

APPLICATION FOR PROJECTS ASSISTING IN THE TRANSITION FROM HOMELESSNESS GRANT
COVER PAGE

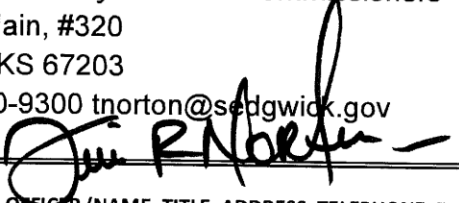
<p>A. APPLICANT AGENCY (NAME, ADDRESS, TELEPHONE, E-MAIL)</p> <p>Sedgwick County DBA COMCARE 635 N. Main Wichita, KS 67203 (316) 660-7600 mcook@sedgwick.gov</p>	<p>C. OFFICIAL AUTHORIZED TO SIGN APPLICATION (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL)</p> <p>Tim R. Norton, Chairman Sedgwick County Board of Commissioners 525 N. Main, #320 Wichita, KS 67203 (316) 660-9300 tnorton@sedgwick.gov</p>								
<p>B. TYPE OF AGENCY <input checked="" type="radio"/> Public <input type="radio"/> Private Non-Profit; <input type="radio"/> Private Profit (circle one)</p>	<p>SIGNATURE </p>								
<p>D. PROJECT DIRECTOR (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL)</p> <p>Ann Elifrits, M.S., L.C.P. Program Manager, COMCARE Homeless Program 402 E. 2nd Street Wichita, KS 67202 (316) 660-7800 aelifrit@sedgwick.gov</p>	<p>E. FINANCIAL OFFICER (NAME, TITLE, ADDRESS, TELEPHONE, E-MAIL)</p> <p>Tim Kaufman, Deputy Director Division of Human Services 635 N. Main Wichita, KS 67203 (316) 660-7600 tkaufman@sedgwick.gov</p>								
<p>F. TYPE OF APPLICATION (CHECK ONE) <input type="checkbox"/> NEW <input type="checkbox"/> REVISION CONTINUATION OF <u>PATH</u> (Grant #) <u>11-022</u></p>									
<p>G. TITLE OF PROJECT Projects for Assistance in Transition from Homelessness</p>									
<p>H. GEOGRAPHIC AREA TO BE SERVED & TARGET POPULATION (TYPE AND NUMBERS)</p> <p>Sedgwick County, Kansas Persons with severe and persistent mental illness who are homeless</p>									
<p>I. FEDERAL IDENTIFICATION NUMBER (FEIN)</p> <p>48-6000798</p>	<p>K. PROJECT COSTS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1. GRANT FUNDS REQUESTED</td> <td style="text-align: right;">\$ <u>88,409</u></td> </tr> <tr> <td>2. LOCAL FUNDS/CASH MATCH</td> <td style="text-align: right;">\$ <u>20,797</u></td> </tr> <tr> <td>3. IN-KIND</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>4. TOTAL COST</td> <td style="text-align: right;">\$ <u>109,206</u></td> </tr> </table>	1. GRANT FUNDS REQUESTED	\$ <u>88,409</u>	2. LOCAL FUNDS/CASH MATCH	\$ <u>20,797</u>	3. IN-KIND	\$ <u>0</u>	4. TOTAL COST	\$ <u>109,206</u>
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<p>J. APPLICANTS FISCAL YEAR</p> <p>08/01/2012 - 07/31/2012</p>									
<p>L. ABSTRACT: Please include a brief (100 words or less) overview of the project. Font size may be 10 point, if necessary, in this box.</p> <p>COMCARE's (licensed community mental health center) FY 2013 PATH application allows continuation of outreach efforts in Sedgwick County, KS encompassing 1,000 square miles. Requested PATH funds will cover 82% staff salaries and fringe benefits of 2 FTE Outreach Case managers, and two .5 FTE PATH Peer Providers to outreach approximately 950 of clients. Peer Provider positions continue a dimension of consumer-to-consumer support shown to be effective in other parts of the nation and consistent with current trends in Kansas. Matching funds will be applied to cover remaining expenses related to the salaries and fringe benefits for these positions.</p>									

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PROJECT NARRATIVE

a. Statement of Problem and Need

- i. Identify and describe the challenges or problems the proposed program will address. Provide data to show the nature and scope of the problem, and explain previous or current efforts to address the problem. Provide a clear and concise statement of the purpose or goal of the proposed program. If you are a current or previous PATH grantee, provide three year trend data.*

The COMCARE PATH program will serve literally homeless adults with serious, or severe and persistent mental illness, who remain unconnected to mainstream services in Sedgwick County. The goal of the program will be to connect individuals to mainstream resources aimed at ending their homelessness and assisting in their recovery from mental illness and/or substance use.

Data from the 2011 Sedgwick County Point-In-Time (PIT) count of the homeless indicated there were 634 persons experiencing literal homelessness, nearly double from the 2009 PIT count when 384 literally homeless were surveyed. In the 2011 PIT, 140 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 or 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 chronically homeless doubled from 2009 to 2011 (from 71 to 140). The number of people who were in an unsheltered living situation more than tripled from 2009 to 2011 (from 32 to 108). Of the 634 people experiencing homelessness who reported they had a disabling condition, 29% of respondents reported experiencing symptoms of mental illness (2011 Sedgwick County PIT Count Summary Report, United Way of the Plains). About half of people experiencing homelessness suffer from mental health issues. At any given point in time, 45 percent of homeless people report having had indicators of mental health problems during the past year. About 25 percent of the homeless population has serious mental illness, including chronic depression, bipolar disorder, and schizophrenia (National Alliance to End Homelessness {NAEH}; February 2012; http://www.endhomelessness.org/section/issues/mental_physical_health). The range of reported incidence rates of serious mental illness among people experiencing homelessness (PATH enrollment expectations: 55% of those outreached become enrolled, NAEH data, and homeless individuals' report of symptoms experienced at PIT) invites further analysis.

The COMCARE PATH program three year trend data reflects an increase in poverty more dramatically than previous years. The significant increase in outreach first contacts among Sedgwick County residents correlates strongly with the worst U.S. economic downturn experienced since the Great Depression. Core issues of poverty in an urban area appear relevant when analyzing PATH program trends. Sedgwick County, Kansas' homeless population coverage area encompasses over 1,000 square miles with primary evidence of homelessness in downtown Wichita. Approximately 14% of almost half a million Sedgwick County residents,

about 70,000 individuals, live below the poverty level at risk of homelessness. <http://quickfacts.census.gov/qfd/states/20/20173.html> PATH data for FY 2011 indicated the COMCARE PATH program encountered 1,411 homeless individuals, of which 296 became enrolled PATH clients (21% enrolled). This pattern is evident in FY 2010 data (1259 outreached; 366 enrolled or 29% enrolled) and FY 2009 data (928 outreached; 277 enrolled or 30% enrolled). The lower rate of enrollment into community mental health center services observed in the past three years highlights the devastating impact of high unemployment rates and the deteriorating housing market community-wide. PATH case managers received hundreds of information/referral phone calls from Sedgwick county residents who were losing their housing due to foreclosure and unemployment, and who appeared ill equipped to address the challenges of precarious housing. PATH case managers informally screened individuals calling for help and referred callers to various community resources which were quickly overrun and out of funds (e.g., Housing Prevention and Rapid Re-housing Program {HPRP}, Center of Hope, Salvation Army Emergency Services, Red Cross, United Way). PATH case managers and their QMHP supervisor discussed the increasing frequency of referring callers with no apparent symptoms of mental illness who were experiencing situational financial stressors. Possible explanations as to why COMCARE would not enroll an outreached individual include: people experiencing more short-term episodes of need who ultimately find natural supports, 'double up', or locate other housing; people who may have insurance/income who simply require information and directions to mainstream services/supports to alleviate their crisis; and people who refuse the repeated offers of assistance by PATH case managers due to stigma surrounding disability/treatment, or the severity of mental health symptoms experienced by the individual becomes a barrier to engagement.

Homeless Program staff observed greater challenges for low income renters, who live on less than \$674/month, attempting to locate safe, affordable rental properties. Suddenly, low income citizens were competing with individuals and families who were not in the rental market previously, but who were forced out of housing (e.g., upside down mortgages, abandonment, and unemployment/underemployment). Even seasoned Homeless Program staff, expert at finding landlords in the area who offer all utilities paid, struggled to assist consumers with rental subsidies to locate safe, affordable rental properties (e.g., Shelter Plus Care, Tenant Based Rent Assistance programs (TBRA), Housing First, Section 8) Outreach contacts reflect more complex barriers for literally homeless people in recent years (multi-substance use, increased contact with law enforcement, significant reduction in resource accessibility due to the cessation of the General Assistance program; persons barred from receiving community resources due to challenging behaviors or prior negative history). Attempts to move persons from shelter to housing reveal decent affordable housing remains out of reach for many due to lack of housing stock, poverty and unemployment.

ii. Include existing gaps in service systems

A primary gap in homeless services is the availability of safe, affordable housing. In Wichita, Kansas the Fair Market rent for a zero bedroom (studio) is \$424, \$475 for a one-bedroom apartment and \$624 for a two-bedroom apartment. Persons receiving Supplemental Security Income (SSI; \$674/month) can afford to pay no more than \$202 monthly for rent and utilities. If

a person was working full time at the Kansas minimum wage, he or she could afford no more than \$377 for rent and utilities. The housing wage for an individual to work full time and have enough income to support a studio apartment and utilities is more than \$8/hr; to have a one-bedroom apartment and utilities exceeds \$9/hr. Kansas minimum wage is \$7.25/hour. It takes more than \$12/hr for a family to have a two-bedroom apartment (Out of Reach, 2011). Many PATH eligible consumers have little or no income which makes finding suitable housing challenging.

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 public housing authority in Wichita has 578 dwelling units with 1,100 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 Public Housing Authority also operates the Section 8 Housing Choice Voucher Program. The waiting list last opened July 31, 2009 and has been closed since March 12, 2010. The Section 8 waiting list now exceeds 2,500 applications. (Interview with Mary Kay Vaughn, Director of Housing and Community Services, City of Wichita, 2/6/12). The Sedgwick County Section 8 Housing Choice Voucher Program list is also closed and has 509 applications on the waiting list (Interview with Dorsha Kirksey, Director of Sedgwick County Housing, 2/5/12). COMCARE Homeless Program offered input in the creation of the City of Wichita's Five Year Consolidated Plan. Lack of housing options for persons with psychiatric disabilities and/or substance use disorders is identified as a priority need in the City of Wichita's 2009-2013 Consolidated Plan.

Most disability service providers in Kansas offer some variation of Medicaid reimbursable case management services to their consumers. Services for those with intellectual disability, physical disability, mental illness, and veteran status are examples of service providers utilizing this service modality. Usually case management services are targeted to increase the disabled person's integration into the community, including full access to housing, recreational opportunities, education/employment, medical care, and other mainstream resources. When housing issues arise for people with disabilities it is often the case manager who acts as a resource/advocate to assist the person with disabilities to communicate effectively with landlords, leasing agents, apartment managers, and housing authority staff. Currently in Kansas there is no funded, stand alone, housing case manager concept in force. Permanent housing programs in Sedgwick County provide rental subsidies through a variety of funding streams (e.g., HUD, City/County) which provide for lifetime participation qualified by disability status and/or income requirements. The existing gap in services is apparent when persons with disabilities do well enough for a period of time causing disability-related case management services to close. There are no funds or services in the community designed to target sustaining permanent housing stability with the exception of HUD-funded, United Methodist Open Door (UMOD) Safety Net (10 beds for chronically homeless).

Ongoing supportive permanent housing services are challenging to provide in the current managed care environment and the lack of these services may contribute to episodic homelessness. PATH enrolled individuals and families are supported by Homeless Program

staff to access permanent housing. PATH 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 may be cyclical for some people. Symptoms may ebb and flow and are related to the person's experience of environmental stressors and situational events. Psychotropic medications may require periodic adjustment as human physiology is not static. Centers for Medicaid and Medicare Services (CMS) require Medicaid services be medically necessary and services must specifically address symptoms of a severity and nature that substantially impedes a person's ability to function. In other words, once a previously homeless person with mental illness demonstrates stability, supportive services end. Living in an apartment and managing monthly expenses require strong independent living habits, such as regularly opening the mail, paying bills timely, and maintaining positive relationships with landlords/neighbors. If a person experiences relapse of either mental health symptoms, substance use, or both, a new homeless episode may occur. Housing stability is challenging for consumers whose serious symptoms resurface. Landlords may lose motivation to work with 'problem tenants' in a seller's market and may have a long list of applicants waiting for a vacancy.

A strategy employed by the COMCARE PATH Program to address this gap was introduced in the FY 2009 application and continued in the FY 2011 application. In addition to conducting exhaustive street outreach daily, PATH case managers also make monthly home visits to consumers in HUD Shelter Plus Care program who have graduated from medically necessary, psychiatric rehabilitation services (e.g., Community Psychiatric Supportive Treatment, Attendant Care, Targeted Case Management, and Individual or Group Psychosocial Rehabilitation). Long term Shelter Plus Care residents may still receive medication management with a psychiatrist and/or therapy; 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.

