

Statement of Problem

Identify and describe the challenges or needs the program will address in the geographic area to be served. Provide data to show the nature and scope of the need. Explain previous or current efforts to address the problem, including an analysis of the outcome of these efforts. Provide a clear and concise statement of the purpose or goal of the program and how it will address the needs identified. If you are a current or previous PATH grantee, provide three year trend data. Include existing gaps in the service system.

COMCARE of Sedgwick County has been providing homeless services under the PATH grant for 17 years. The challenges and needs COMCARE PATH program will address in Wichita/Sedgwick County will be to provide access to mental health and substance use treatment services for persons who are homeless. The COMCARE PATH program will increase literally homeless (shelter, parks, under bridges, etc.) consumers' attainment of housing and access to mainstream resources. Outreach data consistently reflects complex barriers for literally homeless people, including chronic health conditions, multi-substance use, law enforcement contact/felony history, and elimination of food stamps (Supplemental Nutrition Assistance Program "SNAP") for homeless individuals not participating in addiction/vocational programs.

Attempts to move persons from shelter to housing reveal decent affordable housing remains out of reach for the lowest income renters because of a shortage of affordable housing, increasing rents and poverty. There are great challenges for consumers living on SSI (Supplemental Security Income), who live on \$721/month, attempting to locate safe, affordable rental properties. Even seasoned staff, expert at finding landlords in the area who offer all-bills-paid units, struggled to assist consumers with rental subsidies to locate safe, affordable rental properties (e.g., Shelter Plus Care, TBRA, Housing First, Section 8). Additionally, many landlords in Wichita have raised rents substantially due to increasing utility costs/rate hikes; this is particularly true for the all-bills-paid units, many of which became priced out of subsidy assisted housing.

PATH program staff outreach throughout the geographical coverage area of approximately 1000 square miles with primary evidence of homelessness in downtown Wichita. About 72,560 individuals or 14.4 % of 503,889 Sedgwick County residents live below the poverty level at risk of homelessness. <http://quickfacts.census.gov/qfd/states/20/20173.html>

Data from the 2013 HUD Point-In-Time (PIT) count in Sedgwick County indicated there were 538 persons experiencing literal homelessness, and 91 persons contacted were chronically homeless. The term chronically homeless as defined by The U.S. Department of Housing and Urban Development (HUD), describes an individual/family who has a disabling condition and has also been either continuously homeless for at least a year or had at least four episodes of homelessness in the past three years. The chronically homeless typically have been on the streets the longest, are not connected to mainstream services, and may suffer from a complex layering of problems including mental illness and substance use disorders, which results in their long and frequent periods of homelessness. The number of people who were in an unsheltered living situation remained constant 2012-2013 (from 73 in 2012 to 71 in 2013 after dropping from a high of 104 in 2011). Of the 538 people experiencing homelessness who reported they had a disabling condition, 27% of respondents reported experiencing symptoms of mental illness (2013 PIT Count Summary Report, United Way of the Plains).

Previous and current efforts to address homelessness in Sedgwick County include active participation on the local HUD Continuum of Care (CoC), Mental Health Advisory Board, long-term strategic planning to end homelessness and input into the City of Wichita's Consolidated Plan. To increase access to subsidized permanent housing for people with disabilities Sedgwick County agreed to administer two permanent supportive housing grants transferred by HUD grantees in 2014. The transfer of these grants prevents the loss of 19 permanent supportive

housing beds in the Wichita/Sedgwick County community. Sedgwick County has applied to reallocate an existing HUD Transitional Housing program for chronically homeless persons with mental illness and substance use disorder into permanent supportive housing.

The Wichita/Sedgwick County CoC piloted The Vulnerability Index (VI) at the 2014 HUD PIT count and use of this tool will be operationalized in the Homeless Management Information System (HMIS). The VI is a tool for identifying and prioritizing people who are homeless and living on the streets for housing according to the fragility of their health. It identifies the most vulnerable individuals through a ranking system that takes into account mortality risk factors and the duration of homelessness. This ranking, along with a by-name registry of the community's unsheltered homeless population, allows communities to prioritize permanent supportive housing and other supports to those with the most severe health risks. It is an objective measure proven successful in other communities which will ease communication among providers when more than one person presents for housing.

While Wichita/Sedgwick County has made progress increasing permanent housing for low-income and disabled adults, the community continues to struggle with significant barriers to ending homelessness. For example, some consumers experience recidivism back into homelessness, and some disabled adults choose not to or are unable to use the SSI/SSDI Outreach, Access, and Recovery Initiative (SOAR) process to obtain Supplemental Security Income (SSI)/ Supplemental Security Disability Income (SSDI).

COMCARE PATH program will serve literally homeless adults with serious mental illness (SMI) or severe and persistent mental illness (SPMI) who remain unconnected to mainstream services in Sedgwick County. The program's goal is to connect individuals to mainstream

resources aimed at ending their homelessness and assisting in their recovery from mental illness and substance use.

