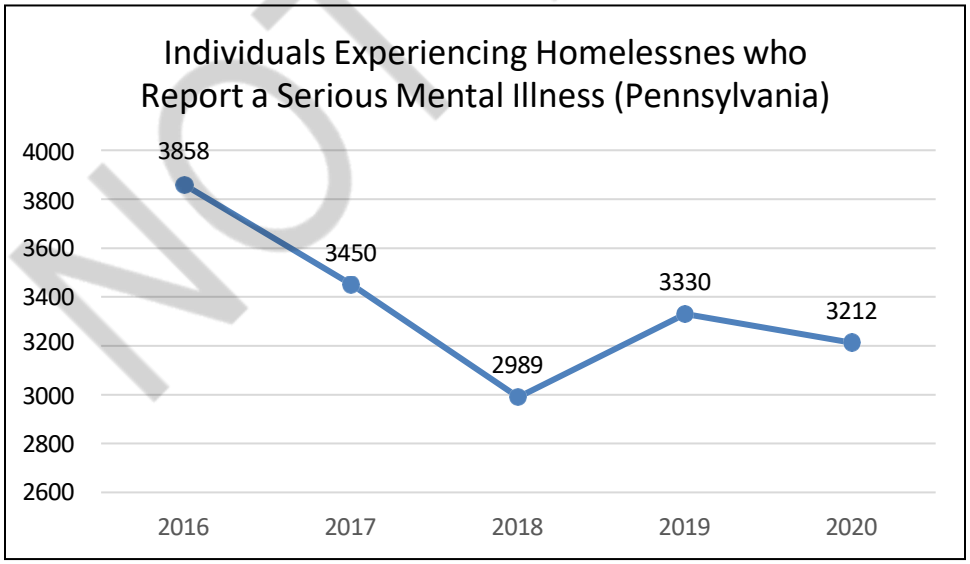
Note: See Attachment for map of Pennsylvania Continuums of Care

Regional CoCs by County	Number of Homeless with SMI - 2020
Eastern PA CoC	**280**
Adams County	4
Bedford County	0
Blair County	9
Bradford County	3
Cambria County	2
Carbon County	3
Centre County	16
Clinton County	3
Columbia County	0
Cumberland County	27
Franklin County	18
Fulton County	0
Huntingdon County	4
Juniata County	0
Lebanon County	4
Lehigh County	37
Lycoming County	24
Mifflin County	2
Monroe County	20
Montour County	1
Northampton County	49
Northumberland County	2
Perry County	1
Pike County	0
Schuylkill County	27
Snyder County	9
Somerset County	1
Sullivan County	0
Susquehanna County	0
Tioga County	12
Union County	0
Wayne County	2
Wyoming County	0
Western PA CoC	**177**
Armstrong County	9
Butler County	20
Cameron County	0
Clarion County	9
Clearfield County	3
Crawford County	12
Elk County	1
Fayette County	17
Forest County	0
Greene County	5
Indiana County	7

Jefferson County	9
Lawrence County	6
McKean County	10
Mercer County	4
Potter County	0
Venango County	3
Warren County	8
Washington County	23
Westmoreland County	31

The data presented above was collected on a single night during the last week in January 2020, in most cases, the night of January 24, 2020. Each CoC in Pennsylvania provided the data that they assembled for submission to HUD on the 2020 HDX, the reporting software used to report on Housing Inventory and Populations and Subpopulations for the McKinney-Vento/HEARTH Continuum of Care (CoC) application process. The number of individuals experiencing homelessness who report a serious mental illness, as reported for each CoC, includes all people with serious mental illness who were in an Emergency Shelter, Transitional Housing, or Safe Haven program and those who were unsheltered on the night of each CoC's 2020 Point-in-Time count.

The data collected shows a decrease from 2019 to 2020 of 118 individuals experiencing homelessness who report a serious mental illness from 3,330 in 2019 to 3,212 in 2020, a 3.5% decrease over the past year. The number of individuals experiencing homelessness who report a serious mental illness has decreased by 17% over the past 5 years.



At the individual CoC level, 10 Pennsylvania CoCs saw increases in the number of individuals experiencing homelessness who report a serious mental illness from 2019 to 2020, ranging from 5% to 130% increases. 5 CoCs saw a decrease, ranging from 2% to 73% decreases.