A gap in the homeless service system includes the structure and function of the largest men's shelter in Wichita, the Union Rescue Mission (URM). The shelter is estimated to serve 180 men per night. This snapshot data is available because URM allows HUD Point In Time surveyors to count the number of men staying at the shelter one night a year. This shelter is located on the northeast side of Wichita and is not on a bus route. Hospitals, jails, prisons and other facilities in Kansas routinely discharge persons experiencing homelessness to URM. Recently the community learned URM entered into a contract with Kansas Department of Corrections (KDOC) to provide shelter to men exiting State prison. The URM does not participate in the community's HUD Continuum of Care process, although many homeless service providers have attempted to engage them without success. URM advertising indicates they function solely through private donations and do not receive funding from governmental sources. While the COMCARE PATH program enjoys a positive working relationship with many faith-based homeless service providers including URM, the URM's lack of participation places the entire community's HUD funding in peril. For example, the URM does not participate in regular

meetings with the local HUD Continuum of Care agencies to plan the community's response to addressing and ending homelessness. URM does not participate in HUD's HMIS (Homeless Management Information System), so the beds represented in the largest shelter in Wichita are not 'covered' (e.g., bed coverage) in HMIS. This lack of bed coverage has a negative effect on the Continuum's score on annual renewal application (HUD Notice of Funding Award; Exhibit One). HUD expectations include all homeless service providers' participation in the annual NOFA application, regardless of funding source. Each year Continuums whose renewal applications score below a certain national cutoff score are in jeopardy of losing renewal funding entirely. Another example of URM's procedures representing a challenge to the COMCARE PATH program is homeless verification. HUD requires persons experiencing homelessness to 'verify' their use of emergency shelter to access HUD funded permanent housing programs. PATH case managers routinely visit emergency shelters and assist literally homeless individuals to obtain homeless verification (e.g., written statement on agency letterhead attesting to the duration of stay by the person experiencing literal homelessness; or episodes of stay if chronically homeless). Because of the way URM tracks usage of emergency shelter beds homeless verifications from this large emergency shelter are often inadequate. For example, URM typically provides homeless verification for the current year. So if a person who has been staying at URM since November requests homeless verification in January, they will likely receive verification of the current year only, not the entire episode of emergency shelter stay. This is extremely challenging when PATH case managers are attempting to verify chronic homelessness of an episodic nature or an episode which extends over two separate years. HUD requires permanent and transitional housing providers to only serve those individuals whose homelessness can be verified by a third party. Further, HUD requires communities to pool local, State, and Federal resources to achieve greater positive impact of homeless programs and services. As funding at every level grows more challenging to access, URM's choice to function independently of HUD mandates represents a significant risk to immediate and long term planning to end homelessness for individuals and the community.

b) Project Design and Implementation

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

Within COMCARE Homeless Program the plan to provide coordinated and comprehensive PATH and 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. PATH case managers not only connect people to immediate resources, i.e. shelter, food, they engage people to introduce them to 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 COMCARE (Sedgwick County Offender Assessment Program [SCOAP], the Centralized Intake and Assessment Center or Crisis Intervention Services) and then referred to the Homeless Program. Outreach and in-house referrals are reviewed by an interdisciplinary team to assess eligibility for Homeless Program services using target population criteria for both homelessness and severe and persistent mental illness (or psychiatric rehabilitation eligibility); the team makes recommendations for intake or appropriate

referrals to individual mental health services. This assessment for severe and persistent mental illness must be completed by a master's level Qualified Mental Health Professional (QMHP) in a Community Mental Health Center (CMHC) or their contracted designee. The 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 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.

COMCARE has been integrally involved in ongoing comprehensive community planning efforts which have helped drive the design of area homeless mental health services. Several successful programs were implemented as a result of years of planning by Wichita area community partners. The City/County funded 'Housing First' permanent housing program and the United Methodist Open Door (UMOD) Resource Center are excellent examples of the coordinated and comprehensive services available in Wichita today as a result of long term planning efforts. On February 9, 2012 COMCARE Homeless Program (including outreach, case management, medication, therapy, etc.) co-located with United Methodist Open Door (UMOD) Homeless Resource & Referral Center to provide people experiencing homelessness a single entry point to access permanent housing appropriate to consumer needs, access to mental health and other community resources including medical services, legal services, People's Net, and Housing 1st. An exciting feature of the UMOD Homeless Resource & Referral Center is the inclusion of a Kansas certified SOAR case manager (SSI/SSDI Outreach, Access, and Recovery initiative) on site. These programs are the culmination of a community wide effort that began in 2006 when the City of Wichita and Sedgwick County joined together at the urging of non-profit and faith-based organizations to form the Taskforce to End Chronic Homelessness (TECH). COMCARE and Sedgwick County staff remains vital in their roles in this process and PATH outreach services are integral to the future success of the community's planned strategies to end homelessness.

- ii. *Indicate the projected number of adult clients to be contacted through outreach using PATH funds.* **950**
 - a. *Indicate the projected number of adult clients to be enrolled using PATH funds.* **522**
 - 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.* **75%**
 - c. *Describe activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population*

Because the 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 primarily for the funding the following positions: two 1.0 FTE Outreach Case Managers and two .5 FTE Certified Peer Support Specialists. COMCARE's PATH Case Managers and Peer Support Specialists' 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. Consumer integration principles inherent in Peer Support services will enhance the ability of the COMCARE PATH program to engage with literally homeless persons by utilizing staff that have lived experience of homelessness and mental illness. A small amount of funds are requested to purchase supplies (e.g., sleeping bags, water, sunscreen) used to support persons experiencing literal homelessness and to assist in their engagement into services. By design, PATH funds awarded to COMCARE will focus specifically on the outreach and engagement of literally homeless persons into COMCARE services and mainstream services (e.g., housing, income benefits, employment, medical insurance, and primary medical care).

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

PATH Case Managers and Peer Support Specialists are employed within a separate and unique department within COMCARE Homeless Program. They do not carry a caseload of consumers similar to other Case Managers at the 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, document completion, etc). PATH staff job descriptions and annual evaluations are solely based upon PATH staff members' ability to successfully outreach and engage persons experiencing literal homelessness and serious mental illness into mainstream services. The team receives supervision, support and direction from a QMHP with four years experience working with the homeless, 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 staff members at a variety of organizations including the HUD Continuum of Care, substance use treatment resources, faith-based agencies, and other homeless service providers. Historically, the responsiveness of PATH case managers to requests for assistance from the Sedgwick County community is largely credited with the positive perception of the program in general, both with other homeless service providers and more importantly within the subculture of persons experiencing homelessness. In December 2011, Marisela Murdock, a PATH Case Manager with over 20 years' tenure at COMCARE's Homeless Program, was awarded NAMI's 'Case Manager of the Year' award. The COMCARE PATH program's expertise in providing street outreach and case management is evident in more than 15 years of PATH funding and positive outcomes for people experiencing literal homelessness and serious mental illness.

In addition to the strategies discussed above, the COMCARE PATH program will place increased emphasis on locating and serving individuals experiencing serious mental illness or

severe and persistent mental illness. In the analysis of three year trend data, the impact of the economic downturn resulted in PATH case managers spending more of their time addressing numerous information/referral requests from people in poverty/precariously housed. The large volume of people in poverty in Sedgwick County appeared to obscure the smaller population of people who had significant symptoms of mental illness contributing to their homelessness. While PATH case managers will continue to provide general information/referral to 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. The COMCARE Homeless Program staff will provide information to the homeless service provider community to explain the shift in focus necessary to reach the most vulnerable people experiencing homelessness, the seriously mentally ill. Factors contributing to persons with serious mental illness not engaging with PATH case managers include past negative experience with homeless service providers, history of incarceration or law enforcement contact, negative experiences with the child welfare system, symptom severity, and the trauma experienced living on the streets. Another strategy to strengthen the PATH program focus on the seriously mentally ill includes fully utilizing two .5 FTE Certified Peer Support Specialists to focus exclusively on engagement of people experiencing symptoms of mental illness. The consumer peer provider movement has shown how non-licensed providers can make a reasonable determination of a “mental health impression” of individuals. Several states noted that when they have allowed PATH Eligibility to be determined on the basis of a “mental health impression”, those individuals are often determined clinically eligible by the formal mental health system. Every effort will be made to engage reluctant and sometimes avoidant persons experiencing homelessness through culturally sensitive staff interventions and strategic use of outreach supplies.

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 Integrated Dual Diagnosis Treatment (IDDT) principles has been prioritized as part of the new employment orientation for COMCARE staff. Homeless Program direct service staff participates in externally provided training(s) on dual diagnoses, due to the prevalence of dual diagnoses in the Homeless Program target population. All staff members at the HUD-funded Dual Diagnosis Transitional Housing Program (THP) have attended the 5-day IDDT training through KU School of Social Welfare. COMCARE’s Community Support Services (CSS) has implemented an IDDT Evidenced Based Practice team, a Supported Employment Evidence Based Practice Team, and a Strengths Based Evidence Based Practice Team through KU School of Social Welfare. All of these teams have successfully attained fidelity to the models and demonstrate positive outcomes for consumers. COMCARE has added on-line Essential Learning where staff has 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 are dually diagnosed (mental illness/substance use) may be referred to COMCARE's HUD Dual Diagnosis Transitional Housing Program (THP). The COMCARE Homeless Program implemented a HUD funded, integrated dual diagnosis transitional housing project in 2003. The project has documented its success in assisting homeless individuals and families transitioning out of homelessness into permanent housing (78% of residents who exited went to permanent housing). Services to residents in the transitional housing project are provided by: a qualified mental health therapist (1.0 FTE), an addictions counselor (.5 FTE), and case managers (2.0 FTE). Representative payee services and budgeting support/education are provided through contract with Episcopal Social Services (ESS), a local representative payee program which also provides other resources to the community (e.g., free meals, computer lab, job training). An enhancement to the project focuses on persons experiencing chronic homelessness. One additional support which has been incorporated to serve transitional housing consumers is supported employment. Another new service that case managers have included is community health trainings in partnership with the Sedgwick County Health department on topics of nutrition, health and wellness, smoking cessation and breast cancer awareness.

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' therapy clinic or psychosocial rehabilitation IDDT groups, COMCARE Addiction Treatment Services; or through the area addiction treatment providers, such as Miracles, Inc., Wichita Recovery Center, King's Treatment Center, 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).*

COMCARE of Sedgwick County has been active in identifying and creating a variety of housing options available to PATH enrolled consumers. PATH staff members work collaboratively with area emergency shelters and transitional housing programs in addition to permanent housing programs. 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.

In late 2007, United Way announced its intention to fund a pilot project for a "Housing First" model through Hope, Inc. in conjunction with the COMCARE Homeless Program. According to the National Alliance to End Homelessness (NAEH), the most successful model for housing people who experience chronic homelessness is permanent supportive housing using a housing first approach. Permanent supportive housing combines affordable housing with supportive services, such as case management, mental health and substance abuse services, health care, and employment. The housing first approach is a client-driven strategy that provides immediate access to an apartment without requiring participation in psychiatric treatment or treatment for sobriety. After settling into apartments, clients are offered a wide range of supportive services

that focus primarily on helping maintain their housing. The Hope, Inc. project provided seven one-bedroom apartments to individuals who are chronically homeless. The COMCARE Homeless Program provided the previously homeless tenants specialized services including: outreach case management, psychiatric and psychotherapy services, supported employment services, intensive field case management and referrals to medical health care and substance use treatment. TECH's Plan to End Chronic Homelessness recommended using a Housing First model to provide Permanent Supportive Housing to chronically homeless individuals through the addition of 64 Permanent Supportive Housing Units with accompanying services. The plan detailed the use of scattered-site apartments dispersed throughout the community requiring individuals with entitlement benefits (or earned income) to pay up to 30% of their income for rent per the national standard, with the remainder of the rent and utilities subsidized as long as necessary. Through referral and support by the COMCARE Homeless Program, both the Housing First Pilot Program (HFPP) and the subsequent 2009 City/County-funded Housing First program (64 units) were fully utilized and are currently functioning at capacity. Outcomes of this programs support the effectiveness of providing chronically homeless individuals with stable housing to increase their access to mainstream services and to decrease their reliance upon other, more expensive community resources (e.g., jail, emergency rooms, etc.).

In January 2010, United Way of the Plains began taking referrals for the HUD Samaritan Housing Project providing eight, permanent supportive housing scattered-site apartments for individuals who meet the chronic homeless definition. The COMCARE Homeless program staff referred four chronically homeless individuals and is actively working to support individuals referred through PATH to remain successfully in this permanent housing program.

For more than fifteen years the COMCARE Homeless Program was a partner with the Wichita Housing Authority to provide HUD Shelter Plus Care rent subsidies to PATH-eligible consumers. The COMCARE Homeless Program has approximately 65 Shelter Plus Care certificates for persons who have a severe and persistent mental illness and who are experiencing homelessness, 15 of which are reserved for chronically homeless. In late 2010, the City of Wichita announced it would be unable to continue to administer the Shelter Plus Care grants. Sedgwick County leadership assumed responsibility to administer these grants to ensure this critically important permanent housing resource would remain available in the community. Since May 2011, Shelter Plus Care is administered by the Sedgwick County Housing Department. Staff at the COMCARE Homeless Program has worked to support this transition to ensure existing consumers experience stability and future homeless consumers have access to the program. Homeless program staff attended a Shelter Plus Care training in October 2011 hosted by the Technical Assistance Collaborative (TAC) and have participated in two subsequent phone conferences to support the continued education of the Homeless Program staff in order to more effectively connect and support persons exiting literal homelessness.

In addition, PATH-eligible consumers may access housing options through the Mental Health Association of South Central Kansas' two group homes or intensive supportive housing and Section 811 apartments; Breakthrough Club's Tenant Based Rental Assistance (TBRA) certificates; Inter-Faith Ministries' HUD funded permanent supportive housing programs (The Villa, The Villa-North and Villa Courts). PATH case managers refer consumers who are

experiencing serious symptoms of a mental illness to Inter-Faith Ministries' HUD funded 'Safe Haven'. Safe Havens are a unique category of HUD funded housing which encourage residents to go beyond just finding shelter. This is done by creating a housing environment that is safe, sanitary, flexible and stable, and which places no treatment participation demands on residents, but has high expectations for residents. These expectations specifically include that the resident will transition from unsafe and unstable street life to a permanent housing situation and that re-engagement with treatment services will occur. Because these expectations are introduced non-intrusively and as the resident is ready, the phrase "low demand" is often used to characterize Safe Haven housing. The skills needed for survival on the streets (such as the need to mistrust strangers and use hostility as a defense) differ greatly from those needed for accommodation indoors. Before they are ready and able to adhere to rules and program requirements, many people with severe mental illnesses need not only shelter from the harshness of street living, but also time to reflect and learn to trust helpers. Residents of Safe Haven may remain for up to two years and have on-site support to help them cope with and stabilize symptoms of mental illness. PATH enrolled consumers also may be referred to United Methodist Open Door's (UMOD) Safety Net Supportive Housing Program, as COMCARE provides the specialized case management services to chronically homeless individuals with a severe and persistent mental illness and/or a co-occurring substance use disorder. The program utilizes ten apartment units each designed for one person occupancy. The program goals include increased residential stabilization, self-sufficiency, and income. PATH enrolled consumers may be referred to COMCARE Homeless Program Dual Diagnosis Transitional Housing (THP) for persons who have a mental illness and co-occurring substance use disorder. The project has documented its success in assisting homeless individuals and families transition out of homelessness into permanent housing.

