

Oregon
Projects for Assistance in Transition
from Homelessness

2012 Application

Please submit written comments on the State application to:

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EXECUTIVE SUMMARY

Name of Local-Area Provider	Geographic Area(s) to Be Served	Allocated PATH Funds	Amount and Source of Matching Funds	Estimated Number of Clients Who Will Be Contacted in FY 2012, including number who will be literally homeless adults	Estimated Number of Clients Who Will Be Enrolled
Deschutes County Mental Health*	Deschutes County	\$71,972.00	\$26,592 - County General Funds	# Contacted = 100 Literally Homeless Adults = 42	60
White Bird Clinic** through Lane County Health & Human Services*	Lane County; Specific focus on Eugene	\$80,423.00	\$28,393 – City and State General Funds, Donations	# Contacted = 325 Literally Homeless Adults = 120	200
Marion County Adult Behavioral Health*	Marion County	\$58,029.00	\$30,050 – County General Funds	# Contacted = 175 Literally Homeless Adults = 16	20
Northwest Human Services**	Marion County; Specific focus on Salem	\$31,979.00	\$10,649 – Donations	# Contacted = 300 Literally Homeless Adults = 16	20
Multnomah County Mental Health & Addictions Services Division*	Multnomah County	\$32,917.00	None	# Contacted = 45 Literally Homeless Adults = 0	45
Luke-Dorf The Bridgeview Community**	Multnomah County	\$241,532.00	\$125,850 – County General Funds	# Contacted = 80 Literally Homeless Adults = 10	80
Luke-Dorf Hillsboro Site** through Washington County Health & Human Services*	Washington County	\$50,307.00	\$16,895 – County General Funds, Luke-Dorf Administrative Funds	# Contacted = 175 Literally Homeless Adults = 50	48

* County Government Entity

**Private Non-Profit Organization

Services to be Provided Using PATH Funds

In Oregon PATH will fund outreach, screening and diagnostic services, habilitation and rehabilitation services, community mental health services, alcohol and drug treatment services, staff training, case management services, supportive/supervisory services, referrals to other community services and resources, and housing services

OPERATIONAL DEFINITIONS

Oregon Administrative Rules (OAR 309-032-0301 through 309-032-0351) prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program. The OARs in their entirety are included as Attachment A.

- **309-032-0311**
 - (6) “**Homeless Individual**” means an individual who:
 - (a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
 - (b) Is a resident in transitional housing that carries time limits.

- **309-032-0311**
 - (9) “**Imminent Risk of Homelessness**” means that an individual is:
 - (a) Living in a doubled-up living arrangement where the individual’s name is not on the lease;
 - (b) Living in a condemned building without a place to move;
 - (c) In arrears in their rent or utility payments;
 - (d) Subject to a potential eviction notice without a place to move; or
 - (e) Being discharged from a health care or criminal justice institution without a place to live.

- **309-032-0311**
 - (17) “**Serious Mental Illness**” means a psychiatric condition experienced by an individual who is 18 years of age or older and who is:
 - (a) Diagnosed by a [Qualified Mental Health Professional] as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or
 - (b) Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:
 - (A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;
 - (B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;
 - (C) Establishment and maintenance of supportive relationships; or
 - (D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

- **309-032-0311**
 - (1) “**Co-Occurring Disorders**” (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

ALIGNMENT WITH SAMHSA’S STRATEGIC INITIATIVE #3:
MILITARY FAMILIES –

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

Oregon is unique in that it has no active duty military bases. Oregon’s veterans are spread throughout the entire state, making service delivery difficult. PATH Providers report seeing an increase in the number of veterans who are experiencing homelessness in their counties; many of whom are returning from the wars in Iraq and Afghanistan.

Oregon’s current PATH Providers identify a lack of services for these men and women as significant barriers to successful reintegration into society and ultimately resulting in homelessness. PATH Providers work diligently to connect veterans with all available resources, and work with local Veteran’s Administration’s Homeless Coordinators whenever possible. However, PATH Providers identify that the struggle over “who should pay” (i.e. the local community or the Federal government) for services for uninsured veterans and their families has resulted in vulnerable members of this population falling through the cracks.

The Addictions and Mental Health Division intends to sponsor a competitive application process for PATH funds for the 2013-2015 State Budget Cycle (see *Selection of PATH Local-Area Providers*). The Request for Proposals is expected to be released in the winter of 2012 and will include question(s) to assess the Applicants’ effectiveness in serving homeless veterans. Per Section 522(d) of the Public Health Service Act, in making grants using PATH appropriations, the State will give special consideration in the awarding of PATH funds to entities with a demonstrated effectiveness in serving homeless veterans.

ALIGNMENT WITH SAMHSA’S STRATEGIC INITIATIVE #4:
RECOVERY SUPPORT –

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

The focus population for PATH programs is adults with serious mental illness who are experiencing literal homelessness. Oregon Administrative Rule defines a literally homeless individual as “...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.” These are people who are sleeping on the street, in vehicles, and in camps as well as those sleeping in short-term homeless shelters. Accessing necessary services while experiencing homelessness is difficult enough, but when also trying to manage the symptoms of serious mental illness, access to services can be all but impossible.

Oregon’s PATH Providers will work with individuals enrolled in PATH to develop personal goals and strategies to address those goals. Motivational Interviewing techniques are used to build rapport, assess an individual’s motivation for change, and meet the individual where she/he is at. PATH outreach workers/case managers assist in accessing any and all available resources to help individuals meet their goals. In addition to reducing barriers at the individual level, PATH Providers act as advocates within city, county and state systems to address policies and procedures that present barriers to access for individuals with serious mental illness experiencing homelessness.

Leading Change: A Plan for SAMHSA’s Roles and Actions identifies four goals associated with SAMHSA’s Recovery Support Strategic Initiative. Table 2 lists these goals and examples of the strategies Oregon’s PATH Providers are using to address them.

Table 1.

Goal	Strategies
Promote health and recovery-oriented service systems for individuals with or in recovery from mental and substance use disorders.	<p>Oregon’s PATH Providers recognize that health and recovery-oriented service systems are integral in providing appropriate services for individuals with or in recovery from mental and substance use disorders. While each PATH program in Oregon looks different in operation, PATH services are based on the idea that recovery is possible and emphasizes the following recovery-oriented themes:</p> <ul style="list-style-type: none"> • Hope • Dignity and self-respect • Restoration and personal growth • Personal responsibility and productivity • Self-management and autonomy

<p>Ensure that permanent housing and supportive services are available for individuals with or in recovery from mental and substance use disorders.</p>	<p>While PATH funds are not eligible to be used for housing development, PATH Providers throughout Oregon work tirelessly to increase access to safe, affordable, low-barrier permanent housing for individuals enrolled in PATH.</p>
<p>Increase gainful employment and educational opportunities for individuals with or in recovery from mental and substance use disorders.</p>	<p>Two PATH Providers have evidence-based Supported Employment programs that individuals enrolled in PATH are able to participate in, and all PATH Providers work with the Office of Vocational Rehabilitation or other vocational services provider to help individuals enrolled in PATH meet their employment and educational goals.</p>
<p>Promote peer support and the social inclusion of individuals with or in recovery from mental and substance use disorders in the community.</p>	<p>PATH Providers help connect individuals enrolled in PATH with community-based consumer-operated services where available. PATH Providers are encouraged to employ individuals formerly enrolled in PATH or who have been eligible for PATH services as either paid staff or volunteers.</p>

DRAFT

ALIGNMENT WITH PATH GOALS –

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

Street outreach and case management services have been deemed priority services. Approximately 49 percent of PATH funding will be contracted with agencies providing street outreach services to individuals who may be eligible for PATH services. PATH Providers in Oregon providing street outreach services are: Deschutes County Health Department, White Bird Clinic, Marion County Adult Behavioral Health, Northwest Human Services – HOAP, and Luke-Dorf’s Hillsboro office which provides PATH services in Washington County.

Multnomah County and Luke-Dorf’s Bridgeview Community do not provide outreach services to individuals who may be eligible for PATH services. However, the PATH funds for this area provide homelessness prevention in the form of one-time rental assistance for individuals with serious mental illness who are at risk of being evicted. Many of these individuals are highly vulnerable and have a history of chronic homelessness. Additionally, the Bridgeview Community provides transitional supported housing for adults with serious mental illness who have experienced literal and/or chronic homelessness.

All of the current PATH Providers offer case management services for individuals enrolled in PATH as a core service component.

**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.

From Oregon’s 2012 Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant application –

People experiencing homelessness who have a serious mental illness are much less likely to access treatment services thus increasing the risk of further illness, mandated treatment and greater disability. As such, stable housing is a primary factor for facilitating recovery for people with serious mental illnesses. “Having a place to call home is necessary for adequate psychological health. It is very difficult for people with psychiatric disabilities to stabilize their psychiatric condition or begin to move towards recovery without having a place to call home. A home is a universal human need”¹.

A safe, affordable, supportive place to live is essential to recovery from addictions and mental health disorders. When people are uncertain about where they will live or are forced to live in emotionally and physically dangerous environments their continued recovery is at risk. Unfortunately, most consumers of Oregon’s publicly funded system live in these adverse living environments.

As the economy has worsened, housing insecurity has become more pronounced for people with substance use and mental health disorders. The urban areas of Oregon are some of the most expensive for rental housing and home ownership in the country. In rural Oregon the need for safe, affordable housing is even more pronounced due to the greater impact of the economic downturn. Oregon’s historical focus has been on developing structured housing. More resources are being utilized to develop scattered site supported housing and independent living opportunities.

Services funded by the PATH grant will supplement the Addictions and Mental Health Division’s overall work to decrease homelessness and help to provide safe, affordable, recovery-friendly housing for adults with serious mental illness by assisting individuals in accessing the services and supports necessary to attain and maintain housing.

¹ Permanent Supportive Housing Toolkit, SAMHSA, 2010

ALIGNMENT WITH STATE PLAN TO END HOMELESSNESS –

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

Oregon's 10-Year Plan to End Homelessness was unveiled in June of 2008. The plan identified six specific goals:

1. Prevent and divert people from becoming homeless by working with them to obtain and keep their housing.
2. Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness, and shorten stays in shelters.
3. Build the capacity of homeless persons for self-support through strategies that identify their risk of homelessness, their needs, and access appropriate housing with appropriate supportive services.
4. Identify and implement system improvements for coordination at the program funding and delivery levels leading to measurable results.
5. Implement education and public awareness campaigns to remove societal stigma about homelessness and to build community support and coordinated responses.
6. Improve data collection technology and methodology to better account for homeless program outcomes.

The current PATH Providers are integral in accomplishing these goals. All PATH Providers support people at imminent risk of homelessness to help them stabilize and remain in their housing. This is achieved through providing direct rental assistance or by referring to other appropriate community resources.

While PATH funding is not used for housing development, PATH Providers work to help transition consumers quickly into permanent housing. Unfortunately, there is still a large need for safe and affordable permanent housing in Oregon, but PATH Providers are skilled at accessing all housing options available for the people they serve. PATH Providers offer an array of individualized supportive services for people enrolled in PATH to assist in attaining and maintaining permanent housing.

Through Motivational Interviewing techniques, PATH Providers meet consumers where they are and provide the support and encouragement needed to navigate the mental health and social services systems. Although skills training is not funded through PATH dollars, most individuals enrolled in PATH are referred to skills trainers who help them increase their self-sufficiency.

All PATH Providers participate in and/or sponsor local Project Connect activities each year. Project Connect provides a single location where non-profit medical and social service providers collaborate to serve homeless individuals and families. This helps bring focus on the continued need for homeless services across the state. Many PATH Providers also participate in local Stand Downs – events similar to Project Connect, but specifically for homeless and low-income veterans and their families.

Data collection continues to be a high priority at the state level. Data collection procedures have been reviewed and a new quarterly reporting procedure has been implemented. PATH Providers

are now responsible for reporting actual rather than estimated utilization data in the annual PATH report, and report on the Federal Voluntary Outcome Measures as well.

DRAFT

PROCESS FOR PROVIDING PUBLIC NOTICE –

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH 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.

The FFY 2011 PATH application has been posted on AMH's website² since its submission in spring of 2011. Feedback and input on the application is solicited and gathered since then to be used in the preparation of the subsequent year's application. In February 2012, a request for review and feedback on the FFY 2011 application was sent to multiple stakeholder groups in preparation for writing the FFY 2012 application. The feedback received during this process, where applicable, has been incorporated in this year's PATH application.

A draft of Oregon's FFY 2012 PATH application was posted on the Addictions and Mental Health (AMH) webpage for public comment. Contact information for the State PATH Contact (SPC) was included for any interested parties to provide feedback on the application. Notification of the posting of the application was sent to: the Directors of the Community Mental Health Programs (CMHPs) throughout Oregon, the current PATH providers, the National Alliance on Mental Illness – Oregon, the Behavioral Health Planning and Management Advisory Council, the Adult Services Advisory Committee, the Oregon Consumer Advisory Council, the Oregon Consumer/Survivor Coalition, the Young Adults in Transition listserv, contacts for Oregon's Continua of Care, Oregon Housing and Community Services, the Governor's Ending Homelessness Advisory Committee, and the Oregon Coalition on Housing and Homelessness. Persons receiving the notification were asked to forward the notice to other interested parties.

A copy of the submitted application will be posted on the AMH webpage in order for the State PATH Contact to gather ongoing feedback throughout the year via phone call, email or postal mail.

² <http://www.oregon.gov/OHA/amh/data/2011/path-app.pdf>

PROGRAMMATIC AND FINANCIAL OVERSIGHT –

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

Oregon PATH Providers must comply with the Oregon Administrative Rules governing PATH-funded services. PATH funds are contracted through existing intergovernmental agreements. County staff report on PATH expenditures in the same manner as other state-contracted funds. Attachment B is the contract attachment that summarizes performance and fiscal monitoring requirements for PATH-funded services.

PATH Providers submit quarterly data based on the information required for the annual Federal report. The State PATH Contact will compile this data to prepare the annual report for each provider. Providers are required to report actual rather than estimated utilization data and are required to provide actual utilization data for the Federal voluntary outcome measures.

On-site program evaluations are conducted by the State PATH Contact annually for each PATH Provider. Site reviews were conducted in March 2011 and will be conducted again in June 2012. The most recent site reviews for each provider can be found in Attachment C.

SELECTION OF PATH LOCAL-AREA PROVIDERS –

Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who are homeless with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, or other means).

The current PATH providers represent 55.3 percent of Oregon’s total homeless population and 58.3 percent of adults who are homeless and have a serious mental illness (SMI) in the State (see Table 2).

County	Adult Homeless Population	% of Oregon’s Adult Homeless Population (n = 15,422)	Homeless Adults Enrolled in MH Services	% of Total Homeless Adults Enrolled in MH Services (n = 3,022)
Deschutes	953	6.2%	102	3.4%
Lane	1,756	11.4%	467	15.5%
Marion	755	4.9%	176	5.8%
Multnomah	4,137	26.8%	798	26.4%
Washington	932	6.0%	218	7.2%

When the FFY 2011 PATH application was written, AMH expected to complete an open application process for FFY 2012 PATH funds. During the 2011 Regular Session of the Oregon State Legislature, House Bill 3650 passed setting the stage for historical health care transformation for Oregonians enrolled in Medicaid. In addition to the transformation of the Medicaid system, AMH used this opportunity to evaluate and transform the way services for uninsured Oregonians are funded and provided.

Due to the significant changes taking place in Oregon’s behavioral health service system, AMH determined it would be prudent to postpone the competitive application process for one year. The State PATH Contact is currently developing the Request for Proposals, and contracts are expected to be in place by July 1, 2013.

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.

AMH obtains data on homeless persons with mental illness from two sources: Client Process Monitoring System (CPMS) data, and Point in Time Homeless Count data. While each of these sources provides an indication of the extent of homelessness among persons with mental illness throughout the state, they are not considered comprehensive or complete due to the inherent difficulty of counting homeless persons and the limitations of each methodology.

CPMS data. CPMS (Client Process Monitoring System) is the statewide data system for the public mental health system. Whenever an individual is enrolled for services, the current living situation is noted. A person who is homeless or residing in a shelter is coded as “homeless”. This enables the data system to produce an unduplicated statewide count of individuals who were “literally homeless” upon their enrollment for services. However, these counts do not include persons living in doubled-up arrangements or transitional housing which carries time limits. This data system also does not reflect individuals who become homeless after enrollment in services (unless homeless at service exit), or those that receive services which prevent them from becoming homeless. In FFY 2011, a total of 77,978 adults were enrolled in publicly-funded mental health services in Oregon – a 16.5 percent increase from FFY 2010. Of the individuals enrolled in services 6,677 people were literally homeless at service entry – a 96.7 percent increase from FFY 2010.

Point in Time Homeless Count. Oregon Housing and Community Services (OHCS) conducts counts of persons accommodated in and turned away from homeless shelters throughout the state. These counts also include persons who could not access a shelter or are living on the street, and those living in transitional housing. The count does not include individuals in a crisis respite program, short-term acute psychiatric facility, corrections facility or in temporary housing. A street count is also conducted; however, not every county completes a street count each year. The most recent count available is the January 2011 count. It identified a total of 15,422 homeless adults who were sheltered or turned away from shelter. The survey format asks individuals whether they are eligible for services due to a mental or emotional disorder, substance abuse, or dual diagnosis. Of the 15,442 homeless adults identified in January 2011, 3,022 self-disclosed having a mental or emotional disorder.

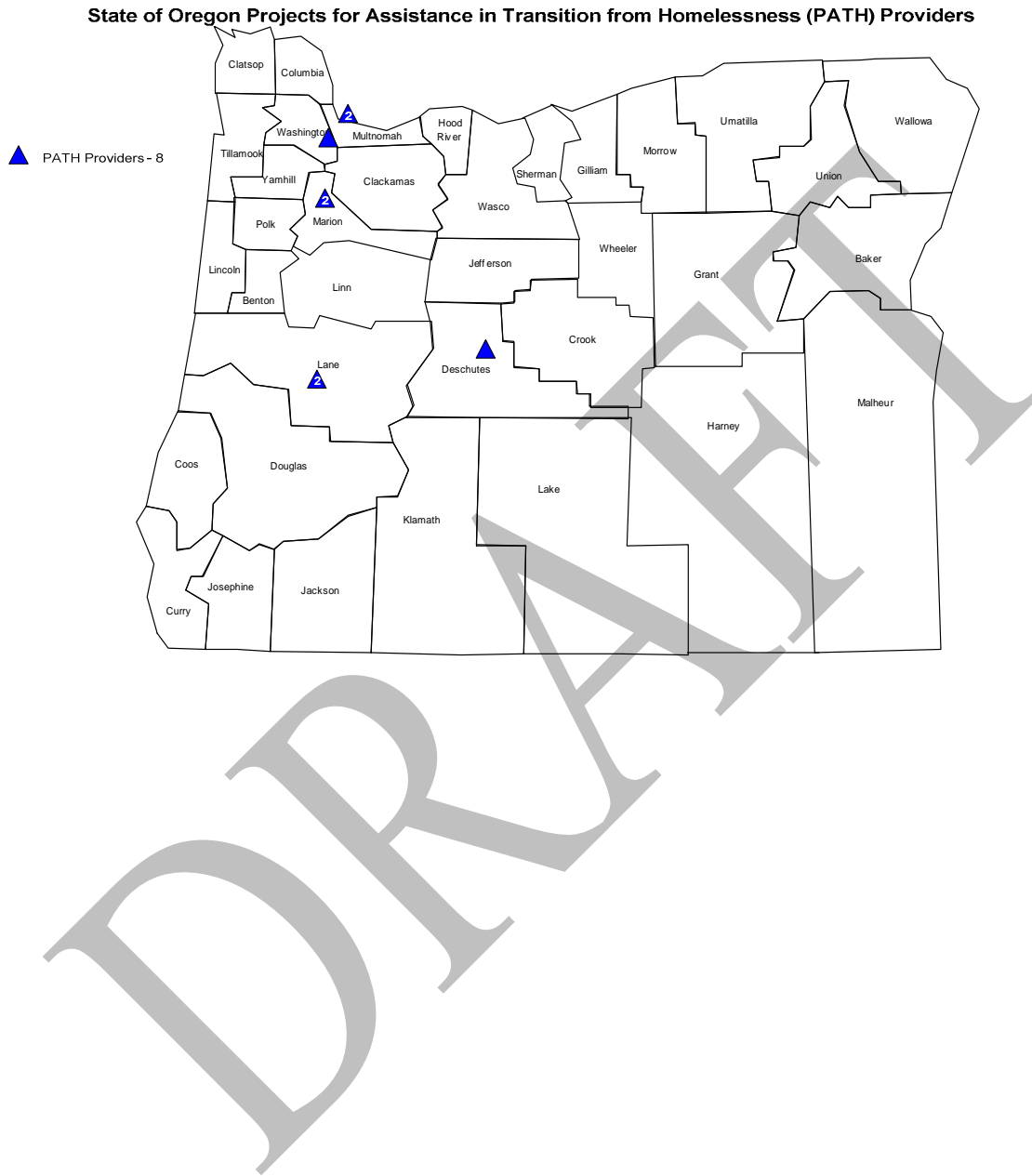
Table 3 shows the breakdown, by county, of individuals with serious mental illness experiencing homelessness as reported by the above data sources (current PATH Providers are highlighted).