The CoCs that saw the most significant decrease were:

- Delaware County: 90 in 2019 to 24 in 2020- decrease of 66 individuals (-73%)
- Lancaster County: 80 in 2019 to 29 in 2020- decrease of 51 individuals (-64%)
- Berks County: 136 in 2019 to 83 in 2020- decrease of 53 individuals (-39%)

Philadelphia County, Allegheny County, and the Eastern PA CoC are the three CoCs with the largest populations of people experiencing homelessness who have a serious mental illness. Philadelphia saw a 2% decrease from 1,808 individuals to 1,767 individuals from 2019 to 2020. Allegheny County saw a 22% increase from 211 individuals to 257 individuals. The Eastern PA CoC saw an increase of 7% from 262 individuals to 280 individuals.

Related to individuals experiencing homelessness with serious mental illness residing in specific project types, from 2019 to 2020:

- There was a decrease in individuals with a serious mental illness in all sheltered project types:
    - There was an 5% decrease in individuals with a serious mental illness residing in emergency shelter (1896 to 1793).
    - There was an 8% decrease in individuals with a serious mental illness residing in transitional housing (640 to 588).
    - There was a 49% decrease in individuals with a serious mental illness residing in safe havens (238 to 121).
- There was a 29% increase in individuals residing in unsheltered situations (553 to 711).
    - During the 2020 Point-in-Time Count, 73% of all unsheltered individuals with serious mental illness across the state were identified in the Philadelphia CoC (518 out of 711 individuals).
    - Allegheny County CoC identified 52 unsheltered individuals with serious mental illness during the Point-in-Time Count; Eastern PA CoC identified 48 individuals; Dauphin County CoC identified 22 individuals; Western PA CoC identified 14 individuals; Bucks County CoC identified 13 individuals; Montgomery County CoC identified 11 individuals. The 9 remaining CoCs identified less than 10 unsheltered individuals with serious mental illness during the Point-in-Time Count.

While the Homeless Subpopulations Chart in the HDX is the primary data source available at the present time, OMHSAS continues to recognize the following limitations:

1. This data is collected through a Point-in-Time count and does not reflect the total number of individuals experiencing homelessness over the course of a year.

2. The data is based on HUD's very specific definition of homelessness – those living in emergency shelters, transitional housing for individuals experiencing

homelessness, safe havens for individuals experiencing homelessness and in places not intended for human habitation (unsheltered).

3. The data on the number of individuals with serious mental illness and experiencing homelessness is often self-reported by the individuals being surveyed or by shelter staff or outreach workers through observation. Some CoCs (Allegheny County, in particular) base their PIT results on HMIS data rather than interviews on the night of PIT. Their HMIS is based on actual assessments rather than self-reporting to determine the number of individuals with Serious Mental Illness in the CoC.

It is anticipated that the count of the number of individuals who are experiencing homelessness who have serious mental illness will continue to decline as a result of several HUD policy priorities:

- HUD has encouraged CoCs to eliminate or reduce the amount of Transitional Housing in favor of creating more permanent housing resources, both Rapid Rehousing and Permanent Supportive Housing. As a result, fewer individuals with Serious Mental Illness are living in Transitional Housing. In addition, many CoCs have reduced or eliminated Safe Haven capacity over the past several years, resulting in fewer individuals with Serious Mental Illness living in Safe Havens.

- Most CoCs have adopted HUD's prioritization standards under Notice CPD 16-11 to prioritize those individuals with the most severe service needs and the longest length of time homeless for Permanent Supportive Housing, facilitating entrance into PSH by individuals with Serious Mental Illness.

- As of January 2018, all CoCs have implemented Coordinated Entry through which each household is assessed for vulnerability and length of time homeless, in order to offer housing to those most in need of assistance in order to end this homelessness. As this requirement is still relatively new, CoCs are still assessing its impact and working to right-size their systems based on the needs in their community.

All three of these policy priorities have increased access to permanent housing resources for individuals with serious mental illness and should, over time, continue to result in a reduction in the number of individuals with serious mental illness who are experiencing homelessness.