A critical support the COMCARE Homeless Program uses to help people experiencing homelessness access permanent housing is Supported Housing Funds (SHF). Social and Rehabilitation Services (SRS) makes available funds to support the target population, adults with severe and persistent mental illness, to prevent homelessness and access housing. These funds are used to pay for application fees, housing security deposits, utilities in arrears, utility establishment, and rent in arrears. These funds 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.

- 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 VA system. One PATH case manager is 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. COMCARE Homeless Program staff regularly collaborates with staff at Robert J. Dole VA Medical Center at monthly HUD Continuum of Care meetings to coordinate planning and services for people experiencing homelessness.

Opportunities for Homeless Program staff to work with VA staff each year include conducting street outreach at the HUD Point In Time count of the homeless in January. For the past two years, the Homeless Program has participated in the VA Homeless Summit, a new event designed to increase community awareness of homeless veteran issues, opportunities for partnership, and available resources. PATH case managers refer homeless veterans to Veterans Affairs Supportive Housing (VASH) program certificates which provide permanent supportive housing for 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 staff supports the VA Stand Down each September by providing community transportation to the event for people experiencing homelessness. In addition, COMCARE staff mans a booth to share information about mental health services available to any Sedgwick County resident. PATH case managers will continue to seek out veterans throughout the community to help them connect to mainstream resources.

A recent effort to collaborate to better serve veterans who are homeless is Sedgwick County's participation in 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. In March 2012 Sedgwick County Veterans Coalition is hosting weekly 'lunch and learns' including topics such as Traumatic Brain Injury (TBI), military sexual assault, and Post Traumatic Stress Disorder (PTSD).

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

COMCARE of Sedgwick County was a leader in Kansas' early efforts to implement SOAR (SSI/SSDI Outreach, Access, and Recovery Initiative). Prior to 2008, it was widely known how difficult it was for people experiencing homelessness to access federal benefits. Although significant funding is provided through mainstream resources such as SSI, TANF, Medicaid, Food Stamps and Workforce Investment Act, the homeless population has a difficult time accessing these resources. Many people in the homeless population do not possess the skills or information needed to access these federal programs or resources. The various program application procedures are so complex and decentralized that it's extremely difficult for homeless consumers to navigate these systems/processes without case management support. To more effectively address this significant barrier to consumers' recovery, COMCARE staff received training and technical assistance to assist consumers in applying for SSI/SSDI benefits. In spring 2008, several COMCARE staff participated in SOAR 'train the trainer' instruction in San Francisco, CA, to allow them to return to COMCARE to conduct trainings with select COMCARE staff members. Staff from the COMCARE Homeless program, SCOAP, and Crisis services attended 2-day trainings designed to teach case managers to take a much more active role in the application process in order to affect processes that work better for people who are homeless. In addition, Sedgwick County Division of Human Services offered free SOAR

training to other providers throughout the state. In February 2009, select members of the COMCARE team visited Disability Determination Services (DDS) in Topeka, KS to tour their facility, learn about their processes, meet their staff, and to increase awareness of the changes wrought by implementation of the SOAR process. This visit also helped DDS staff to accommodate the process underway in the Wichita community as Kansas was not at that time designated as a ‘SOAR State’. In 2010 Sedgwick County Human Services added an additional internally funded support to increase the likelihood of SOAR applications being approved in the creation of the Kansas certified SOAR Case Manager position. The Kansas certified SOAR case manager completes medical summary reports and is the liaison with the consumer, Social Security, DDS, and SRS staff. The Kansas certified SOAR case manager is co-located with the Homeless Program at UMOD’s new Homeless Resource and Referral Center to ensure PATH consumers will be assisted to obtain this crucial resource. Since its inception, SOAR trainings have been conducted at regular intervals by COMCARE trainers to increase the success of SSI/SSDI applications for homeless people with disabilities throughout the State, and to introduce the SOAR model and concepts to relevant community partners in the Wichita area. PATH case managers are a vital component in the SOAR process at COMCARE 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). Per the Kansas certified SOAR case manager, the program currently has a 51% approval rate overall. The length of time from application to approval averaged 6 months. Since the establishment of the SOAR program at COMCARE more people with disabilities have been approved for SSI/SSDI in less time.

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

Outcome Measures	Refer	Attain
a. Housing	417	209
b. Income	365	261
c. Earned Income	261	87
d. Medical Insurance	365	261
e. Primary Medical Care	470	391

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

✓ The COMCARE Homeless Program played an integral role in the HUD Continuum of Care Point-In-Time Homeless Count January 26, 2011 and January 25, 2012. PATH case managers and other COMCARE staff were involved in PIT planning and provided

leadership, and volunteer training. Because of their specialized homeless expertise, PATH case managers and Homeless Program staff conducted street surveys.

✓ COMCARE's involvement at the September 2010 & 2011 VA Stand Down is reflected in the planning process, coordination of homeless transportation and provision of resource information. The VA Stand Down targets individuals at risk of becoming homeless or who are homeless, whether or not they have veteran status. COMCARE staff helped consumers navigate the maze of social service providers, and access free haircuts, food, clothing, medical testing, and legal advice.

✓ PATH case managers provided shadowing experience to a Psychiatry resident currently assigned to conduct medication evaluations at the Homeless Program in order to increase understanding of homeless services and locations.

✓ Winter 2011/2012 PATH case managers outreached at the Advocates to End Chronic Homelessness (AECH) Winter Overflow shelter operated entirely by donations from local faith based organizations and churches. Due to the Overflow shelter moving from church to church each month, PATH case managers routinely visited these locations in the evenings to ensure thorough and consistent outreach to people experiencing homelessness. PATH case managers worked tirelessly to maximize faith-based clients' access to community mental health services through assertive outreach.

✓ Homeless consumer story boards were displayed prominently in the Homeless Program resource area. These storyboards portray a powerful message about hope and recovery through utilization of COMCARE Homeless Program supportive services. Storyboards were also displayed at the annual HUD Point In Time count of the homeless at a "Project Connect" type event at a local venue called, Century II.

✓ The COMCARE Homeless Program "resource center" area provides informational brochures, resources and handouts with easy access in a centralized area for consumers and staff.

✓ 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

✓ The COMCARE Homeless Program educational video, updated with PATH grant funding in 2007, continues to be utilized for tours, public awareness presentations, and community education.

✓ The COMCARE Homeless Program presents in-service trainings to community shelters about COMCARE and the 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, Masters in Public Administration at Wichita State University, and a student group from Bishop Carroll High school. Homeless Program staff presented information and resources about homelessness and COMCARE mental health services to youth at Juvenile Detention Facility.

✓ 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.

ix. Describe any potential barriers to implementing the project and strategies to overcome
Barriers

The following barriers have been identified:

- Lack of safe, affordable, accessible housing
- High unemployment rates in Sedgwick County, especially among minorities and persons without a high school diploma
- Lack of public transportation options in Sedgwick County; city buses only operate on weekdays between approximately 6:30am until 6:30pm and do not operate on weekends; fares increased in late 2011 making this resource harder for low income persons to access
- Multi-drug use that confounds current treatment approaches and housing access
- Limited progressive substance use treatment options, especially integrated dual diagnosis and/or using harm reduction and other evidenced based best practices
- Increased law enforcement contact and history of incarceration among outreached homeless mental health consumers
- Some PATH enrolled consumers are already in the process of obtaining SSI/SSDI (e.g., in appeal, reconsideration, administrative law judge level, federal appeals council) and may already have retained legal counsel so therefore are not eligible for SOAR process
- The advent of the Presumptive Medical Disability process related to MediKan necessitating extensive support to help consumers navigate systems and shorter duration in which to accomplish sustained medical benefits (i.e. twelve months MediKan eligibility limit)
- Persons barred from receiving various community resources due to challenging behaviors currently or by history
- Stigma related to symptomatology, poverty and substance use in the target population
- Lack of available beds for persons in need of inpatient psychiatric treatment, detoxification services, and/or inpatient substance use treatment, especially for those individuals who lack insurance
- Termination of Kansas' General Assistance (GA) program that provided funds for persons in poverty
- 65% State funding cuts since 2007 to mental health reform grants designed to serve those without a payer source despite maintaining the requirement that CMHC's serve all individuals regardless of ability to pay

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, United Methodist Open Door, Project Independence, the National Alliance on Mental Illness (NAMI), and Advocates to End Chronic Homelessness (AECH). Strategies to increase the effectiveness of services provided include employing evidence based practices such as supported employment, supported education; strengths based case management, Motivational Interviewing, and Integrated Dual Diagnosis Treatment (IDDT). All staff employed at COMCARE Community Support Services and the Homeless Program are routinely exposed to 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.

c) Community Collaboration and Planning

i. Description of the planning process including how the proposal was planned in collaboration with other stakeholders

A centralized United Methodist Open Door (UMOD) Homeless Resource and Referral Center was conceptualized during the 2006 Plan to End Chronic Homelessness in Wichita/Sedgwick County. This comprehensive study was a product of the City/County Task Force to End Chronic Homelessness (TECH), a group of civic, business and religious leaders, homeless service providers and homeless representatives, all focused on the goal of “ending homelessness” in Sedgwick County. This dream was realized in February 2012 when UMOD moved its Homeless Resource and Referral Center to a newly renovated building which allowed for co-location with community partners like COMCARE Homeless Program. UMOD Homeless Resource and Referral Center provides enhanced and expanded services including: tripling the old UMOD Drop-In Center Emergency Day Shelter from a capacity of 57 persons to 150 persons; providing co-location of community providers including the COMCARE Homeless Program with on-site mental health services, PATH case management and peer support. In addition, other homeless provider services help clients on a “one-stop” basis with a focus on four main barriers to self-sufficiency- housing, health (including mental health), education, and employment. TECH’s strategic plan identified a desirable “continuum of care”, with services at UMOD Homeless Resource and Referral Center providing another opportunity for PATH outreach to connect with homeless individuals. COMCARE partners with more than a dozen homeless service providers at UMOD Homeless Resource and Referral Center to streamline access for individuals and families to more readily obtain permanent housing, jobs and a road to self sufficiency. Within this context PATH funded outreach, case management and peer support represent the front door to the larger service community.

Sedgwick County efforts actively address TECH’s targeted areas by partnering with stakeholders and government leaders through community stakeholder meetings, integration of a consumer with lived experience of homelessness and mental illness on the TECH Oversight Committee, and the development of partnerships to enhance housing options for persons who are homeless. TECH’s plan includes a review of national best practices, gaps in services and recommended implementation of strategies which COMCARE partnered to bring to fruition www.sedgwickcounty.org/homeless_taskforce/index.asp. Sedgwick County invests significant staff resources in carrying out TECH’s ten year plan. The plan, which includes detailed summaries of strategies to meet community gaps, features the COMCARE Homeless Program in community partnerships to address homelessness. PATH street outreach to people experiencing literal homelessness is a key component connected to a one stop Homeless Resource and Referral Center (this strategy is based upon the historical success of the co-location of COMCARE Homeless Program with UMOD as demonstrated in the federal ACCESS Demonstration Project). Ongoing discussions with faith-based and grassroots groups, churches, and other stakeholders at the HUD Continuum of Care have been critical to the design and

development of co-located services. Because continued PATH-funding is an essential component of the COMCARE Homeless Program's co-location with UMOD Homeless Resource and Referral Center, the proposal was discussed at length with community partners via email, on the phone and in-person meetings. The strengths of the co-location model include face-to-face interaction with United Methodist Open Door (Homeless Resource Center staff); the City of Wichita/Sedgwick County (Housing First) staff; People's Net staff (persons with lived experience of homelessness/peer support for persons who are currently homeless) as well as staff from SRS, VA, low income health clinics legal aid, and other community service partners. The greatest benefit to persons experiencing homelessness is the convenience of accessing one location for multiple resources, especially when personal transportation is rare.

Last fall community meetings to develop the local HUD NOFA application included discussions of the gap that exists for street outreach to youth. Stakeholders discussed COMCARE's long history of PATH-funded street outreach for adults and updated Continuum members on progress towards planning a community response to address the needs of youth experiencing homelessness. COMCARE staff described the parameters of PATH-funded outreach and discussed how adult and youth outreach services work together and overlap at transition age (e.g., 16-21 years of age). In January 2012 as a result of months of community planning Wichita Children's Home expanded their operations through the creation of a homeless youth day shelter called "OZ" (Opportunity Zone).

COMCARE has the full support of the Sedgwick County Division of Human Services in addressing homeless service gaps as evidenced by the creation of staff positions dedicated to ending homelessness, including the Homeless Plan Specialist, and Kansas certified SOAR case manager. The Sedgwick County homeless service provider/stakeholder community recognizes the importance of PATH-funded street outreach since no other agency provides comprehensive street outreach services to adults experiencing literal homelessness.

ii. List community organizations that provide key services (e.g. primary health, mental health, substance abuse, housing,, employment, SOAR case managers) to PATH eligible clients and describe coordination activities and policies with those organizations

Organization/Agency	Primary Health	Mental Health	Substance Use	Housing	SOAR	Basic Needs	Faith Based	Consumer Integration
Advocates to End Chronic Homelessness				X		X	X	
American Red Cross						X		
Breakthrough Club		X		X				X
Catholic Charities				X		X	X	
Center for Health & Wellness	X							
Center of Hope						X	X	
City of Wichita Housing & Community Services				X				
COMCARE/Sedgwick Co		X	X	X	X	X		X
Episcopal Social Services						X	X	
Good Samaritan Clinic	X						X	
Grace Med Clinic	X						X	
Guadalupe Clinic	X							
His Helping Hands						X	X	
Housing First/ City & County				X				
Hunter Health Clinic	X							
Inter-Faith Ministries							X	
Jehovah Jireh							X	
Kansas Care through Housing	X			X				
Medical Services Bureau	X							
Mental Health Association		X		X				
Miracles, Inc			X	X			X	
Mother Mary Anne Clinic	X							
Options			X					
People's Net								X
Positive Directions	X			X				
Project Independence		X						X
Sedgwick County Health Dept.	X							
Sedgwick County Housing Authority				X				
SRS						X		
Stepstone (Domestic Violence)				X				
The Salvation Army				X		X	X	
United Methodist Open Door				X		X	X	
United Way of the Plains				X		X		
Robert J. Dole VAMC		X						
Wichita Children's Home				X				
Women's Recovery Center			X					

Coordination Activities & Policies:

The COMCARE Homeless Program staff are long-standing partners with the above listed organizations and agencies. Services are coordinated through a variety of coalitions and partnerships. In addition, COMCARE staff has consistently held leadership roles in coalitions, task forces, strategic planning and other activities benefiting both the community and persons experiencing literal homelessness. COMCARE's Systems Integration Coordinator is integral in community-wide strategic planning regarding homelessness and has provided input and research

into community strategic planning efforts. The COMCARE Homeless Program Manager attends the Task Force to End Chronic Homelessness (TECH) Oversight Committee meetings and provides updates about Housing First and homeless services to Center City staff.

The COMCARE Homeless Program staff work closely with both Housing authorities (City of Wichita & Sedgwick County) to alert case managers when waiting lists open or certification meetings are scheduled. PATH case managers use the PATH-funded van to provide transportation for consumers to required housing meetings, such as Shelter Plus Care group orientations. The COMCARE Homeless Program maintains and creates relationships with organizations involved in the creation of new housing options (MHA, Mohr Place, United Way of the Plains, Inter-Faith Villas, United Methodist Open Door) as well as fostering relationships with community landlords to resolve housing issues as they arise and to prevent precariously housed individuals from recycling back into homelessness.

Coordination with homeless service providers is primarily accomplished through participation in monthly meetings of the Wichita Homeless Services Coalition (WHSC). During WHSC meetings homeless service providers announce changes in program and/or service delivery procedures in order to enhance access to vital services and permanent housing by persons experiencing literal homelessness. Various COMCARE staff members also work on tasks forces, special projects and offer input into creating solutions to end homelessness. For example, during monthly HUD Continuum of Care (CoC) meetings community representatives join a sub-set of homeless service providers to identify and address gaps in the overall homeless service system and to monitor implementation of strategies to end homelessness. The CoC also plans community education events, such as housing forums to bring new partners to the table to collaborate and initiate improved strategies to meet the needs of the homeless through non-duplicative efforts. Forum topics held last year included: Employment, Disability, Income/Insurance Benefits and Permanent Housing. Also, COMCARE works independently and as needed with housing and service providers to promote additional coordination efforts for specific individuals and families who experience unique barriers to accessing permanent housing. For example, this winter PATH case managers encountered a family of eight living in their vehicle outdoors. PATH case managers worked diligently to keep the family together as they exhaustively researched any possible resource to get this family off the streets. The COMCARE Homeless Program staff and PATH case managers collaborated effectively with faith-based partners to help the family locate an apartment, furniture, and employment for the parents. This excellent example illustrates how planning and coordination takes place on every level within the COMCARE PATH program.

Another example of successful collaboration resulted in the establishment of the Opportunity Zone (named "OZ" by homeless youth) a resource center operating several days a week for youth experiencing homelessness. The CoC met and discussed different service models appropriate for youth issues/needs, and provided feedback for the Mayor's task force. It was widely recognized that youth experiencing literal homelessness were reluctant to utilize shelters, resource centers and other supportive services aimed at adults. Wichita Children's Home led the way by creating a day shelter specifically targeting services and supports for runaway and

homeless youth in January 2012. PATH case managers are actively involved in supporting this important community resource for Sedgwick County's literally homeless youth.

PATH case managers' coordination and participation supports large community events to help the homeless. For example, PATH case managers utilized the PATH-funded van to assist homeless individuals without transportation to attend the VA Stand-Down to access needed services and resources. Further evidence of Sedgwick County coordination efforts was planning and implementation of the annual HUD Point in Time annual survey of unsheltered homeless.

iii. Describe your agency's participation in the local HUD Continuum of Care and any other local planning, coordinating or assessment activities related to preventing and ending homelessness. Include a description of your agency's past participation in the 2011 Point in Time Homeless count.

The COMCARE Homeless Program participates actively in the Wichita/Sedgwick county HUD Continuum of Care. The Program Manager and the Systems Integration Coordinator participate in monthly meetings, as well as the Division of Human Services Homeless Plan Specialist and Kansas certified SOAR case manager. COMCARE of Sedgwick County works closely with United Way of the Plains (UWP) to implement HUD's Homeless Management Information System (HMIS). HMIS is a HUD mandated shared homeless and housing management and information system administered by UWP. HUD requires all grantees to use HMIS to focus on results and collecting quality data. Accurate HMIS data enables HUD grantees and the larger community to gain a more informed understanding of the problems of homelessness in our community and to evaluate the effectiveness of interventions. Sedgwick County is an End User of HMIS through a memorandum of understanding with UWP. The COMCARE Homeless Program staff access the web-based HMIS application and attend periodic End User Meetings to better utilize this evolving management and information system. COMCARE enters data pertaining to all HUD-funded projects for which the COMCARE Homeless Program either administers or for which the COMCARE Homeless Program provides supportive services. Further, through improved access and training, the COMCARE Homeless Program participates in HUD's Annual Homeless Assessment Report (AHAR). Participation in AHAR improves the quality of data reported to HUD on Transitional Housing Programs in the area, as well as increasing the competitiveness of the Wichita Continuum of Care's community application (category: 'Data Collection'). In addition, CoC communicates impact of homelessness in a systems-wide perspective. The CoC documents changes in services that affect our continuum of care by impacting the homeless delivery system. The committee also reviews and updates the CoC calendar to successfully apply to HUD's NOFA annual renewal process, organizes and offers community-wide "Proposer's Workshops" to acquaint prospective applicants on funding opportunities and HUD guidelines.

The Planning and Development (P&D) Committee meets at least monthly to oversee the visioning process of the HUD CoC. These activities include monitoring of the strategic plan, identification of resources to accomplish the goals as stated in the strategic plan, and making recommendations for modifications or enhancements to the plan. Attention is paid to aligning local community goals with the City Consolidated Plan and the State of Kansas' Plan to End

Homelessness. Additional committee responsibilities include reviewing and making recommendations for Emergency Shelter Grant apportioning and Kansas Emergency Shelter applications.

COMCARE is a lead participant in the HUD Homeless Point in Time Count for more than a decade, and most recently in 2012. A unique change in modality for conducting the PIT was the creation of a 'Project Connect' type event at a local convention center (Century II). Persons experiencing homelessness were invited to attend an all day resource fair to connect with various community service providers, receive haircuts, and medical screenings as an incentive to participate in the PIT survey of the homeless. Sedgwick County employees conducted surveys at Century II and on the streets canvassing the community to collect data critical to understanding the problem of homelessness. The expertise of PATH case managers was essential in locating and engaging unsheltered homeless individuals. The COMCARE Homeless Program staff was heavily involved in the range of PIT activities including: working as Hospitality Volunteers at Century II, staffing the PIT headquarters to support staff conducting surveys on the street; and as Survey Interviewers, canvassing the streets of Sedgwick County to conduct structured interviews with individuals experiencing literal homelessness.

- iv. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether persons who are PATH-eligible are employed as staff or as volunteers or governing or formal advisory boards.*

COMCARE employs two full-time PATH-funded case managers, one part-time Certified Peer Support Specialist and is requesting funds to add an additional part-time Certified Peer Support Specialist in the PATH FY 2013 application. Peer Support harnesses the lived experience of persons with mental illness and previous homelessness to assist in the engagement of literally homeless individuals. Peer Support staff use their lived experience to provide hope and encouragement of the possibility of recovery from debilitating symptoms through participation in supportive services.

Homeless consumers may be involved in the planning, implementation and evaluation of PATH funded services in several ways. First, a COMCARE consumer with lived experience of homelessness and mental illness serves on the TECH Oversight Committee, tasked to oversee implementation of the TECH Plan to End Chronic Homelessness. Second, through PATH grant funding, the COMCARE Homeless Program employs one part-time Certified Peer Support Specialist with lived experience of mental illness and homelessness. The Certified Peer Support Specialist is an integral member of the PATH program at the COMCARE Homeless Program and participates in team meetings and group supervisions at both Community Support Services (CSS) and the Homeless Program. Further, CSS employs three Certified Peer Support Specialists. In this proposal, the COMCARE Homeless Program is requesting continued PATH funding for one existing part-time Certified Peer Support specialist position as well as adding an additional part-time Certified Peer Support Specialist. The COMCARE Homeless Program is

committed to this important component of ‘trauma informed care’ through increased consumer integration in service provision for people experiencing mental illness and homelessness.

d. Management Structure

- i. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, age range of clients to be served, and housing status of clients (literally homeless or precariously housed) services provided by the organization and region served.*

COMCARE of Sedgwick County serves citizens in the 1,000 square mile area of Sedgwick County, Kansas. COMCARE has provided PATH outreach services for many years. COMCARE is a licensed community mental health center and a licensed alcohol and drug treatment facility. Within COMCARE, the Homeless Program (also known as Center City) provides literally homeless adults comprehensive mental health services and connects them to mainstream resources. Services include medication management, peer support, group/individual therapy, case management, and supported employment/education. COMCARE is a department in the Division of Human Services of Sedgwick County, a nonprofit governmental organization with oversight provided by the Sedgwick County Board of County Commissioners. The County Manager reports directly to the Board of County Commissioners. Additional community and consumer guidance for COMCARE of Sedgwick County is provided from a Mental Health Advisory Board. The Advisory Board includes consumers of mental health services as well as family members of mentally ill persons and is representative of public health, medical profession, the judiciary, public welfare, hospitals, and mental health organizations and education, rehabilitation, labor, business and civic groups. COMCARE’s current Mental Health Advisory Board members include:

Judge Richard Ballinger	Carol Brooks	Deb Eller	Rev David Fulton
Neil Guthrie	Phyllis Jacobs	Nancy Jensen	Robert Lee
Treva Lichti	Sherri Luthé	Dr. Jon Rosell	Martha Sanchez
Michelle Shaheen	Tina Steventon		

- ii. 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, and the staff team supporting the project including the name, title, and affiliation of each member. Describe staffing pattern including hours targeted for homeless outreach. Include organizational chart within the agency, indicating placement of program. Describe if your program has a paid staff member who was formerly homeless and/or mentally ill.*

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 (32/40 hours conducting

street outreach and related supervision/training; 8/40 hours conducting permanent housing support services)

- One vacant COMCARE PATH Case Manager position (32/40 hours conducting street outreach and related supervision/training; 8/40 hours conducting permanent housing support services)

2. Two .5 FTE Peer Support Specialists

- Leta Albright; COMCARE Certified Peer Support Specialist (20/20 hours conducting street outreach and related supervision/training); one .5 FTE Peer Support Specialist is currently funded by PATH
- An additional .5 FTE COMCARE position is requested in the FY '13 budget. Within six months of hire, Peer Support Specialist will complete WSU Peer Support certification (only applicants with lived experience of mental illness and homelessness will be considered a viable candidate for the position).

Staff providing indirect support of PATH program:

- Karen McNally, LMSW, COMCARE Community Support Services Director
- Ann Elifrits, M.S., LCP, COMCARE Homeless Program Manager
- Andrew Mills, 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 Homeless Program is recognized as an essential component of Sedgwick County's Division of Human Services and the licensed community mental health center
- 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, SRS and many other vital resources
- 24 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
- Successful, ongoing collaboration with multiple agencies across multiple 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
- Four years of 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
- The COMCARE Mental Health Court and Drug Court to improve consumers outcomes through diversion to substance use programming versus incarceration
- COMCARE's extensive experience providing permanent housing support (from navigating application to sustaining permanent housing) for HUD Shelter Plus Care, UMOD Safety Net, United Way of the Plains' Samaritan Housing Program, and City/County funded Housing First program
- Nine years' experience successfully administering COMCARE's HUD Dual Diagnosis Transitional Housing Program (THP)

- Four years' experience effectively utilizing HUD's Homeless Management Information System (HMIS)
- Staff experience and demonstrated success at implementing KU Evidence Based Practices as evidenced by positive fidelity ratings of teams in Community Support Services; Strengths Based, Integrated Dual Diagnosis Treatment, Supported Employment

iii. Indicate whether your agency and proposed PATH program will provide, pay for, or otherwise support evidence based practices and other training for the PATH funded staff.

COMCARE of Sedgwick County has substantial experience utilizing Evidence Based Practices (EBP) to improve outcomes for adults with mental illness and co-occurring disorders, including Supported Employment (SE) and Integrated Dual Diagnosis Treatment (IDDT). 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 Wichita community's capacity to end homelessness through effective, person-centered treatment. COMCARE is constantly exploring new ways to provide more effective services to the target population, most recently through Trauma Informed Care trainings available through Wichita State University's Center for Community Support and Research.

Through the COMCARE Homeless Program's extensive experience serving persons experiencing homeless, staff has gained a strong understanding of homeless individual's ambivalence around changing high risk behaviors such as substance use, unsafe sexual practices, etc. 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, IDDT, and SE. These approaches share a philosophy involving meeting people where they are and utilized techniques which are collaborative and person-centered.

Currently COMCARE consumers are referred to EBP services through members of their treatment team at Community Support Services (CSS) and the COMCARE Homeless Program (called 'Center City'). The Homeless Program, a satellite office of CSS located in downtown Wichita, has 24 years of experience connecting people experiencing homelessness in the Wichita community to needed resources/services including housing, employment, case management, mainstream benefits and medication.

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 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.

COMCARE is aware that while traditional services serve many individuals well, they do not seem effective in producing outcomes for chronically homeless individuals. COMCARE’s Supported Employment team is currently in its eighth year of implementing evidence-based practice in supported employment services for adults. Through participation in the University of Kansas (KU), School of Social Welfare’s/Kansas Department of Social & Rehabilitation Services’ (SRS) Disability & Behavioral Health Services (DBHS) support and monitoring of this EBP, the team has improved its programming and effectiveness through the years and currently maintains “good fidelity” to the model.

COMCARE’s Supported Employment team was noted by KU/SRS reviewers to have several strong basic elements of fidelity including staffing, diversity of employers/job types, and focus on competitive jobs. The Supported Employment team is comprised of 6.5 FTE employment specialists whose caseloads range from 16-22 clients per Employment Specialist (ES). Supported Employment staff is encouraged to become an integral part of the client’s treatment team at CSS/Center City, 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/encouragement around employment is critical for homeless individuals who may require more aggressive engagement and outreach efforts to risk seeking employment.

COMCARE recently celebrated the newest EBP team, the IDDT Team at CSS, on their achievement of fidelity after only one year of support/monitoring through KU/SRS. The CSS IDDT 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. To increase the effectiveness of mental health services, all COMCARE CSS/Homeless Program staff received some basic training to increase their understanding of dual diagnosis treatment as an integrated approach which treats the whole person and recognizes the relationship between cues/triggers to substance use and mental health symptoms. 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) and Motivational Interviewing (Miller & Rollnick).

A second COMCARE team, with experience utilizing IDDT concepts/tools, works out of a HUD-funded Transitional Housing Program for adults with dual diagnosis (mental illness/addiction disorder) and who were previously literally homeless. The Transitional Housing team uses the two-year program to assist residents to recover from dual diagnosis and obtain permanent housing, and could best be described as a ‘harm reduction’, supportive housing

approach. Based upon COMCARE's experience serving high needs consumers, IDDT is the treatment of choice for individuals who are literally homeless due to the frequency of co-occurring disorders in this population, often in addition to chronic physical conditions present (e.g., HIV, Hepatitis C), and will be employed in an effort to help individuals obtain/maintain permanent housing and connect to mainstream resources.

COMCARE has a successful history operating evidence-based practices and 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, from 1994 through 2000, Center City 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).

iv. Explain how the organization's mission, similar projects, and current goals are consistent with the proposed project.

COMCARE of Sedgwick County helps people with mental health and substance use needs to improve the quality of their lives. COMCARE provides a wide array of mental health and substance abuse services to residents of Sedgwick County. COMCARE is the largest of the 27 Community Mental Health Centers in the State of Kansas and is committed to helping individuals served lead more productive lives. Good mental health is as critical as sound physical health. COMCARE serves over 19,000 individuals in the community and with the help of a significant number of community partners. As the local mental health authority for Sedgwick County, COMCARE is the safety net for individuals in need of mental health services. COMCARE accepts Medicaid, Medicare, private insurance, self-pay and also has a sliding scale fee to zero. COMCARE's quality comprehensive services are prioritized and provided for all citizens regardless of ability to pay. Services are provided in the most cost efficient and cost-effective manner. Sedgwick County provides programs which are accessible to the public without regard to race, color, national origin, sex, age, religious or political affiliations, disability, or status as a disabled or Vietnam-era veteran. PATH is an important part of the COMCARE Homeless Program and reflects the larger organization's mission and values.

e) Additional requirements

i. State whether your agency is currently entering data into HMIS for another purpose.

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 U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS). Homeless Program staff serves as members of the local HUD Continuum of Care as a HUD grantee administering two Transitional Housing Program grants since 2003, as well as partnering with other HUD grantees to provide permanent supportive housing services. The HMIS agreement with the United Way of the Plains (UWP) was approved by the Board of County Commissioners on 9/17/08. Since that time staff at the Homeless Program has become 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. Homeless program staff is familiar with HUD data elements, response categories, definitions used to describe homelessness/chronic homelessness, and are adept at collecting required data at the intervals required by HUD (program entry/program exit/annually). Homeless Program staff contributes to the Annual Homeless Assessment Report (AHAR), which reports on homelessness in the United States. The report responds to a series of Congressional directives calling for the collection and analysis of data on homelessness. The AHAR reports provide the latest counts of homelessness nationwide—including counts of individuals, persons in families, and special population groups such as veterans and chronically homeless people. The report also covers the types of locations where people use emergency shelter and transitional housing; where people were just before they entered a residential program; how much time they spend in shelters over the course of a year; and the size and use of the U.S inventory of residential programs for homeless people.

The COMCARE Homeless Program staff produced Annual Performance Reports (APR) for each THP grant to successfully fulfill HUD requirements to report specific statistics and to produce specific outcomes for persons experiencing homelessness. Homeless Program staff has successfully participated in two monitoring visits from HUD's Regional Office in Kansas City, Kansas (2005; 2009) to ensure HUD regulations, documentation and program expectations were met and program staff historically enjoys an excellent working relationship with HUD Regional staff. 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 is well prepared to successfully transition from the current reporting requirements to using HMIS for enhanced PATH data reporting.

ii. If funded, do you expect any barriers submitting data into HMIS?

A potential barrier to submitting data into HMIS would exist if the HMIS grantee, United Way of the Plains, were to charge the Homeless Program a fee to enter into End User agreements for the purpose of HMIS usage. Historically, United Way of the Plains does not charge for this arrangement and the agreement is detailed in a memorandum of understanding between the two entities. Given the significant fiscal challenges experienced by the community mental health center in serving individuals without regard for payer source, and the lack of administrative funds to cover the cost of administering the PATH grant, this could potentially represent a barrier

for COMCARE Homeless Program to submit data into HMIS in the future. At the time of this application there has been no specific timeline for such a requirement by United Way of the Plains.

- iii. *Describe in table format: (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.*

The COMCARE Homeless Program has 24 years of experience serving the PATH target population. 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. Current staff demographics represent well the community demographics. One outreach staff has been with COMCARE for more than 20 years, and is bilingual, fluent in Spanish. 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. One of the COMCARE Homeless Program staff speaks Chinese, with English as her second language. The Homeless Program also has access to a CSS staff member who is fluent in Vietnamese.

Demographics	Sedgwick County %	Homeless Program Staff %
White	76.3%	67%
Black or African American	9.3%	20%
American Indian & Alaskan Native	1.2%	0%
Asian	4.1%	6.5%
Hispanic/Latino	13.0%	6.5%
Other	4.0%	0%

<http://quickfacts.census.gov/qfd/states/20/20173.html>

- iv. *Describe how staff providing services to the target population will be sensitive to age; gender and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.*

The proposed project will address the issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender in the target population through training, professional competencies and personal experiences of direct service staff members. New COMCARE direct service provider staff is given 25 hours of internal training upon hire 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 Essential Learning where staff can access presentations, videos, and earn CEU's on-line on over 400 topics related to mental health and substance use topics. 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

including staff who speak English, Spanish, Chinese and Vietnamese. COMCARE also contracts with the Language Line for all other languages encountered. COMCARE strives to make resource materials available to consumers in both English and Spanish, including a brochure developed in cooperation with Wichita Police Department listing homeless resources which is updated annually. Staff has varied backgrounds and personal experiences: education levels, socio-economic status, sexual orientation, race, religion/faith and military history/veteran status. The cultural diversity COMCARE staff brings to homeless service delivery in the proposed project is significant. The COMCARE Homeless Program has provided mental health services for the past 24 years in downtown Wichita, including previously co-locating with UMOD almost 12 years ago. Homeless Program staff has extensive knowledge of the homeless population in the area, the agencies that help the homeless, and the challenges inherent in serving the target population. Further, the COMCARE Homeless Program has nine years experience administering a Transitional Housing Program for literally homeless individuals with dual diagnosis (mental illness/substance use). COMCARE leads the State in employing consumers as providers and is committed to consumer integration to improve outcomes for persons experiencing homelessness and serious mental illness. The COMCARE Homeless Program staff, including QMHP's who conduct intake, are trained in topics such as Dr. Ruby K. Payne's A Framework for Understanding Poverty. The COMCARE Homeless Program has received trainings on Trauma Informed Care through Wichita State University/Center for Community Support and Research. Several COMCARE staff members and the Homeless Program Manager attended Tonier Cain's presentation at Osawatomie State Hospital (Fall 2010; Osawatomie, KS). Ms. Cain is employed at the National Center of Trauma Informed Care (NCTIC), a technical assistance center dedicated to building awareness of trauma informed care and promoting the implementation of trauma informed practices in programs and services. Homeless Program staff members were introduced to the Adverse Childhood Experience (ACE; www.acestudy.org) 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, IDDT, and the use of person-first language. COMCARE includes consumers and their families in planning services in a variety of ways including the Mental Health Advisory Board, consumer participation on the TECH Oversight Committee, consumer participation in Homeless Program Management team meetings, and Co-location with People's Net, a grass roots consumer advocacy organization at UMOD Homeless Resource Center. Recently, COMCARE was instrumental in conducting the HUD Continuum of Care Self Assessment and invited consumer participation to enhance feedback and to assist in developing more consumer integration in the planning of housing. COMCARE is a demonstrated leader in developing staff who are culturally competent in order to increase positive outcomes for persons experiencing literal homelessness and serious mental illness.

Budget

ATTACHMENT E: Budget Sheet

FUNDING SOURCE	GRANT REQUEST	ALL OTHER OR CASH MATCH	IN-KIND	TOTAL
1. PERSONNEL GROSS SALARY & FRINGE BENEFITS	86,409	20,269	0	106,678
2. TRAVEL AND SUBSISTENCE	0	0	0	0
3. FURNITURE AND EQUIPMENT	0	0	0	0
4. SUPPLIES	2,000	528	0	2,528
5. CONTRACTUAL	0	0	0	0
6. STAFF EDUCATION AND TRAINING	0	0	0	0
7. BUILDING, SPACE, AND MAINTENANCE	0	0	0	0
8. OTHER (SPECIFY)	0	0	0	0
9. OTHER (SPECIFY)	0	0	0	0
10. OTHER (SPECIFY)	0	0	0	0
11. INDIRECT COSTS	0	0	0	0
12. TOTAL OF 1-11	88,409	20,797	0	109,206
13. PERCENT OF TOTAL	81%	19%	0%	100%

Budget

ATTACHMENT E: Budget Sheet (Two Years)

FUNDING SOURCE	GRANT REQUEST	ALL OTHER OR CASH MATCH	IN-KIND	TOTAL
1. PERSONNEL GROSS SALARY & FRINGE BENEFITS	172,818	40,538	0	213,356
2. TRAVEL AND SUBSISTENCE	0	0	0	0
3. FURNITURE AND EQUIPMENT	0	0	0	0
4. SUPPLIES	4,000	1,056	0	5,056
5. CONTRACTUAL	0	0	0	0
6. STAFF EDUCATION AND TRAINING	0	0	0	0
7. BUILDING, SPACE, AND MAINTENANCE	0	0	0	0
8. OTHER (SPECIFY)	0	0	0	0
9. OTHER (SPECIFY)	0	0	0	0
10. OTHER (SPECIFY)	0	0	0	0
11. INDIRECT COSTS	0	0	0	0
12. TOTAL OF 1-11	176,818	41,594	0	218,412
13. PERCENT OF TOTAL	81%	19%	0%	100%

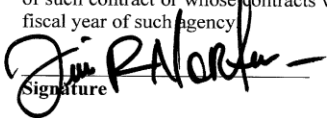
Budget Narrative			
Expense Categories	YEAR ONE		YEAR TWO
	SRS Grant	Other / Match	SRS Grant
1 Salaries	\$71,670	\$16,811	\$16,811
	<p>In year one the budget includes funding for 2 full-time Case Managers providing Outreach and Housing Services and 2 part-time PATH Peer Provider. The budget for each is as follows:</p> <p>Case Manager I: 40,468 Case Manager I: 26,917 PATH Peer Provider: 10,548 PATH Peer Provider: 10,548</p>		
2 Fringe Benefits	\$14,739	\$3,458	\$3,457
	<p>In year one the budget includes funding the fringe cost of the same 2 FTE's as in the salary category and at the same percentages. This includes FICA-OASDI and FICA-HI, Health and Life Insurance, Retirements, Worker's Compensation and Unemployment. The budget for each is as follows: The part-time positions are only covered by FICA, Workman's Compensation and Unemployment.</p> <p>Case Manager I: 8,015 Case Manager I: 8,270 PATH Peer Provider: 956 PATH Peer Provider: 956</p>		
S & B SUBTOTAL	\$106,678		\$106,678
SUPPLIES	\$2,000	\$528	\$528
	<p>Budget includes supplies purchased for PATH consumers:</p> <p>Sunscreen Bottled Water KS id/drivers License Birth Certificate Replacements</p>		
SUPPLIES SUBTOTAL	\$2,528		\$2,528
PROJECT TOTAL	\$109,206		\$109,206

Attachment A

ATTACHMENT F: Assurances

- a. Supplantation of Grant Funds - The grantee shall not replace or supplant funding of another existing program with funds provided for in this Grant. Funds awarded under this Agreement may not be used for any purpose other than the one defined in this document.
- b. Debarment - As part of the Code of Federal Regulations (45 C.F.R. Part 76), all governmental entities receiving funding from the Federal Government must participate in a government wide system for non-procurement debarment and suspension. A person or entity that is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. Debarment or suspension of a participant in a program by one agency shall have government wide effect. The Secretary of SRS is authorized to impose debarment. Before any person or entity enters into an agreement, grant or contract with SRS, the Excluded Parties Lists shall be researched for potential debarred persons or entities. (located at the website <http://epls.arnet.gov>).
- c. Compliance With Laws and Regulations - The Grantee agrees that it will comply with all federal, state, and local laws and regulations in effect at any time during the course of this Grant. The Grantee shall certify to SRS that it will provide a drug-free workplace and as a condition of the Grant, the Grantee will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the Grant.
- d. Nondiscrimination and Workplace Safety - The grantee agrees to abide by all state, federal and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules and regulations may result in termination of this Grant.
- e. ADA Compliance - The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et. seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-111 et seq.) and the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101 et. seq.) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities; (b) to include in all solicitations or advertisements for employees, the phrase "Equal Opportunity Employer; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Parties to this contract understand that the provisions of this paragraph Ae. (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting state agency cumulatively total \$5,000 or less during the fiscal year of such agency

 Signature	Chairman Title	2-14-12 Date
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Attachment B

Internal Revenue Service

Date: June 28, 2005

COUNTY OF SEDGWICK
% COUNTY CONTROLLER
525 N MAIN STE 823
WICHITA KS 67203-3728

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Kim A. Chambers 31-07674
Customer Service Specialist
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
48-6000798

Dear Sir/Madam:

This is in response to your request of June 28, 2005, regarding your organization's exemption from Federal income tax.

As a governmental unit or a political subdivision thereof, your organization is not subject to Federal income tax under the provisions of Section 115(1) of the Internal Revenue Code, which states in part:

"Gross income does not include income derived from ... the exercise of any essential governmental function and accruing to a State or any political subdivision thereof ..."

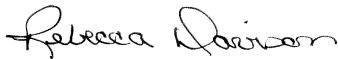
Because your organization is a governmental unit or a political subdivision thereof, its income is not taxable as explained above. Contributions used exclusively for public purposes are deductible under Section 170(c)(1) of the Code.

Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Your organization may obtain a letter ruling on its status under section 115 by following the procedures specified in Rev. Proc. 2004-1 or its successor.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



for Janna K. Skufca, Director, TE/GE
Customer Account Services

Attachment C

COMCARE of Sedgwick County's Governing Board:

SEDGWICK COUNTY BOARD OF COMMISSIONERS

Dave Unruh

1st District

Tim Norton, Chairman

2nd District

Karl Peterjohn

3rd District

Richard Ranzau

4th District

James Skelton, Chairman Pro Tem

5th District



CHAPTER: Employee Conduct & Relations Standards

SUBJECT: Conflict of Interest & Consensual Relationships

POLICY NUMBER: 4.504

PAGES:4

RELATED POLICIES:

ENABLING RESOLUTION:

REVISION DATE(S):

11/97

DEPARTMENT OF PRIMARY RESPONSIBILITY: HUMAN RESOURCES

SPECIAL NOTES: This Policy/Procedures Manual does not in any way constitute an employment contract. Sedgwick County reserves the right to amend this Manual at any time subject only to approval by the Board of County Commissioners and the Governing Body of Sedgwick County Fire District Number One.

I. Purpose

To caution supervisors and employees from entering into, or becoming involved in, consensual “romantic” or sexual relationships with one another in the workplace, as such relationships can create a conflict of interest and give rise to sexual harassment claims. Mechanisms to resolve conflicts of interests are addressed.

II. Scope

This Policy applies to all Officers and employees of Sedgwick County and all Officers and employees of Fire District No. 1, including, but not limited to, full- and part-time employees, Elected Officials, temporary employees and employees working under contract for the County.

III. Definitions

1. Consensual Relationship
2. Amorous, romantic, and/or sexual relationships between Sedgwick County employees, including contacts deemed to be in the nature of dating or other pre-arranged social activities (which are personal in nature and not professional).
2. Conflict of Interest.

Any activity or association (relationship) that creates or appears to create a conflict between the employee's personal interests and the business interests of Sedgwick County. A conflict of interest is inherent in a consensual relationship when one of the participants is in a position to recommend or decide any matter which may affect benefits, evaluations, compensation, any term or condition of employment of the other participant. Such situations or perceptions may interfere with Sedgwick County's obligation to provide equal employment opportunity and in some instances, may constitute sexual harassment and unlawful sex discrimination.

3. Business Hours

Those paid hours required of employees to carry out their job duties and the business mission of Sedgwick County.

4. Transfer

Movement of an employee from one position in a County department to another position. The movement may be within the same department or another department in the County structure.

5. Sex Discrimination.

Employment opportunities or benefits which are denied or granted because of an individual's submission to a consensual "romantic" or sexual relationship.

Example: If a management employee is dating a subordinate and the manager grants the subordinate a benefit (e.g., a raise, promotion, change in duties) as a result of the relationship, other employees may allege sexual harassment and sex discrimination.

IV. Responsibilities

A. The Department of Diversity & Employee Relations is responsible for:

1. Administration and broad oversight of the County's Conflict of Interest and Consensual Relationship Policy.
2. Coordinating and conducting training on the impact of consensual relationships in the workplace.
3. Maintaining appropriate and information files and records.

- B. Elected Officials, County Manager, Assistant County Managers, Division Directors and Department Heads are responsible for:
1. Knowing and complying with the provisions of this Policy.
 2. Maintain a workplace free of sexual harassment and sex discrimination.
 3. Ensuring that their immediate subordinates, as well as all employees in their areas of responsibility, receive training on the impact of consensual relationships.
 4. Implementing appropriate action for failure to comply with the provisions of this Policy.
 5. Reporting employees', or their own, involvement in a consensual relationship to the appropriate authority in their chain of command.
- C. Supervisors at all levels are responsible for:
1. Knowing and complying with the provisions of this Policy.
 2. Maintaining a workplace that is free of sexual harassment and sex discrimination.
 3. Receiving training on the impact of a consensual relationship.
 4. Recommending appropriate action for failure to comply with the provisions of this Policy.
 5. Reporting employees', or their own, involvement in a consensual relationship to the appropriate authority in their chain of command.
- D. All employees are responsible for:
1. Knowing and complying with the provisions of this Policy.
 2. Maintaining a workplace free of sexual harassment and sex discrimination.
 3. Receiving training on the impact of a consensual relationship.
 4. Reporting employees', or their own, involvement in a consensual relationship to the appropriate authority in their chain of command.

V. Procedures

A. Reporting Consensual Relationships

1. Employees in a consensual relationship must report it to their immediate supervisor or to the appropriate authority in their chain of command within thirty (30) days to ensure that all potential conflicts of interest have been adequately addressed. The affected department(s) then consults with the Department of Diversity & Employees Relations on the types of alternative arrangements to be made.
2. The Department of Diversity & Employee Relations writes and retains a report that specifies the appropriate, alternate arrangements which have been made to eliminate the conflict of interest. A copy is given to Human Resources for filing, the affected department(s) and the participants.
3. Failure to report or resolve such conflict of interest may result in disciplinary action.

B. Transfer or Reassignment of Affected Employee

1. At a minimum, the employee/supervisor must cease to work together on the same matters (including matters pending at the time the disclosure is made). The supervisor must withdraw from participation in activities or decisions relating to hiring, evaluations, promotions, compensation, work assignments and discipline.
2. If it is determined that the best resolution is transfer or reassignment, the affected employee has one hundred twenty (120) days to seek a transfer or reassignment. If within one hundred twenty (120) days a transfer or reassignment cannot be affected, the employee is asked to resign or be terminated.

C. Confidentiality of Reports

1. All reports remain confidential, but may be disclosed as evidence in the process of possible related conflict of interest, sexual harassment or sex discrimination complaints.

Attachment D



February 6, 2012

Brie Wilkins
Kansas Department of Social and Rehabilitation Services
915 SW Harrison, 8th Floor
Topeka, KS 66612

Dear Ms. Wilkins:

On behalf of the City of Wichita Housing and Community Services Department, I am pleased to submit this letter of support for COMCARE's application for its Homeless Program.

The COMCARE of Sedgwick County Homeless Program is a strong component of our community's efforts to address problems associated with homelessness – from issue identification to strategic planning. COMCARE continues to be a valuable and essential partner in outreach and case management for the Housing First program. This program was one of five recommendations of the Task Force on Ending Chronic Homelessness (TECH), a body which was appointed by the City Council and County Commission, to identify strategies to end chronic homelessness. With COMCARE's support, the Housing First program has successfully transitioned 33 formerly chronically homeless persons, into permanent stable housing. Of the 60 persons housed at the time of this writing, 38 have been in their housing unit for over one year. These statistics are due in large part to the work of COMCARE's Homeless Program staff. Additionally, plans continue for the location of COMCARE's Homeless Program in the TECH plan's resource and referral center which is opening this month. Again, COMCARE's presence in that facility will be an important role in their partnership which is designed to provide in one place, resources to help our community achieve success in ending chronic homelessness.

COMCARE Homeless Program staff also plays a crucial role in the development of the community Continuum of Care. This provides the Continuum with the unique perspective on the needs of the homeless population where mental and other disabilities are significant barriers to achieving stability. Most recently they have joined a number of community service providers to identify solutions for unaccompanied homeless youth who are found on the streets of our community, or who are living in unsafe environments. This initiative is being spearheaded by Wichita Mayor Carl Brewer and has nearly 30 agencies, including staff from COMCARE's Homeless Program, who are working in partnership to address this need.

Housing and Community Services

332 North Riverview • Wichita, Kansas 67203

T 316.462.3700 **F** 316.337.9103

www.wichita.gov

Brie Wilkins
February 6, 2012
Page 2

I have the utmost respect for the work of the COMCARE's Homeless Program, and their contributions to the community's response to homelessness in Wichita. In my opinion, PATH dollars would be well-spent with COMCARE of Sedgwick County and I encourage your favorable response to their application.

If I can provide additional information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, reading "Mary K. Vaughn". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Mary K. Vaughn
Director

United Way of the Plains

245 N. Water
Wichita, KS 67202
Phone: (316) 267-1321
Fax: (316) 267-0937
www.unitedwayplains.org

February 10, 2012



Brie Wilkins
Kansas Department of Social and Rehabilitation Services
915 SW Harrison, 8th Floor
Topeka, KS 66612

RE: Letter of Support for PATH Application

Dear Brie Wilkins:

United Way of the Plains is pleased to support COMCARE of Sedgwick County's application for Projects for Assistance in Transition from Homelessness (PATH) funding. COMCARE is a respected provider of street outreach services to the homeless in this community. COMCARE's staff has the expertise to develop relationships with the homeless, understands both their physical and emotional needs, and works to create programs in the community to meet those needs. Without COMCARE's valuable program many homeless individuals would not get connected to the vital supports and services this community has to offer people experiencing homelessness.

COMCARE partners with United Way and other community agencies and organizations to help develop needed services through the Wichita-Sedgwick County area Continuum of Care (WSC-CoC), the WSC-CoC Planning and Development Committee, and the Wichita Homeless Services Coalition. COMCARE's PATH funded homeless outreach staff are the cornerstone of the annual Point-In-Time unsheltered count.

COMCARE continues to be an integral partner in the community's annual HUD Continuum of Care (CoC) Homeless Assistance Program grant application process. Each year, COMCARE's input in the process helps ensure a successful application for funding to maintain and/or expand HUD funded housing and homeless services.

Building on more than two decades of experience, COMCARE effectively reaches and engages the underserved homeless population in our community. The services offered empower people to help themselves and recovery from mental illness. This program is a great asset to our community and PATH grant funding is a vital part of what makes their work possible. The loss of PATH funding would create a gap in services that no other funding stream could fill. We ask that you consider COMCARE's application and fund these on-going, critically important homeless services.

Sincerely,

Patrick J. Hanrahan
President





Founded in 1865 by
William and Catherine Booth

Shaw Clifton
General

Paul R. Seller
Territorial Commander

Charles H. Smith
Divisional Commander

Major Douglas S. Rowland
City Commander

Major Janet Rowland
Director of
Special Services

Richard Dinkel - Chairman
Elizabeth King - Vice Chairman
Paul Allen
Clay Bastian
Harry Botts
Al Buch
Charles Chandler IV
Ashley Cozine
Bill Cozine
Jan Davis
Dennis Dietz
Ray Dorsett
Ralph Foster
Joan Gallagher
Bruce Gilkeson
Richard Hartwell
Jeri Hinkle
Robert Houston
Elizabeth Koch
Walter Lewis
Paul Longhofer
Victor Lygrisse
Nick Martineau
Robert Moore
Ron Myers
Rosemary Niedens
Tim Norton
Susan Pool
Curt Reynolds
Cecil Riney
Barbara Rolph
David Rogers
Peter Salmeron
Sue Schiapp
Dwayne Shannon
Eric Strickler
Mark Suchinski
Roger Turner
Wayne Wallace
Tim Williams
Tim Witsman
Jim Zielke

Life Members
Martha Buford
Jean Garvey
Tom Kinkaid
Milford Peterson
Carl Sebitts



United Way of the Plains

DOING THE MOST GOODSM

Wichita City Command - The Koch Center
350 N. Market Street, Wichita, Kansas 67202
p: 316-263-2769 f: 316-263-6396
www.salvationarmy-wichita.org

February 10, 2012

Brie Wilkins
State of Kansas Rehabilitation Services
Division of Disability and Behavioral Health Sciences
Mental Health Services
915 SW Harrison St 8th Floor
Topeka, KS 66612

Dear Ms. Wilkins,

I am writing to convey my full support of COMCARE of Sedgwick County's grant application for PATH funding to continue to provide outreach services. Without COMCARE's services, our ability to maintain individuals who have a severe and persistent mental illness in our homeless facility would be problematic to say the least. COMCARE's staff members are instrumental in referring individuals to our program for services, providing support to them while they are residing in our facility, and working with program staff to facilitate the resident's successful re-entry into the community.

COMCARE has a long history of providing quality mental health and substance abuse services to citizens in the Sedgwick County area. The largest of the twenty-seven Community Mental Health Centers in Kansas, the agency has demonstrated a commitment to assisting individuals in leading healthier and more productive lives. Their assertive outreach helps connect the most vulnerable clients to the services they need, in particular for those we serve who are experiencing homelessness.

The Salvation Army has worked with COMCARE since its inception, and has always been impressed with the quality of services provided. We look forward to continuing to partner with COMCARE in the future and recognize that if these grant funds were not made available, it would greatly impact the consumers we serve.

Sincerely,

Lynn Tatlock, Director
Salvation Army Homeless Services



DEPARTMENT OF VETERANS AFFAIRS

Robert J. Dole Medical Center
5500 East Kellogg
Wichita KS 67218-1698

February 13th, 2012

Brie Wilkins
Kansas Department of Social and Rehabilitation Services
915 S.W. Harrison, 8th Floor
Topeka, Ks 66612

Dear Ms. Wilkins:

ComCare's Homeless Program, Com Care Center City, provides valuable contributions to the homeless population of the city of Wichita and Sedgwick County, Kansas. Their outreach team is very collaborative and links homeless individuals/families to much needed services in the community. The Robert J. Dole VA Medical Center works closely with ComCare and is proud to support their PATH application. ComCare reaches hundreds of people who are homeless each year and links them to community services.

I have worked with ComCare's outreach team, and have been very impressed by the quality of engagement techniques and best practices used by them. In fact, ComCare's homeless program was asked to serve again on the planning for the Robert J. Dole VAMC's Stand Down event in 2011. Without their help, the Stand Down would not have been as successful as it was. The deep commitment to increase community awareness of the on-going and increasing homeless population in our area is well evidenced in their participation in community partnerships.

ComCare actively participates in homeless strategic planning, advocacy and leadership in local and statewide homeless organizations. ComCare's homeless program is an active member of the Continuum of Care as well as the Wichita Homeless Services Coalition. ComCare's membership in both the coalition and the Continuum, ensures a consistent involvement of county government through cross communication. The Continuum of Care identifies community needs of people who are homeless, plans ways to address those needs and locates/allies for resources to implement solution. ComCare's homeless program is active as a participant in the Point in Time Count, and the VA's annual Summit, and CHALENG meetings.

Agencies and organizations are seeing a great demand for services at a time when there is less resources available resulting in a lack of additional housing projects, staff positions, and operating expenses for the programs that serve the homeless population. The Wichita Homeless Services Coalition works to coordinate services and prevent duplication. As past 2005 President of WHSC, I have witnessed ComCare's participation and exemplary service, both in terms of outreach and leadership, I have high respect for the work ComCare's homeless program does and I'm proud to support their application.

Sincerely Yours,

A handwritten signature in black ink that reads "Judith A. Epperson, LMSW". The signature is written in a cursive style.

Judith A. Epperson, LMSW
Homeless Program Coordinator
Robert J. Dole VA Medical Center
5500 E. Kellogg
Wichita, Kansas 67218
Office Phone (316-651-3684)



February 14, 2012

Brie Wilkins
Kansas Dept. of Social & Rehabilitation Services
915 SW Harrison, 8th Floor
Topeka, Kansas 66612

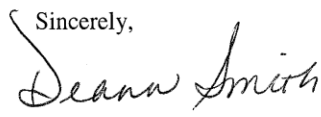
Dear Ms. Wilkins:

COMCARE's Homeless program provides significant contributions to Wichita and Sedgwick County on behalf of the homeless population. United Methodist Open Door (formerly United Methodist Urban Ministry) and COMCARE have a long-standing partnership. Open Door's day resource center for the homeless was created with funding out of the ACCESS Demonstration Grant that COMCARE was awarded in the 1990's. With the evolution of our collaboration and working partnership, Open Door and COMCARE have remained instrumental in the quality homeless service delivery to enhance opportunities for success for our clients. We have recently co-located, once again, in a comprehensive Resource and Referral Center; thereby further enhancing services to the homeless.

Each year, COMCARE's outreach team reaches out and links hundreds of homeless to community services. These case managers visit the resource center; canvas the streets, under bridges, at parks and other area homeless shelters to contact individuals about potential mental health services and community resources. We are impressed by the quality engagement techniques and best practices used by their assertive outreach.

COMCARE also actively participates in homeless strategic planning, advocacy and leadership. The Wichita Homeless Services Coalition provides many opportunities for COMCARE to serve as an information link and engage with community partners regarding homeless services. In addition, I have had the opportunity to work with the Systems Integration Coordinator and Program Director on collaborative projects, time-intensive grants and community building.

I have the highest respect for the work COMCARE's Homeless Program does and am proud to, once again, support their application.

Sincerely,

Deann Smith
Executive Director



Miracles, Inc.
Administration & Advocacy
1015 E. 2nd Street
Wichita, Kansas 67214
Phone: (316) 303-9520
Fax: (316) 303-9602
Email: rwmiracles@aol.com
www.wichitamiracles.org
***316-299-3993 (24 hr on-call for all programs)**

Miracles House Family Treatment and Prevention Program
Residential Treatment Program (women with children; pregnant; children's services)
1250 N Market
Wichita, KS 67214
Admission-(316)264-5900
Fax: (316) 265-2881

Sanctuary House Women's Homeless Shelter -THP Program (co-occurring disorders)
1738 N. Market
Wichita, Kansas 67214
Admission-(316)263-1317

Outpatient Treatment (women & families)
1015 E. 2nd Street
Wichita, Kansas 67214
Phone:(316) 263-1317
Fax: (316) 303-9602

Case Management Program
1015 E. 2nd Street
Wichita, Kansas 67214
Phone: (316)-303-9520
Fax: (316) 303-9602

Shelter Plus Care Permanent Supportive Housing Program (men, women and families)
1015 E. 2nd Street
Wichita, Kansas 67214
Phone:(316) 263-1317
Fax: (316) 303-9602
***homeless services**

1/14/12

Brie Wilkins, Grants Coordinator
Kansas Department of Social and Rehabilitative Services
915 SW Harrison, 8th Floor
Topeka, KS 66612

RE: PATH GRANT-2012-2013

Dear Grant Review Committee:

Miracles, Inc. is a residential, outpatient, prevention, and housing agency serving women/women with children who have substance abuse and chemical dependency problems. Miracles, Inc. is a faith-based agency and is licensed/funded by The Department of Social and Rehabilitation Services/Addiction and Prevention Services. Specialized services include residential treatment for pregnant/post partum women, women with a co-occurring mental illness and homeless families. Miracles, Inc. has been a recipient of the SSA Block Grant for the past 19 years as a free standing substance abuse agency.

This agency has collaborated with COMCARE of Sedgwick County's Homeless Services Program in several capacities including referral, assisting consumers to connect to homeless services, and worked closely with staff to facilitate client care and create improved community-wide systems for homeless prevention education and advocacy. In addition, our programs work closely together to provide Shelter Plus Care Certificates for the homeless through a mutual County-wide collaborative. The COMCARE's program administration and staff provides essential leadership and expertise on behalf of the homeless community through participation in the Continuum of Care/Continuum of Care Coordination Team and hold lead positions within the local homeless systems framework. The applicant provides expert skill and evidence based practices to consumers and the community that are homeless with a mental illness.

Miracles, Inc. requests continued PATH funding for COMCARE Homeless Services Program. COMCARE is providing homeless outreach, mental health services, case management, and other supportive services, as well as targeting services to individuals who are 'hard to reach' and not connected to mainstream services. As a PATH provider COMCARE, as evidenced by our long term partnership, is a strong partner with the substance abuse treatment provider network. In addition the program has set a strong goal to work towards ending homelessness.

As a faith-based provider, a critical component of the COMCARE Homeless Program includes the philosophy of client-centered and strengths-based oriented care that we know is provided to homeless individuals. Rarely do we see this sort of diligent effort to treat homeless citizens' with respect, consideration and a non-judgmental stance.

Again, please support continued PATH funding for COMCARE of Sedgwick County's Homeless Services Program.

Sincerely,

Rhonda Walker, L.M.S.W.,L.C.A.C.

Chief Executive Officer/Co-founder

Mission: 'Chemical dependency destroys families. Miracles, Inc. provides services to prevent and treat substance abuse and fight poverty, creating positive change for individuals, families and the community.'

* Miracles, Inc. is a faith-based agency* with Christian roots*



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE

* 525 N. Main, Suite 823 * Wichita, KS 67203 * Telephone (316) 660-7591 * FAX (316) 383-7729 *

March 28, 2011

To the Honorable Chair of the Board, Members of the Board of County Commissioners, and Citizens of Sedgwick County:

Good financial management requires that we provide full disclosure of the results of the County's fiscal activities each year, and that we obtain independent verification of the accuracy of our statements. Additionally, Kansas statutes call for an annual audit of all funds of the County by independent certified public accountants. Pursuant to these requirements, we hereby issue the comprehensive annual financial report of Sedgwick County for the fiscal year ended December 31, 2010. The County is responsible for both the accuracy of the presented data and the completeness and fairness of the presentation, including all disclosures. I believe that the information presented is accurate in all material aspects, that it is presented in a manner designed to fairly set forth the financial position and results of operations of the County as measured by the financial activity of the various funds, and that all disclosures necessary for readers to gain an understanding of the County's financial affairs have been included.

Management has established an internal control structure designed to ensure that assets of the County are protected from loss, theft, or misuse and to compile adequate information to allow for the preparation of financial statements in conformity with generally accepted accounting principles (GAAP). The cost of the internal controls should not outweigh their benefits. Thus, Sedgwick County's internal controls are designed to provide reasonable, rather than absolute, assurance that the financial statements are free from material misstatement.

The firm of Allen, Gibbs & Houlik, L.C. audited the County's financial statements. The goal of the independent audit is to provide reasonable assurance that the financial statements are free of material misstatement. The independent audit involves examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. The independent auditor concluded, based upon the audit, that there is a reasonable basis for rendering unqualified opinions that the statements are presented in conformity with GAAP and fairly present the financial position of the County. The independent auditor's report is presented as the first component of the financial section of this report.

GAAP require that management provide a narrative introduction, overview and analysis to accompany the basic financial statements in the form of Management's Discussion and Analysis (MD&A). This letter of transmittal is designed to complement the MD&A and should be read in conjunction with it. The MD&A can be found immediately following the report of the independent auditors.

PROFILE OF SEDGWICK COUNTY

Sedgwick County is located in south central Kansas and encompasses 1,008 square miles. The County was organized under the territorial laws of the State of Kansas and the Constitution of the State of Kansas in 1870. The County is the second most populous of the 105 counties in Kansas, with 498,365 residents. The County seat is Wichita, the largest city in the State of Kansas. Wichita is known as the "Air Capital of the World" for its internationally recognized concentration of commercial and military airplane production and aviation services.

The County is governed by a five-member Board of County Commissioners. The Commissioners serve as full-time County officials and meet in regular session each Wednesday morning. The Board, which performs both executive and legislative functions, is responsible for all policy and executive decisions. A County Manager, appointed by the Board, is responsible for administrative matters. Two Assistant County Managers and six Division Directors aid him in his duties. The County has 2,875 full-time employees.

Sedgwick County provides a full range of services to the community. These include public safety (sheriff, emergency medical services, emergency dispatch, emergency management, corrections, and the Regional Forensic Science Center), construction and maintenance of roads and bridges, health services, aging assistance, parks, the Sedgwick County Zoo, the INTRUST Bank Arena, the Kansas Pavilions, public improvements, planning and zoning, judicial support, youth facilities, and general administrative services. In addition to general government activities, the governing body has operating and financial relationships with the Sedgwick County Fire District #1 and the Sedgwick County Public Building Commission.

The annual budget process begins 15 months before the start of each fiscal year, when the Budget Department prepares a revised five-year financial plan. The financial plan serves as the foundation for planning and control, forecasting revenues and expenditures for the next five years and comparing the prior year's projections with actual results. The Budget Department also receives input from the Technology Review Committee, which evaluates division technology enhancement plans based on established criteria. The goals of the Technology Review Committee are to provide peer review of departmental technology enhancement plans and to evaluate and coordinate technology acquisitions to provide efficient access to County information. The Budget Department also receives input from the Capital Improvement Program Committee. This committee ranks projects with significant multi-year benefits, such as buildings and infrastructure. Nine months before the start of the new fiscal year, the Budget Department prepares and distributes a base budget for all County Divisions. Division managers identify the service implications of the base budget and, if necessary, submit requests for additional funding or staff. Two months later, the Board of County Commissioners holds budget hearings to discuss service levels, resource allocations, and funding strategies for the upcoming year. The Budget Department then submits a proposed budget to the County Manager. The County Manager reviews and, as appropriate, revises the proposed budget and then, six months before the new year, submits a recommended budget to the Board of County Commissioners. The Commissioners hold public hearings to receive input from citizens. The budget is adopted approximately five months before the start of the new fiscal year and is submitted to the State of Kansas in compliance with State statutes.

The legal level of budgetary control is at the individual fund level, and County policy provides authority for intra-fund modifications of the budget. The budget is prepared by fund, function, cost center and superior commitment item. Legal appropriated annual budgets are statutorily required for most, but not all, operations. County practice is to adopt budgets for all funds. Budget to actual comparisons are provided in this report for each individual governmental fund for which a legal appropriated annual budget has been adopted. For the General Fund, this comparison is presented on page A-62 as part of the required supplementary information. For governmental funds other than the General Fund with legal appropriated annual budgets, this comparison is presented in the governmental funds subsection, beginning on page B-20.

ECONOMIC CONDITION AND OUTLOOK

Sedgwick County is a regional economic center with aircraft manufacturing, health care service, and retail trade as primary industries. The economic information contained in this letter was drawn from publications of the Center for Economic Development and Business Research (CEDBR) at Wichita State University, and from the U.S. Department of Labor. The Wichita metropolitan statistical area (MSA) is comprised of Sedgwick, Butler, Harvey and Sumner counties in Kansas.

The CEDBR projects that the Wichita MSA economy will grow during 2011 following a year of mixed economic indicators. The Wichita MSA unemployment rate increased from 7.6% in December 2009 to 8.0% in December 2010. In comparison, the December 2010 national rate stood at 8.9%. Wage and salary employment decreased 0.3% from December 2009 to December 2010. For 2010, the value of new residential construction permits decreased 28.9%; the value of new non-residential construction permits increased 121%; home sales decreased 9.2%. The number of outbound airline passengers increased 4.3% while the outbound airfreight shipments decreased 2%. The Wichita MSA's hotel occupancy rates increased 4.4%.

Manufacturing

In the Wichita MSA, manufacturing employment accounts for 19% of all jobs. There are signs that the aircraft manufacturing industry is turning around after several difficult years: in 2010, billings increased 1.2% and the value of new orders for aircraft and parts increased 24.6%.

Highlights of the manufacturing sector are as follows:

- In January, Bombardier Learjet announced 100 employees would be laid off, but in July the company announced plans to invest \$33-million in new production facilities and add 600 jobs over the next 4 years to build a new large business jet, the Lear 85.
- Cargill announced plans for a \$14 million upgrade to their soybean processing plant. They also announced they would build a \$14.7 million Innovation Center for research and development.
- Case New Holland LLC began work on a \$160 million contract for the US Army. It is a 10-year project that will supply the Army with 3,400 pieces of equipment and provide more than 140,000 hours of work.
- In September, Cessna announced plans to reduce their workforce by 700 employees. Also in September, a seven year labor contract with Cessna workers represented by the International Association of Machinists was adopted after the necessary number of union members voted to approve it.
- In September, Hawker Beechcraft announced plans to lay off 350 salaried employees. In October they announced plans to lay off another 800 hourly workers in 2011. In October, the company announced the launch of a new business jet, the Hawker 200. Finally, in December, company executives along with state and local officials announced that Hawker Beechcraft would keep 4,000 jobs and most of its operations in Wichita until at least 2020. In return, the company will receive a \$45 million incentive package from state and local government.
- Spirit AeroSystem workers, represented by the International Association of Machinists and Aerospace workers, voted on a ten year labor contract. The contract went into effect after being approved by the necessary number of union members, although less than a majority. It is the longest contract duration ever in Wichita.

Other Sectors

Education and health services employment accounted for 44,967 jobs in 2010, about 15.7 percent of all jobs in the Wichita MSA. Jobs in this sector increased by 550, or 1.6 percent, this year. The University of Kansas School of Medicine is expanding its Wichita school from a two-year to a four-year program. In the summer of 2010 Via Christi Health began construction on a \$9 million surgical cancer institute and Wesley Hospital began construction on a \$4.5 million endoscopy unit.

Additional information regarding other employment sectors follows:

- Natural resources, mining and construction accounted for 4.9 percent of all jobs in the Wichita MSA in 2010. It is a decrease of 6.8 percent from 2009.
- Professional and business employment stood at 28,967 employees at the end of 2010. That is an increase of 2.7 percent from 2009.
- Retail and wholesale trades together account for 41,767 jobs, or 14.5 percent of all jobs in the Wichita MSA. Menards, a Wisconsin-based home improvement chain, announced plans to enter the Wichita market. It is building two stores in Wichita; both will open in 2011.
- The government sector employed 41,700 at the end of 2010, 14.5 percent of all jobs in the Wichita MSA.
- The transportation, warehouse and utilities sector employed 8,050 people and accounted for 2.8% of all jobs in the Wichita MSA in 2010. A new FedEx Freight Distribution is being built. The facility will include a 68,000 square foot, 96 door distribution center and a 10,000 square foot maintenance facility.

COUNTY BUSINESS AND FINANCIAL PLAN

Financial Plan

Sedgwick County continues to demonstrate a strong financial position. The County's mission is to assure quality public services that provide for the present and future well-being of the citizens of Sedgwick County. We accomplish this by establishing and maintaining partnerships, encouraging innovation, ensuring informed decisions and allocating resources to meet changing needs.

The County uses a five-year financial plan to evaluate current and projected fiscal conditions and to guide policy and programmatic decisions. The financial plan is a management tool that forecasts operating results based on current and projected economic conditions and identifies revenue and expenditure trends that may have an immediate or long-term effect on the County's financial condition. The financial plan assists in making decisions that meet the County's objectives of fiscal discipline and delivery of essential community services.

Over the next five years, the County and its financial plan face a number of challenges. The financial plan shows that some combination of reduced expenditures and increased revenues will be required to avoid operating deficits for the 2011 – 2015 fiscal years in funds receiving statutorily authorized tax support. Other funds, particularly grant funds, are also projected to experience operating deficits. Consequently, the financial plan anticipates using available fund balances to support citizen services during that planning horizon. The projections in the financial plan reflect the economic contraction and recovery experienced currently in the Wichita area.

Major initiatives of the County include the following:

- The INTRUST Bank Arena opened its doors January 2010. The Arena is located near Old Town to provide a multi-purpose entertainment venue for residents and visitors. The INTRUST Bank Arena provides 15,000 seats for basketball or up to 17,000 seats for concerts, 22 luxury suites, and two restaurants. The first year was very successful. There were 109 performances and 492,532 people attended those events. Sedgwick County continues to enhance accessibility to the Arena. The County purchased the former Coleman Factory site to transform into a parking area to better serve the Arena.
- The National Center for Aviation Training (NCAT) complex was opened in 2010. NCAT is a \$48.8 million world class facility operated by the Wichita Area Technical College. It has the capacity to train 600 workers per semester in avionics, airframe and powerplant maintenance, and advanced manufacturing processes. The Center also provides skills testing to prospective aviation employees and customized training for area employers. In conjunction with the NCAT, the County has partnered with Wichita State University's National Institute for Aviation Research (NIAR), one of the top three aerospace engineering research and development institutions in the U.S. NIAR provides ground-breaking research, innovative design, accurate testing and reliable certification that aviation and non-aviation clients rely on to meet their ever-changing needs. NIAR's CAD/CAM, composites and advance materials, and advance joining and processing labs will occupy space at the NCAT to perform research and training in collaboration with the Wichita Area Technical College. NIAR will also support non-destructive inspection training and research at this new facility.

- The Criminal Justice Coordinating Council was created to explore alternatives to increases in the jail population and out-of-County placements for inmates. Select alternative jail programs have been implemented to mitigate population growth in the adult detention center. Programs include an offender assessment program designed to provide improved matching of rehabilitation programs with inmate needs in order to reduce recidivism, a day reporting program designed to provide a non-residential sentencing alternative to incarceration, and a drug court designed to provide a problem solving venue for non-violent probation violators (violators with significant substance abuse histories who are not eligible for State programs and whose addiction treatments require more intense diversion programs). The programs helped to reduce the jail population from 2009 to 2010.
- Fire District #1's ongoing station relocation projects assure optimum response to the citizens of Sedgwick County and facilitate a substantial reduction of fire insurance premiums for rural residents. The District has completed four of five stations. Station 33 was relocated to Maize in 2007 and Station 32, which includes fire administration and fire prevention offices, was relocated in Park City in 2008. Station 39, in western Sedgwick County, was completed in 2009. Construction on Station 35 near Goddard was completed in late 2010 and opened in 2011. The remaining station in the relocation plan is in the planning stages, with estimated completion in 2012.

Financial Management

In addition to the five-year financial plan, the County develops a Capital Improvement Program (CIP) with the goal of facilitating area-wide economic development by updating the County's roads, bridges and drainage systems, as well as maintaining its facilities. The five-year CIP is used as a planning tool that specifies the capital spending budget for the 2010 budget year and projects it for 2011 through 2015, the planning years of the program. Planned capital spending for 2010 totaled almost \$31 million, including projects for road improvements, levee repairs, infrastructure construction for the Heartland Preparedness Center, and continued upgrades to County owned and leased buildings. The CIP is funded on a year-by-year basis from various funding sources, including annual operating revenues from property tax, sales tax, liquor tax, gasoline tax or by issuing bonds and making debt service payments over a period of years.

During 2010, as authorized by a comprehensive written investment policy, idle County funds were invested in certificates of deposit, obligations of the U.S. Treasury, government agency securities, repurchase agreements, money market funds, and the State of Kansas Municipal Investment Pool. Investments have a maximum maturity of four years as of December 31, 2010. The weighted average maturity was 250 days and the average yield to maturity was 0.50%. The fair value of investments totaled \$469,052,314 at December 31, 2010.

Sedgwick County maintains a debt management policy designed to set guidelines for management and control of debt financing by the County. As the County continues to grow, many different demands are placed upon the services the County provides; therefore, it is necessary to ensure the demand for debt-financed projects does not outrun the County's legal and fiscal capability to finance projects.

Sedgwick County is required to undergo an annual single audit in conformity with the provisions of the Single Audit Act of 1996 and U.S. Office of Management and Budget Circular A-133, [Audits of State and Local Governments](#). Single audits are intended to eliminate duplication of audit effort by providing for only one audit entity-wide, specifically designed to meet the needs of all interested parties. Although individual federal grantor agencies may still arrange for additional audit work if they consider it necessary for their purposes, the law requires that any additional work be built upon the single audit.

The County's financial management policies may be viewed at the County Finance Division's website, <http://www.sedgwickcounty.org/finance>.

As a recipient of Federal and State financial assistance, the County is also responsible for ensuring that an adequate internal control structure is in place to ensure compliance with applicable laws and regulations related to those programs. This internal control structure is subject to periodic evaluation by management. As a part of the County's single audit, described earlier, tests are made to determine the adequacy of the internal control structure, including that portion related to Federal financial assistance programs, and to evaluate the County's compliance with applicable laws and regulations.

AWARDS AND ACKNOWLEDGEMENTS

Awards

The Government Finance Officers Association of the United States and Canada (GFOA) awarded a Certificate of Achievement for Excellence in Financial Reporting to Sedgwick County for its Comprehensive Annual Financial Report (CAFR) for the fiscal year ended December 31, 2009. This was the 29th consecutive year that the County has achieved this prestigious award. In order to be awarded a Certificate of Achievement, a government must publish an easily readable and efficiently organized Comprehensive Annual Financial Report. This report must satisfy both generally accepted accounting principles and applicable legal requirements.

A Certificate of Achievement is valid for a period of one year only. We believe our current report continues to meet the Certificate of Achievement Program's requirements and we are submitting it to GFOA to determine its eligibility for another certificate.

Sedgwick County also received GFOA's Award for Distinguished Budget Presentation for its 2010 annual appropriated budget document. In order to qualify for the Distinguished Budget Presentation Award, a government must publish a document that meets program criteria as a policy document, operations guide, financial plan, and communications medium. The award is valid for a period of one year only. Sedgwick County has received the award for 26 consecutive years (fiscal years 1985-2010).

For the fifth time Sedgwick County received GFOA's Popular Annual Financial Reporting (PAFR) Award for 2009. GFOA's PAFR award program encourages governments to publish concise annual financial reports specifically designed to be readily accessible and easily understandable to the general public. This award is valid for one year only.

Acknowledgements

Preparation of this report required the cooperation and dedicated efforts of many County personnel outside the Division of Finance and the independent auditors, Allen, Gibbs & Houlik, L.C. I sincerely appreciate this significant support. The citizens of Sedgwick County are extraordinarily well served by all members of the Division of Finance who contributed to this annual financial report of the County's financial results in their daily work throughout the year and their individual fiscal year-end tasks.

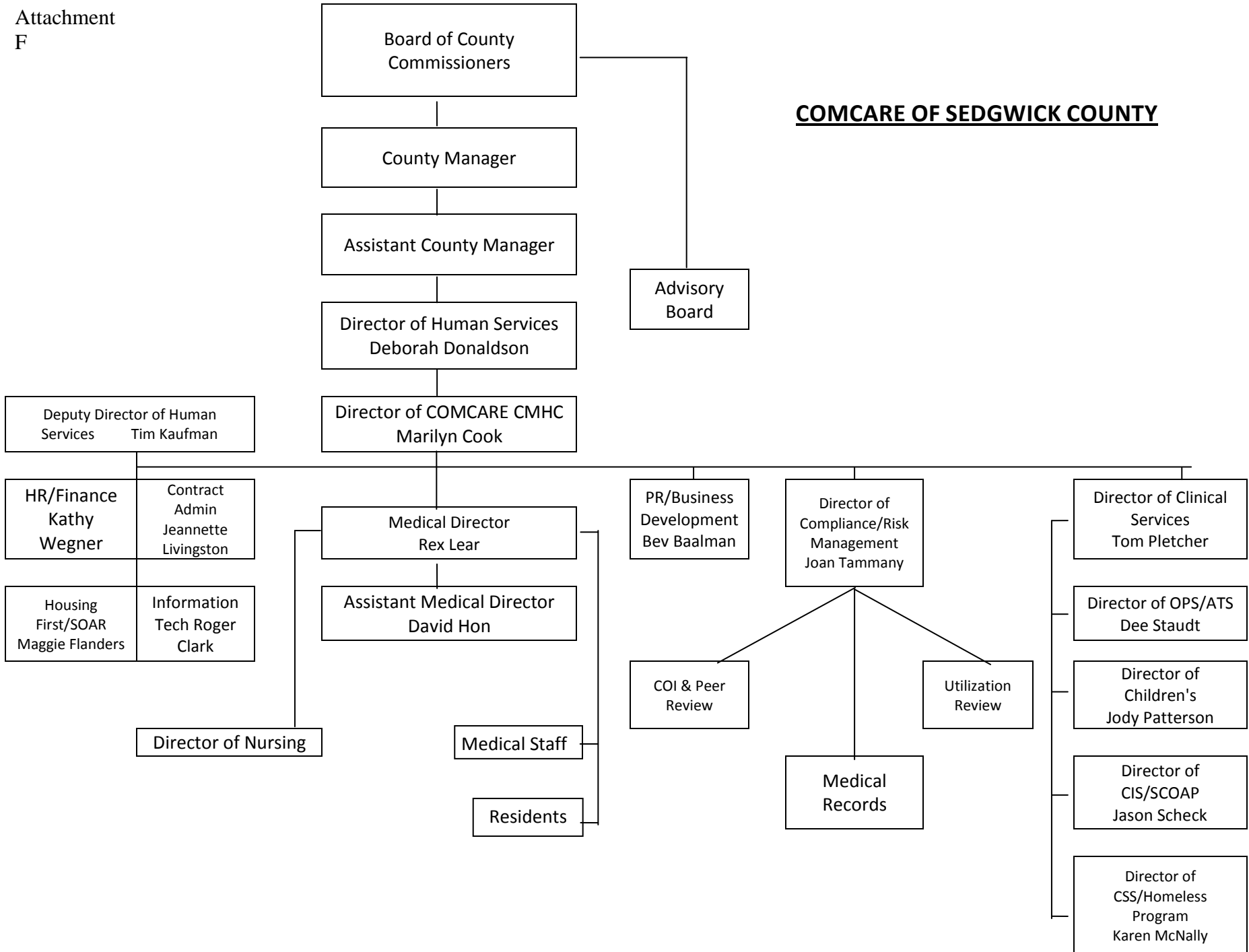
In particular, I want to applaud the efforts of Troy Bruun, the Deputy CFO, and Sara Jantz, the Director of Accounting, whose service to the County is invaluable. I express special appreciation to the Board of County Commissioners and County Manager Bill Buchanan for their unfailing support for maintaining the highest standards of professionalism in the management of Sedgwick County's finances.

Respectfully,



Chris Chronis
Chief Financial Officer

COMCARE OF SEDGWICK COUNTY



ORGANIZATIONAL CHART FOR COMCARE HOMELESS PROGRAM