Table 3.

ADULTS WITH SERIOUS MENTAL ILLNESSES WHO ARE EXPERIENCING HOMELESSNESS					
County	Population³	Adult MH Consumers⁴	Adult MH Consumers Homeless at Service Entry⁵	Total # of Homeless Adults⁶	Homeless Adults with SMI⁷
Baker	16,215	387	4	6	1
Benton	85,995	1,177	94	87	38
Clackamas	378,480	2,756	99	1,508	290
Clatsop	37,145	1,086	72	283	42
Columbia	49,625	362	4	175	30
Coos	62,960	1,235	79	624	118
Crook	20,855	351	10	173	38
Curry	22,335	485	30	79	15
Deschutes	158,875	2,964	281	953	102
Douglas	107,795	764	31	496	117
Gilliam	1,880	0	0	0	0
Grant	7,450	125	0	0	0
Harney	7,375	156	4	3	0
Jackson	203,950	3,168	353	753	193
Jefferson	21,845	700	21	131	19
Josephine	82,820	2,355	176	728	102
Klamath	66,580	2,640	132	246	59
Lake	7,885	138	1	36	3
Lane	353,155	8,480	908	1,756	467
Lincoln	46,155	1,081	74	29	11
Linn	117,340	3,418	302	117	45
Malheur	31,445	522	9	32	4
Marion	318,150	8,070	719	755	176
Mid-Columbia ⁸	49,690	932	19	488	40
Morrow/Wheeler	12,705	243	4	7	1
Multnomah	741,925	22,285	2,698	4,137	798
Polk	75,965	1,473	26	107	19
Tillamook	25,255	695	23	267	20
Umatilla	76,580	674	11	128	26
Union	25,980	691	15	21	9
Wallowa	6,995	310	3	0	0
Washington	563,370	5,910	361	932	218
Yamhill	99,850	2,193	113	365	21
State Totals:	3,857,625	77,978	6,677	15,422	3,022

³ Portland State University 2011 Annual Population Report⁴ CPMS data for October 1, 2010 through September 30, 2011

The map provided below indicates the counties where FFY 2012 PATH funds will be allocated for services to persons with serious mental illness who are homeless or at imminent risk of homelessness.



⁵ CPMS data for October 1, 2010 through September 30, 2011

⁶ Point in Time Count data

⁷ Point in Time Count data

⁸ Mid-Columbia includes the counties of Hood River, Sherman and Wasco

MATCHING FUNDS –

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.

A total of \$238,429.00 in non-Federal contributions will match PATH funds in FFY 2011.

- In Deschutes County, \$26,592 in County General Funds will be provided as match.
- In Lane County, \$28,393 in City and State General Funds and donations will be provided as match.
- In Marion County, \$30,050 and \$10,649 in County General Funds and donations will be provided as match from Marion County and Northwest Human Services respectively.
- In Multnomah County, \$125,850 in County General Funds will be provided as match.
- In Washington County, \$16,895 in County General Funds and Luke-Dorf administrative funds will be provided as match.

All match funds will be available at the beginning of the grant period, and will be used only to support PATH-eligible services.

OTHER DESIGNATED FUNDING –

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

PATH funds are the only funds designated specifically for serving people who are homeless and have serious mental illness. While the Mental Health Block Grant (MHBG), Substance Abuse Prevention and Treatment Block Grant (SAPTBG), and general revenue funds pay for many of the mainstream services that PATH funds help provide access to, they are not specifically designated for serving people who are homeless and have serious mental illness.

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DATA –

Describe the State's and providers' status on HMIS migration and a plan, with accompanying timeline for migrating data in the next 2 to 4 years. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

Significant movement in preparing PATH providers to utilize HMIS has taken place over the last year.

When use of HMIS was first required by HUD, three of Oregon's CoCs (Clackamas County CoC, Washington County CoC, and Multnomah County CoC) implemented the use of a vendor-supplied HMIS system called ServicePoint. The remaining five CoCs, representing the remaining 33 counties, implemented the use of OPUS. Oregon Housing and Community Services (OHCS) developed OPUS, an HMIS system available to any Continuum of Care (CoC) wishing to use it. Unfortunately, budget cuts and workforce reductions at OHCS resulted in the OPUS system becoming out-of-date with Federal HMIS standards. Data-entry for OPUS was not very user-friendly and significant updates and changes would be required for PATH data to be collected through OPUS.

OHCS. Representatives of the Rural Oregon Continuum of Care and other CoCs utilizing OPUS worked in coordination with Home Forward (formerly Portland Housing Authority) to implement the use of ServicePoint throughout Oregon. Implementation for the five CoCs was phased in beginning with the Lane County CoC on August 5, 2011.

All CoCs in Oregon now have access to ServicePoint as their HMIS software; however, PATH providers have varying degrees of involvement in their local CoC (see provider Intended Use Plans), and further collaboration and negotiation will be necessary to ensure access to ServicePoint. The SPC will work closely with OHCS, Home Forward and the PATH Providers to ensure that use of HMIS is implemented for all of Oregon's PATH Providers within the next two years.

Formal HMIS trainings have not been implemented at this time. Necessary training will be provided in advance of and in coordination with implementation.

TRAINING –

Indicate how the State provides, pays for, or otherwise supports evidence-based practices and other trainings for local PATH-funded staff.

In Oregon, PATH funds are partially used to support training on best practices for serving people with mental health and addiction disorders who are homeless or at risk of homelessness. This training is available to PATH-funded staff and, occasionally, others throughout the mainstream and homeless service provider systems who strive to serve people with serious mental illness who are experiencing homelessness. Training has included the following:

- Oregon Coalition on Housing and Homelessness Conference. The State PATH Contact is a member of the conference planning committee, and developed a track open to all conference participants, but focused on the training and technical assistance requests of the PATH providers. PATH funds for FFY 2011 were allocated for registration and travel costs for one PATH Outreach Worker/Case Manager from each PATH provider to be able to attend the 2012 conference. Funds for FFY 2012 will be allocated for attendance at the 2013 conference. Attachment D is the 2012 conference agenda.
- PATH Webinars and Conference Calls. PATH Providers are encouraged to attend webinars and conference calls provided by the PATH Technical Assistance Center.
- Semi-Annual Provider Meetings. PATH Provider meetings are semi-annually. These meetings offer the providers an opportunity to network and share struggles and successes with each other. The State PATH Contact also uses these meetings as an avenue for ongoing training.
- Trauma Informed Services and Best Practices for Street Outreach. The State PATH Contact is working with representatives from SAMHSA's Housing and Homelessness Resource Network to plan training on using Trauma Informed Services to provide best practices for street outreach to individuals who have a serious mental illness and are experiencing homelessness. This training will be held in Salem, Oregon and is tentatively planned for Fall 2012.

In addition to the formal training events described above, the SPC and other AMH staff are available to provide technical assistance to PATH program staff on an ongoing basis. The SPC routinely disseminates information on training opportunities that may be of interest to PATH providers. AMH also sponsors quarterly Housing Technical Assistance meetings where grant opportunities are discussed, information is shared, and networking occurs.

Deschutes County

1. 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.

Deschutes County Health Services (DCHS) is a community behavioral health program licensed by the State of Oregon. DCHS provides integrated mental health and substance use disorder services for the community. Services are provided for both children and adults and include: 24-hour crisis intervention, outpatient mental health and addictions services, case management and Assertive Community Treatment for individuals with a serious mental illness. DCHS also provides oversight for two adult foster care homes, three residential treatment homes, three supported housing programs, one transitional housing program, and one 16-bed secure residential treatment facility.

PATH services are primarily provided in the City of Bend, but PATH-eligible individuals throughout Deschutes County are eligible for services. PATH services will be provided to individuals who are literally homeless, homeless, or at imminent risk of homelessness. PATH staff will also provide transitional services to individuals who were formerly homeless living in a supported housing program in Redmond.

DCHS will receive \$71,972.60 in Federal PATH funds and will provide \$26,592.40 in match funds for a total PATH budget of \$98,565. PATH services will be provided directly by DCHS.

2. Collaboration with HUD Continuum of Care Program –

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The HUD Continuum of Care (CoC) is a decision-making body composed of an active cross-section of individuals representing a wide variety of private and public sectors, including persons who are homeless or formerly homeless. The Homeless Leadership Coalition (HLC) functions as the CoC through the local Community Action Agency, Neighbor Impact. The HLC meets in an effort to unite agencies in coordinating support for individuals and families experiencing homelessness. The HLC offers representation for Deschutes, Crook and Jefferson Counties. Groups currently involved with the HLC include: Department of Human Services, Central Oregon Council on Aging, Central Oregon Veterans Outreach, local law enforcement agencies, McKinney-Vento Homeless Education Liaisons, community members (homeless and housed), local faith-based organizations, the Partnership to End Poverty, Housing Works, Neighbor Impact, Legal Aid, and libraries. The PATH case manager attends these monthly meetings, and has participated on various sub-committees of the HLC addressing target issues such as homeless camp support, and planning events such as the HUD Point in Time Count and Project Connect.

3. Collaboration with Local Community Organizations –

Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.)

to PATH eligible clients and describe coordination of activities and policies with those organizations.

DCHS coordinates closely with a variety of community organizations to link individuals with appropriate services. PATH staff connect adults with mental illness experiencing homelessness with other community services, and maintain extensive knowledge of available community resources and working relationships with referral agencies. These include, but are not limited to the following:

Primary Health Care: There are a number of resources within Deschutes County that provide health services to low-income clients without insurance. These include Mosaic Medical Center, La Pine Community Clinic, Volunteers in Medicine and Deschutes County Health Department. Mosaic Medical Center is a primary referral resource for individuals enrolled in PATH services who need primary health care. In addition, DCHS has recently launched an integrated health care project with Mosaic Medical Center. A physician now provides primary health care services on-site at DCHS on a weekly basis. Individuals enrolled in PATH services have access to this integrated program for healthcare.

Mental Health/Substance Abuse: DCHS provides integrated mental health and addictions (both substance use disorders and problem gambling) treatment services to eligible low-income individuals. Individuals enrolled in PATH are eligible for ongoing service with DCHS as appropriate, and DCHS will be the primary provider of these services. PATH staff are integrated into a DCHS treatment team serving individuals with a serious mental illness, making for a seamless referral to ongoing services.

Housing: Housing Works, the Regional Housing Authority, provides rental assistance to low-income individuals and families in Central Oregon. The PATH case manager works regularly with Housing Works to coordinate submitting applications for housing vouchers, as well as assisting with completion of applications for apartments that accept vouchers. Bend also offers two site-based subsidized apartment complexes (charging 30% of the tenant's income). The PATH case manager has strong relationships with the managers of local subsidized housing projects and makes regular referrals to these locations.

Bethlehem Inn (BI) is the local homeless shelter and provides approximately 70 beds in temporary shelter housing. BI provides on-site office space for the DCHS PATH case manager who provides support and “in-reach” to individuals with a serious mental illness who live at the shelter. As mentioned earlier, in partnership with Housing Works, DCHS manages and provides supportive services at three supported housing projects for individuals with mental illness. PATH –enrolled individuals have access to these programs along with other consumers of services at DCHS.

Employment: DCHS offers evidence-based Individual Placement and Supports (IPS) Supported Employment services for individuals with serious mental illness. The Supported Employment program participates in annual fidelity reviews conducted by the Oregon Supported Employment Center for Excellence and has maintained fidelity standards set by the Oregon Health Authority Addictions and Mental Health Division since 2008. Individuals

enrolled in PATH who express an interest in work are connected with the DCHS Supported Employment program. Vocational Rehabilitation is also a local referral resource for individuals with disabilities who need assistance to achieve and maintain employment.

Other Emergency Assistance: Neighbor Impact provides emergency rent, utility and food assistance to the local community. The PATH case manager assists individuals enrolled in PATH with accessing any services they may be eligible for through Neighbor Impact's multiple programs.

4. Service Provision –

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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

Proposed PATH services are: outreach, case management, screening and diagnostic services. In addition to housing assistance, case management services will include assistance in accessing benefits, referrals for health care, employment or other needed treatment services. The PATH case manager will also provide referral and supportive services for individuals living in a housing complex for individuals who were formerly homeless. These are all critical needs for individuals who are literally and chronically homeless. The DCHS PATH Qualified Mental Health Professional (QMHP) position will also provide screening and diagnostic services allowing connection with traditional mental health services as appropriate. The PATH QMHP will also assist with street outreach services to increase the safety of this activity when needed.

The PATH case manager position and PATH QMHP are integrated into the Community Support Services (CSS) team, which provides case management, IPS Supported Employment, supported housing and treatment services to individuals with a serious mental illness. Because a significant number of individuals served have no resources upon initial contact, the PATH case manager spends a significant amount of time working with Social Security and Department of Human Services accessing much needed entitlements. Individuals enrolled in PATH services will be referred and connected with other services provided by DCHS as needed. The PATH case manager will also maintain relationships with community organizations that provide key services to the homeless population and provide outreach to individuals served by these agencies.

In the last year the PATH case manager has increased walk-in and outreach hours to include a weekly visit to a local meal site and a bi-weekly visit to the public library where many individuals experiencing chronic homelessness congregate. The PATH case manager is able to make herself available to individuals that might otherwise be unaware of PATH services.

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

There are several gaps in the system that impact services to homeless individuals. The lack of affordable housing in the community is one systems gap. In addition, poor rental histories and

lack of funds for initial move-in costs also present barriers to obtaining permanent housing. Lack of resources to purchase medications may impact an individual's ability to stabilize symptoms of mental illness and impact the ability to successfully maintain housing. A lack of a health insurance may also impact the ability to access needed health care and treatment services.

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

Through outreach and case management, the PATH staff will make appropriate referrals to needed treatment services. DCHS provides integrated mental health and substance abuse services to individuals with these co-occurring disorders. Services are provided through one program, with many staff dually trained to serve both treatment needs. Individuals enrolled in PATH services referred for services will receive assessment and referral to appropriate treatment services within the same program – including individual, group and medication management services. Specialized groups, based on a dual diagnosis model, exist specifically for individuals who have both a serious mental illness and substance abuse problems. DCHS employs a “Bridge Program” case manager and therapist who work specifically with dually diagnosed clients who are involved in the legal system. Detoxification and residential substance use disorder services are provided by Best Care Treatment Services. Best Care is expanding its ability to meet the needs of the dually diagnosed population in these programs.

d. Describe how the organization pays for or otherwise supports evidence-based practices, trainings for PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

DCHS utilizes a variety of evidence-based practices (EBPs) in its services available for consumers. These are funded through a variety of sources including Oregon Health Plan, state funds and county general funds. Once enrolled in mainstream services, PATH clients have access to Individual Placement and Supports Supported Employment, Co-occurring Disorders treatment, and Dialectical Behavior Training groups. Having these services under one roof and having PATH staff integrated into a DCHS service team prevents service fragmentation and provides assistance to individuals navigating the mental health, vocational and substance abuse systems. Other EBP's particularly key to PATH services include:

- **SOAR (SSI/SSDI Outreach, Access and Recovery):** Access to mainstream benefits is crucial for transitioning out of homelessness. SOAR is an initiative designed to improve access to SSI and SSDI for people experiencing homelessness and mental illness. The PATH case manager has been trained in SOAR and utilizes the skills learned to better navigate the benefit application and procurement process. The PATH case manager's application approval rate is estimated at 80 percent.
- **Housing Plus:** Housing Plus was funded by the Oregon Legislature in 2007 to develop permanent supportive housing for Oregon's homeless. DCHS's most recent housing project, Barbara's Place, is based on this model. Objectives that guide Housing Plus activities are to:

- Move individuals from homelessness to housing;
- Provide case management support for people in order to access comprehensive, needed services; and
- Assist individuals to obtain and maintain housing over time.

Housing Plus funds are also available for rental assistance for Barbara's Place apartments. Currently, five of the six apartments at Barbara's Place are occupied with referrals directly from the PATH program. The PATH case manager also provides initial supports to ensure a successful transition to mainstream services.

- **Supported Housing:** As previously outlined, DCHS operates three supported housing programs for individuals with mental illness, in addition to the Housing Plus model noted above. Two of these projects are permanent housing and one is transitional housing. DCHS has offices on-site at each of these programs and provide case management, skills training and treatment services for the residents. The maximum length of stay in transitional housing is 24 months. This program is for individuals who agree to participate in more active skills training to improve independent living skills needed to be successful in a more independent location. Active assistance is provided to transition individuals to more permanent housing upon program completion.

PATH staff have access to all training opportunities available to DCHS employees including training on evidence-based practices. DCHS has a training committee which plans and organizes on-site trainings on key topics each year.

The PATH case manager is working with the Homeless Leadership Coalition to coordinate data entry in HMIS. The State PATH Contact is working at a state-level to assist in this process as well. This work is moving forward with the goal of all PATH providers submitting data through HMIS within two years.

5. Access to Housing –

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Housing Works has a history of working very closely with DCHS to provide suitable housing for residents in the community who have a serious mental illness. There are several housing projects that are available to individuals enrolled in PATH services because of this partnership. Housing Works owns the buildings and DCHS provides the on-site case management.

- Emma's Place - an 11-unit supported housing complex that provides permanent housing for individuals with a serious mental illness.
- Horizon House - a 14-unit transitional housing complex for individuals with serious mental illness.
- Barbara's Place - a six-unit apartment complex in Redmond for individuals with a serious mental illness experiencing homelessness.
- Gateway - a 16-unit apartment complex, also in Redmond, for any individual receiving mental health services who is in need of housing.

The PATH case manager will refer individuals enrolled in PATH, as appropriate, to housing resources managed by DCHS. In addition, the PATH case manager will work with local landlords, shelters, and the individuals' family and friends to assist in finding safe and affordable community housing. The PATH case manager also works with individuals enrolled in PATH to submit timely applications for housing vouchers when they become available.

While the lack of affordable housing is a barrier in the Central Oregon community, the lack of financial resources to afford many of the initial move-in costs has also been a barrier once housing is located. DCHS will continue to allocate PATH funds to assist with security deposits and one-time rental assistance to decrease one of the barriers to obtaining permanent housing. The funds allocated for this purpose are held in a revolving loan fund-type account. Individuals receiving financial assistance are asked to repay the funds as they are able. If an individual is unable to repay the "loan", the assistance is considered a grant. All repayments are returned to the original fund to be utilized to assist future consumers with housing needs. This allows DCHS to provide this crucial service to as many individuals enrolled in PATH as may need it.

6. Staff Information –

Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Ethnic background of staff is predominantly white/Caucasian, which mirrors the PATH population served. For new hires, consideration is given to individuals who are bi-cultural/bi-lingual. There are several Spanish speaking individuals currently on staff. While current PATH staff do not speak Spanish, the PATH program has access to other DCHS Spanish speaking staff, as well as interpreters, as needed to provide services.