III. State Level Information

J. Matching Funds

Narrative Question:

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

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Footnotes:

Tickner, Michael

From: Nester, Andrea
Sent: Monday, April 4, 2022 8:49 AM
To: Tickner, Michael; Iorio, Courtney
Cc: Golden, Stephanie
Subject: FY22-23 PATH Grant- Match Verification Letter

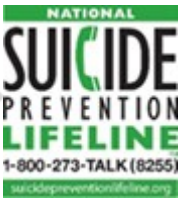
Good morning,

This is to confirm that in state fiscal year 2022-2023 (July 1, 2022 – June 30, 2023), OMHSAS will allocate a minimum of one dollar in state funds for every three dollars in federal PATH funds, consistent with the "Terms and Conditions". For the projected grant award of $2,366,900 we will allocate a minimum of $788,967 in state matching funds.

Thank you,
Andie Nester | Fiscal Management Specialist 2
Department of Human Services | Bureau of Financial Management and Administration
Commonwealth Tower
303 Walnut Street, 12th Floor | Hbg PA 17101
Phone: 717.787.3697 | Fax: 717.705.8128
www.dhs.pa.gov

Mental illness affects 1 out of every 5 persons. Suicide is the 10th leading cause of death nationally and over 2,017 Pennsylvanians died by suicide in 2018.

If you or someone you know is experiencing a mental health crisis or is considering suicide, help is available. Reach out to the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or contact the Crisis Text Line by texting **PA** to **741-741**.



III. State Level Information

K. Other Designated Fundings

Narrative Question:

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

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Footnotes:

K. 2022 PA Other Designated Funding

The Mental Health Block Grant, Substance Abuse Block Grant, general revenue funds and PATH funds, all in combination, comprise much of the funding pool that county MH/ID programs use to provide services to PATH and other populations.

This type of coordination is common in PA and demonstrates Pennsylvania's ability to offer a broader array of services. The State PA PATH Contact uses monitoring activities to ensure that PATH funds are being used in accordance with legislative expectations. PATH monies provide a very valuable supplement and support for 24 county MH/ID programs (encompassing 32 individual Pennsylvania counties) that offer services aimed at serving this population. These services include outreach, case management, and other PATH eligible services. As evident from the local Intended Use Plans, many PATH providers have developed rather comprehensive programs for this population with a combination of PATH funds as well as other sources including the Mental Health Block Grant funds, state revenue funds, and local county funds.

III. State Level Information

L. Data

Narrative Question:

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

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Footnotes:

L. 2022 PA Data

The Pennsylvania Department of Community and Economic Development has established a Homeless Management Information System, known as PA HMIS, for 54 counties included in the two rural regions of Pennsylvania. Nine, of the other ten urban, or proprietary, counties/joinders established their own HMIS system. The remaining proprietary county chose to employ PA HMIS for their Continuum of Care.

OMHSAS entered into an agreement with DCED in FY 2012-13, to begin working to further develop the PA HMIS to include PATH specific data elements. In August of 2013, the PATH data elements were fully integrated into the PA HMIS with many providers entering data into the system as early as September 2013.

All PATH HMIS software vendors maintain and modify their systems to be fully compliant with the PATH HMIS. This includes incorporating the periodic updates to the PATH HMIS data standards collection, released by HUD.

Currently, all 24 of the 24 PATH-funded counties/county-joinders with their provider agencies, are utilizing an HMIS for PATH services, as required and expected. Of these 24 counties/joinders, 15 utilize the PA HMIS established by DCED, and 9 utilize their own HMIS. Continued technical assistance is obtained as needed, to continue with the necessary modifications as HUD provides their updates to the data element requirements.