PATH	FY 2013	FY 2012	FY 2011
# of people outreached	378	344	1411
# enrolled	188	116	147
# of carry over	157	183	149

The COMCARE Homeless Program's three year trend data demonstrates the effectiveness of a focus on engaging persons exhibiting mental health symptoms to increase PATH enrollment. Through technical assistance from the State PATH Contact in 2011, the COMCARE Homeless Program adapted outreach activity to increase enrollment of PATH eligible consumers. During the worst recession seen in many years it was difficult for PATH staff to ignore the multitude of people in poverty needing resources 2011 PIT data shows 634 sheltered/unsheltered persons). PATH staff needed supervision and support to effectively adapt their practice to a focus on people with symptoms of major mental illness and co-occurring substance use disorder. PATH staff was successful in their outreach and enrollment as evidenced by an increased rate of enrollment; in FY '12, 34% of those outreached were enrolled and in FY '13, 50% of those outreached were enrolled. Due to the focus on literally homeless with mental illness and/or substance use, there was a significant decrease in the number of literally homeless people outreached from FY '11 to FY '12. 2012 PIT data also showed a decrease in the homeless population in Wichita/Sedgwick County (PIT data shows a modest decrease in sheltered/unsheltered from 634 in '11 to 550 persons '12). The COMCARE PATH program demonstrated the ability to enroll PATH eligible

consumers into community mental health services as evidenced by a 50% enrollment rate in FY '13.

A primary gap in homeless services is the availability of safe, affordable housing. In Wichita in 2014, the Fair Market rent increased for 'all-bills-paid' units: \$429 for a zero bedroom (studio), \$529 for a one-bedroom apartment and \$704 for a two-bedroom apartment. Persons receiving SSI of \$721/month can afford to pay no more than \$237 monthly for rent and utilities. If a person were working full time at the Kansas minimum wage (\$7.25/hour), he or she could afford no more than \$414 for rent and utilities. To rent a studio apartment plus utilities costs approximately \$8/hour (full time employment); to rent a one-bedroom apartment and utilities exceeds \$9/hour. According to The National Low Income Housing Coalition it takes approximately \$13/hour for a family living in Wichita to rent a two-bedroom apartment. Many PATH eligible consumers have little or no income which makes finding suitable housing extremely challenging. "Finding a decent, affordable apartment is a challenge for all renters, but the poorest households are the most likely to be locked out of the market entirely. For every 100 extremely low income renter households, there are just 30 affordable and available units" (Out of Reach, 2013). Without a subsidy, many PATH eligible consumers will likely have to double up, live in a shelter or remain homeless on the streets.

While the Sedgwick County community has several rent subsidy housing programs for people with disabilities and/or low income renters, the need far exceeds the available rent subsidies. The Wichita Housing Authority has 578 units of Public Housing with 1,200 persons on the waiting list for those units. The application process has been closed since May 29, 1998 except for individuals aged 50 and over, households with four or more family members, and disabled head of households. The Wichita Housing Authority also operates the Section 8 Housing

Choice program. After being closed since 2010, the City of Wichita began taking applications for Section 8 Housing Choice program for only two weeks, from January 22, 2014 through February 5, 2014. During that time 2,675 persons submitted preliminary applications and may remain on the waiting list (Mary Kay Vaughn, Director of Housing and Community Services, City of Wichita, 2/10/14). At the COMCARE Homeless Program 59 individuals were assisted to apply within a very narrow timeframe. 'Assisted referral' to City of Wichita Section 8 Housing Choice program was essential as the application was only available electronically making the resource inaccessible for most PATH eligible consumers.

Medicaid reimbursement for case management services is not available once consumers' symptoms stabilize. There are no funds or services in the community specifically designed to target sustaining permanent housing stability. The COMCARE Homeless Program services are provided to help persons cope with symptoms of mental illness and to adjust to living in housing. Over time previously homeless individuals may experience symptom stabilization requiring less support to live independently. The nature and course of mental illness and substance use disorders is often cyclical for some people. Psychotropic medications may require periodic adjustment as human physiology is not static. In other words, once a previously homeless person with mental illness and/or substance use demonstrates stability, supportive services end. If a person experiences relapse of either mental health symptoms, substance use, or both, a new homeless episode may occur. A strategy employed by the COMCARE Homeless Program to address this gap was introduced in the FY 2009 PATH application and continues in the current PATH application. In addition to conducting street outreach daily, PATH case managers also make monthly contact (e.g., in person, by phone, by mail) to consumers in the HUD Shelter Plus Care program who have graduated from community mental health services. Long term Shelter Plus

Care residents may still receive medication management with a psychiatrist and/or therapy with a Masters' level clinician; however, none of these service providers make home visits and may not explore housing maintenance issues (e.g., housekeeping, unopened mail, lease violations like noise or guests). The challenge to help previously homeless persons to sustain their permanent housing (subsidized or unsubsidized) remains a crucial service system gap, as there are many people struggling to sustain housing outside of the Shelter Plus Care program.

Project Design

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

Within the COMCARE Homeless Program the plan to provide coordinated and comprehensive PATH and community mental health services involves utilizing existing internal processes throughout the COMCARE system to ensure that people receive help no matter how they enter the system. The primary method of serving literally homeless adults with mental illness and/or substance use disorder is through PATH assertive outreach in shelters, on the streets, and in known homeless locations in Sedgwick County. The secondary method is entering and updating data on PATH eligible individuals and families in HMIS. This enhanced data collection/reporting method will improve access to housing, especially to HUD subsidized and supportive housing for PATH eligible individuals.

PATH case managers not only connect people to immediate resources (i.e. shelter, food), they engage people and introduce them to the COMCARE Homeless Program for an intake to mental health services. 100% of the people contacted by PATH case managers who are literally homeless will receive outreach, engagement, and informal screening for PATH services. Intakes may also be completed by other parts of the COMCARE (Sedgwick County Offender Assessment Program,

the Centralized Intake and Assessment Center or Crisis Intervention Services) and then referred to the COMCARE Homeless Program. Outreach and in-house referrals are reviewed by an interdisciplinary team to assess eligibility for the COMCARE Homeless Program services using target population criteria for both homelessness and severe and persistent mental illness (or a serious mental illness); the team makes recommendations for intake or appropriate referrals to individual mental health services. The COMCARE Homeless Program then directly connects eligible consumers to therapy, medication management and/or case management within the COMCARE Homeless Program itself. Those who are assessed to be ineligible (e.g., not literally homeless) but in need of substance use treatment or another community resource are assisted to make those connections by PATH case managers. Upon assessment and referral to case management at the COMCARE Homeless Program, consumers are also considered for their eligibility for different housing options and those referrals or assignments are begun. COMCARE offers intensive case management to ensure persons successfully navigate internal or external systems and receive services. COMCARE Code of Conduct, which is reviewed by all COMCARE staff annually, reinforces the expectation that all services delivered should be guided by a current and individualized treatment plan updated no less than quarterly with the consumer.

ii. Indicate the projected number of adult clients to be contacted through outreach using PATH funds. 400

- a. Indicate the projected number of adult clients to be enrolled using PATH funds. 200**
- b. Indicate percentage of adult clients served with PATH funds projected to be literally homeless i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness. 95%**
- c. Describe activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.**

Because the COMCARE Homeless Program is embedded within a licensed community mental health center with 50 years' experience providing a broad array of mental health services, COMCARE's PATH funds will be utilized to fund the following positions: two 1.0 FTE Outreach case managers and one .40 FTE office specialist. COMCARE's PATH case managers primary responsibility will be street outreach to people experiencing literal homelessness, including regular visits to known homeless locations such as parks, bridges, and emergency shelters in Sedgwick County. PATH case managers will not provide Medicaid reimbursable case management nor carry a caseload. Once the person is enrolled in community mental health services the PATH enrolled consumer works primarily with the COMCARE Homeless Program non-PATH funded team (e.g., field case manager, therapist, and psychiatrist).

Using HMIS in PATH data collection will allow area HUD housing providers to assist PATH eligible consumers to attain housing. PATH data collection and reporting, including annual performance reports/quarterly reports, will be accomplished through HMIS/PDX by a partially PATH funded office specialist position. The information required by PATH in HMIS includes basic demographic information as well as tracking frequency of Outreach contacts and PATH Outcomes (assisted referral/attainment) on approximately 400 individuals. PATH funds awarded to COMCARE will focus specifically on the outreach and engagement of literally homeless persons into COMCARE services and mainstream services.

d. Describe strategies that will be used to target PATH funds for street outreach and case management as priority services.

Two full-time PATH case managers are employed within a separate and unique department within the COMCARE Homeless Program. They do not carry a caseload of consumers similar to other case managers at the COMCARE Homeless Program or Community Support Services

(CSS), so will not be evaluated based upon standards used for other mental health staff members (e.g., productivity, treatment planning). PATH case managers' job descriptions and annual evaluations are solely based upon their ability to successfully outreach/engage persons experiencing literal homelessness, serious mental illness and/or substance use into mainstream services. The team receives supervision, support and direction from a Qualified Mental Health Professional (QMHP) who also conducts intakes, and is directly involved in the provision of services upon PATH enrollment.

The COMCARE Homeless Program enjoys an excellent reputation as a longstanding partner in the Wichita community's homeless service provider network. The COMCARE Homeless Program has strong working relationships with stakeholders in the homeless service community including the HUD CoC, substance use treatment resources, faith-based agencies, and other homeless service providers. The COMCARE PATH program's expertise in providing street outreach and case management is evident in more than 17 years of PATH funding and positive outcomes for people experiencing literal homelessness.

In addition to the strategies discussed above, the COMCARE PATH program will place increased emphasis on locating and serving individuals experiencing serious mental illness and co-occurring substance use disorders. While PATH case managers will provide general information/referral to all homeless persons encountered, they will effectively target efforts on engaging with individuals who have traditionally avoided services or who have been challenging to engage due to their experience of mental illness symptoms. Every effort will be made to engage reluctant and sometimes avoidant persons experiencing homelessness through culturally sensitive staff interventions and help obtaining mainstream resources.

- e. Describe in table format (table format required): (a) the demographics of the population in the area you are proposing to serve; (b) the demographics of the individuals you are proposing to serve; (c) the demographics of the staff serving the individuals.

Demographics	Sedgwick County %	PATH Enrolled '13	Homeless Program %
White	81.2%	65%	73%
Black/African American	9.5%	30%	7%
American Indian & Alaskan Native	1.4%	3%	0%
Asian	4.2%	1%	7%
Hispanic/Latino	13.4%	4%	13%
Two or more races	3.5%	<1%	13%

<http://quickfacts.census.gov/qfd/states/20/20173.html> and PATH 2013 Data

- f. Describe how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and the extent to which staff receive periodic training in cultural competence. (See Appendix D: Guidelines for Accessing Cultural Competence.).

The proposed project will address the issues of age, race, ethnicity, culture, language, disability, literacy, and gender in the target population through training, professional competencies and personal experiences of direct service staff members. The COMCARE Homeless Program has 26 years of experience providing mental health and housing services to the PATH target population. The COMCARE Homeless Program staff participates in diversity training to ensure awareness and sensitivity to age, gender, and racial/ethnic differences in service provision and the workplace. One outreach staff has been with COMCARE for more than 20 years and is fluent in Spanish. One of the COMCARE Homeless Program staff speaks Mandarin Chinese. The Homeless Program also has access to a CSS staff member who is fluent in Vietnamese. Materials

developed and distributed by COMCARE of Sedgwick County (i.e., service information and educational brochures) are made available in Spanish, as well as English, including an annually updated homeless resource brochure developed in cooperation with Wichita Police Department (WPD). All staff have access to interpreter services available 24 hours a day/ 7 days per week.

New COMCARE direct service provider staff is given 25 hours of internal training within the first six months of employment on a variety of topics related to understanding the persons served. They have the opportunity to interact with consumers and family members, and ask questions. COMCARE has added Relias Learning to provide staff ongoing access to earn CEU's on-line on over 400 topics related to mental health and substance use. Homeless Program staff members were introduced to the Adverse Childhood Experience (ACE; www.acestudy.org; Felitti, et al) study to learn how adult symptoms and behavior may be an expression of early trauma. Staff has access to a variety of cultural competence topics including training on Stages of Change, Motivational Interviewing, Integrated Dual Diagnosis Treatment (IDDT) and the use of person-first language. Another way the COMCARE Homeless Program addresses cultural competency is by using the principle of "meeting the consumer where they are," respect for diversity, and awareness of and understanding of cultural differences. This design encompasses recruiting staff from the minority group served and incorporates an element of COMCARE's values to be inclusive of racial, ethnic, cultural and minority groups. COMCARE promotes linguistic competence by hiring bi-lingual and bi-cultural employees. Staff have varied backgrounds and personal experiences: education levels, socio-economic status, race, religion/faith and military history/veteran status.

COMCARE includes consumers and their families in planning services in a variety of ways including the Mental Health Advisory Board, and co-location with People's Net, a grass roots

consumer advocacy organization at United Methodist Open Door (UMOD) Homeless Resource Center. COMCARE is a demonstrated leader in developing culturally competent staff to increase positive outcomes for persons with literal homelessness, serious mental illness and co-occurring substance use disorder.

iii. Describe services available for PATH clients who have both a serious mental illness and substance use disorder.

PATH funded services are provided within a comprehensive mental health program that includes psychiatric and therapy service providers who are trained and experienced in working with consumers who have co-occurring substance use disorders. Training on IDDT principles has been prioritized as part of the new employee orientation for COMCARE staff. Many COMCARE Homeless Program staff members have attended the 5-day IDDT training through the University of Kansas (KU) School of Social Welfare. COMCARE's CSS has implemented an IDDT Evidenced Based Practice (EBP) team and two Strengths Based EBP Teams through KU School of Social Welfare. The IDDT EBP team has maintained fidelity for the past five years. COMCARE has added on-line Relias Learning to provide staff access to thousands of professional national and local training resources including videos, PowerPoint presentations, articles and quizzes on mental illness, substance abuse, and other relevant topics.

PATH consumers who meet the HUD definition of chronic homelessness and are dually diagnosed (mental illness/substance use) may be referred to COMCARE's HUD Dual Diagnosis Permanent Supported Housing Program (PSH). Recently, in the annual HUD NoFA process COMCARE submitted a new application to HUD to 'reallocate' the former Dual Diagnosis Transitional Housing Program into a permanent supported housing program for chronically homeless consumers with co-occurring mental health/addiction disorders. PSH residents will be

encouraged to access an array of COMCARE services, including medication management, individual therapy, group therapy, addiction treatment, case management, peer support, and supported employment/ education. PSH residents will receive individualized assistance to access employment, meaningful activity and mainstream benefits to increase income and gain self-sufficiency.

The COMCARE Homeless Program recently received a transferred HUD grant from UMOD, the Safety Net Program (SNP). This program provides permanent supported housing for chronically homeless individuals who have mental illness and a substance use disorder. SNP residents will receive case management services and will be encouraged to access services to address mental health and substance use issues. Residents will be assisted to improve their income and self-sufficiency through employment and access to mainstream benefits. When even more specialized services are needed for people who have both a serious mental illness and a substance abuse disorder, connections are made for services through: COMCARE Community Support Services' psychosocial rehabilitation IDDT groups, COMCARE Addiction Treatment Services; or through the area addiction treatment providers, such as Miracles, Inc., Wichita Recovery Center, Preferred Family Health Care, and Options. Together these service providers offer an array of services (including detoxification, outpatient services, and residential treatment) for individuals with a mental illness and co-occurring substance abuse disorder.

- iv. **Describe strategies for making suitable housing available to PATH clients (e.g. indicate the type of housing usually provided and the name of the agency that provides such housing).**

The COMCARE Homeless Program actively identifies and utilizes a variety of housing options available to PATH enrolled consumers. PATH staff members work collaboratively to place consumers in a variety of subsidized housing programs funded by HUD. The array of housing

accessed includes area emergency shelters (typically funded by HUD Emergency Solutions Grants), transitional housing (TH) programs in which residents may remain up to 24 months, and permanent supportive housing (PSH) programs in which residents may remain as long as program criteria (e.g., income) is met. Suitable housing encompasses a range of options from more short term choices such as emergency shelter and transitional housing to subsidized permanent housing and unsubsidized fair market rental. Each PATH eligible consumer is assessed to determine individualized housing needs by a multidisciplinary team to match them to available, affordable housing options. PATH staff assist consumers to obtain KS ID's, birth certificates, Social Security cards and also obtain written, third-party verification of episodes of homelessness. A Housing First approach is utilized to first place the individual into housing and then encourage consumers to access any necessary treatment services.

Supported Housing Funds (SHF) help homeless individuals attain permanent housing. The Kansas Department for Aging and Disability Services (KDADS) makes available SHF to support the target population, adults with severe and persistent mental illness, to prevent homelessness and to access housing. SHF is used to pay for application fees, housing security deposits, utilities in arrears, utility establishment, and rent in arrears. SHF are intended to support individuals who will be able to pay for their own housing needs and are designed for emergency or one-time use. Without SHF many adults in the target population would be unable to access permanent housing. The COMCARE Homeless Program staff is active in the local HUD CoC and has a long track record as a HUD grantee. In 2014 the HUD CoC plans to increase housing providers' utilization of HMIS to more rapidly house the most vulnerable homeless. This effort prioritizes the identification and rapid housing of individuals who are most likely to die on the streets due to complex health conditions through use of the Vulnerability Index (Dr. Jim O'Connell; Center for

Urban Community Services; Common Ground, 2007).

Type of Housing	Agency Providing
HUD PSH – Safety Net	COMCARE Homeless Program – Sedgwick County
HUD PSH – Samaritan	COMCARE Homeless Program – Sedgwick County
HUD PSH – Shelter Plus Care	Division of Health & Human Services – Sedgwick County
PH – Housing First	City of Wichita/Sedgwick County
HUD PH – Section 8 Housing Choice	City of Wichita/Sedgwick County
PH – Public Housing	City of Wichita
HUD PH - The Villas	InterFaith Ministries
VA Supportive Housing (VASH)	City of Wichita/ Robert J. Dole VA Medical Center
HUD Safe Haven	Inter-Faith Ministries
Intensive Supportive Housing	COMCARE of Sedgwick County; Mental Health Association of South Central Kansas (MHA)
Tenant Based Rental Assistance (TBRA)	Mental Health Association of South Central Kansas (MHA)
HUD Section 811	Mental Health Association of South Central Kansas (MHA)
Group Homes-Short & Long term	Mental Health Association of South Central Kansas (MHA)
HUD Transitional Housing	Wichita Children’s Home; The Salvation Army
Rapid Rehousing	City of Wichita ESG
Low Income Housing	City of Wichita, other providers
Senior Housing	City of Wichita, (MHA), other providers

v. Describe outreach activities and community collaboration activities to increase PATH enrollment of homeless veterans.

The COMCARE PATH program staff has extensive knowledge of services available to veterans and possesses expertise in assisting veterans experiencing homelessness to connect to mainstream resources and navigate the complex Veterans Administration (VA) system. One PATH case manager was a Major in the 366th Mobile Public Affairs Detachment in the Army Reserves for

over 20 years. Her experience has been invaluable to the COMCARE PATH program as she has long term knowledge of VA benefits and services. The COMCARE Homeless Program staff regularly collaborates with staff at Robert J. Dole VA Medical Center at monthly HUD CoC meetings to coordinate planning and services for people experiencing homelessness. In recent years the COMCARE Homeless Program has participated in the VA Homeless Summit, an event designed to increase community awareness of homeless veteran issues, opportunities for partnership, and available resources. Sedgwick County continues to participate in the biannual meetings of the Sedgwick County for Veterans Coalition. This group is comprised of county staff and other community organizations and meets to increase awareness of veterans' issues and to provide training opportunities. Plans are underway to collaborate with the VA on their annual Mental Health Summit.

PATH case managers refer homeless veterans to Veterans Affairs Supportive Housing (VASH) program certificates which provide permanent supportive housing for homeless veterans. More often, PATH case managers encounter homeless individuals who, although they may have had some military service experience at some point in their life, do not qualify for VA services and programs. These individuals may have been dishonorably discharged from military service, or may have served during a period considered ineligible according to VA regulations (short length of service in military and/or did not serve during war time). PATH case managers will continue to seek out homeless veterans throughout the community to help them connect to mainstream resources.

vi. **Provide a detailed description of the research-based or best-practice foundation of your proposed services, with references cited. Describe how the program design incorporates the referenced research or best practice foundation. Activities supporting fidelity to the model are described.**

Through the COMCARE Homeless Program's extensive experience serving persons experiencing homelessness, staff has gained a strong understanding of homeless individuals' ambivalence around changing high risk behaviors such as substance use and unsafe sexual practices. These high risk behaviors are compounded by the harsh realities of living on the streets and lack of access to mainstream resources which support healthier choices. Therefore the agency recognized the need to equip providers with tools that focus on exploring and resolving ambivalence and center on motivational processes within the individual that facilitate change, for example Motivational Interviewing (Miller & Rollnick), and IDDT. These approaches share a philosophy involving meeting people where they are and utilize techniques which are collaborative and person-centered. COMCARE also provides training for staff on a variety of complementary tools to assist consumers in their recovery, such as Wellness Recovery Action Plan (WRAP; Mary Ellen Copeland), Trauma Informed Care (Tonier Cain; National Center for Trauma Informed Care) and the Adverse Childhood Experience study (ACE; www.acestudy.org; Felitti, et al).

COMCARE has a successful history operating EBP teams and utilizing best practices related to homeless services. In many instances, COMCARE has been the leader in the state of Kansas in implementing such programs. For example, the COMCARE Homeless Program was one of 18 communities nationwide to participate in SAMHSA's Access to Community Care and Effective Services and Supports (ACCESS) Research Demonstration Project. ACCESS was a five-year project to develop integrated systems of treatment and supportive services and housing for homeless persons with serious mental illnesses. The goal was to identify strategies for developing integrated service systems and to evaluate their effectiveness in providing services to homeless persons with serious mental illnesses. In Wichita/Sedgwick County, the ACCESS grant enhanced clinical service delivery for persons experiencing homelessness through application of

an effective model for access and systems integration. Following the end of the ACCESS grant, COMCARE was one of the communities that secured the resources necessary to continue full staffing and service provision, maintaining a full-time Systems Integration Coordinator position (Steadman, H.J., et. al., 2004).

COMCARE of Sedgwick County has substantial experience utilizing EBPs to improve outcomes for adults with mental illness and co-occurring disorders. COMCARE recognizes the importance of using empirically proven techniques with adults with dual diagnosis and chronic health conditions to improve persons' experiencing homelessness access to permanent housing and mainstream resources. COMCARE is committed to maintaining fidelity within its existing EBP programs and envisions PATH funding as an opportunity to further enhance the community's capacity to end homelessness through effective, person-centered treatment. COMCARE's CSS program staff have implemented an IDDT EBP team and two Strengths Based EBP Teams through KU School of Social Welfare. COMCARE CSS added a second Strengths EBP team that achieved fidelity in only six months which generally takes approximately 12-18 months. This newer Strengths EBP team achieved lower than State average rates of psychiatric hospitalization for consumers. In 2013, one of the Strengths Based EBP teams achieved above the State average in post-secondary education participation (college classes rather than GED). The CSS IDDT EBP Team worked diligently to master the elements of effective treatment for adults with dual diagnosis, including providing stage-wise interventions through a multidisciplinary team, time-unlimited services, motivational interventions, pharmacological interventions, and interventions to promote health. This EBP approach has practical implications for many mental health consumers who may struggle to maintain housing and natural supports due to the relapse of symptoms of their mental illness, addictions or both. The IDDT EBP team has maintained

fidelity to the model for the past five years. KU School of Social Welfare affiliated teams have successfully attained fidelity to the models and demonstrate positive outcomes for consumers.

COMCARE is aware that while traditional services serve many individuals well, they do not often seem effective in producing outcomes for homeless individuals. Supported Employment staff is encouraged to become an integral part of the client's treatment team at COMCARE CSS/Homeless Program, and attend meetings with those teams to better understand the consumers' goals. Treatment teams across COMCARE are encouraged to think about employment for consumers not yet referred for supported employment services, so that they may in turn speak with consumers experiencing homelessness about the benefits of employment and the supports available to obtain/maintain employment. This exploration around employment is critical for homeless individuals who may require more aggressive engagement and outreach efforts to risk seeking employment. Encouragement is important to engaging consumers into the SOAR process also, as many consumers are misinformed about the impact of work on obtaining/maintaining SSI/SSDI benefits. COMCARE staff routinely accesses the expertise of local Department for Children and Families (DCF) Benefit Specialists to help consumers understand the relationship between work and entitlements.

Currently COMCARE consumers are referred to EBP services through members of their treatment team at CSS and the COMCARE Homeless Program. Although some COMCARE offices are physically separated to better serve unique community needs such as homelessness, communication between various treatment team members at COMCARE is enhanced through documentation within an integrated, electronic medical record. Training for new case managers at COMCARE's CSS/Homeless Program includes information about EBP services available to consumers to increase the number of eligible agency clients who will benefit from these

programs. COMCARE's philosophy and mission recognizes the importance of employment, housing, and community inclusion as treatment and strives to remain faithful to 'zero exclusion' criteria in referring clients to EBP programs.

Implementation Plan

i. Describe strategies your project will implement to assure that enrolled PATH consumers will be assisted by a KS certified SOAR case manager to access federal disability benefits.

PATH case managers are a vital component in the SOAR process at the COMCARE Homeless Program as they typically are able to describe in striking detail both the circumstances (e.g., literal homelessness) and the substantial functional limitations evident when they first encounter a homeless person in need of services (e.g., off medications, not connected to mainstream disability resources). COMCARE of Sedgwick County led Kansas' early efforts to implement SOAR. Although funding is provided through mainstream resources such as SSI, TANF, Medicaid, Food Stamps (SNAP) and Workforce Investment Act, the homeless population has a difficult time accessing resources. In 2010 Sedgwick County Division of Human Services added a KS certified SOAR case manager position. The individual selected previously served as an adult case manager at the COMCARE Homeless Program and brought extensive knowledge of homeless issues, resources and community partnerships. The KS certified SOAR case manager remains co-located with the COMCARE Homeless Program to ensure PATH enrolled consumers will obtain this crucial resource. Furthermore, she is a vital member of the COMCARE Homeless Program Admissions and Discharge Team that evaluates PATH consumer's eligibility, and she takes SOAR referrals at this weekly meeting. Currently, the KS certified SOAR case manager serves as a regional expert providing technical assistance to decrease application barriers for other programs. The SOAR program at COMCARE currently has an 85% approval rate overall. The

average length of time from application to approval is 151 days. Since the establishment of the SOAR program at COMCARE more people with disabilities have been approved for SSI/SSDI in less time.

ii. Project the number of people your program will refer and the number of people who will attain these services and supports:

PATH OUTCOME	Assisted Referral	Attained
Community Mental Health Services	250	200
Substance Abuse Services	300	100
Primary Health Services	300	200
Job Training	100	75
Educational Services	100	75
Relevant Housing Services	300	100
Housing Placement Services	200	100
Income Assistance	250	100
Employment Assistance	200	50
Medical Assistance	200	100

iii. Describe community outreach/education activities to ensure that the public is aware of and is able to access the program.

- The COMCARE Homeless Program shares information with emergency shelters about the COMCARE Homeless Program and referral process; eligibility criteria, assessing homelessness, types of homelessness, outreach questions and the population served.
- The COMCARE Homeless Program staff made the following community presentations about PATH and COMCARE services to students: a Preventive Strategies classes and Masters in Family Therapy students at Friends University.

- Staff presented information about homelessness and COMCARE mental health services to youth at Sedgwick County Juvenile Detention Facility.
- Sedgwick County's website is updated regularly for the community to have 24/7 electronic access to various programs and resources. www.sedgwickcounty.org/COMCARE. For example, **Beating the Blues** is a computerized Cognitive Behavioral Therapy program available at no cost to Sedgwick County residents. **Beating the Blues** is evidence-based treatment proven to help reduce depression and anxiety. This online resource offers eight weekly sessions and is confidential and private.
- The COMCARE Homeless Program staff participates in monthly HUD CoC meetings, including the Coordinated Assessment/Screening System (CASS) workgroup. This workgroup's goal is to create a communication system among homeless providers through HMIS to increase bed utilization. PATH data entered by the COMCARE Homeless Program is essential to improve planning for housing and homeless services.
- In the winters of 2013 and 2014, PATH case managers outreached at the Winter Overflow shelter operated by Inter-Faith Ministries.
- The COMCARE Homeless Program plays an integral role in the HUD PIT Count annually including: Jan 30, 2013 and Jan 30, 2014. PATH case managers and other COMCARE staff were involved in PIT planning, provided leadership, street outreach and training.
- PATH case managers provided outreach shadowing opportunities to Psychiatry residents currently assigned to conduct medication evaluations at the Homeless Program in order to increase providers' understanding of literal homelessness.

- Social work and nursing students from several area colleges toured the COMCARE Homeless program to learn more about the issue of homelessness, homeless outreach, and the social work profession in action.

iv. Describe potential barriers to implementing the project and strategies to overcome them.

- Lack of safe, affordable, accessible housing
- Kansas' decision to not expand Medicaid through the Affordable Care Act
- 65% cuts in State Grant Funds to CMHCs (\$20 million) since 2008. State Grant funds were designed to allow CMHC's to serve Kansas residents without a payer source in order to fulfill the goal of mental health reform and deinstitutionalization (KS Mental Health Coalition, 2011)
- PATH enrolled consumers who are already in the process of obtaining SSI/SSDI (e.g., in appeal, reconsideration, administrative law judge level, federal appeals council) and have retained legal counsel so are ineligible for SOAR participation
- Lack of available beds for persons in need of inpatient psychiatric treatment, detoxification services, and/or residential substance use treatment, especially for those without health insurance
- Limited progressive substance use treatment options, especially IDDT, harm reduction strategies, and other evidenced based practices
- Lack of public transportation options in Sedgwick County; city buses only operate on weekdays between approximately 5:45 AM - 6:45 PM Monday through Friday; from 6:45 AM - 5:45 PM on Saturdays and do not operate on Sundays or holidays; fares increased to \$1.75 per ride. Lack of affordable and sufficient public transportation negatively impacts employment.
- High unemployment rates in Wichita, especially among minorities and persons without a high school diploma (7.5% unemployment, August 2013)
- Multi-drug use that confounds treatment approaches decreasing housing access and stability

- Law enforcement contact and felony status among homeless mental health consumers
- Persons barred from receiving various community resources due to challenging behaviors
- Stigma related to symptomatology, poverty and substance use in the target population
- Significant decrease in access to food stamps (SNAP) at the State and Federal level

Strategies to overcome barriers:

COMCARE of Sedgwick County has a demonstrated track record of 50 years serving the Sedgwick County community. COMCARE is committed to utilizing a variety of cutting edge strategies to ameliorate the significant environmental and cultural barriers that exist in providing services to people who are experiencing homelessness, poverty, substance use disorders, and severe mental illness. As a licensed community mental health center in Kansas, COMCARE is actively involved in advocacy for services for people with disabilities at the State and local level. COMCARE works to strengthen relationships by working in partnership with local and national consumer run and faith based organizations, such as The Salvation Army, UMOD, Miracles Inc., Project Independence, and the National Alliance on Mental Illness (NAMI). The Wichita Police Department (WPD) created the Homeless Outreach Team (HOT) in February 2013. PATH outreach staff and HOT Officers collaborate to expedite access to housing and mainstream resources for homeless individuals and families. There are 300 Crisis Intervention Trained (CIT) law enforcement officers in Sedgwick County. Strategies to increase the effectiveness of services provided include employing evidence based practices such as supported employment, strengths based case management, Motivational Interviewing, and IDDT. All staff employed at COMCARE CSS and the COMCARE Homeless Program receive the latest information designed to increase their awareness, cultural competence, and adherence to the practice of theoretical

models that have proven effective within this challenging service environment and to address the specific needs of the population.

The Substance Abuse Center of KS (SACK) and COMCARE PATH staff connects people who have substance use disorders to access recovery services such as self-help groups, case management, peer mentoring, aftercare and inpatient residential treatment. Staff is involved in the Intensive Case Management initiative through Heartland RADAC. Staff serves on HUD CoC performance workgroups (CASS, HMIS Advisory Council), to improve outcomes across all programs for homeless individuals and families. Staff participates on the Governor's Mental Health Subcommittee on Homelessness & Housing and KS Statewide Housing Specialist meetings, as well as the Summit on Homelessness & Housing to develop policy recommendations and to share best practices to effectively serve the PATH eligible homeless population.

v. Identify who will collect HMIS data, who will be responsible for performance measures, and how the information will be used to evaluate and guide the program.

An important strength which the COMCARE Homeless Program brings to successful implementation of PATH services is the knowledge, experience and capacity to effectively utilize the HUD HMIS. Since 2008, staff at the COMCARE Homeless Program is well acquainted with HMIS as a web-based application and have a strong working relationship as an End User with United Way of the Plains as the HMIS grantee. In addition to tracking PATH data in HMIS, the COMCARE Homeless Program enters HUD data for six HUD funded grants (Dual Diagnosis PSH {application pending}, Shelter Plus Care-Main, Bonus #1, Bonus #2, Safety Net, Samaritan). A COMCARE Homeless Program Office Specialist collects data from program staff, runs regular reports, and is the primary staff responsible for weekly data entry. The COMCARE Homeless Program, Program Manager, and PATH Team Leader are responsible for reviewing

and analyzing the PATH HMIS data throughout the year to contribute to the APR and provide feedback to PATH staff. The COMCARE Homeless Program Systems Integration Coordinator utilizes HMIS data to contribute to the APR and application for funds. HMIS reports allow the Program Manager and program staff to better analyze how specific interventions impact outcomes, such as income attainment and access to mainstream resources. For example, PATH data was used to narrow PATH staff focus so that individuals exhibiting major mental health symptoms would be identified and enrolled. PATH data helped to describe changes in the local homeless population with more youth, women, and families being encountered by PATH staff. This trend data helps COMCARE leadership plan for future services and identify unmet staff training needs. The COMCARE Homeless Program has a long history of effectively administering HUD and PATH programs demonstrating proficiency in shouldering the considerable data reporting burden, including the implementation of 2010 HUD Data and Technical Standards (DTS). As PATH providers with extensive HUD experience, COMCARE has successfully incorporated enhanced PATH data reporting in HMIS.

Management Structure

Describe the experience and capability of the applicant, staff, and contractors. Identify the agency that will serve as the grantee and fiscal agency responsible for the grant's administration. Identify the staff team supporting the project including the name, title and affiliation of each member. Provide documentation of any collaboration that has or is occurring on the initiative. Attach Position Descriptions, Organizational Description.

COMCARE of Sedgwick County is the applicant and fiscal agent responsible for PATH grant administration. The organizational chart is included in the attachment section. The proposed PATH program team includes the following positions:

1. Two 1.0 FTE PATH Case Managers

- Marisela Murdock; COMCARE PATH Case Manager

- VACANT; COMCARE PATH Case Manager

2. **One .40 FTE PATH/HMIS Office Specialist**

- Cindy Baldwin; COMCARE Office Specialist

Staff providing indirect support of PATH program:

- Ann Elifrits, M.S., LCP, COMCARE Homeless Program Manager
- Allison Collazo, LMSW, COMCARE PATH Outreach Team Leader/QMHP
- Traci Addington, MSOD, COMCARE Systems Integration Coordinator

COMCARE of Sedgwick County's experience and capability include the following:

- The COMCARE Homeless Program is recognized as an essential component of Sedgwick County's Division of Health and Human Services
- The COMCARE Homeless Program staff are dedicated exclusively to serving the mental health needs of the homeless; co-located in downtown Wichita at the UMOD Homeless Resource and Referral Center – a one stop shop with community providers, including health clinics, legal services, VA, and many other vital resources
- 26 years of experience providing street outreach and mental health services to those who are homeless and have a serious or severe and persistent mental illness and/or substance use disorder
- Successful, ongoing collaboration with multiple agencies across various systems that play key roles in direct service delivery and coordination of homeless services, permanent supportive housing, transitional housing, and a variety of funding mechanisms
- Six years' experience implementing the SOAR process at the COMCARE Homeless Program; Kansas certified SOAR Case Manager dedicated to completion of SSI/SSDI applications for homeless people with disabilities who also serves as a regional SOAR expert

- Successful implementation of the COMCARE Mental Health Court, Sedgwick County Offender Assessment Program (SCOAP) and Sedgwick County Drug Court to improve consumer outcomes through diversion to mental health treatment/substance use versus incarceration
- COMCARE's extensive experience providing permanent housing support from navigating application to sustaining permanent housing
- Eleven years' experience successfully administering COMCARE's HUD Dual Diagnosis Transitional Housing Program
- Six years' experience effectively utilizing HUD's Homeless Management Information System
- Staff experience and demonstrated success at implementing KU EBP's as evidenced by positive fidelity ratings of teams at CSS; Strengths Based and IDDT

Sustainability Plan

Applicants should describe how the long-term financial sustainability of the project will be funded in the future, including strategies to cultivate alternate funding and community collaboration. If the project will not continue after the grant, provide a clear explanation of why. (Provide letters of support from all key partners or other community groups, detailing the commitment to work with partners to promote the mission of the project).

Without SAMHSA/KDADS' PATH funding, the COMCARE Homeless Program would likely continue to conduct limited outreach services to literally homeless persons experiencing symptoms of major mental illness to help ensure access to community mental health services for all Sedgwick County citizens. It is likely there would be less emphasis on outreach activity without a reliable funding source, and it would become necessary to require PATH case managers to carry a regular caseload of SPMI adults (billing psychiatric rehabilitation services for consumers with Medicaid) in addition to outreach duties. Medicaid and Medicare would not reimburse COMCARE of Sedgwick County for conducting outreach activity.

Without SAMHSA/KDADS' PATH funding it is likely that other PATH-funded activity would cease. The COMCARE Homeless Program would likely stop providing literally homeless persons who live outdoors/unsheltered basic supplies (e.g., water, sunscreen, bug spray). The COMCARE Homeless Program would be unable to purchase Kansas I.D. cards and birth certificates to help individuals/families access permanent housing available in the community. Tracking data on persons experiencing homelessness would probably not occur, as use of HMIS would no longer be required. Only data on homeless persons who accessed HUD housing would be available. This lack of data on persons experiencing homelessness could negatively impact \$2,396,717 of HUD funding in the Wichita/Sedgwick County area for addressing homelessness.