DCHS is committed to providing service that is sensitive to age, gender and race/ethnic diversity. Evaluation of cultural factors that influence the individual's functioning is an expected part of the evaluation process for all individuals enrolled in services. Behavioral Health brochure information is available in both English and Spanish, and DCHS also has all intake paperwork translated into Spanish. DCHS PATH staff regularly connect individuals with the local Latino Community Association (located across the street from PATH staff office) which is an essential connecting point for the local immigrant community.

DCHS provides paid leave and financial assistance for staff to attend trainings. The PATH case manager regularly attends a homeless conference each year which addresses cultural issues related to homelessness. In addition, she has attended conferences related to trauma and homelessness, poverty and chronic homelessness and has taken workplace Spanish.

7. Client Information –

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

While the population of Deschutes County is predominantly white (92 percent), the Hispanic population is the next most prevalent in representation within the county (7 percent), and this compares to the PATH population at (5 percent).

PATH funds will be utilized to provide outreach, case management, screening and diagnostic treatment to individuals experiencing homelessness who might not otherwise seek services, or who might not otherwise receive the appropriate level of care. It is estimated that the PATH case manager will come into contact with up to 100 clients annually. Of those, approximately 60 will become enrolled in PATH services.

In FY 2011, 77 percent of individuals served with PATH funds were literally homeless. In 2012, we would estimate that a similar number of individuals served with PATH funds will be literally homeless and the remaining will be homeless or at imminent risk of homelessness.

8. Consumer Involvement –

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

DCHS values involving consumers in the planning, implementation and evaluation of services. The PATH case manager attempted to create informal forums at Bethlehem Inn for individuals enrolled in PATH to attend and share feedback. There was little consumer involvement in the forums; however, and they have been discontinued. Informal, verbal feedback has been positive, with the primary request being that more housing options be made available. The PATH case manager will implement formal surveys that can be completed on an anonymous basis as a way to continue to elicit additional consumer input into the program.

The Mental Health/Alcohol & Drug Advisory Board (MHADAB) is a citizen advisory board that provides input to Deschutes County Health Services to plan, guide and evaluate how publicly funded mental health services are delivered in Deschutes County. There are currently 11 members on the board which includes four consumers and/or family members. When recruiting to fill vacancies, the emphasis is on increasing consumer participants. DCHS will continuously encourage the representation of consumers who have or are experiencing homelessness on this board, and transportation is provided for consumers as needed to facilitate attendance.

DCHS has hired two part-time peer specialists to work with adult consumers on their recovery goals. While not specifically PATH clients, the peer specialists identify as having a serious mental illness and have experienced the many challenges that go along with that. DCHS also provides support to the Cascade Peer and Self-Help Center. Support is provided in the form of rent-free, on-site space for the operation of the program, annual monetary support to fund peer support positions and other operating expenses. In addition, DCHS provides financial support to the David Romprey Oregon Warmline staffed by consumers. DCHS funds support training, supervision and salaries for local warm-line operators as well as other on-site operating expenses for the local program. Many individuals who were previously enrolled in PATH services have worked at Cascade Peer and Self-Help Center and the Warmline. Other individuals who were previously enrolled in PATH services have completed the Peer Leadership training which opens

the door to future volunteer and/or employment opportunities with DCHS or DCHS supported peer organizations.

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**Deschutes County Health Department
PATH Program Budget**

			Federal PATH Funds	County Match Funds
Personnel:	Annual Salary	PATH-funded FTE		
PATH Case Manager	\$47,495.00	0.9	\$47,495	\$0.00
PATH QMHP	\$57,790.00	0.1	\$5,779	\$0.00
Subtotal	\$105,285.00	1.0	\$53,274	
Fringe Benefits:				
			\$18,698.60	\$8393.40
Subtotal			\$18,698.60	\$8393.40
Travel:				
				\$2500
Subtotal:				\$2500⁹
Other:				
County Administrative Cost				\$11,699 ¹⁰
Consumer Housing Fund				\$4,000 ¹¹
Subtotal:				\$15,699
Total:				
			\$71,972.60	\$26,592.40

⁹ Includes annual cost of a county vehicle for service provision and travel to semi-annual PATH meetings and required trainings.

¹⁰ Includes county administrative costs including personnel, legal, building services, finance and IT.

¹¹ Funds will be used for security deposits , one-time rental assistance, and other costs associated with matching individuals with housing

Lane County Health and Human Services

1. 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.

The Addictions and Mental Health Division provides PATH funds to Lane County Health and Human Services. Lane County Health and Human Services subcontracts the full PATH allotment to White Bird Clinic to provide PATH services. White Bird Clinic is a private non-profit social service agency serving Lane County, Oregon since 1970. White Bird Clinic offers a wide range of free or low cost services including:

- Primary medical care
- Primary dental care
- Counseling services
- Crisis intervention services provided 24 hours per day seven days per week which includes a mobile crisis response team in collaboration with the local 911 system
- Human service and mental health information and referral services
- Outpatient substance use disorder treatment through White Bird Clinic's Chrysalis program
- Case management, outreach and advocacy services for individuals experiencing homelessness

White Bird subcontracts with ShelterCare, another long-standing non-profit social service agency in Lane County. ShelterCare provides a range of housing programs for individuals with serious mental illness, from supported housing to licensed residential treatment, with several programs specifically for people who are homeless. ShelterCare also offers emergency shelter and transitional support for families with children who are homeless or at risk of homelessness, homelessness prevention services to help families remain in their homes, and a Housing Specialist to coordinate housing issues for individuals enrolled in PATH at White Bird Clinic.

White Bird Clinic and ShelterCare serve individuals and families throughout Lane County. PATH services will be available to eligible individuals throughout the county with a specific focus in the Eugene/Springfield metro area.

White Bird will receive \$80,423 in PATH funding and will supplement the 2012 PATH Project with \$28,393 in matching funds.

2. Collaboration with HUD Continuum of Care Program –

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The local HUD Continuum of Care (CoC) planning process is coordinated by Lane County. ShelterCare, White Bird's PATH subcontractor, is a central member of the local HUD Continuum of Care Planning body. White Bird Clinic has joined in the CoC planning for the last five years. This integration has led to funding which helps to support White Bird Clinic's

homeless outreach, case management and benefits assistance. White Bird Clinic has also participated in CoC activities such as Project Connect and the HUD Point in Time Count.

3. Collaboration with Local Community Organizations –

Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

White Bird Clinic seeks collaboration with all local service providers to ensure the individuals they serve have access to any and all resources available to them. The list of White Bird Clinic's partnerships is long and includes:

- White Bird Clinic partnered with Lane County to start the Info Line. The Info Line is now a partner with the United Way's Parent Helpline and the 211 Information Line.
- White Bird Clinic's vision clinic is a collaborative effort with over 25 local optometrists and opticians.
- White Bird Clinic's mobile crisis response team, CAHOOTS, integrates with the City of Eugene, law enforcement, emergency medical services, 911 and local fire departments.
- White Bird Clinic's dental clinic arose from a coalition of over forty community members and providers.
- White Bird Clinic's medical clinic developed from a grassroots effort of a local physician, University of Oregon students, and the Lane County Medical Society.
- White Bird Clinic's crisis team evolved from a collaboration of University of Oregon students, local physicians and some delightful counterculture individuals.
- Staff at White Bird Clinic work with Lane County Mental Health (LCMH) and Sacred Heart Medical Center to streamline crisis services for LCMH clients through White Bird Clinic's in-house crisis line.
- Sacred Heart Medical Center Foundation also collaborates with the White Bird Medical Clinic to provide \$15,000 worth of unit-dosed medications for the dispensary, and \$10,000 to fund dental care service for individuals without dental insurance.
- Oregon Medical Group, the second largest physician group in Lane County, requires all new physicians, Nurse Practitioners and Physician Assistants to volunteer one half-day each month in a Safety Net Clinic. White Bird Clinic coordinates with Oregon Medical Group to place volunteers at the White Bird Medical Clinic.
- White Bird Medical Clinic and CAHOOTS have ongoing relationships with the Eugene Mission to provide medical services to residents of the shelter.

4. Service Provision –

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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

With PATH funding, the following services have been prioritized for literally homeless adults in order to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless:

- Daily outreach to individuals experiencing homelessness on the streets, at camping spots and hangout areas throughout the Eugene/Springfield metro area
- Daily in-reach to individuals utilizing programs which serve the homeless throughout the Eugene/Springfield Metro area daily, including soup kitchens and the Eugene Mission
- In-reach to individuals experiencing homelessness who are utilizing White Bird Clinic program services, including mail and messages, homeless medical and dental care, homeless case management, benefits advocacy, information and referral, and crisis intervention
- Eligibility screenings and diagnostic assessments;
- Referral to appropriate White Bird Clinic services including case management and therapeutic support
- White Bird Clinic staff also refer individuals enrolled in PATH for a variety of transitional services from other providers to facilitate an end to homelessness.

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

The gaps in the current service system continue to widen and create greater challenges to providing services – making projects like PATH even more essential.

The first and most glaring gap is lack of sufficient and affordable housing. The Eugene-Springfield 2010 Consolidated Plan found that “the demand for housing with support services vastly outweighs the supply, creating long waiting lists and forcing families to double up or become involved in the emergency shelter system.” Our community is also impacted by high rents, minimal available housing, and very limited access to specialty shelters and supervised living programs. Lane County apartment vacancy is 4.2%; the wait for Section 8 housing is generally 18 months, while two-thirds of the housing was created prior to 1980 and is believed to be in need of rehabilitation.

Other service gaps include funding for medications, inconsistent access to Oregon Health Plan (Medicaid), sufficient integrated treatment for clients with co-occurring mental health and substance use disorders, a health care system that is more user-friendly, sufficient help with employment and socialization, and a day center accessible to and accepting of this population.

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

Through all of White Bird Clinic’s service components, individuals are assessed and, as appropriate, treated for substance use disorders as well as mental illness. All staff persons have experience addressing substance use disorders as well as mental illness. A specific outpatient alcohol and drug treatment component is included among White Bird Clinic’s eight service areas and early diversion to detoxification options is arranged when appropriate. In-house White Bird Clinic provides medical and dental care, outpatient substance use disorder treatment, crisis

intervention, and case management services for individuals enrolled in PATH who have co-occurring mental health and substance use disorders.

The complications that arise when co-occurring disorders are involved are taken into consideration when medications are prescribed. Housing referrals examine special options available to persons with behavioral health issues as well as general low-income housing options. The mental health and substance use disorder treatment components coordinate care, provide cross-consultation and are co-located. Additional substance used disorder treatment services including detoxification services are available to individuals enrolled in PATH through collaborations with Willamette Family Treatment Services.

d. Describe how the organization pays for or otherwise supports evidence-based practices, trainings for PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

The White Bird Clinic counseling program has provided adult outpatient mental health services for over 40 years. These services have targeted low or no-income individuals and couples, the homeless, and people with disabilities or other challenges to accessing care. Our clients have varied widely in presenting issues, age, client expectations, degree of dysfunction and diagnoses and in clinical methods needed. The range of our target populations has necessitated developing a program that is flexible, not doctrinaire, and reliant on client involvement in the design of individualized treatment.

White Bird Clinic believes in emphasizing client strengths, and recognizes the importance of client support through case management, advocacy and referral. White Bird Clinic fosters individuals' natural support systems for better outcomes and has established long-term coordination with other service providers. These standard practices at White Bird Clinic are among the many examples of what is recognized as best practices.

The Chrysalis program's treatment design is also based on using strengths and motivation to elicit change. White Bird Clinic implements a wide variety of evidence-based practices to help individuals enrolled in PATH achieve their goals, including:

- Collaborative treatment planning involving client and family
- Medication management
- Co-occurring disorders treatment
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Contingency Management;
- Intensive Case Management; and
- 12-Step Facilitation

White Bird Clinic provides an annual training budget for PATH funded staff, along with paid time for approved trainings. In addition, trainings in cultural awareness/sensitivity are recommended to all PATH-funded staff, again with the costs and paid time for such trainings covered.

White Bird, working with County staff, has been researching software options which will permit entry into the HMIS system. The State PATH Contact is working at a state-level to assist in this process as well. This work is moving forward with the goal of all PATH providers submitting data through HMIS within two years

5. Access to Housing –

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

A portion of PATH funding will be dedicated to optimizing housing assistance, advocacy and successful transitions into housing. White Bird Clinic subcontracts with ShelterCare, the community's largest provider of emergency shelter, crisis respite, residential treatment and supportive housing, to assist individuals enrolled in PATH in accessing appropriate housing options. ShelterCare works with the local housing authority to provide HUD Shelter+Care assistance as well.

6. Staff Information –

Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

- Age: 40% 35-49 years, 40% 50-64 years, 15% 18-34 years, 5% 65-74 years
- Gender: 50% male, 50% female
- Race: 75% White, 7% Latino, 6% Native American, 4% Asian/Pacific Islander, 6% Other, 2% Black. The racial demographics of staff and clients are quite similar.
- Veteran: 20% Veteran, 80% Non-Vet

Currently, White Bird Clinic employs six bilingual staff and arranges translation when no staff can readily meet the language needs presented. To cover crisis and emergency situations, we have an agreement with Certified Languages International, an interpreter service offering quick access to translation in over 175 languages.

Additionally, White Bird Clinic has staff trained in sign language and staff have access to the State's transcribing over the phone service for individuals who are deaf or hard of hearing.

White Bird Clinic understands that cultural diversity includes people of different sexual orientations and employs staff who are comfortable and experienced in addressing the needs of individuals who identify as LGBTQ.

PATH-supported staff at White Bird Clinic identify age, gender and racial/ethnic differences in individuals with mental illness who are experiencing homelessness. Staff are sensitive to such differences, and modify and customize their services to minimize barriers to treatment.

7. Client Information –

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

White Bird serves anyone who presents for treatment who qualifies for our services. Our clients represent the following demographics:

- Age: 50% 35-49, 30% 18-34, 19% 50-64, 1% 65-74
- Gender: 60% male, 40% female
- Race: 75% White, 6% Latino, 6% Native American, 5% Black, 4% Asian, 3% Pacific Islander, 1% Other
- Veteran Status: 33% Vet, 66% Non-Vet

The PATH funds are projected to extend services to 200 PATH-enrolled clients with an additional 125 PATH-eligible clients receiving outreach services. In all, at least 325 unique individuals will receive services supported by PATH funds. At least 60 percent of our adult clients will be those who are literally homeless.

8. Consumer Involvement –

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

Individuals enrolled in PATH and their families are encouraged to participate in our agency. Below are some of the ways that individuals who are homeless and have a serious mental illness and their family members have been and are involved in planning, implementation and evaluation of PATH-funded services:

- Individuals experiencing homelessness were involved in service planning and implementation at the beginning of the PATH project at White Bird Clinic.
- All program and agency meetings are open to individuals enrolled in PATH except when clinical debriefings are in progress.
- Focus groups of individuals experiencing homelessness are conducted twice annually. Proposals from these groups are forwarded to appropriate programs, the full staff, administrators and the Board of Directors.
- One position on the Board of Directors is reserved for a currently homeless individual and is currently occupied by an individual with a co-occurring disorder who is experiencing homelessness.
- White Bird Clinic actively recruits volunteers who are currently or formerly enrolled in White Bird Clinic services including PATH services. Persons who have been PATH-eligible have been and are White Bird volunteers.
- White Bird Clinic solicits feedback daily and implements periodic satisfaction surveys for the clinic and other programs.
- Staff, paid and volunteer, are encouraged to utilize White Bird Clinic services and give feedback on their experience.
- Access to project, program and agency meetings is made available weekly to individuals experiencing homelessness. Consumers are encouraged to bring any problems, issues,

and/or recommendations for discussion. When proposals are deemed feasible, affordable, service-enhancing and within the project's scope of action, implementation can follow.

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**White Bird Clinic
PATH Program Budget**

Position	Annual Salary	PATH-funded FTE	Federal PATH Funds	County Match Funds
Personnel:				
Mental Health Counselor	\$27,900.00	1.045	\$27,634.00	\$1,521.00
Clinical Supervisor	\$27,900.00	.220	\$6,138.00	\$0.00
Clerical Support	\$27,900.00	.145	\$4,046.00	\$0.00
Homeless Outreach Worker	\$23,040.00	.440	\$6,728.00	\$3,410.00
Substance Abuse Counselor	\$27,900.00	.390	\$6,728.00	\$4,153.00
Administrative Team	\$26,880.00	.170	\$4,570.00	\$0.00
Cahoots Transport	\$27,900.00	.120	\$0.00	\$3,348.00
Crisis Counselor	\$27,900.00	.120	\$0.00	\$3,348.00
Subtotal	\$217,320.00	2.650	\$55,844.00	\$15,780.00
Fringe Benefits:			\$17,304.00	\$7,963.00
Subtotal			\$17,304.00	\$7,963.00
Travel: 2 Trips for Semi-Annual Provider Meeting in Salem			\$150.00	\$150.00
Subtotal:			\$150.00	\$150.00
Other:				
Pharmacy Assistance			\$3,000.00	
Materials (office supplies, phone, facility, utilities, etc.)				\$3,500.00
Wraparound Services				\$1,000.00
Contract with Sheltercare			\$4,125.00	
Subtotal:			\$7,125.00	\$4,500.00
Total:			\$80,423	\$28,393

**ShelterCare
PATH Program Budget**

Position	Annual Salary	PATH-funded FTE	Federal PATH Funds	County Match Funds
Personnel:				
Qualified Mental Health Associate	\$28,584.00	0.111	\$3,173.00	\$0.00
<i>Subtotal</i>	<i>\$28,584.00</i>	<i>0.111</i>	<i>\$3,173.00</i>	<i>\$0.00</i>
Fringe Benefits:				
			\$952.00	\$0.00
<i>Subtotal</i>			<i>\$952.00</i>	<i>\$0.00</i>
Total:			\$4,125.00	\$0.00

DRAFT

Marion County Adult Behavioral Health

1. 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.

The Addictions and Mental Health Division will provide \$90,008 in Federal PATH funds to Marion County, a political subdivision of the State of Oregon. Marion County will allocate \$58,029 in Federal PATH funds to Marion County Adult Behavioral Health to provide PATH services, and will subcontract the remaining \$31,979 to Northwest Human Services Homeless Outreach and Advocacy Program (HOAP)¹² for additional PATH services. Marion County will provide an additional \$30,050 in match funds to support PATH services for \$120,058 in total PATH funding.

Services through Marion County Adult Behavioral Health include: crisis intervention, screening for potential hospital admission, hospital diversion, respite placement and short term solution focused therapy as well as referral to appropriate community agencies. Services, including PATH services, are provided for eligible individuals throughout Marion County.

2. Collaboration with HUD Continuum of Care Program –

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Prior to July 2011, Mid-Valley Housing and Services Collaborative operated as the Marion/Polk Continuum of Care (CoC) programs. In July 2011, the Marion/Polk CoC dissolved to become a Region in the Rural Oregon Continuum of Care (ROCC). This will allow for further collaboration with area housing programs, an increase in the amount of “bonus” funding available through the Continuum of Care funding process, and less administrative burden. A representative of the Marion/Polk Region (Region 7) is voting member of the board of ROCC, and others from Region 7 are encouraged to attend the ROCC meetings and participate in subcommittees.

The Mid-Valley Housing and Services Collaborative continues to meet monthly to address local housing needs for low-income individuals and families in Marion and Polk Counties. A representative of Marion County Adult Behavioral Health is active in the Mid-Valley Housing and Services Collaborative, and has been a member of the CoC monitoring team.

3. Collaboration with Local Community Organizations –

Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

¹² HOAP has submitted a separate Intended Use Plan.

Staff work closely to coordinate care with a large number of community organizations. We assist PATH-eligible individuals in identifying these resources, setting-up appointments, coordinating or providing transportation, providing follow-up case management and consulting with these agencies to provide a multi-disciplinary, holistic recovery team.