The State PATH Contact (SPC) applied for and was granted, technical assistance for the full implementation of HMIS to meet SAMHSA's June 30, 2016 deadline. To accomplish this, PA hosted the PA PATH HMIS Technical Assistance (TA) Conference in State College, PA in April of 2016. Fifty PATH Coordinators, HMIS Directors and members of PA OMHSAS management attended. Pivoting on the upcoming SAMHSA deadline for full HMIS implementation, the training highlighted everything from SAMHSA's participation policy, goals and expectations of PATH providers, HMIS data standards and elements and outreach to the technical topics including physical data entry, system requirements, staff coordination with HMIS directors and using reports for advanced planning and reporting. Clarification on these topics was enhanced by having two of SAMHSA's Homeless and Housing Resource Network trainers as well as a representative from ICF, a HUD TA provider, facilitate the training. The instructors were able to address participant concerns and questions from Continuum of Care and overlapping funding perspectives at once. In addition, having the HMIS Directors, including the PA HMIS Director, present allowed for immediate intervention from the programming side. Each participant was charged with implementing action steps before the June follow-up phone sessions. Feedback has been overwhelmingly positive with participants citing increased understanding and potential for better, more quantitative, outcomes.

The various Continuums of Care have made significant progress in upgrading their systems to meet changing HUD data quality standards and in achieving full participation. Even with system upgrades, domestic violence programs are not covered by the HMIS, so there remains a need for a manual point in time count of a portion of homeless programs in each CoC. One of the major

changes in the HMIS standards that were introduced with the implementation of the Homeless Prevention and Rapid Re-housing Program (HPRP) was a designation of people who are not homeless but received homeless prevention services. This will enable the HMIS to also report on people with mental illness who are at risk of homelessness and therefore PATH eligible. PA HMIS has accommodated this pre-enrollment population; proprietary HMIS have either already augmented their system or have a plan in place to do so.

Continued Training

PA has several methods in place to address ongoing HMIS training. First, OMHSAS will sign an MOU with DCED to provide online and onsite trainings on PA HMIS. DCED has also offered and provided free technical assistance to provider agencies for HMIS implementation and remediation. In order to pay for continued PA HMIS licenses and system enhancements, OMHSAS will utilize federal PATH funds.

Second, upon hire, each new PATH HMIS user with be trained on his/her respective system. This will be facilitated by County PATH Coordinators and/or PATH supervisors. For PA HMIS users, DCED has compiled a comprehensive educational base, which includes webinars, desk guides, tutorials and a sand box training environment.

Third, PA includes HMIS updates in quarterly statewide PATH calls, State PATH Conferences and various electronic communications. The SPC plans to continue having representatives from PA HMIS and other systems speak about HMIS integration at State PATH Conferences.

Fourth, the PA SPC strongly encourages all proprietary HMIS systems to have a written manual for reference by both seasoned and new PATH providers.

In addition, the SPC will conduct random quality tests with HMIS reports to identify trends and issues. The SPC is also in the planning stages of building a mentor system for HMIS use. Future TA will also be considered as needed.

III. State Level Information

M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR)

Narrative Question:

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

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Footnotes:

M. 2022 Pennsylvania SSI/SSDI Outreach, Access and Recovery (SOAR)

Pennsylvania has a history of having a strong SSI/SSDI Outreach, Access and Recovery program. SOAR in PA has grown and flourished under the guidance of the previous SOAR State Team Lead. We are now at a juncture with training 2 individuals in the State Leadership role in the current transition. In 2020, twenty (20) of the 24 PATH MH/ID counties and 1 non-PATH county have received SOAR training and several others are exploring potential for training. The State PATH Contact, who is also the SOAR State Lead, will continue to work with all PATH counties to have at least one SOAR trained staff within each PATH program across the state by the end of FY 20/21.

In 2019-20, PA's SOAR program was ranked, nationally, #1 in quality. PA's program was also recognized for consistently reporting over 100 benefit decisions for at least 3 years. While the national average days to benefit decision nationwide is 108 days, PA's average was 91 days in rural SOAR programs and just 68 days in the Philadelphia SOAR program.

In the 2019 SOAR Outcomes, PA was recognized for several achievements: over 2000 decisions, over 1000 approvals, having the top nationwide approval rate, and consistent capacity. Complete 2019 SOAR Outcomes infographic is attached, and a consolidated graph is below.

Initial applications:

State	Locality	2019 Decisions	2019 Approvals	2019 Allowance	2019 Average Days	Years of Data	New Cumulative Decisions	New Cumulative Approvals	Cumulative Allowance Rate
PA	Multiple sites Including Phila	398	359	90%	91	10	3278	2984	91.03%
	Phila only	229	215	93.88	68	12	2401	2337	97.33%

And appeals:

State	Locality	2019 Appeals Decisions	2019 Appeals Approvals	2019 Appeals Allowance Rate	2019 Appeals Average Days	Years of Data	New Appeals Cumulative Decisions	New Appeals Cumulative Approvals	Cumulative Appeals Allowance Rate
PA	State	6	4	67	418	6	154	78	51%

In December 2019, the SOAR TA Center released the 2019 National SAMHSA SOAR Outcomes Issue Brief, which featured PA's Homeless Advocacy Project (HAP) in "Spotlight on SOAR and legal Services in Philadelphia." HAP has consistently been the top national provider of SOAR services since 2008. The issue brief noted that HAP has, "…maintained a 97-percent approval rate, secured benefits for more than 2,400 men and women with disabilities, and

continues to expand the categories of individuals provided legal representation via HAP's SOAR protocol."

Three SOAR programs have gained momentum in FY 19-20. The first is a revitalization of SOAR in Lehigh/Northampton Counties led by a member of Magellan Behavioral Health of PA. The same person led the initial push for SOAR in his region and has agreed to attend the next available SOAR Leadership Academy to further the Lehigh/Northampton effort.

The second is Delaware County's CoC SOAR initiative made possible by a Homes4Good grant from the PA Housing Finance Agency. The Homeless System Program Manager at Delaware County Office of Behavioral Health represented PA at the SOAR Leadership Academy held February 4-6, 2020 in Orlando, Florida. Linda will be utilizing skills learned at the SOAR Leadership Academy to further Delaware County's CoC SOAR 4 U effort with Mental Health Partnerships and Horizon House. The SOAR TA Center Liaison and the SOAR State Lead will continue nurturing the development of the Delaware CoC SOAR process to create a model for use in promoting SOAR use in all PA CoCs.

As a result of the 2019 Statewide SOAR Leaders Summit, Bucks Co is the third major expansion in PA in FY 19-20. The Bucks Co lead secured permission and is in process of hiring a SOAR Specialist to expand and organize SOAR use in that area after attending the 2019 summit.

PA's SOAR initiative had two great advances in 2019. First, with funding from Community Mental Health Services Block Grant, eighteen SSI/SSDI Outreach, Access and Recover (SOAR) leaders participated in the 2019 Statewide SOAR Leaders Summit held May 15-16, in Boalsburg, PA. The summit pivoted around in-person sharing of the expansive knowledge and experience bases of 24 counties, the Social Security Administration (SSA), the SOAR TA Center, and the PA SOAR State Lead with the goal of proliferating best practices in SOAR as well as synchronizing local lead efforts to assist the SOAR State Lead. Programs represented ranged from newly-funded Continuum of Care efforts, rural endeavors, and Veterans' initiatives, to nationally recognized urban programs. Topics covered included Online Course review, roles and responsibilities of SOAR Local Leads, State and national program updates, effective relationships with SSA, outcomes management, special populations, and SOAR funding/sustainability. In-depth face-to-face discussions from various perspectives led to the unification and reenergizing of all SOAR Local Leads both in their responsibilities and in sustaining and expanding SOAR in PA. As one participant noted, "The resources, perspectives, tools, and shared knowledge everyone provided were extremely beneficial towards, not only our program, but to everyone in the room." Requests for funding to expand the Summit to include Bureau of Disability Determination representatives in the future. Quarterly SOAR conference calls will also be implemented to ensure statewide cohesion of SOAR process.

Second, creation of a SOAR database has been financially approved by funding by Community Mental Health Services Block Grant. The database will feature essential SOAR provider information such as location, scope of SOAR practice, organization name, contact information etc to efficiently match those in need with proper SOAR resources. Similar information on PATH providers would be included as well to heighten the effectiveness of the data to be

queried, as well as for more efficient distribution of materials and procedural updates. This project had been initiated, but was placed on hold due to the COVID-19 pandemic.

While SOAR training historically focused on PATH-funded areas, the state SOAR team provided Fundamentals instruction to the first non-PATH county in February 2015. This training was comprised of 25 SOAR practitioners and had SSA representatives in attendance. PA is inviting both Social Security Administration and Bureau of Disability Determination representatives to all SOAR trainings for added benefit to participants.