The physical health needs of PATH-eligible individuals are met in partnership with the Salem Free Clinic, West Salem Clinic, Lancaster Family Health and Willamette Family Medical Center. These facilities offer a wide range of medical services either free or on a sliding scale. Marion County Adult Behavioral Health case managers track the health concerns of the individuals they work with and discuss their needs with their healthcare provider. Staff consistently advocate for the best treatment and assist the individual in following through with appropriate treatment and aftercare.

Individuals who are PATH-eligible and have co-occurring substance use disorders may be referred to either Marion County's Treatment & Recovery Services team or to Bridgeway Recovery Services. Marion County case managers directly facilitate the individual's admission into an appropriate program and regularly consult with the substance abuse counselor regarding progress in treatment. Working in tandem with the substance abuse program, our staff provide supportive counseling and motivational interviewing to assist the individual in getting the most from the program.

Housing resources are developed through a number of interacting agencies to provide a spectrum of transitional and subsidized housing options. Salvation Army, Simonka House and Union Gospel Mission all locally operate shelters for the homeless. Their staff work closely with our program, alerting our clinicians of potentially mentally ill persons who may come through their doors. We will often perform outreach, screenings and follow-up visits to clients and potential clients at these sites. We coordinate with the Marion County, Salem and West Valley Housing Authorities in identifying subsidized housing options and assist individuals enrolled in PATH in applying for these benefits. PATH staff also works closely with the Marion County Community and Provider Services Housing Coordinator, who oversees the County's network of supported housing, adult foster care homes and residential treatment facilities.

Marion County Adult Behavioral Health offers evidence-based Individual Placement and Supports (IPS) Supported Employment services for individuals with serious mental illness. The Supported Employment program participates in annual fidelity reviews conducted by the Oregon Supported Employment Center for Excellence and has maintained fidelity standards set by the Oregon Health Authority Addictions and Mental Health Division since 2008. Individuals enrolled in PATH who express an interest in work are connected with the Supported Employment program.

4. Service Provision –

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services***

and maximize serving the most vulnerable adults who are literally and chronically homeless

PATH staff visit the Union Gospel Mission and other shelters; they will consult with law enforcement agencies and other community organizations to identify areas for outreach to individuals experiencing homelessness who may have a serious mental illness. Staff seek to engage individuals who may be PATH-eligible by visiting them on the streets, establishing rapport and offering resources with the goal of enrolling them in the PATH program.

Focus on street outreach is the primary means of identifying individuals who are literally homeless and may be eligible for PATH services. Individuals being discharged from local hospitals, jails and prisons as well as individuals referred by clinicians and other case managers at Marion County Adult Behavioral Health are frequently literally homeless and eligible for PATH services.

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

The largest gap in the current service system is the lack of no- and low-barrier housing. This substantially interferes with attempts to implement a real Housing First model within our geographic area. There are no permanent housing options available for those without incomes, which can keep people on the streets for months while waiting to reinstate benefits. Few options are available for individuals with mental illness who have either Medicare or no insurance and need supported housing, foster care or residential treatment levels of housing. Two of the three available shelters maintain rules that in effect exclude nearly all of the mentally ill from being able to secure shelter there. There are also very limited resources for mental health and substance use disorder treatment, including detoxification, for those without insurance. Without insurance, access to psychiatric services is also very limited. Lastly, outreach efforts, even with PATH supports, are limited.

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

Clients with co-occurring substance use disorders may be referred to either Marion County's Treatment & Recovery Services team or to Bridgeway Recovery Services. Case managers directly facilitate the individual's admission into an appropriate program and regularly consult with the substance abuse counselor regarding the individual's progress in treatment. Working in tandem with the substance abuse program, our clinicians provide supportive counseling and Motivational Interviewing to assist the client in getting the most from the program.

d. Describe how the organization pays for or otherwise supports evidence-based practices, trainings for PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

The two PATH dedicated clinical staff are both trained in Motivational Interviewing and use these methods throughout their work.

At the clinic, individual counseling and therapy may be provided by a variety of therapists well-versed in Cognitive Behavioral Therapy and/or Acceptance and Commitment Therapy. Anger Management is taught using the SAMHSA Anger Management Manual.

Marion County Adult Behavioral Health offers Seeking Safety and Dialectical Behavior Therapy in re-occurring groups with individual follow up as needed. A depression group based on the Wellness Recovery Action Plan model is another available treatment option.

Medication Management is available to all individuals enrolled in PATH who require pharmacological intervention.

For those interested in returning to the workplace, we offer our Work Solutions Supported Employment program. Clients able to live independently, but requiring additional assistance to be successful, may be eligible to participate in our Supported Housing program. Recognizing the importance of physical health in mental health recovery, we offer the Tobacco Prevention and Education Program (TPEP).

Marion County is committed to support the training of all relevant staff on the use of HMIS as this system becomes available. Members of the ROCC now have access to ServicePoint software for HMIS. The State PATH Contact is working to coordinate data-entry into ServicePoint for PATH staff at Marion County Adult Behavioral Health. This work is moving forward with the goal of all PATH providers submitting data through HMIS within two years.

5. Access to Housing –

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

In collaboration with Marion County, Northwest Human Service's (NWHS) Homeless Outreach and Advocacy Program offers transitional and permanent housing options, available to individuals enrolled in PATH when there are vacancies. These include:

- SafeHaven – funded through HUD this facility offers supported transitional housing for up to five individuals simultaneously. SafeHaven typically houses individuals with serious mental illness requiring a “low demand” environment. Residents are provided case management, psychiatric medication management, skills training, payee services, and counseling services while they are assisted with transitioning to permanent, affordable housing.
- Koenig House – funded with NWHS' contributions and tenant rents, this facility houses six tenants in private bedrooms with common kitchen, living, and dining areas in a supported housing environment.
- NWHS' Cottages – funded through tenant rents, section 8 vouchers, and NWHS' contributions, five cottages offer independent but supported housing for up to five individuals.

PATH staff assist individuals to access other community-based housing options as well. These include the Salem and Marion County Housing Authorities. Case managers assist individuals with the application process for section 8 vouchers. Housing Authority case managers maintain

current HUD housing lists and refer to site-based low income units and Shangri-La Corporation – HOAP works closely with Shangri-La and other Continuum of Care partners to connect individuals with supportive, affordable housing as vacancies become available.

Other community housing providers to whom individuals enrolled in PATH are referred include the Marion County Housing Authority, the ARCHES program, and the Mid-Willamette Valley Community Action Agency.

Additionally, PATH staff work with the Marion County Community and Provider Services Housing Coordinator, who oversees the County’s network of supported housing, adult foster care homes and residential treatment facilities.

6. Staff Information –

Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Staff for the PATH program are non-veterans, Caucasian, ranging in age from 30-56 with a nearly equal blend of males and females.

Cultural norms and behaviors, along with symptoms of mental illness, are discussed at weekly staff meetings and addressed by the program’s psychiatrist during clinical supervision meetings with staff. Staff members are also trained to understand the barriers and social stigma that people experience because of their circumstances. Most importantly, staff members have chosen to do this work because of the genuine compassion and concern they have for the program’s clientele.

Staff members are trained in cultural competency during new employee orientation and at a minimum annually thereafter. Weekly staff meetings and clinical supervision meetings include discussions of cultural issues related to homelessness and mental illness as well as ethnic diversity.

7. Client Information –

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

- **Age:** 8-34 years: 33.3%, 35-49 years: 46.6%, 50-64 years: 13.3%, 65+ years: 6.7%.
- **Gender:** Male: 86.7%, Female: 13.3%.
- **Ethnicity:** White/Caucasian: 73.3%, Hispanic/Latino: 6.7%, American Indian/Alaskan Native: 6.7%, African American 0%, Asian: 0%, Two or more races: 13.3%.
- **Veteran Status:** Veteran: 0%, Non-Veteran: 93.3%, Unknown 6.3%

We estimate that approximately 175 clients per year will be contacted and screened via PATH supported outreach efforts and of these approximately 100 will be PATH-eligible. Of the PATH-eligible clients identified, approximately 20 will be enrolled with Marion County as PATH clients, while the remaining clients will be referred to service providers appropriate to

their needs. It is estimated that of all PATH-eligible clients identified 80-90% will meet the definition for “literally” homeless.

8. Consumer Involvement –

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

At present, PATH consumers and their family members are not involved at the organizational level. However, consumers and their families are very active in driving individual service and support delivery. Additionally, we do survey our consumers annually, including the specific population of PATH consumers and the results of the survey is taken as the basis for performance improvement activities. For example, issues around waiting room safety, access to complaint system and improvement of peer supports have all been addressed using feedback from these surveys.

Our Homeless Outreach Program is part of our larger Adult Behavioral Health Service array. An Adult Behavioral Health Consumer Advisory Group is currently in formation with an expected inaugural meeting in July 2012. This group will oversee the planning, implementation and evaluation of our adult mental health outpatient programs including the Homeless Outreach Program. We are hoping to see at least two current or past PATH services consumers and at least one family member of a current or past PATH consumer as members of this advisory group. All programs, including PATH-funded services will be periodically presented individually for continual quality improvement by this group.

**Marion County Adult Behavioral Health
PATH Program Budget**

Position	Annual Salary	PATH-Funded FTE	Federal PATH Funds	County Match Funds
Personnel:				
Homeless Specialist Case Manager	\$44,470.00	1.0	\$24,925.00	\$2,224.00
Mental Health Associate	\$39,483.00	0.2	\$5,923.00	\$0.00
Program Supervisor	\$74,381.00	0.1	\$0.00	\$0.00
Clerical Support	\$28,597.00	0.1	\$0.00	\$2,860.00
Subtotal	\$186,931.00	1.4	\$30,848.00	\$5,084.00
Fringe Benefits:				
			\$20,398.00	\$3,890.00
Subtotal			\$20,398.00	\$3,890.00
Travel:				
Local Travel Expense			\$200.00	\$0.00
Subtotal			\$200.00	\$0.00
Other:				
Office/Department Supplies			\$400.00	\$0.00
Payee Services for individuals enrolled in PATH			\$2,083.00	\$0.00
Application Fees, IDs and other consumer needs			\$500.00	\$0.00
Contract – Northwest Human Services – HOAP			\$31,979.00	\$10,660.00
Administration			\$3,600.00	\$10,416.00
Subtotal			\$38,562.00	\$21,076.00
Total:			\$90,008.00	\$30,050.00

Northwest Human Services Homeless Outreach And Advocacy Project

1. 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.

Northwest Human Services (NWHs), a 501(c)(3) not-for-profit organization, has served Marion, Polk, and surrounding counties in the mid-Willamette valley for over 40 years. The mission of NWHs is to meet the needs of community members, regardless of social or economic status, by providing comprehensive medical, dental, mental health, and social services with respect, compassion, and acceptance of cultural and linguistic diversity.

The West Salem and Total Health Community Clinics in Salem and Monmouth offer comprehensive health services to over 11,000 patients a year, nearly all low-income. NWHs also offers a youth program for runaway, abandoned, and homeless teens, a Crisis Hotline, and the Homeless Outreach and Advocacy Project (HOAP), which receives PATH funding. HOAP provides outreach, counseling, case management, medication management, supported housing, a consumer run day-center and health care accessibility, and an array of other services for individuals experiencing homelessness. The-day center receives about 800 visits a month from individuals seeking services that have a serious mental illness and are experiencing homelessness.

Marion County will subcontract \$31,979 in Federal PATH funds to NWHs for PATH services provided through HOAP. The County has allotted an additional \$10,660 in match funds to be allocated to NWHs.

2. Collaboration with HUD Continuum of Care Program –

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

NWHs has participated in the Continuum of Care program since its inception in 1996. HOAP maintains a HUD supported housing program, SafeHaven, which houses five individuals with serious mental illness who were formerly homeless, as well as HUD Supported Housing Program grant funds for a leasing program which funds rental housing for four individuals. HOAP also provides housing for its clients using 5 agency-owned cottages, and scattered site supportive housing services through community partner resources that includes Foster Care for chronically mentally ill clients. In addition, NWHs is a sub-recipient of HUD Emergency Solutions Grant (ESG) homeless assistance funds.

NWHs participates in the Emergency Housing Network through the Salem Housing Authority which brings community partners together to discuss and share the status of emergency housing inventory and demand; and is a key participant in the development and maintenance of Marion County's "10-Year Plan to End Homelessness."

3. Collaboration with Local Community Organizations –

Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Because NWHS operates several other programs as described above, we are in a unique position to provide primary care and mental health services in addition to the direct services we offer through the HOAP project. HOAP operates a “Health Care for the Homeless” van run three times each week which picks up individuals experiencing homelessness throughout the community and transports them to our medical and dental clinics where they can receive services at no charge.

HOAP also coordinates services for individuals enrolled in PATH with a variety of other providers and offices. These include:

- the Social Security Administration;
- the Department of Human Services for food stamps;
- the Recovery Outreach Center, a peer-operated 12-step program for those with substance abuse concerns;
- Bridgeway Recovery, Inc. for dually-diagnosed clients needing substance abuse services;
- Shangri-la for housing and supportive employment assistance;
- ARCHES for tenant-based housing assistance;
- Salem and Marion County Housing Authorities for Section 8 vouchers;
- Salvation Army and Union Gospel Mission for emergency shelter and life skills training services; and
- Project ABLE for peer-delivered services including support groups, case management, and supported housing.

Examples of collaborations with local community organizations include Marion County Adult Behavioral Health; the Oregon State Hospital; the Mid-Valley Behavioral Care Network; Seniors and People with Disabilities; and the Mid-Willamette Valley Community Action Agency.

4. Service Provision –

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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

Using PATH funds, HOAP will contact and engage people who are disconnected from mainstream resources. PATH funds will support 0.59 FTE of an outreach worker position, and 0.15 FTE of a case manager position. PATH funded staff connect with members of the homeless population on the streets and in local shelters including the Union Gospel Mission, the Salvation Army, and Simonka House; at local hospitals; via the NWHS Health Care for the Homeless van

run; and through referrals from other agencies serving the homeless population including ARCHES.

PATH-funded outreach efforts identify individuals suffering with mental illnesses, and help them enroll in and access our comprehensive services and other community-based programs. Through PATH supported outreach efforts, staff will contact and screen approximately 300 individuals. Of these, approximately 25% (75) will be eligible for services through HOAP¹³ and PATH-eligible. Of these individuals, approximately 20 will be enrolled in HOAP's PATH program. The remaining individuals will be referred to service providers appropriate to their needs. It is estimated that of PATH-eligible individuals identified, 80-90% meet the definition for "literally" homeless.

Individuals enrolled in PATH will have access to the full range of services provided by HOAP including: counseling, case management, psychiatric medication management (provided by a board certified, on-site psychiatrist), representative payee services, and supported housing assistance. Additionally, individuals enrolled in PATH have full access to HOAP's Day Center services where they can have lunch, take a shower, do laundry, receive mail, use the telephone, attend one of our peer run support groups, receive food boxes or donated clothing items, or simply relax and interact with others in a safe and comfortable environment.

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

Unfortunately, multiple gaps continue to exist in the current systems. These include:

- Lack of adequate transitional housing, both current and anticipated.
- Lack of permanent, affordable housing, both current and anticipated.
- Insufficient detoxification and substance use disorder services for individuals with co-occurring mental health and substance use disorders, both current and anticipated.
- Insufficient psychiatric services, anticipated.
- Inadequate funding for outreach services, current and anticipated.

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

As noted earlier, HOAP partners with Bridgeway Recovery, Inc. to provide detoxification, outpatient, and residential substance use disorder treatment services for individuals with co-occurring disorders. HOAP staff members are able to perform comprehensive assessments to identify co-occurring disorders and depending on the individual's cognitive capacity, provide education related to their condition. HOAP has had a longstanding relationship with Bridgeway Recovery, Inc. and the ROC Center, a peer-run recovery center, for people with addiction and mental health issues.

d. Describe how the organization pays for or otherwise supports evidence-based practices, trainings for PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

¹³ HOAP provides services to individuals with chronic and severe mental illness.

NWHS is committed to providing quality mental health services consistent with Evidenced Based Practices. Some of the Evidence Based Practices utilized at HOAP include, but are not limited to:

- Motivational Interviewing
- Medication Management
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy

Each program maintains an annual training budget available to staff. Staff are encouraged to attend available trainings through the Mid-Valley Behavioral Care Network, State of Oregon or other providers. Staff attend local and regional conferences focusing on the needs of the population being served. Staff also attend regional trainings designed to improve HMIS utilization. NWHS is currently using ServicePoint as a member of the Rural Oregon Continuum of Care (ROCC). The agency supports and fully participates in HMIS as outlined by HUD and the local CoC.

5. Access to Housing –

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

HOAP offers various permanent housing options available to individuals enrolled in PATH when there are vacancies. These include:

- SafeHaven, funded through HUD, this facility offers supported housing for up to five individuals simultaneously. Residents of SafeHaven typically have serious mental illness and require a “low demand” environment. Residents are provided case management, psychiatric medication management, establishment with primary care, skills training, payee services, and counseling services while they are assisted with an individually designed transition process to permanent, affordable housing. The length of stay is individually established and can be as long as two years.
- Koenig House is a group home living option that is funded with NWHS’ contributions and tenant rents, this facility houses six tenants in private bedrooms with common kitchen, living, and dining areas in a supported housing environment.
- NWHS’ Cottages consist of five private cottages funded through tenant rents, Section 8 vouchers, and NWHS’ contributions. The cottages offer independent, but supported housing for up to five individuals.

In addition to its internal resources, HOAP assists individuals access other community-based housing options as well. These include:

- Salem Housing Authority- HOAP case managers assist with the application process for Section 8.
- HUD Housing – HOAP case managers maintain current HUD housing lists as well as Marion County’s Housing Authority and refer individuals to site-based low income units.
- Shangri-La Corporation – HOAP works closely with Shangri-La and other Continuum of Care partners to connect individuals with supportive, affordable housing as vacancies become available.

- Community Action Agency’s Project ARCHES housing – rent support services and Foster Care housing options for people with disabling conditions.

HOAP also helps to ensure stable housing for an additional 110 individuals through its Representative Payee Services. By acting as the payee for these disabled clients, HOAP has taken on the legal responsibility to make sure their monthly rent is paid. Taking on this role facilitates landlords being willing to rent to individuals enrolled in payee services because they understand HOAP will pay the rent consistently and on time.

6. Staff Information –

Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

- Ages: 21-50
- Gender: 3 Male/8 Females
- Ethnicity: Hispanic, Caucasian, Other

NWHS serves a broad range of culturally and linguistically diverse populations throughout its programs including a large Hispanic/Latino community, a sub-section which are migrant and seasonal farm workers; a sizeable Russian population; a Vietnamese population; the Deaf and Hard-of-Hearing community who are primarily fluent in American Sign Language; the homeless including homeless and runaway teens; the mentally ill; and others from nearly every walk of life. The agency makes available interpreter services in all of its programs to serve anyone speaking any language. NWHS’ (including HOAP) staff members are trained in cultural competency.

Working with individuals who are homeless and have serious mental illnesses, creates unique challenges has a culture all its own. Homeless cultural norms and behaviors, along with symptoms of mental illness, are discussed at weekly staff meetings and addressed by the program’s psychiatrist during clinical supervision meetings with staff. Staff members are also trained to understand the barriers and social stigma that individuals experience because of their circumstances. HOAP staff members work with this population because of the genuine compassion and concern they have for the program’s clientele, allowing them to connect with individuals in a way that would not otherwise be possible.

HOAP staff receives formal training, and face cultural competence issues on a daily basis. Weekly staff meetings and clinical supervision meetings include discussions of cultural issues related to homelessness and mental illness as well as ethnic diversity.

7. Client Information –

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

Based on experience, we estimate the demographics of individuals enrolled in PATH as:

- **Age:** 18-34 years – 33.3% 35-49 years – 45.0% 50-64 years – 21.7%
- **Gender:** Male – 67% Female – 33%
- **Ethnicity:** White/Caucasian – 91.7% Hispanic/Latino – 1.7%
American Indian/Alaskan Native – 1.7% Other – 4.9%
- **Veteran Status:** Veteran – 10.3% Non-Veteran – 85.0% Unknown – 3.7%

8. Consumer Involvement –

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

Consumer involvement opportunities are an essential component of HOAP. HOAP has a client advisory board which assists in planning services and events including outings and evening social events, as well as manning the consumer-run Day Center. Family members of individuals enrolled in HOAP services are urged to attend events and if releases can be obtained, family members and friends can play a significant role in staff's ability to understand a person's history. When appropriate, family members may be asked to participate in treatment sessions. Currently, HOAP clients volunteer at the Day Center manning the front desk, keeping the common area tidy, providing essential supports and community information and operating the daily lunch program. HOAP Day Center volunteers also co-facilitate groups designed to assist consumers in recovery and engagement in mental health and supportive services.

NWHS is required by its Federally Qualified Health Center Status to be governed by a board of directors that is comprised of at least 51% consumers. We currently have three formerly homeless individuals on the Board of Directors.

**Northwest Human Services HOAP
PATH Program Budget**

			Federal PATH Funds	County/Match Funds
Personnel:	Annual Salary	PATH-funded FTE		
Outreach Worker	\$31,022.00	0.59	\$18,303	\$0.00
Case Management	\$34,793.00	0.15	\$5,219	\$0.00
Subtotal	\$65,815.00	0.74	\$23,522	\$0.00
Fringe Benefits:				
	\$23,628.00		\$8,457	\$0.00
Subtotal	\$23,628.00		\$8,457	\$0.00
Other: Agency In-kind				
Clothing			\$0.00	\$3,080.00
Food			\$0.00	\$6,323.00
Blankets and Towels			\$0.00	\$400.00
Hygiene/Dental Care Products			\$0.00	\$846.00
Subtotal:			\$0.00	\$10,649.00
Total:			\$31,979.00	\$10,649.00

Multnomah County Mental Health and Addictions Services Division

1. 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.

Multnomah County Mental Health and Addiction Services Division (MHASD) is the primary recipient of PATH-funded services in Multnomah County. MHASD is the Community Mental Health Program (CMHP), as well as the Local Mental Health Authority (LMHA) and a Mental Health Organization (MHO). The organization provides mental health services to adults, children and families through an extensive system of care that includes outpatient, inpatient, residential treatment and transitional housing. In addition, MHASD provides alcohol, drug, and gambling addiction prevention and treatment services to adults and youth.

MHSAD will continue to operate the PATH-funded Multnomah County Emergency Voucher Program, providing housing assistance to adults (age 18 or older) with serious mental illness by paying housing vendors for rent and rent deposits. The majority of this population will be currently housed and at imminent risk of homelessness, but will not be literally homeless at first contact.

Multnomah County MHASD will continue to subcontract PATH-funded services at the Bridgeview Community Transitional Housing Program to Luke-Dorf, Inc. Luke-Dorf is a non-profit mental health agency and a licensed provider of mental health and addictions treatment services in both Washington and Multnomah Counties. The agency has 23 facilities throughout both counties. Luke-Dorf's Multnomah County facilities include two Outpatient Service Centers, five state-licensed residences, two supported housing programs, a peer-run brokerage program, and the Bridgeview Community. Throughout these programs, Luke-Dorf offers a broad continuum of services to provide for the various needs of individuals with severe and persistent mental illness.

The Bridgeview Community provides safe, low-barrier transitional housing in 39 Single Room Occupancy units. An additional nine rooms on-site provide subsidized permanent housing. Showers and common spaces are shared. Residents are adults (age 18 or older) with serious mental illness who are either literally homeless or at imminent risk of homelessness.

Multnomah County is the service area for these PATH funds. PATH services will be provided in the downtown area. The total amount of PATH fund allocation for FY2012 is \$274,448.72. Matching funds in the amount of \$125,850 will be provided by the City of Portland.

2. Collaboration with HUD Continuum of Care Program –

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Luke-Dorf, Inc. and MHASD are active members of Multnomah County's Continuum of Care which is coordinated by the City of Portland, and the city's 10-Year Plan to End Homelessness.

Luke-Dorf and MHASD staff regularly attend the collaborative process that involves all levels of community partners, overseen by the Coordinating Committee to End Homelessness (CCEH), which meets monthly to review community strategies for reducing homelessness and coordinating housing efforts citywide. Staff are actively involved in these efforts as well as in other coordination such as attending regular neighborhood and community safety meetings. Program staff are involved in the Downtown Neighborhood Association and the Goose Hollow Neighborhood Association as well as the Portland Safety Neighborhood Association and Enhanced Safety Properties. Luke-Dorf and MHASD staff worked for several months with the Office of Neighborhood Involvement to establish a Good Neighbor Agreement for The Bridgeview Community.

3. Collaboration with Local Community Organizations –

Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

The Multnomah County PATH program maintains close networking and mutual referral relationships with many service agencies in the downtown area. The following is a listing of providers of important services with whom we actively collaborate. Staff coordinate with these providers on a daily basis to ensure a comprehensive, community based approach to services for individuals enrolled in PATH.

Mental Health Care: In addition to Luke-Dorf, other local mental health providers include Central City Concern, LifeWorks NW, Cascadia, and Western Psychological Services. Luke-Dorf maintains relationships with agencies in order to help individuals access services most appropriate for their needs and to continue to improve the county's mental health services as a whole. MHASD actively partners with these agencies to ensure that recipients of emergency vouchers receive supports for their mental health needs. All agencies serve primarily individuals enrolled in the Medicaid and those whose services are funded by State General Fund dollars.

Primary Health Care: For individuals who are enrolled in Medicaid, or have other insurance, staff refer residents to Legacy Health System, Providence Health Systems, Oregon Health and Sciences University (OHSU), and Multnomah County Health Department Clinics. Most of these programs also serve uninsured clients and may charge sliding scale-based fees. In addition, many people are referred to the Central City Concern Old Town Clinic and Outside In's Federally Qualified Health Center; the latter is located just three blocks from the Bridgeview.

Dental Care: Staff make referrals to private dentists who participate in low-cost or sliding scale dental services for low-income persons. Organizations include Dental Care Today, OHSU Dental School, and Willamette Dental. Individuals may also be able to receive emergency dental work from Russell Street Dental Clinic, Multnomah County NE Dental Clinic or the Medical Teams International dental vans.

Housing: Through an active Memoranda of Understanding, staff work closely with Home Forward (formerly the Housing Authority of Portland), owner of the James Hawthorne Building

which houses the Bridgeview Community, Home Forward offers the following services to those needing assistance accessing affordable housing (under the Rental Assistance Program):

- Section 8 Housing Choice Vouchers,
- Public Housing,
- multiple affordable housing complexes, and
- Shelter+Care vouchers

Luke-Dorf sponsors Shelter+Care vouchers in an agreement with Home Forward and oversees vouchers assigned to the sub-grantee, LifeWorks NW. Two other mental health providers, Lifeworks NW and Cascadia, own and operate both permanent and transitional housing with varying levels of structure for persons with a mental illness. Transition Projects Incorporated also offers a shelter system and mutual referrals occasionally occur. Central City Concern also operates a variety of housing programs to which program participants are often referred to. These options are typically accessible to those with very limited income. Finally, Luke-Dorf has Memoranda of Understanding for collaborative services with low-income housing providers such as Community Partners for Affordable Housing, Innovative Housing Inc., REACH Community Development and JOIN.

Emergency Services: Luke-Dorf has a clinician on-call after hours and on weekends. Multnomah County has a 24-hour mental health crisis line and a long-standing street outreach crisis team (Project Respond); these services provide support for Multnomah County residents experiencing a mental health crisis. The Crisis Line can offer assistance in accessing emergency care, and can provide information and referrals to area mental health providers.

Culturally Specific Services: To help individuals of different ethnicities, referrals are made to culturally specific providers such as Native American Rehabilitation Association (NARA), Asian Health and Services, and others.

Benefits: The Bridgeview Service Coordinator helps people enroll in benefit programs such as SSI and SSI Disability, Oregon Health Plan, Food Stamps, Section 8, veteran's programs and other programs they may qualify for.

4. Service Provision –

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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

Street outreach services are not provided through the PATH funded component of the Bridgeview Community or Emergency Voucher Program.

Case management is a priority service at the Bridgeview Community. All individuals enrolled in PATH are connected with a Service Coordinator for strengths-based case management. Each participant works with their Service Coordinator to develop and pursue an individual service and

support plan, which is reviewed at least every three months, and more often as necessary. As a low-barrier housing program, people are not required to engage in services, however Service Coordinators encourage participation through techniques such as Motivational Interviewing in order to ensure as many people as possible receive case management services.

The Bridgeview Community identifies adults who are literally homeless as a key population through the use of a weighted waitlist system in which individuals are prioritized by acuity of need. Individuals who are literally homeless, especially those currently unengaged with mental health services, are given preference, followed by those who are most imminently losing their housing, over those with housing resources, as units become available.

MHASD actively partners with local mental health agencies to ensure that recipients of emergency vouchers receive supports for their mental health needs including case management.

b) ***Describe any gaps that exist in the current service systems.***

The current economic climate will result in new gaps in the service system in the coming year. While the need for housing and support services is ever increasing, funds available to provide these resources continue to diminish. Pending funding cuts statewide, including specific cuts to mental health system funding levels in Multnomah County, are an increasing threat to vulnerable populations. Specifically, a \$39,000 loss in funding from the Portland Housing Bureau for the Bridgeview Community, effective July 1, 2012, is almost certain, and a 2.5% reimbursement rate cut across the board takes effect May 15, 2012. Remaining funding sources are more critical than ever to maintain important components of the Multnomah County safety net.

Many of the same gaps that have challenged individuals with mental illness and their service providers in the past, will persist in the coming year. These include limited access to both financial benefits and appropriate housing options. People in this target population often lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent participation in the cumbersome process of applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. To address this, Luke-Dorf has trained staff in techniques used to expedite applications for severely disabled homeless people via a program known as SOAR (SSI/DI Outreach, Access, and Recovery). The Bridgeview Community has identified one Service Coordinator who is primarily responsible for benefits coordination, ensuring that all new residents begin the process of enrolling in, or updating benefits immediately upon entry.

Due to a growing general population, a sluggish economy, and an influx of underserved people from nearby suburban areas, there continue to be increasing numbers of individuals with serious mental illness who are homeless, or on the verge of homelessness, in Multnomah County. With few local providers to call upon when releasing people who are homeless and have a serious mental illness from hospitals and institutions, the need for housing continues to outweigh available resources. An increasing number of younger adults transitioning out of youth programs or services creates an additional need. The Bridgeview Community is designed to combat this challenge but for some participants, it is determined that a higher, more structured Level of Care is preferable for the long term and there is limited availability of appropriate structured care.

The consequence of these gaps is that many individuals with serious mental illness who are experiencing homelessness are unable to access housing and mental health services and thus place an undue burden on costly community resources including hospitals, emergency rooms, law enforcement, detoxification facilities, and shelters.

c) *Provide a brief description of the services available to clients who have both a serious mental illness and a substance use disorder.*

MHASD and Luke-Dorf both have a strong commitment to Dual Diagnosis services and provide mental health and addictions services with an integrated approach. Luke-Dorf is a state licensed provider of both mental health and addictions services. The agency offers evidence-based Integrated Dual Disorders Treatment at multiple locations and has implemented an intensive program to address co-occurring disorders with the population served by PATH funds.

The Bridgeview Community is maintained as drug-free transitional housing. The program's Drug and Alcohol Policy provides a guideline for residents' behavior in the facility by establishing clear expectations and consequences for behaviors associated with substance use. Staff utilize Motivational Interviewing techniques to help participants understand the effects of substance use on their recovery. The Bridgeview program also endorses the Harm Reduction philosophy of "Gradualism". These supports (which may include treatment groups, peer supports, medical/pharmaceutical oversight, individual therapy and other interventions) are put in place to help people work toward sobriety as an ultimate goal, supported by high expectations for involvement in treatment, as well as reinforcement of lifestyle changes. 12-step groups, one-to-one supports, drug related information, and relapse prevention services are available on site.

Dual Disorders services at the Bridgeview include full ASAM (American Society of Addictions Medicine) assessments, individual and group counseling, prescriber services, and service coordination. Referrals may also be made to recovery programs outside of the mental health provider network such as Dual Diagnosis Anonymous, Alcoholics Anonymous and Narcotics Anonymous.

Individuals receiving assistance through the Emergency Voucher portion of this program will be connected with ongoing addictions services and support through local addictions and mental health agencies. Multnomah County and the Oregon Health Plan (Medicaid) contract with the following substance abuse providers: Luke-Dorf, Inc., Lifeworks NW, CODA, ChangePoint, and DePaul. Both DePaul and CODA offer residential treatment in addition to outpatient care.

d) *Describe how the organization pays for or otherwise supports evidence-based practices, trainings for PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.*

Luke-Dorf has a robust schedule of internal service trainings available to all employees to support evidence-based and best practices. The agency also provides paid leave and financial assistance so that employees can attend external trainings. A monthly Dialectical Behavioral

Therapy (DBT) Consult is offered through the Portland DBT Clinic. Training for evidence-based practices specifically utilized by the program include:

- Integrated Dual Disorders Treatment (IDDT)
- Motivational Interviewing
- Strengths Based Case Management
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Seeking Safety
- Illness Management and Recovery
- Trauma Informed Care
- Solution Focused Therapy
- Critical Time Intervention

HMIS has been implemented as the data system for this PATH-funded program. The Multnomah County Continuum of Care office organizes training on the HMIS for PATH funded staff. Luke-Dorf is actively pursuing coordination between HMIS and the agency's internal electronic records system. Luke-Dorf and MHASD employees are paid regular wages for time spent in trainings and compensated for mileage usage involved.

5. Access to Housing –

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

PATH-funded services are specifically focused on making suitable housing available to individuals enrolled in PATH. The Bridgeview Community is a short-term housing program that provides stabilization. The program serves as the first step in building a positive rental history, engaging in treatment, and developing essential life skills. The purpose of the Bridgeview Community is to provide the tools and resources necessary for residents to obtain immediate housing and to work towards stable, permanent housing.

A full-time Housing Specialist assists individuals enrolled in PATH with the transition to more permanent and independent housing as appropriate. Luke-Dorf operates or provides case management for a wide continuum of housing options ranging from supported housing with varying levels of structure and independence to licensed facilities with 24-hour care. These facilities are located throughout the county, both in the urban core and in residential neighborhoods. Clients may also be referred to a variety of other affordable housing options in the community.

The Emergency Voucher portion of this program applies directly toward enabling persons with a mental illness, who are homeless or at imminent risk of homelessness, to obtain or retain suitable housing. Referrals are made through community mental health providers. Individuals are referred to participation in community mental health services in order to put supports in place to ensure they are able to retain housing that the Voucher Program helped to pay for.

6. Staff Information –

Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

There are currently 28 staff employed at the Bridgeview Community, with the following demographic makeup:

- Gender: Male, 16; Female, 12
- Age: 18-34 years, 18; 35-49 years, 6; 50-64 years, 4; 65-74 years, 0; 75 and older, 0
- Race/Ethnicity: American Indian or Alaskan Native, 1; Asian, 0; Black or African American, 1; Hispanic or Latino, 1; Native Hawaiian or Other Pacific Islander, 0; White, 17; Other, 2; Unknown, 6

The Emergency Voucher Program services are delivered by staff at multiple mental health provider agencies that contract with Multnomah County MHASD. MHASD utilizes a portion of two county employees to review and authorize requests for PATH dollars related to the provision of payment of rent and rent deposits. These staff are female, one White 50-64, one Asian, 35-49 years old.

Multnomah County has a provision in its contracts for service delivery to ensure that services honor diversity. Staff identify age, gender and race/ethnicity differences in participants in order to be sensitive to such differences and customize services in a way that minimizes barriers to treatment. Luke-Dorf and MHASD also place emphasis on identifying and providing for various subculture populations including homeless, chronically homeless individuals, and persons with forensic backgrounds.

Luke-Dorf maintains a Cultural Competence Plan that is updated annually. The plan involves non-discrimination standards, current profiles of staff and client diversity, training requirements, and provisions for accommodating ADA, language and culturally specific needs. All Luke-Dorf service sites meet ADA accessibility requirements and Luke-Dorf employs bilingual staff in several programs that are available for translation in languages including: Spanish, Vietnamese, Chinese, Japanese, French and German. Service Coordinators facilitate outside translation services as necessary. The plan also identifies the following cultures as target cultures for competence: Mental Illness, Poverty, Drug and Alcohol, Street Homelessness, African American, Asian, and Latino.

Cultural competence trainings are mandatory for Luke-Dorf staff. The agency participates in resource training and seeks culturally specific resources for mental health care to be integrated in all Evidence-Based Practices used. The agency provides regular professional trainers, who speak to the entire staff to maintain and awaken new awareness of cultural issues. Annual trainings have been presented by Hanif Fazal of Open Meadow Schools, recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination. The most recent training occurred in June 2011.

7. Client Information –

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

During the 2010 – 2011 fiscal year, the Bridgeview Community enrolled 79 residents in PATH services. These residents had the following demographic makeup:

- Gender: Male, 50; Female, 29
- Age: 18-34 years, 26; 35-49 years, 33; 50-64 years, 20; 65 and older, 0; Unknown, 0.
- Race/Ethnicity: American Indian or Alaskan Native, 1; Asian, 1; Black or African American, 16; Hispanic or Latino, 2; Native Hawaiian or Other Pacific Islander, 1; White, 50; Other, 2; Unknown, 2
- Veteran Status: Veteran, 2; Non-Veteran, 77; Unknown, 0

During the 2010-2011 fiscal year the MHASD Emergency Voucher program enrolled 39 consumers. These consumers had the following demographic make-up:

- Gender: Male, 25; Female, 14
- Age: 18-34 years, 15; 35-49 years, 12; 50-64 years, 12; 65 years and older, 0
- Race/Ethnicity: American Indian or Alaskan Native, 6; Asian, 0; Black or African American, 6; Hispanic or Latino, 3; Native Hawaiian or Other Pacific Islander, 1; White 24; Other, 0; Unknown, 1
- Veteran Status: Veteran, 1; Non-Veteran, 38; Unknown, 0

Approximately 80 individuals annually receive comprehensive housing and mental health services through Luke-Dorf's PATH-funded Bridgeview Community Program. Approximately 40-50 additional individuals are served annually through the Multnomah County Emergency Voucher Program. This number is less than previous year due to increases in rent and rent deposit costs. Outreach services are not provided through the PATH funded Bridgeview Community or the Emergency Voucher Program, therefore all individuals served are enrolled in PATH.

Approximately 12% of participants in the Bridgeview Community will be literally homeless at first contact. The vast majority of participants will be at imminent risk of homelessness with many coming out of the hospital or incarceration. In these instances, participants would have to exit these settings directly to homelessness if not for the Bridgeview Community. Other participants are coming from precarious couch surfing situations which are not technically considered literal homelessness.

None of the participants in the Multnomah County Emergency Voucher Program will be literally homeless as this portion of the funds is directed toward preventing homelessness.

8. Consumer Involvement –

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

Luke-Dorf takes steps to create a strong sense of peer community in all programs. A well-attended community meeting is conducted weekly, providing a forum for residents to discuss issues pertaining to both residents and staff. Currently multiple Peer-Run Groups are facilitated at the Bridgeview Community. Staff members work with interested residents to facilitate such groups, in order to develop format, purpose and goals. Luke-Dorf has taken a lead role in developing peer-driven and peer-run services. A Peer Brokerage Program was successfully implemented in 2011 under the leadership of a formerly PATH-eligible staff member and the number of Peer Support Specialists employed at the agency continues to grow.

As an agency, Luke-Dorf operates a Quality Improvement Committee that meets monthly to review practices throughout all programs. Currently, there are two consumers who are regularly involved in this committee. Consumer councils for outpatient sites and groups homes provide input about services and feedback to program management throughout the agency. Two members of Luke-Dorf's Board of Directors have personal experience with mental illness of family members. Luke-Dorf's Board of Directors participates annually in the planning and "Key Leadership" component of the area-wide homeless services fair, Project Homeless Connect, which brings all homeless providers together in a single event and opens the services arena to hundreds of homeless participants.

Luke-Dorf makes every effort to employ consumers when qualified candidates are available. It is an agency priority to actively recruit peers, and currently there are eleven consumer-employees, nine of whom are in service delivery roles. One formerly PATH-eligible consumer has worked for the agency for almost six years in a variety of residential and clinical roles. This staff member has worked directly on the improvement of our agency wide Peer-Delivered Services Program including development of Luke-Dorf's peer-run brokerage program, Self Directed Services, in Multnomah County. The enhancement of this program has increased our ability to promote and develop peer employment positions. The agency's Employment Program was also opened, developed and operated for over three years by another consumer and former recipient of publicly funded community mental health services. While the Bridgeview Community has employed peers in the past, it does not have any consumer employees at this time.

**Multnomah County Mental Health and Addictions Services Division
PATH Program Budget**

Position	Annual Salary*	PATH-funded FTE	Federal PATH Funds	County Match Funds
Personnel:				
Program Manager	\$51,187.00	1.0	\$51,187.00	\$0.00
Service Coordinator	\$37,080.00	1.0	\$37,080.00	\$0.00
Residential Counselor	\$25,837.00	4.4	\$113,683.00	\$0.00
Money Management	\$36,527.00	0.5	\$0.00	\$18,263.00
Housing Specialist	\$33,240.00	1.0	\$0.00	\$33,240.00
Skill Trainer	\$33,240.00	0.5	\$0.00	\$16,620.00
IDDT Counselor	\$ 37,000.00	0.5	\$0.00	\$ 37,000.00
Subtotal	\$254,111.00	8.9	\$ 201,950	\$105,123.00
Fringe Benefits:				
			\$39,582.00	\$20,604.00
Subtotal			\$39,582.00	\$20,604.00
Other:				
Housing Assistance Voucher Program			\$32,917.00	\$0.00
Subtotal:			\$32,917.00	\$0.00
Total:			\$274,449.00	\$125,850.00

Washington County Health and Human Services

1. 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.

Washington County Health and Human Services will continue to subcontract the 2012 PATH funds to Luke-Dorf, Inc. Luke-Dorf is a private, nonprofit mental health agency and a licensed provider of mental health and addictions treatment services in both Washington and Multnomah Counties. The program outlined in this proposal serves all of Washington County, but does not extend to other counties.

The agency has 23 facilities throughout both counties. Washington County facilities include two outpatient service centers, five state licensed mental health residences, and four supported housing programs. Throughout these programs, Luke-Dorf offers a broad continuum of services to provide for the various needs of individuals with severe and persistent mental illness.

The PATH-funded Homeless Outreach Program provides outreach, emergency assistance, and case management to adults with serious mental illness experiencing homelessness. The vast majority of individuals are literally homeless at first contact and a small percentage is at imminent risk of homelessness. The purpose of the program is to identify individuals with serious mental illness in the homeless population, and connect them with housing, mental health, and other community resources. The total amount of Federal PATH funds allocated to this program for FY 2012 is \$50,307. An additional \$16,895 will be provided by Washington County Health and Human Services and Luke-Dorf as matching funds.

2. Collaboration with HUD Continuum of Care Program –

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Luke-Dorf actively partners with Washington County Adult Mental Health for the provision of PATH-funded Outreach Services in Washington County. Both agencies are members of the local HUD Continuum of Care planning body. The local Continuum of Care planning process is coordinated by Washington County Housing Department. The Continuum of Care Committee has an ongoing goal of increasing access to housing for the severely disabled/ homeless with special needs. Luke-Dorf serves on a sub-committee designated to address this issue and participates in all Continuum of Care processes and initiatives.

The Continuum of Care applied for and received HUD McKinney funds to develop a Safe-Haven project and a Dual Diagnosis housing facility in Washington County. Luke-Dorf is the sponsor for both projects and has renovated a ten-bed residential facility for individuals with serious mental illness experiencing homelessness (the Garrett Lee Smith Safe Haven House opened in March 2007) as well as the 14-bed Hillsboro Graduated Independent Living Program (opened December 2007). The Outreach Team collaborates closely with both programs.

3. Collaboration with Local Community Organizations –

Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

The Homeless Outreach Program maintains close networking and mutual referral relationships with many local service agencies. Outreach Workers go beyond referral to accompany individuals enrolled in PATH to appointments, assist in accessing services, make introductions to provider staff, and advocate for receipt of services. Staff also help individuals enrolled in PATH to problem solve and improve their ability to seek assistance on their own. The following is a list of providers of important services with whom Luke-Dorf actively collaborates. Staff coordinate with partner providers on a daily basis to ensure a comprehensive, community-based approach to services for PATH-enrolled clients

Mental Health Care: Luke-Dorf provides a complete continuum of mental health and addictions services. Individuals enrolled in PATH can easily transition to participation in any Luke-Dorf programs as is appropriate for their individual needs and desires. Other local mental health and addiction services providers include Sequoia Mental Health, LifeWorks NW, Western Psychological Services, CODA and DePaul. Luke-Dorf maintains relationships with these providers in order to ensure individuals receive services that are most appropriate to their needs and to continue to improve the county's mental health services as a whole. All agencies primarily serve Medicaid-covered clients as well as those funded by State General Fund dollars.

Primary Health Care: For individuals covered by Medicaid, or other insurance, resources include: Legacy Health System, Tuality Healthcare, Providence Health Systems, Oregon Health and Sciences University (OHSU), Beaverton Clinic, and Salud Medical. Most of these programs also serve people without insurance and may charge sliding scale-based fees. For individuals without health coverage, additional resources include: the Washington County Essential Health Clinic and Virginia Garcia Clinics in Hillsboro and Beaverton. These programs offer low-cost and sliding-scale fees. Veterans are referred to the VA Hospital and Clinics. For prenatal care, staff refer to Opening Doors.

Dental Care: Staff make referrals to private dentists who participate in low-cost or sliding scale services for low-income persons. Organizations include: Dental Care Today, OHSU Dental School, Salud Dental, Virginia Garcia Dental, and Willamette Dental.

Employment Services: Vocational services programs provide readiness assessments, training, and job coaching. Luke-Dorf offers in-house employment assistance as a part of case management services and also refers to external providers including Lifeworks NW, the State Departments of Vocational Rehabilitation and Employment, Better People, Homeless to Work, the Veterans Administration, WorkSource Oregon and Goodwill Industries.

Housing: The Washington County Department of Housing offers services to those needing assistance accessing affordable housing (under the Rental Assistance Program) Shelter+Care vouchers and Public Housing accessible to those with very limited income. Unfortunately, the Section 8 Housing Voucher waitlist is currently closed.

Luke-Dorf has well-established relationships with low-income housing providers such as Community Partners for Affordable Housing and Cascade Management. Staff regularly refer individuals to Severe Weather Shelters such as St. Anthony's during active times as well as programs such as Jubilee Transition Homes, Homeless to Work and local oxford houses. There are several structured residential program options available in Washington County for people with severe mental illness operated by both Luke-Dorf (30 beds) as well as other local mental health providers.

Emergency Services: Washington County has a 24-hour mental health crisis line and mobile-capable crisis outreach through a partnership with LifeWorks NW. These services provide support for County residents experiencing a mental health crisis. The Crisis Line can offer assistance in accessing emergency care, and can provide information and referrals to area mental health providers. For individuals enrolled with Luke-Dorf, the agency has a clinician on-call through the crisis system after hours and weekends.

Culturally Specific Services: To help individuals of different ethnicities, staff refers to culturally specific providers such as Native American Rehabilitation Association (NARA), Asian Health and Services, and others.

Benefits: Luke-Dorf staff help individuals enroll in benefit programs such as SSI and SSDI, Oregon Health Plan (Medicaid), SNAP benefits, rental assistance, veteran's programs and other programs they may qualify for.

4. Service Provision –

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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

The PATH-funded Homeless Outreach Program is specifically designed to target literally homeless individuals as a priority population. The Outreach Team spends significant time conducting street outreach to identify individuals who may be PATH-eligible. Staff travel to areas where homeless people are known to camp, such as undeveloped green spaces, as well as areas that people experiencing homelessness frequent including bottle return sites, community meal sites, and food pantries. This allows the prioritization of people who are literally homeless. The Outreach Team also responds to referrals from homeless individuals, hospital emergency rooms, jails, homeless shelters, drop-in centers, and other referral sources that reach this target population. The program maintains a weekly drop-in coffee hour in order to build rapport with literally homeless individuals with the understanding that this population is typically difficult to

engage. The drop-in hour is held at Luke-Dorf's Safe Haven, providing a venue for individuals who may be eligible for PATH services to ask questions and receive information about services with no pressure to commit. Individuals eligible for PATH services can attend as often as they choose. 95 percent of clients contacted through these outreach strategies and subsequently enrolled in services are literally homeless at first contact.

Both street outreach and case management are the priority services for this program. If mental health services are necessary and desired by an individual identified as PATH-eligible via outreach, staff formally enrolls that person into the Case Management component of the program. Engagement and ongoing participation is encouraged through techniques including Motivational Interviewing and elements of Critical Time Intervention in order to ensure as many individuals as possible receive case management. Case management involves assistance in accessing an array of treatment, services and supports in order to reduce homelessness among literally and chronically homeless individuals including:

- Community mental health services
- Substance Use Disorders Services
- Housing Supports
- Benefits/entitlements

B. *Describe any gaps that exist in the current service systems.*

The current economic climate will result in new gaps in the service system in the coming year. While the need for housing and support services is ever increasing, funds available to provide these resources continue to diminish. Pending funding cuts statewide, including specific cuts to mental health system funding levels in Washington County, are an increasing threat to vulnerable populations. Specific increasing gaps include the closure of the Washington County Section 8 waitlist during the last grant year. This further reduces the already limited pool of resources available to this population.

Many of the same gaps that have challenged individuals with mental illness and their service providers in the past will persist in the coming year. These include limited access to financial and insurance benefits and appropriate housing options. People in the target population generally lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent participation in the cumbersome process of applying for SSI or SSDI benefits. Even for individuals who achieve enough stability to seek employment, availability of appropriate positions is increasingly limited in the current economic client. To address this, Luke-Dorf has trained staff in techniques used to expedite SSI/SSDI applications for severely disabled homeless people via a program known as SOAR (SSI/SSDI Outreach, Access, and Recovery). In addition to a significant lack of income, many individuals have difficulty accessing services due to lack of insurance. Often individuals have complex medical and mental health issues but no insurance for treatment and medications. Coordinating income and insurance benefits applications is emphasized as a priority for all individuals newly enrolling in services.

Due to a growing general population, the urban sprawl from downtown Portland, and the persisting economic climate, the population of individuals with serious mental illness who are homeless or on the verge of homelessness in Washington County continues to increase. However, Washington County has limited resources such as emergency shelters and transitional housing. Currently, the county has no year-round shelters or emergency beds for single individuals. Severe Weather Shelters are available, but are only open conditionally based on below freezing temperatures and for a maximum of 90 days annually. Individuals with serious mental illness have much greater and more specified needs than the average homeless person and even more limited services exist that are specific to individuals with serious mental illness experiencing homelessness. Thus, hospitals and jails have few local resources to call upon when discharging/releasing homeless individuals with serious mental illness. Often these individuals must be referred to Multnomah County (Portland) to find shelters and homeless outreach, placing an increased strain on already over utilized services in the urban area.

The consequence of these gaps is that many in the target population are unable to access housing and mental health services and are increasingly likely to fall through the cracks of the current system. These individuals are then faced with significant health and safety risks and place an undue burden on costly community resources including hospitals, emergency rooms, law enforcement, and detoxification facilities.

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

Luke-Dorf has a strong commitment to dual diagnosis services and is a State- licensed provider of both mental health and addictions services. Historically, a high percentage of individuals who are homeless and have a serious mental illness served by this program have co-occurring substance use disorders; therefore, outreach staff have significant experience and expertise in this discipline.

PATH-funded Homeless Outreach Services provided to individuals with co-occurring disorders are generally parallel to those for all adults with serious mental illness, but tailored to the unique needs and challenges of this subset of the population. As a priority, individuals are first assisted in meeting basic needs (shelter, food, and clothing) and accessing mental health and recovery services. Early diversion to detoxification options is arranged when appropriate. Currently in Washington County, most services to individuals with co-occurring mental health and substance use disorders are provided through area non-profit mental health agencies. These services can include full ASAM assessments, counseling, prescriber services, and service coordination. Luke-Dorf operates Integrated Dual Disorders Treatment which many individuals enrolled in PATH are connected to; this includes a SAMHSA-funded dual disorders program for chronically homeless adults located in Hillsboro.

In addition to Luke-Dorf, area providers of Dual Diagnosis services include Lifeworks NW, CODA, ChangePoint, and DePaul. Both DePaul and CODA offer residential treatment in addition to outpatient care. As mentioned above, services are generally limited to those covered by Medicaid, or funded by State General Funds. Referrals may be made to recovery programs

outside of the mental health provider network. In these cases, the Outreach Team ensures that cross-consultations with mental health providers occur on a regular basis.

d. Describe how the organization pays for or otherwise supports evidence-based practices, trainings for PATH-funded staff, and trainings and activities to support migration of PATH data into HMIS.

Luke-Dorf is currently using the HMIS system to document PATH services for this program. Washington County organizes training on HMIS and PATH Outreach Workers are encouraged to attend. Luke-Dorf is considering options for further coordination between HMIS and the agency's internal electronic records system.

Luke-Dorf has a robust schedule of in-service trainings available to all employees. The agency also provides paid leave and financial assistance so that employees can attend external trainings on HMIS as well as evidence-based and best practices. Luke-Dorf provides a monthly Dialectical Behavioral Therapy (DBT) consult from the Portland DBT Clinic that is regularly attended by the Outreach Team. Training for evidence-based practices specifically utilized by the program includes:

- Motivational Interviewing
- Strengths Based Case Management
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Trauma Informed Care
- Critical Time Intervention

5. Access to Housing –

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

As mentioned above, 95 percent of the individuals served by this program are literally homeless at first contact. Thus, providing access to suitable housing is a high priority. Depending on the stage of engagement, assistance in obtaining housing may be provided by the Outreach Team or the mental health agency to which the client is referred to. Options available include emergency, transitional, structured and independent housing.

While permanent housing is ideal, it is not always immediately realistic for PATH-enrolled clients. Therefore, all shelter and transitional housing options are utilized to obtain housing as quickly as possible for participants. These include local emergency and severe weather shelters and respite, inpatient, and transitional housing. When immediate, but short-term, shelter is found at these types of facilities, the Outreach Team continues to work with the participant to obtain lasting housing. The ultimate goal of the Outreach Program is to get individuals off the streets and into housing settings that are conducive to stability and continued involvement in mental health services. The team refers individuals to more stable housing options within Luke-Dorf's network of programs, through other area providers, and independently within the community.

Luke-Dorf owns and operates many housing options internally and has the ability to refer to other community housing providers as well. Housing assistance involves referral to these housing options as well as assistance completing application materials and accessing housing subsidies. The Outreach Team oversees Shelter+Care resources for the agency and ensures that all eligible participants apply for the waitlist. The program also assists in applications for Section 8 vouchers, though the waitlist is unfortunately closed currently, as well as VASH vouchers through the VA. The Outreach Team works with individuals to obtain benefits such as SSI, SSDI or VA as well as Medicaid, Medicare and SNAP benefits. For PATH participants who are able to start receiving income, the program can assist in finding housing in independent settings throughout the greater community.

A small portion of individuals served by this program will be an imminent risk of homelessness. While they may have existing housing, they may be either headed toward eviction or have temporary housing with a limited timeline. In the case of potential evictions, clients will receive eviction-prevention interventions, which may include emergency assistance to retain the housing and prevent homelessness. For those in unstable transitional housing, program staff will assist in referring to and applying for more stable and permanent housing.

6. Staff Information –

Describe the demographics of staff serving the clients; how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence.

Currently, two staff are employed by the Outreach Program, with the following demographic makeup:

- Gender: Male, 0; Female, 2
- Age: 18-34 years, 2; 35-49 years, 0; 50 and older, 0
- Race/Ethnicity: White, 2

Washington County has a provision in its contracts for service delivery to ensure that services honor diversity. Staff identify age, gender and race/ethnicity differences in participants in order to be sensitive to such differences and customize services in a way that minimizes barriers to treatment. Luke-Dorf also places emphasis on identifying and providing for various subculture populations including dual diagnosis, chronically homeless individuals, and persons with forensic backgrounds.

Luke-Dorf maintains a Cultural Competence Plan that is updated annually. The plan involves non discrimination standard, current profiles of staff and client diversity, training requirements, and provisions for accommodating ADA, language and culturally specific needs. All Luke-Dorf service sites meet ADA accessibility requirements and Luke-Dorf employs bilingual staff in several programs that are available for translation in languages including: Spanish, Vietnamese, Chinese, Japanese, French and German. Service Coordinators facilitate outside translation services as necessary. The plan also identifies the following cultures as target cultures for competence: Mental Illness, Poverty, Drug and Alcohol, Street Homelessness, African American, Asian, and Latino.

Cultural competence trainings are mandatory for Luke-Dorf staff. The agency participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides regular professional trainers, who speak to the entire staff to maintain and awaken new awareness of cultural issues. Annual trainings have been presented by Hanif Fazal of Open Meadow Schools, recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination. The most recent training occurred in June 2011.

7. Client Information –

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

During the 2011-2012 fiscal year, the Outreach Program served 61 individuals including 42 new enrollments into PATH services. These participants had the following demographic makeup:

- Gender: Male, 42; Female, 19
- Age: 18-34 years, 9; 35-49 years, 16; 50-64 years, 19; 65-74 years, 1; 75 and older, 0; Unknown, 1
- Race/Ethnicity: American Indian or Alaskan Native, 3; Asian, 1; Black or African American, 1; Hispanic or Latino, 5; Native Hawaiian or Other Pacific Islander, 0; White, 50; Other
- Veteran Status: Veteran, 5; Non-Veteran, 56; Unknown, 0

During FY2012 approximately 175 people will be contacted by the PATH-funded Outreach Team. An estimated 50 people experiencing serious mental illness who are homeless or at imminent risk of homelessness will be enrolled in PATH services. 95 percent of individuals enrolled in services will be literally homeless at first contact

8. Consumer Involvement –

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

Agency wide, Luke-Dorf includes families and peers in planning and improvement processes. “Family and Social Supports” is identified as one of the agency’s five core values, as reflected by the mission and values statement. The Outreach Program specifically relies on input from the population to guide decision making about target areas and safety procedures. Peers help to identify best outreach procedures on a case-by-case basis and accompany Outreach Workers in specific instances where it is felt to be the most client-centered approach.

As an agency, Luke-Dorf regularly involves consumers and family members in governing and formal advisory boards. Access to project and agency meetings is made available to homeless clients, and they are encouraged to bring in any problems, issues and recommendations for discussion. The Quality Improvement Committee meets monthly to review practices throughout all programs. Currently, two consumers are regularly involved in this committee. The Quality

Assurance process includes a regular review of both mental health and substance abuse services, and incorporates satisfaction and feedback surveys of clients using these specific services. Consumer councils for outpatient sites and groups homes provide input about services and feedback to program management throughout the agency. Two members of Luke-Dorf's Board of Directors have personal experience with mental illness of family members. Luke-Dorf's Board of Directors participates annually in the planning and key leadership component of the area-wide homeless services fair, Project Homeless Connect, which brings all homeless providers together in a single event and opens the services arena to hundreds of homeless participants.

Luke-Dorf makes every effort to employ consumers when qualified candidates are available. It is an agency priority to actively recruit peers, and currently there are eleven consumer-employees, nine of whom are in service delivery roles. Among the new peers hired is a formerly PATH-eligible Peer Support Specialist at Luke-Dorf's Hillsboro Campus. Another formerly PATH-eligible consumer has worked for the agency for almost six years in a variety of residential and clinical roles. This staff member has worked directly on the improvement of our agency wide Peer Delivered Services Program including development of Luke-Dorf's peer-run brokerage program, Self Directed Services, in Multnomah County. The enhancement of this program has increased our ability to promote and develop peer employment positions. The agency's Employment Program was also opened, developed and operated for over three years by another consumer and former recipient of publicly funded community mental health services. Luke-Dorf recently applied for a grant which, if awarded, will fund two part-time Peer Support Specialists in who will coordinate with the Washington County Outreach Team to enhance the outreach, engagement and intake process.

**Luke-Dorf's
PATH Project Budget**

Position	Annual Salary	PATH-funded FTE	Federal PATH Funds	County Match Funds	Luke-Dorf Match
Personnel:					
Outreach Worker	\$37,080.00	1	\$37,080.00	\$0.00	\$0.00
Outreach Worker	\$34,000.00	0.2	\$1,288.00	\$5,512.00	\$0.00
Subtotal	\$70,008.00	1.2	\$38,368.00	\$5,512.00	\$0.00
Fringe Benefits:					
			\$7,520.00	\$1,080.00	\$0.00
Subtotal			\$7,520.00	\$1,080.00	\$0.00
Travel:					
2 Trips for Semi-Annual Provider Meeting in Salem				\$122.00	
Subtotal:			\$0.00	\$122.00	\$0.00
Other:					
Mileage/Gas			\$0.00	\$2,400.00	\$0.00
Insurance			\$0.00	\$1,100.00	\$0.00
Consumer Assistance/Outreach			\$1,904.00	\$1,121.00	\$0.00
Administrative Overhead			\$2,515.00	\$3,123.00	\$2,437.00
Subtotal:			\$4,419.00	\$7,744.00	\$2,437.00
Total:					
			\$50,307.00	\$14,458.00	\$2,437.00

Attachment A

DIVISION 32 COMMUNITY TREATMENT AND SUPPORT SERVICES Mental Health Services For Homeless Individuals

309-032-0301

Purpose and Scope

These rules prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0311

Definitions

- (1) “Co-Occurring Disorders” (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.
- (2) “Community Mental Health Program” (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses, operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Addictions and Mental Health Division (AMH).
- (3) “Division” means the Addictions and Mental Health Division of the Oregon Health Authority (OHA).
- (4) “Eligible Individual” means an individual who, as defined in these rules:
 - (a) Is homeless or at imminent risk of becoming homeless and
 - (b) Who has, or is reasonably assumed to have, a serious mental illness.
 - (c) The individual may also have a co-occurring substance use disorder.
- (5) “Enrolled” means an eligible individual who:
 - (a) Receives services supported at least partially with PATH funds and
 - (b) Has an individual service record that indicates enrollment in the PATH program.
- (6) “Homeless Individual” means an individual who:
 - (a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
 - (b) Is a resident in transitional housing that carries time limits.
- (7) “Individual” means an individual potentially eligible for or who has been enrolled to receive services described in these rules.
- (8) “Individual Service and Support Plan” (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an eligible individual that is reflective of the intended outcomes of service.
- (9) “Imminent Risk of Homelessness” means that an individual is:

- (a) Living in a doubled-up living arrangement where the individual's name is not on the lease;
 - (b) Living in a condemned building without a place to move;
 - (c) In arrears in their rent or utility payments;
 - (d) Subject to a potential eviction notice without a place to move; or
 - (e) Being discharged from a health care or criminal justice institution without a place to live.
- (10) "Individual Service Record" means the written or electronic documentation regarding an enrolled individual that summarizes the services and supports provided from point of entry to service conclusion.
- (11) "Literally Homeless Individual" means 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.
- (12) "Local Mental Health Authority" (LMHA) means one of the following entities:
- (a) The Board of County Commissioners of one or more counties that establishes or operates a CMHP;
 - (b) The tribal council of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services or
 - (c) A regional LMHA comprised of two or more boards of county commissioners.
- (13) "Outreach" means the process of bringing individuals into treatment who do not access traditional services.
- (14) "Projects for Assistance in Transition from Homelessness" (PATH) means the Formula Grants, 42 U.S.C. 290cc-21 to 290-cc-35.
- (15) "Qualified Mental Health Professional" (QMHP) means any person who meets one of the following minimum qualifications as authorized by the LMHA or designee:
- (a) A Licensed Medical Practitioner;
 - (b) A graduate degree in psychology, social work, or recreational, art or music therapy;
 - (c) A graduate degree in a behavioral science field;
 - (d) A bachelor's degree in occupational therapy and licensed by the State or Oregon; or
 - (e) A bachelor's degree in nursing and licensed by the State of Oregon.
- (16) "Secretary" means the Secretary of the U.S. Department of Health and Human Services.
- (17) "Serious Mental Illness" means a psychiatric condition experienced by an individual who is 18 years of age or older and who is:
- (a) Diagnosed by a QMHP as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or
 - (b) Is impaired to an extent which substantially limits the individual's consistent ability to function in one or more of the following areas:
 - (A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;
 - (B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;

- (C) Establishment and maintenance of supportive relationships; or
- (D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0321

Eligible Services

- (1) Effective outreach to engage people in the following array of services:
 - (a) Identification of individuals in need;
 - (b) Screening for symptoms of serious mental illness;
 - (c) Development of rapport with the individual;
 - (d) Offering support while assisting with immediate and basic needs;
 - (e) Referral to appropriate resources; or
 - (f) Distribution of information including but not limited to:
 - (A) Flyers and other written information;
 - (B) Public service announcements; or
 - (C) Other indirect methods of contact.
- (2) Methods of active outreach including but not limited to face-to-face interaction with literally homeless people in streets, shelters, under bridges and in other non-traditional settings, in order to seek out eligible individuals.
- (3) Methods of in-reach, including but not limited to placing outreach staff in a service site frequented by homeless people, such as a shelter or community resource center, where direct, face to face interactions occur, in order to allow homeless individuals to seek out outreach workers.
- (4) Screening and diagnosis.
- (5) Habilitation and rehabilitation services.
- (6) Community mental health services.
- (7) Alcohol or drug treatment services.
- (8) Staff training, including the training of those who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.
- (9) Case management including the following.
 - (a) Preparing a plan for the provision of community mental health services to the eligible individual and reviewing the plan not less than once every three months;
 - (b) Assistance in obtaining and coordinating social and maintenance services for the eligible individual, including services related to daily living activities, personal financial planning, transportation, and housing services;
 - (c) Assistance to the eligible individual in obtaining income support services including housing assistance, food stamps and supplemental security income benefits;
 - (d) Referring the eligible individual for such other services as may be appropriate and
 - (e) Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act [42 U.S.C. 1383(a)(2)] if the eligible individual is receiving aid under

- title XVI of such act [42 U.S.C. 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;
- (10) Supportive and supervisory services in residential settings;
 - (11) Housing services, which shall not exceed twenty percent of all total PATH expenses and which may include:
 - (a) Minor renovation, expansion and repair of housing;
 - (b) Planning of housing;
 - (c) Technical assistance in applying for housing assistance;
 - (d) Improving the coordination of housing services;
 - (e) Security deposits;
 - (f) The costs associated with matching eligible individuals with appropriate housing situations; or
 - (g) One time rental payments to prevent eviction; and
 - (12) Referrals to other appropriate services or agencies, for those determined ineligible for other PATH services.
 - (13) Other appropriate services as determined by the Secretary.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0331

Staff Qualifications and Training Standards

- (1) Staff delivering case management and outreach services to individuals shall have demonstrated ability to:
 - (a) Identify individuals who appear to be seriously mentally ill;
 - (b) Identify service goals and objectives and incorporate them into an ISSP; and
 - (c) Refer the individuals for services offered by other agencies.
- (2) All staff delivering PATH services shall have training, knowledge and skills suitable to provide the services described in these rules.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0341

Rights of Eligible Individuals

- (1) In addition to all applicable statutory and constitutional rights, every eligible individual receiving services has the right to:
 - (a) Choose from available services and supports;
 - (b) Be treated with dignity and respect;
 - (c) Have all services explained, including expected outcomes and possible risks;
 - (d) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 192.515 and 42 CFR Part 2 and 45 CFR Part 205.50;

- (e) Give informed consent to services in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law;
 - (f) Inspect their Individual Service Record in accordance with ORS 179.505;
 - (g) Not participate in experimentation;
 - (h) Receive medications specific to the individual's diagnosed clinical needs;
 - (i) Receive prior notice of service conclusion or transfer, unless the circumstances necessitating service conclusion or transfer pose a threat to health or safety;
 - (j) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
 - (k) Have religious freedom;
 - (l) Be informed at the start of services and periodically thereafter of the rights guaranteed by these rules;
 - (m) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian or representative assist with understanding any information presented;
 - (n) Have family involvement in service planning and delivery;
 - (o) Make a declaration for mental health treatment, when legally an adult;
 - (p) File grievances, including appealing decisions resulting from the grievance; and
 - (q) Exercise all rights described in this rule without any form of reprisal or punishment.
- (2) The provider will give to the individual and if applicable, to the guardian, a document that describes the preceding individual rights.
- (a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;
 - (b) The rights and how to exercise them will be explained and
 - (c) Individual rights will be posted in writing in a common area.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0351

Enrollment and Record Requirements

(1) An individual's eligibility shall be determined and documented at the earliest possible date.

(2) A record shall be maintained for each enrolled individual receiving services under this rule.

The record shall contain the following:

- (a) An enrollment form which includes:
 - (A) The individual's name and PATH enrollment date;
 - (B) A list or description of the criteria determining the individual's PATH eligibility; and
 - (C) The individual's PATH services discharge date.
- (b) A plan defining the enrolled individual's goals and service objectives including one or more of the following:
 - (A) Accessing community mental health services for the eligible individual, which includes reviewing the plan not less than once every three months;

- (B) Accessing and coordinating needed services for the eligible individual, as detailed in these rules.
 - (C) Accessing income and income support services, including housing assistance, food stamps, and supplemental security income; and
 - (D) Referral to other appropriate services.
- (c) Progress notes that provide an on-going account of contacts with enrolled individual, a description of services delivered, and progress toward the enrolled individual's service plan goals; and
- (d) A termination summary describing reasons for the enrolled individual no longer being involved in service.
- (3) A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:
- (a) A description of the potentially eligible individual, which may include but not be limited to:
 - (A) A physical description of the individual;
 - (B) The location where the individual was served; and
 - (C) A description of the individual's personal belongings.
 - (b) A preliminary assessment of the potentially eligible individual's needs based on available information; and
 - (c) A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.
- (4) Records shall be confidential in accordance with ORS 179.505, 45 CFR Part 2 and OAR 032-1535 pertaining to individuals' records.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

Attachment B

Service Name: **PROJECTS FOR ASSISTANCE IN TRANSITION
FROM HOMELESSNESS (PATH) SERVICES**
Service ID Code: **MHS 39**

I. Service Description

The PATH program is designed to support the delivery of eligible services to persons who are:

- A. Homeless or at imminent risk of homelessness;
- B. Have serious mental health illnesses; and
- C. May have co-occurring substance use disorders.

Eligible services are as follows:

1. Outreach services;
2. Screening and diagnostic treatment services;
3. Habilitation and rehabilitation services;
4. Community mental health services;
5. Alcohol and drug treatment services;
6. Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services;
7. Case management services;
8. Supportive and supervisory services in residential settings;
9. Referrals for primary health services, job training, educational services, and relevant housing services; and
10. Housing services as specified in Section 522 (b) (10) of the Public Health Service Act (PHSA), 42 USC 290cc-22(b)(10) , including:
 - i. Minor renovation, expansion, and repair of housing.
 - ii. Planning of housing.
 - iii. Technical assistance in applying for housing assistance.
 - iv. Improving the coordination of housing services.
 - v. Security deposits.
 - vi. Costs associated with matching eligible individuals who are homeless with appropriate housing situations.
 - vii. One-time rental payments to prevent eviction.

OHA places particular emphasis on outreach, screening and diagnostic services. OHA also emphasizes that case management, community mental health services, and alcohol and drug treatment services funded by PATH are meant to be transitions services.

II. Performance Requirements

Providers of MHS 39 Services funded through this Agreement must comply with OAR 309-032-0175 through 309-032-0210, as such rules may be revised from time to time, and must maintain a Certificate of Approval in accordance with OAR 309-012-0130 through 309-012-0220, as such rules may be revised from time to time.

Services provided must be eligible services as stated in the Public Health Services Act, Section 522 (b).

Providers of MHS 39 Services funded through this Agreement shall:

- A. Assist the Oregon Health Authority (OHA), upon request, in the development of an annual application requesting continued funding for MHS 39 Services including the development of a Budget and an Intended Use Plan for Projects for Assistance Transition from Homelessness (PATH) funds consistent with federal requirements in Section 526, Part C, Public Health Service Act; and
- B. Provider minimum requirements:
 1. At least 85% of individuals serviced must be PATH-eligible and not currently enrolled in community mental health services.
 2. Of the total individuals who are PATH-enrolled, 75% must be transitioned into permanent housing.
 3. Of the total individuals who are PATH-enrolled, 100% must be engaged in community mental health services.
 4. Active participation in the local Continuum of Care.
 5. Attendance at semi-annual PATH provider meetings.
 6. Attendance at PATH Technical Assistance trainings as requested by OHA.
 7. Development of an annual PATH Intended Use Plan including a line item budget and budget narrative.
 8. Participation in annual PATH program site reviews conducted by OHA.
 9. Participation in Federal site reviews as needed or requested by OHA.

III. Special Reporting Requirements

Providers of MHS 39 Services funded through this Agreement must submit:

- A. Annual on-line report on the activities conducted and services provided during the year with the funds awarded under this Agreement for MHS 39 services. The report must comply with federal requirements for PATH program, as authorized through the Public Health Service Act, Part C, Section 521, as amended, 42 U.S.C. 290cc-21 et seq.; Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law 101-645. Providers must supply actual utilization numbers for the Federal Voluntary Outcomes Measures within the annual on-line report.
- B. Quarterly written report documenting PATH eligible expenditures and actual utilization and demographic data due no later than forty-five (45) days following the end of the reporting period.

Reports shall be submitted to:

Oregon Health Authority
Addictions and Mental Health Services Division
Attention: Contracts Administrator
500 Summer Street N.E. E86
Salem, OR 97301-1118

Reports must be prepared using forms and procedures prescribed by OHA.

All individuals receiving MHS 39 Services with funds provided under this Agreement must be enrolled in the Client Process Monitoring System (CPMS), and the individual's CPMS record for MHS 39 Services must be maintained, as specified in OHA's CPMS manual found at:

http://www.oregon.gov/OHA/mentalhealth/publications/cpmsmanual_mh.pdf?ga=t, and as it may be revised from time to time.

IV. Financial Assistance Calculation, Disbursement and Settlement Procedures

- A. Calculation of Financial Assistance: The funds awarded for MHS 39 Services are intended to be general financial assistance for MHS 39 Services. Accordingly, OHA will not track delivery of MHS 39 Services on a per unit basis except as necessary to verify that the performance requirements set forth in the special condition identified in a particular line of the Financial Assistance Award from funds identified on that line in an amount equal to the rate set forth in the special condition identified in that line of the Financial Assistance Award. Total OHA financial assistance for MHS 39 Services under a particular line of the Financial Assistance Award shall not exceed the total funds awarded for MHS 39 Services as specified on that line.
- B. Disbursement of Financial Assistance: Unless a different disbursement method is specified in that line of the Financial Assistance Award, OHA will disburse the financial assistance awarded for MHS 39 Services identified in a particular line of the Financial Assistance Award to County in substantially equal monthly allotments during the period specified in that line of the Financial Assistance Award, subject to the following:
 - 1. OHA may, upon written consent of County, adjust monthly allotments; and
 - 2. Upon amendment to the Financial Assistance Award, OHA shall adjust monthly allotments as necessary, to reflect changes in the funds awarded for MHS 39 Services on that line of the Financial Assistance Award.
- C. Agreement Settlement: Agreement Settlement will reconcile any discrepancies that may have occurred during the term of this Agreement between actual OHA disbursements of funds awarded for PATH services, as described herein, under a particular line of the Financial Assistance Award and satisfaction of the minimum performance requirements, based on data properly reported in CPMS and/or through reports required or permitted by this MHS 39 Service Description.

Attachment C

Projects for Assistance in Transition from Homelessness (PATH) Site Visit Deschutes County March 8, 2011

The site review took place at the Deschutes County Mental Health (DCMH) Annex building and the Bethlehem Inn on March 8, 2011. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with PATH Outreach Case Manager, Sarah Elliott
- Interview with Nathan Fiedler, QMHP
- Interview with Lori Hill, Program Manager
- Interview with Jim Denman, Community Support Services Program Supervisor
- Interview with PATH consumers
- Interview with Chris Clouart and Lynn Edwards from Bethlehem Inn
- Chart Review

PATH-Eligible Services:

Deschutes County began receiving PATH funds in 2004. The funding for the 2010 Federal Fiscal Year supports an Outreach Case Manager at 0.92 FTE. The Outreach Case Manager, Sarah Elliott, has regular office hours at the DCMH Annex, the Bethlehem Inn, and Barbara's Place in Redmond. PATH eligible services provided by Sarah include: outreach (in the form of inreach at Bethlehem Inn); screening; case management; referral for primary health services, job training, educational services, and relevant housing services; technical assistance in applying for housing assistance; and community mental health services (in the form of referrals to appropriate services). PATH consumers, who are eligible for and choose to, receive on-going services through DCMH.

Agency management has designated a QMHP, Nathan Fiedler, to work with PATH consumers that enroll in DCMH services. Nathan has a standing assessment appointment each week for PATH consumers. This ensures that PATH consumers are able to quickly access community mental health services. Sarah and Nathan work closely and have frequent communication regarding mutual clients.

Housing:

A major difference noted in this year's review is the access to affordable housing. While there is still a significant need for affordable permanent housing in Central Oregon, Sarah reports that the addition of new housing programs in the last year have increased her ability to help PATH consumers locate and access housing. Barbara's Place, where Sarah has office hours one day each week, is a 6-unit permanent housing apartment complex that utilizes a housing first model. Currently five of the units are occupied by PATH consumers. Sarah also reports that a PATH consumer was able to move into one of the two new Residential Treatment Homes that recently opened in Bend.

Security deposits and one-time rental payments to prevent eviction are provided for PATH enrolled consumers that are do not have access to and/or do not qualify for other rental assistance resources.

Consumer Interview:

The reviewer was able to meet with three current PATH consumers living at the Bethlehem Inn. This was a wonderful example of the day-to-day work that Sarah does. One consumer reported that he had just been notified that his SSI had gone through. He stated that Sarah had helped him with this process. Sarah was able to inform another consumer that he had been approved to move into a local group home (room & board). The third consumer is working with Sarah to find permanent housing that will meet her specific needs. All three consumers expressed appreciation and satisfaction with the services that Sarah was able to provide. After meeting with the consumers, the reviewer was able to sit in on an impromptu staffing with Bethlehem Inn staff. It was a wonderful example of the working relationships that Sarah has been able to build, and the level of mutual trust and respect between Sarah and the staff of Bethlehem Inn. It is apparent to the reviewer that Sarah has been able to develop significant relationships with community partners that allow her to provide high quality services to PATH consumers in Deschutes County.

File Review:

PATH consumers' files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH services provided by Sarah were easily discernable as was PATH eligibility criteria. Currently, PATH enrollment and discharge is tracked through CPMS forms. A PATH service plan which is reviewed at least every three months is not currently included in the file.

Reporting and Fiscal Controls:

The reviewer has been working with all of the PATH providers on data collection and reporting. This is a work in process, and the Deschutes County PATH program is coming along well. The reviewer will continue to provide technical assistance and support in this area.

Federal PATH funds and County match funds have a separate cost-center from other funding streams. All PATH expenses and revenue are tracked in this cost-center. The reviewer was provided a copy of the cost-center expenses and revenue. There were no irregularities noted by the reviewer.

Training and Technical Assistance Requests:

Additional training in SSI/SSDI Outreach, Access, and Recovery (SOAR), Trauma Informed Care, and personal safety was requested. Ongoing technical assistance regarding data collection and reporting was also requested. The PATH program supervisor requested that he be able to attend future PATH trainings as well as the Outreach Case Manager. These training requests will be considered in the PATH training plan for FFY 2011. Technical assistance on data collection and reporting will be provided at the semi-annual provider meetings.

Sarah requested examples of consumer satisfaction surveys to be incorporated in the monthly consumer round table discussion that she is starting. An example is included with this summary.

Recommendations:

The Deschutes County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2010. The services provided appear to be PATH eligible as well as being individualized to each consumer's unique strengths and needs. The reviewer makes the following recommendations:

- Implement street outreach services as able. The reviewer recognizes that Sarah has a very full schedule; however implementing street outreach services even one day a month will help PATH eligible individuals access services that they may otherwise not receive.

- Include a PATH enrollment form in the file. An example is included with this visit summary.
- Ensure that a PATH service plan is included in each PATH consumer's file. A copy of the "Client Records" section of the State PATH Contact Manual is included for reference.

The reviewer wishes to commend the Deschutes County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

Prepared By:
Marisha Johnson
Oregon State PATH Contact

DRAFT

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Lane County
March 30, 2011**

The site review took place at White Bird Clinic on March 30, 2011. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Cindy Peterson, PATH Program Coordinator
- Interview with Ameer Markwardt, PATH data administration
- Interview with Chuck Gerard, Administrator
- Interview with Brenda Koysder, Norman Riddle, and Cori Taggart PATH funded staff
- Interview with PATH consumer
- Chart Review

PATH-Eligible Services:

Lane County has received PATH funding since 2003, and subcontracts with White Bird Clinic to provide PATH services. The funding for the 2010 Federal Fiscal Year supports multiple positions throughout White Bird's programs. The PATH eligible services provided by White Bird include: outreach; screening and diagnostic services; habilitation and rehabilitation services; community mental health services; outpatient alcohol and drug treatment; case management; and referral for primary health services, job training, educational services, and relevant housing services.

White Bird subcontracts with ShelterCare to provide PATH-enrolled individuals with assistance in applying for the various housing programs throughout the county.

Housing:

Access to affordable, permanent housing remains a challenge in Lane County. Housing programs administered by ShelterCare and St. Vincent De Paul were identified by staff as the most accessible for PATH-enrolled consumers with an income. For those without income, little to no long-term housing is available. Access to residential treatment homes and adult foster homes is also limited. Due to the limited housing availability, consumers remain enrolled in PATH services longer than in areas with more access to housing.

Consumer Interview:

The reviewer met with a PATH consumer at White Bird. The consumer is a wonderful example of PATH services in action. She has experienced chronic homelessness, and was initially contacted through the medical clinic. She has been living in her own apartment for several months now, and continues to receive mental health services through White Bird.

Chart Review:

PATH-enrolled consumers' charts were available for review, and are stored in a secure and confidential manner. An individual chart is created for each enrolled PATH consumer. A total of seven charts were reviewed during this visit. Six of the charts clearly documented PATH eligibility; the seventh did not clearly document that the consumer was homeless or at imminent risk of homelessness. A sample PATH enrollment form is enclosed for reference.

PATH consumers engaged in mental health counseling each have an Individual Services and Supports Plan (ISSP); however, only one consumer's ISSP had a goal relating to housing. Every PATH-enrolled consumer should have a service plan that is reviewed/updated at least every 90 days. A copy of the Federal guidance regarding PATH-enrolled charts is enclosed with this summary.

While contacts and services were documented in each chart, there was little documentation referencing what steps were being taken to access housing.

Reporting and Fiscal Controls:

The reviewer has been working with all of the PATH providers on data collection and reporting. The reviewer commends White Bird for their willingness to develop new data tracking techniques to ensure accuracy. The reviewer will continue to work closely with White Bird on data collection, tracking, and reporting.

PATH funds are tracked through White Birds fiscal software program. White Bird has annual audits which include PATH expenditures conducted by an independent firm, and has had no inconsistencies identified within these audits.

Training and Technical Assistance Requests:

Technical assistance on data collection and reporting will be provided at the semi-annual provider meetings and as needed and/or requested by White Bird.

Recommendations:

The Lane County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2010. The services provided appear to be PATH eligible as well as being individualized to each consumer's unique strengths and needs. The reviewer makes the following recommendations:

- Develop and document a PATH-specific service plan that is reviewed at least every 90-days for each enrolled PATH consumer. A copy of the "Client Records" section of the State PATH Contact Manual is included for reference.
- Ensure that eligibility criteria are clearly documented as having been met for each PATH-enrolled consumer. A sample PATH enrollment form is included for reference.
- Document what services are being provided to find and access housing.

The reviewer wishes to commend the Lane County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

Prepared By:
Marisha Johnson
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Marion County
March 10-11, 2011**

The site review took place at Marion County Adult Behavioral Health (MCABH) on March 10, 2011, and Northwest Human Services Homeless Outreach and Advocacy Project (HOAP) on March 11, 2011. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Amber Holt and Steve McCrary, MCABH PATH Case Managers
- Interview with Pam McCollum, MCABH PATH Program Supervisor
- Interview with Dr. Roderick Calkins, MCABH Administrator
- Interview with Ryan Matthews, MCABH Administrative Services Manager
- Interview with Verena Wessel, HOAP Program Coordinator
- Interview with Pamela Blanchard, HOAP Day Center-Safe Haven Liaison
- Interview with PATH consumer
- Chart Review

PATH-Eligible Services:

Marion County has received PATH funding since PATH's inception. Marion County subcontracts a portion of the funds to HOAP. The funding for the 2010 Federal Fiscal Year supports a Homeless Services Case Manager (0.75 FTE) and Mental Health Associate (0.25 FTE) at MCABH, and a Clinician (0.15 FTE) and Case Manager (0.1 FTE) at HOAP. Both MCABH and HOAP use PATH funds for supervision of PATH staff (0.05 FTE and 0.1 FTE respectively). The PATH eligible services provided by MCABH and HOAP include: outreach; screening and diagnostic services; community mental health services; case management; and referral for primary health services, job training, educational services, and relevant housing services.

Historically, PATH services at MCABH have focused on on-going case management and community mental health services. Outreach services were mostly in the form of inreach at local homeless shelters. Recently, PATH staff at MCABH has begun providing street outreach two days a week. The reviewer commends MCABH for implementing this critical component to PATH services.

HOAP's PATH services focus on street outreach with services targeted at linking PATH eligible individuals with on-going services through other funding streams. Because of this targeted approach and quick transition, many PATH eligible individuals are not formally enrolled in PATH resulting in a low outreach to enrollment ratio. While this number may be low, the services provided are inline with PATH's mission of linking eligible individuals with mainstream services that they are not currently connected with.

The question of when an individual may be enrolled in PATH services was addressed at both sites. Currently, eligible individuals are enrolled in PATH when they are enrolled in services at either MCABH or HOAP. If an eligible individual chooses not to engage in formal services, they are not enrolled in PATH. The reviewer encourages the programs to open PATH enrollment to eligible individuals regardless of whether or not they engage in formal services with the agency. This will allow PATH staff to work with individuals who may not otherwise have access to services that enable them to find and maintain housing.

Housing:

Access to permanent housing remains a challenge in Marion County. Interviews at both PATH sites highlight the need for additional affordable permanent housing options. That being said, PATH staff at both sites work closely with the local Continuum of Care, subsidized housing programs, and private landlords to access housing for PATH-enrolled individuals. The reviewer applauds both PATH sites for their commitment to finding safe, affordable, permanent housing for PATH consumers.

Consumer Interview:

The reviewer met with a PATH consumer at MCABH. This gentleman reported being homeless for 20 years until working with the PATH program. He stated that Amber, his PATH Case Manager “woke [him] up... [he] realized that [he] wouldn’t make it through another winter.” Through the PATH program, he was able to receive case management, recovery support, medication management, referral to substance abuse treatment, and is now living in permanent housing. As he was leaving he turned to the reviewer and said, “This is a real big help for me, and I hope it will be for other people, too.”

Chart Review:

PATH consumers’ files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH services provided by staff at both sites were easily discernable as was PATH eligibility criteria. Currently, PATH enrollment and discharge is tracked through CPMS forms. PATH goals are included in the agency service plans, and review of the plans was noted at least every three months in the progress notes.

Reporting and Fiscal Controls:

The reviewer has been working with all of the PATH providers on data collection and reporting. This is a work in process, and the Marion County PATH program is coming along well. The reviewer will continue to provide technical assistance and support in this area.

Federal PATH funds and County match funds have a separate cost-center from other funding streams at both sites. All PATH expenses and revenue are tracked in this cost-center.

Training and Technical Assistance Requests:

Additional training in SSI/SSDI Outreach, Access, and Recovery (SOAR), traumatic brain injury, co-occurring disorders, and veteran’s issues was requested. Ongoing technical assistance regarding data collection and reporting was also requested. These training requests will be considered in the PATH training plan for FFY 2011. Technical assistance on data collection and reporting will be provided at the semi-annual provider meetings.

Recommendations:

The Marion County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2010. The services provided appear to be PATH eligible as well as being individualized to each consumer’s unique strengths and needs. The reviewer makes the following recommendations:

- Continue with street outreach services.
- Allow eligible individuals to be enrolled in PATH services without having to formally enroll in services with the agency.
- Include a PATH enrollment form in the file. An example is included with this visit summary.

The reviewer wishes to commend the Marion County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

Prepared By:
Marisha Johnson
Oregon State PATH Contact

DRAFT

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Multnomah County
March 31, 2011**

The site review took place at The Bridgeview on March 31, 2011. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Lisa Davila, PATH Program Supervisor
- Interview with Mona Knapp, Director of Client Services, Luke-Dorf
- Interview with Terri Harbaugh, Multnomah County Community & Family Services Division
- Interview with Deah Partak; Austin Edwards; and Holly Johnson, PATH-funded staff
- Interview with PATH consumers
- Chart Review

PATH-Eligible Services:

Multnomah County has received PATH funding since 1990. Multnomah County Community & Family Services Division retains a portion of the PATH funds to administer a one-time rental assistance and security deposit program for PATH-eligible individuals and subcontracts the remainder of the funds to Luke-Dorf. Luke-Dorf utilizes the PATH funds received from Multnomah County to support The Bridgeview, a transitional housing program for persons with serious mental illness who are homeless or at risk of homelessness.

The PATH eligible services provided at The Bridgeview are: screening and diagnostic services; habilitation and rehabilitation services; community mental health treatment; substance abuse treatment; case management; supportive and supervisory services in residential settings; and referral for primary health services, job training, educational services, and relevant housing services. The PATH eligible services provided by Multnomah County Community & Family Services Division are: security deposits, and one-time rental payments to prevent eviction. PATH funds in Multnomah County do not support outreach services.

Housing:

PATH funding at The Bridgeview supports a Housing Coordinator to assist PATH consumers in accessing permanent housing. PATH consumers are placed on housing program waiting lists as soon as possible, and are assisted with obtaining benefits and entitlements. Every effort is made to ensure that consumers transition from The Bridgeview into permanent housing that is appropriate for the individual's needs.

Consumer Interview:

The reviewer met with three PATH consumers living at The Bridgeview. All three reported being satisfied with the PATH services they are receiving at The Bridgeview. Each consumer was asked what, if anything, could make the PATH program better. The responses included "not be hassled by [other Bridgeview residents] for cigarettes", having an on-site barbershop, more access to toiletries, and having gatherings for Bridgeview residents in the evening.

Chart Review:

Records of Multnomah County Community & Family Services Division's PATH services clearly indicated which eligible services were provided. Sample enrollment forms were provided to the reviewer, and show

that information necessary to determine PATH-eligibility is collected. The forms also show that the necessary demographic information is being gathered for annual reporting to SAMHSA.

The Bridgeview's electronic records were accessible for the review and easy to navigate. Consumer eligibility as well as the necessary demographic information for annual reporting was easily discernable and clearly documented. Enrollment in and discharge from PATH services is documented through CPMS forms. PATH consumers remain PATH-enrolled as long as they are living at The Bridgeview.

Progress notes for all consumers enrolled and served with PATH funds were included in the electronic records. Currently, a PATH-specific service plan that is reviewed at least every 90 days is not included in the record; however, housing was addressed on each service plan reviewed.

Reporting and Fiscal Controls:

The reviewer has been working with all of the PATH providers on data collection and reporting. Multnomah County's PATH program exceeds expectations in this area. The quarterly reports are completed accurately and submitted on-time. The Bridgeview has been inputting PATH data in their Homeless Management Information System (HMIS), Service Point, and is already using HMIS to generate data needed for the quarterly reports to AMH. The Bridgeview is well positioned for when HMIS becomes a mandatory component for PATH providers.

Federal PATH funds and County match funds are included in The Bridgeview's budget. Expenditures are tracked through Luke-Dorf's fiscal management software. Expenditures for PATH-funded services through Multnomah County Community & Family Services Division are tracked by the County's fiscal management department.

Training and Technical Assistance Requests:

Additional training in person-centered planning was requested. This training request will be considered in the PATH training plan for FFY 2011. Technical assistance on data collection and reporting will be provided at the semi-annual provider meetings and as needed or requested.

Recommendations:

The Multnomah County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2010. The services provided appear to be PATH eligible as well as being individualized to each consumer's unique strengths and needs. The reviewer makes the following recommendations:

- At The Bridgeview, develop and document a PATH-specific service plan that is reviewed at least every 90-days for each enrolled PATH consumer. A copy of the "Client Records" section of the State PATH Contact Manual is included for reference.

The reviewer wishes to commend the Multnomah County PATH program for your commitment to providing services to PATH-eligible consumers in your area. Your dedication is evident in the lives you touch each day.

Prepared By:
Marisha Johnson
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Washington County Mental Health
March 16, 2011**

The site review took place at Luke-Dorf in Tigard on March 16, 2011. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Mona Knapp, PATH Program Supervisor
- Interview with Valerie Burton and John Tsingos, PATH Outreach Workers
- Observation of outreach activities
- Interview with PATH consumer
- Chart Review

PATH-Eligible Services:

Washington County has received PATH funding since 2004, and subcontracts with Luke-Dorf to provide PATH services. The funding for the 2010 Federal Fiscal Year supports two Outreach Workers – one at 1.0 FTE (Valerie Burton) and the other at 0.1 FTE (John Tsingos). The PATH eligible services provided by Luke-Dorf include: outreach; screening and diagnostic services; habilitation and rehabilitation services; community mental health services; case management; and referral for primary health services, job training, educational services, and relevant housing services.

Washington County's PATH program embodies the intent of PATH by focusing on outreach services to literally homeless individuals with serious mental illness. Valerie reports that she averages about 50% of her time providing street outreach throughout Washington County.

The reviewer had the opportunity to observe outreach activities with both PATH Outreach Workers. It was very clear that the Outreach Workers have built strong relationships with community partners providing services to PATH-eligible individuals. The PATH Outreach Workers appear to be known within the homeless community as well. After meeting with a woman referred to the Outreach Workers by the Seventh Day Adventist Church in Tualatin, we stopped by a shopping center to deliver mail to a gentleman that Valerie has been working with. As we walked up, we heard, "Speak of the devil. There she is. She can help you." The Outreach Workers appear to be a trusted resource for PATH-eligible individuals, and the reviewer commends them for the reputation they have built in the community.

Housing:

Access to permanent housing remains a challenge in Washington County. Washington County has no year-round emergency shelters which makes finding even temporary shelter is a challenge. That being said, the PATH Outreach Workers work closely with the local Continuum of Care, subsidized housing programs, and private landlords to access housing for PATH-enrolled individuals. The reviewer applauds them for their commitment to finding safe, affordable, permanent housing for PATH consumers.

Consumer Interview:

The reviewer met with a PATH consumer at Luke-Dorf. The consumer is a wonderful example of PATH services in action. She has experienced chronic homelessness, and was initially contacted through outreach. She has been living in her own apartment for several months now, and continues to receive mental health services through Luke-Dorf.

Chart Review:

Luke-Dorf's electronic records were accessible for the review and easy to navigate. Consumer eligibility and PATH services were easily discernable and clearly documented. Enrollment in and discharge from PATH services was also clearly documented. Currently, a PATH-specific service plan is not included in the record.

Reporting and Fiscal Controls:

The reviewer has been working with all of the PATH providers on data collection and reporting. The Washington County PATH program exceeds expectations in this area. The quarterly reports are completed accurately and submitted on-time. Luke-Dorf has been inputting PATH data in their Homeless Management Information System (HMIS), Service Point, and is well-positioned for when HMIS reporting becomes mandatory for PATH providers.

Federal PATH funds and County match funds are included in the Hillsboro site's budget.

Training and Technical Assistance Requests:

Additional training in SSI/SSDI Outreach, Access, and Recovery (SOAR), person-centered planning, and disaster preparedness was requested. These training requests will be considered in the PATH training plan for FFY 2011. Technical assistance on data collection and reporting will be provided at the semi-annual provider meetings.

Recommendations:

The Washington County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2010. The services provided appear to be PATH eligible as well as being individualized to each consumer's unique strengths and needs. The reviewer makes the following recommendations:

- Develop and document a PATH-specific service plan that is reviewed at least every 90-days for each enrolled PATH consumer. A copy of the "Client Records" section of the State PATH Contact Manual is included for reference.

The reviewer wishes to commend the Washington County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

Prepared By:
Marisha Johnson
Oregon State PATH Contact

Attachment D
Oregon Coalition on Housing and Homelessness
Conference at a Glance

Wednesday May 2

- 10:00 am **Registration Begins**
- 12:00 - 1:15 **Buffet Lunch - Speaker:** Homelessness and Addiction: Challenging the Status Quo—Ross Banister
- 1:45 - 4:45 **Concurrent Seminars:**
- Sustainable Programs: Grow Your Own Support with Basic Skills & Strategies
 - Fair Housing
 - Housing and Health Services Integration Focus Groups
- 6:00 - 8:00 **BBQ Buffet - Speaker:** Patricia Julianelle—Legal Director National Association for the Education of Homeless Children and Youth

Thursday May 3

- 7:00 - 8:15 **Buffet Breakfast**
- 8:30 - 10:00 **Concurrent Workshops**
- Community Engagement
 - Poverty Simulator—Part One
 - Permanency for Runaway & Homeless Youth
 - Education of Homeless Children and Youth—Update on Federal Legislation
- 10:15 - 11:45 **Concurrent Workshops**
- Poverty Simulator - Part Two
 - Recruiting Host Homes for Youth
 - I Just Lost My Tongue Ring and It's the End of The World
 - Home for the Homeless
- 12:00 - 1:30 **OCHH Luncheon - Speaker:** Genevieve Frederick—Pets for Homeless
- 1:45 - 3:15 **Concurrent Workshops**
- Trauma Informed Services
 - Healthy Kids: Connecting Kids to Coverage
 - Jump Start Financial Literacy
 - Pets for Homeless
- 3:30 - 5:00 **Concurrent Workshops**
- Pets for Homeless—Genevieve Frederick
 - Communicating More Effectively About Homelessness

6:00 - 8:00 **OCHH Awards Banquet - OCHH Awards**

- Permanency for Runaway and Homeless Youth

Friday May 4

7:00 - 8:15 **Buffet Breakfast**

8:30 - 11:30 **Concurrent Seminars:**

- Addiction: It's Not About Drugs
- Stress in the Workplace
- Developing/Reinventing Organizational Culture

11:45 - 1:00 **Concluding Buffet Lunch - Speaker: OPEN MIC**

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