Various funding streams continue to be taken advantage of for SOAR training. In the past, sources such as Staunton grant, Substance Abuse and Mental Health Services Administration's Cooperative Agreements to Benefit Homeless Individuals (CABHI) and various foundations have been sources of SOAR initiative funding. In FY 2018-2019, Delaware County Continuum of Care (CoC) applied for a Home4Good grant, funded through the PA Housing and Finance Agency and FHL Bank Pittsburgh, and was awarded $149,000 to implement SOAR into their CoC's coordinated entry process.

The second largest organized SOAR effort in PA, Pittsburgh Mercy, secured two additional SOAR caseworker positions in the spring 2019. By leveraging their impressive outcomes against the growing needs of area provider agencies, additional funds were allocated through Allegheny County Department of Human Services. That brings Pittsburgh Mercy's total complement to 5.33 FTE for a group that completed over 100 applications in FY18-19 and continues to grow.

Having Department of Veterans Affairs (VA) caseworkers trained to assist veterans with SOAR applications further enhances PA's efforts to expand services to the veteran community. In May 2017, the VA released a new memorandum encouraging Veterans Health Administration (VHA) homeless programs staff to be trained in and use the SOAR model. In addition, SSVF grantees have also been told to either have a SOAR-trained staff member or have a specific place to refer potential SOAR clients The PA SOAR Program has also been coordinating with both VA Hospitals and SSVF grantees to provide SOAR training for the who directly serve the Veteran population. To date, Lebanon VA had approximately 24 HUD-VASH Social Workers trained through the SOAR online course and Fundamentals in-person review. Arrangements are being made to train the remaining VA Hospital and SSVF staff statewide.

One new staff member of the Veterans Multi-Service Center, an SSVF grantee, is training to take over the last member's role as a local lead providing technical assistance and training to other SSVF grantees. This person will also function as the central state representative on the regional SOAR training team.

The regional SOAR training team is being formed to expand PA's SOAR initiative. This tier of leadership will allow for more-timely scheduling of Fundamentals, regionalized communications and a stronger overall SOAR presence in PA. To date, there are three western trainers, a central trainer, one southeastern trainer, and one northeastern trainer. Other locations will be filled as space is available in Leadership Academy slots.

Allegheny County Jail continues to expand SOAR efforts as a result of Allegheny County receiving one of six national technical assistance awards to advance SOAR use in the criminal justice environment. The program has implemented protocols and is progressing. This project will enhance SOAR progress already being made by the Bucks Co Jail in the eastern part of the state.

State	Locality	2021 Decisions	2021 Approvals	2021 Approval Rate	2021 Average Days	Years of Data	New Cumulative Decisions	New Cumulative Approvals	Cumulative Allowance Rate
PA	Multiple sites	1026	765	75%	105	13	4468	4021	90%

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

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Footnotes:

N. 2022 Pennsylvania PATH Eligibility and Enrollment

PATH eligibility and enrollment in Pennsylvania follows the PATH Data Collection Workflow. Contacts with individuals are collected from prior to enrollment throughout the process with PATH, and entered into the HMIS. After entry into the project, the provider builds a relationship with prospective consumers during the engagement phase, which paves the way for deliberate client assessment. Providers will collect information from each contact to determine if the person has a serious mental illness and experiencing homelessness, or if at imminent risk of homelessness. Providers will also determine if the individual is age 18 or older, and what factors are present to identify PATH eligibility. Once a client is found to be PATH-eligible, the person is asked if they would agree to accept PATH services. If the person agrees, enrollment forms and HMIS releases are signed, more in-depth information is entered into HMIS and an individual plan is drafted. Eligibility is documented in HMIS.

PATH Reported Activities

Charitable Choice for PATH

Does your state use PATH funds to fund religiously-affiliated providers to provide substance use treatment services? Yes ○ No ◉
If "Yes" is selected please list providers in text box below and complete the rest of the table

Expenditure Period Start Date: Expenditure Period End Date:

Notice to Program Beneficiaries - Check all that apply

- ☐ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☐ [ ] Enter total number of referrals necessitated by religious objection to other substance abuse providers (\"alternative providers\"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

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Footnotes: