



EXECUTIVE CHAMBERS

HONOLULU

NEIL ABERCROMBIE
GOVERNOR

June 12, 2013

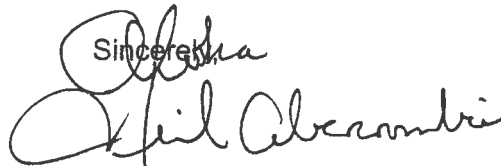
Ms. Virginia Simmons, Grants Management Officer
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, Maryland 20857

ATTN: PATH Formula Grant (SM-13-F2)

Attached is the Grant Application for the Projects for Assistance in Transition from Homelessness (PATH).

Also included is the budget for Fiscal Year 2014.

If you have any questions or concerns, please contact Loretta J. Fuddy, A.C.S.W., M.P.H., Director of Health, at (808) 586-4410.

Sincerely,

NEIL ABERCROMBIE
Governor, State of Hawaii

Attachments

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*If Revision, select appropriate letter(s): _____ *Other (Specify) _____
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*3. Date Received: _____	4. Applicant Identifier: _____
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5a. Federal Entity Identifier _____	*5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION

***a. Legal Name:**

*b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="99-6000449"/>	*c. Organization DUNS: <input type="text" value="80-993-5679"/>
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d. Address

*Street1:	<input type="text" value="P.O. Box 3378"/>
Street2:	<input type="text"/>
*City:	<input type="text" value="Honolulu"/>
County/Parish:	<input type="text"/>
*State:	<input type="text" value="Hawaii"/>
Province:	<input type="text"/>
*Country:	<input type="text"/>
*Zip/Postal Code:	<input type="text" value="96801-3378"/>

e. Organizational Unit

Department Name: <input type="text" value="Hawaii State Department of Health"/>	Division Name: <input type="text" value="Adult Mental Health Division"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	*First Name: <input type="text" value="Mark"/>
Middle Name: <input type="text" value="A."/>	
*Last Name: <input type="text" value="Fridovich"/>	
Suffix: <input type="text" value="Ph.D., M.P.A."/>	

Title:

Organizational Affiliation:

*Telephone Number: <input type="text" value="(808-586-4770"/>	Fax Number: <input type="text" value="(808) 586-4745"/>
--	--

***Email:**

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

SAMHSA/CMHS

11. Catalog of Federal Domestic Assistance Number

93.150 (PATH)

CFDA Title:

Projects for Assistance in Transition from Homelessness (PATH)

***12. Funding Opportunity Number:**

RFA #SM-13-F2

***Title:**

13. Competition Identification Number:

Not Applicable

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide (Counties)

15. Descriptive Title of Applicant's Project:

Project for Assistance in Transition from Homelessness (PATH)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:***a. Applicant**

HI-001 & HI-002

b. Program/Project

HI-All

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:***a. Start Date:**

September 1, 2013

b. End Date:

August 31, 2014

18. Estimated Funding(\$):***a. Federal**

\$300,000.00

***b. Applicant**

(in kind)

\$100,000.00

c. State**d. Local*****e. Other*****f. Program Income*****g. TOTAL**

\$400,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?** a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.***20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation in attachment.)** Yes No

If "Yes", provide explanation and attach.

21. ***By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)**

 **** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

a. Authorized Representative

Prefix:

Ms.

*First Name:

Loretta

Middle Name:

Last Name:

Fuddy

Suffix:

A.C.S.W., M.P.H.

*Title:

Director of Health

*Telephone Number:

(808) 586-4410

Fax Number:

(808) 586-4444

*Email:

Loretta.Fuddy@doh.hawaii.gov

*Signature of Authorized Representative:

Date Signed:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$ 0.00
2.		\$	\$	\$	\$	\$ 0.00
3.		\$	\$	\$	\$	\$ 0.00
4.		\$	\$	\$	\$	\$ 0.00
5. TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION B - BUDGET CATEGORIES						
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	Total (5)	
a. Personnel	\$	\$	\$	\$	\$	\$ 0.00
b. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0.00
c. Travel	\$ 5,000.00	\$	\$ 1,667.00	\$	\$	\$ 6,667.00
d. Equipment	\$	\$	\$	\$	\$	\$ 0.00
e. Supplies	\$	\$	\$	\$	\$	\$ 0.00
f. Contractual	\$ 295,000.00	\$	\$ 98,333.00	\$	\$	\$ 393,333.00
g. Construction	\$	\$	\$	\$	\$	\$ 0.00
h. Other	\$	\$	\$	\$	\$	\$ 0.00
i. Total Direct Charges (sum of 6a -6h)	\$ 300,000.00	\$	\$ 100,000.00	\$ 0.00	\$	\$ 400,000.00
j. Indirect Charges	\$	\$	\$	\$	\$	\$ 0.00
k. TOTALS (sum of 6i and 6j)	\$ 300,000.00	\$ 100,000.00	\$ 0.00	\$	\$ 0.00	\$ 400,000.00
7. Program Income	\$	\$	\$	\$	\$	\$ 0.00

SECTION C - NON- FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	0.00
9.	\$	\$	\$	0.00
10.	\$	\$	\$	0.00
11.	\$	\$	\$	0.00
12. TOTALS (sum of lines 8 and 11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year				4th Quarter
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
13. Federal	\$ 300,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00
14. Non- Federal	\$ 0.00	\$	\$	\$	\$
15. TOTAL (sum of lines 13 and 14)	\$ 300,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.	\$	\$	\$	\$
18.	\$	\$	\$	\$
19.	\$	\$	\$	\$
20. TOTALS (sum of lines 16 -19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	
22. Indirect Charges:	
23. Remarks	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

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

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

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

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within

any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

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

Agreements

FISCAL YEAR 2013

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

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

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

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

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

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

- Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
 - Referrals for primary health services, job training, education services and relevant housing services;
 - Housing services [subject to Section 522(h)(1)] including
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

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

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

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

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

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

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

Section 522(h). The State agrees that

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

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

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

Section 526. The State has attached hereto a Statement

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

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

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

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

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

agencies, an opportunity to present comments and recommendations with respect to the description.

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

Section 528(a). The State will, by January 31, 2013, prepare and submit a report providing such information as is necessary for

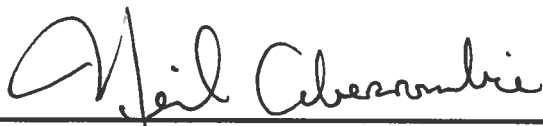
- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2012 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

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

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

Charitable Choice Provisions:

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



**Neil Abercrombie, Governor
State of Hawaii**

6-7-13

Date

CHECKLIST

Public Burden Statement: Public reporting burden of this collection of information is estimated to average 4 - 50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for

reducing this burden to HHS Reports Clearance Officer, 200 Independence Ave., SW, Humphrey Bldg., Room 531H, Washington, DC, 20201, ATTN: PRA (0990-0317). Do not send the completed form to this address.
NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: New Noncompeting Continuation Competing Continuation Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Included | NOT Applicable |
| 1. Proper Signature and Date on the SF 424 (FACE PAGE) | <input checked="" type="checkbox"/> | |
| 2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690) | | |
| <input type="checkbox"/> Civil Rights Assurance (45 CFR 80) | | _____ |
| <input type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) | | _____ |
| <input type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) | | _____ |
| <input type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 and 45 CFR 91) | | _____ |
| 3. Human Subjects Certification, when applicable (45 CFR 46) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- | | | |
|--|-------------------------------------|-------------------------------------|
| | YES | NOT Applicable |
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) | <input checked="" type="checkbox"/> | |
| 3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)? | <input checked="" type="checkbox"/> | |
| 4. Have biographical sketch(es) with job description(s) been provided, when required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? | <input checked="" type="checkbox"/> | |
| 6. Has the 12 month narrative budget justification been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. For a Supplemental application, does the narrative budget justification address only the additional funds requested? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Street1:

Street2:

City:

State: ZIP/Postal Code: ZIP/Postal Code4:

Email Address:

Telephone Number: Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

Organization:

Street1:

Street2:

City:

State: ZIP/Postal Code: ZIP/Postal Code4:

Email Address:

Telephone Number: (808) 586-4770

Fax Number: 808) 586-4745

HHS Checklist (08/2007)

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: (Agency)

on (Date)

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

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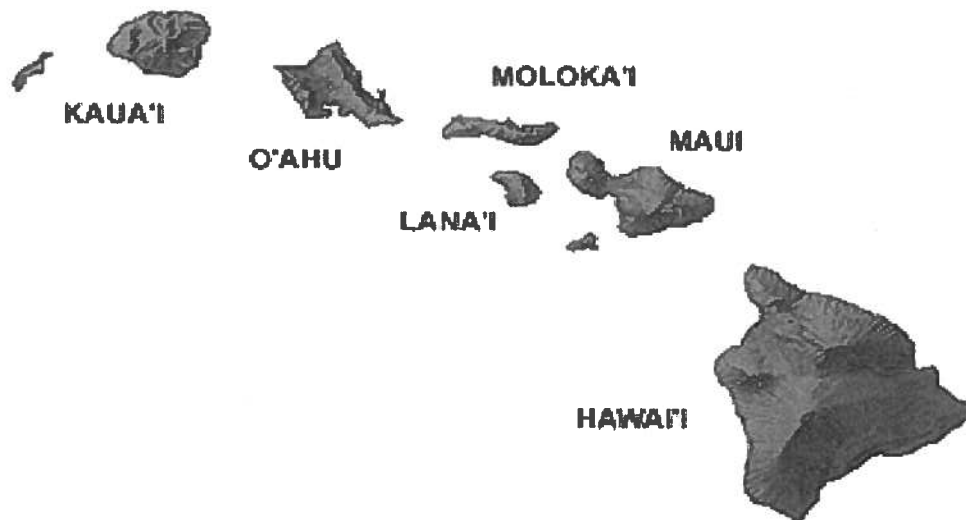
Section A – PROGRAM NARRATIVE

Executive Summary

The Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Funds play an integral role in the development and sustainability of specialized services to persons with a serious mental illness and who are homeless. Thus, Hawai'i's PATH program will support the delivery of eligible services to persons who are homeless and have serious mental illnesses and co-occurring substance use disorders, with a particular emphasis on (a) adults, (b) persons who are literally homeless, and (c) street outreach, case management, and services which are not supported by mainstream mental health programs. In order to do this, the Adult Mental Health Division (AMHD) is committed to strengthening and increasing referrals and linkages to permanent housing that support recovery. The AMHD is currently procuring its homeless contracts and will not be able to identify the actual providers until July 2013. Therefore, the current PATH funded organizations are listed below by service area.

1. Organizations to Receive Funds	Type of Organization	2. PATH Funds Received by Provider	3. Service Area	4. Projected Number to Be Served FY2013-2014
HOPE Services Hawai'i, Inc.	Health Care Provider	\$100,000	Island of Hawai'i	300
Mental Health Kokua	Health Care Provider	\$ 50,000	Island of Maui	250
Mental Health Kokua	Health Care Provider	\$ 45,000	Island of Kaua'i	200
Kalihi-Palama Health Center	Health Care Provider	\$100,000	Island of O`ahu	350

STATE OF HAWAII SERVICE AREAS



1. Hawai'i Living Situation Profile¹

Report State Fiscal Year 2012

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	0	0	0	0	0	0	0	0	0	0	0
18-64	4218	0	395	21	0	53	114	473	0	2715	7989
65+	407	0	124	1	0	11	1	16	0	238	798
Not Available	0	0	0	0	0	64	115	489	0	1	1
TOTAL	4625	0	519	22	0	64	115	489	0	2954	8788
Female	2435	0	312	12	0	43	77	296	0	1667	4842
Male	2190	0	207	10	0	21	38	193	0	1283	3942
Not Available	0	0	0	0	0	0	0	0	0	4	4
TOTAL	4625	0	519	22	0	64	115	489	0	2954	8788
American Indian/Alaska Native	34	0	1	0	0	1	0	5	0	18	59
Asian	1030	0	229	2	0	16	14	58	0	433	1782
Black/African American	122	0	13	1	0	0	4	22	0	62	224
Hawaiian/Pacific Islander	1131	0	101	12	0	25	49	139	0	582	2039
White/Caucasian	1590	0	121	6	0	19	28	160	0	928	2852
Hispanic*	0	0	0	0	0	0	0	0	0	0	0
More than One Race Reported	276	0	28	0	0	1	9	34	0	174	522
Race/Ethnicity N/A	442	0	26	1	0	2	11	71	0	757	1310
TOTAL	4625	0	519	22	0	64	115	489	0	2954	8788
Hispanic or Latino Origin	305	0	27	2	0	3	15	44	0	165	561
Non-Hispanic or Latino Origin	3960	0	476	19	0	59	91	377	0	2073	7055
Hispanic or Latino Not Available	360	0	16	1	0	2	9	68	0	716	1172
TOTAL	4625	0	519	22	0	64	115	489	0	2954	8788

The table on the Page 3 shows the unduplicated count of individuals receiving AMHD services (489) and who are homeless in Hawai'i during State Fiscal Year 2012. Included in the table are other living situations for adults and children who received mental health services. Definitions of the Living Situation categories listed below are from the Substance Abuse and Mental Health Services Administration (SAMHSA).

6. Living Situations Definitions:

Private Residence: Individual lives in a house, apartment, hotel, dorm, barrack, and/or Single Room Occupancy.

Foster Home: Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes of trained families.

Residential Care: Individuals resides in a residential care facility. This level of care may include: Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.

Crisis Residence: A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

Children's Residential Treatment Facility: Child and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services.

Institutional Setting: This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, Institutes of Mental Disease, Inpatient Psychiatric Hospital, Psychiatric Health Facility, Veterans Affairs Hospital or State Hospital.

Jail/Correctional Facility: Individual resides in a Jail and/or Correctional Facility with care provided on a 24 hour, 7 day a week basis. This level of care may include Jail, Correctional Facility, Detention Centers, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

Homeless: A person should be counted in the "Homeless" category if he/she was reported homeless at their most recent (last) assessment during the reporting period.

- A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
- B) An institution that provides a temporary residence for individuals intended to be institutionalized, or
- C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Unavailable: Information on an individual's residence is not available.

7. Purpose and Use of Federal PATH Funds:

Funds must be used to identify persons who: a) have serious mental illnesses and may also have co-occurring substance abuse disorders, and b) are homeless or at imminent risk of becoming homeless. The goal is to link these individuals to mental health services, housing, substance abuse treatment and other needed community-based services to aid in their recovery, end their homelessness, and improve the quality of their lives. The AMHD proposes to serve homeless individuals through its contracted PATH providers (listed on Page 7). The SAMHSA, which is responsible for administering the grant at the federal level, permits the use of PATH funds for the following services:

- Outreach services
- Screening and assessment
- Community mental health services
- Alcohol or drug treatment services
- Staff training
- Interim Case Management services
- Referrals for primary health services, housing, psycho-social rehabilitation, job training/placement, and educational services.

Ineligible Uses of Funds

Federal PATH and local match funds will not be used for the following activities:

- Support or operation of emergency shelters or construction of housing facilities;
- Immediate access housing; unless it is used as an outreach tool to support a person who, because of their mental illness, might be victimized in a shelter;
- Cash payments to recipients of mental health or substance abuse services;
- Ongoing purchase of groceries;
- Purchase or improvement of land, a building, or other facility (other than minor remodeling);
- Purchase or construction of any building or structure to house any part of the grant program;
- Purchase of durable or major medical equipment;
- To satisfy a requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds (local funds used as federal match may only be counted once for a single federal program); and
- Lease arrangement in association with the proposed project utilizing PATH funds beyond neither the project period nor any portion of the space leased with PATH funds used for purposes not supported by the grant.

Section B – STATE LEVEL INFORMATION

1. Operational Definitions for PATH Services in Hawai`i.

(a) Homeless Individuals

Homeless adults are 18 years of age and older with a severe and persistent mental illness or with a severe and persistent mental illness and co-occurring substance abuse disorder. These homeless individuals have no fixed place of residence or their primary residence during the night is a supervised public or private facility that provides temporary living accommodations and residence in transitional housing.

(b) Literally Homeless

An individual who lacks housing, without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is supervised by a public or private facility, which provides temporary living accommodations.

(c) Imminent Risk of Becoming Homeless

Previously, homeless adults with a severe and persistent mental illness or with a severe and persistent mental illness with a substance abuse disorder are determined to be imminently at risk if they have been homeless and are in housing for less than 12 consecutive months and are at risk for losing housing again, individuals living in temporary or transitional housing that carries time limits and those being discharged from health care, or criminal justice institutions without a place to live.

(d) Severe and Persistent Mental Illness

Persons ages 18 or older with a diagnosable mental disorder of such severity and duration that results in functional impairment that substantially interferes with or limits major life activities.

(e) Co-occurring Severe and Persistent Mental Illness and Substance Abuse

Individuals who have at least one serious mental health disorder and a substance abuse disorder, where the mental health disorder and substance use disorder can be diagnosed independently of each other.

(f) Eligibility

Once an individual is determined to meet the homeless or at risk of homelessness criteria and the mental health or co-occurring criteria, they are determined to be PATH eligible.

(g) Enrollment

Occurs when a PATH worker makes contact with a PATH eligible individual and completes/opens a PATH consumer file including the individual's written consent to services, thus making the attached individual a consumer.

(h) Outreach

The process of seeking out PATH eligible individuals and beginning efforts to bring them into services and/housing.

Active Outreach involves face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.

Indirect Outreach may include methods such as distribution of flyers and other written information and other indirect methods.

Inreach occurs when outreach staff is placed in a service site frequented by those experiencing homelessness, such as a shelter or community resource center, and direct, face-to-face interactions occur at that site.

2. Homelessness in Hawai`i:

As the state struggles to recover from the economic crisis, the homeless situation has worsened, and the number of Hawai`i's homeless people is growing at a higher rate than last year. Preliminary results for Honolulu City and County alone show a 4.7%² rise in the homeless population for 2013. Social services and government agencies assisting the homeless in Hawai`i have limited resources to address the "crisis." As a result, to address the seriousness of the situation, community stakeholders from different areas are forced to work together to find more permanent, creative solutions to address the issue of homelessness. Top government officials and agencies at the state and county levels are involved, as are nonprofit social service agencies, outreach groups and religious organizations that assist homeless persons with food, health and shelter.

The State of Hawai`i, Department of Human Services (DHS), Homeless Programs Branch, in coordination with the City and County of Honolulu, Department of Community Services (DCS), and other homeless service providers and organizations with the Hawai`i Continuum of Care (CoC) collaborated to develop the annual survey and statewide "point in time" (PIT) count of homeless persons. Instead of the conventional one night PIT counts, volunteers were able to collect data during a six-day period for the four counties: O`ahu, Maui, Kaua`i and Hawai`i. Counts were taken from January 24 to January 29, 2012. The objective of this PIT count was to obtain accurate information on both sheltered and unsheltered homeless³ persons.

The Hawai`i 2013 statewide PIT count is not yet available. However, the O`ahu PIT count was cited in an article in the Honolulu Star-Advertiser, May 17, 2013. According to the article, 4,556 homeless persons (1,465 unsheltered persons and 3,091 sheltered persons) were identified during the period of January 22 to January 29, 2013; an increase of 11 percent over 2012. Within the unsheltered category are 505 chronically homeless persons⁴, which include the concentration of homeless persons most visible on the streets of O`ahu. The article also reported that 78 percent of unsheltered homeless are severely mentally ill, 55 percent are chronic substance abuse users, and 29 percent are both mentally ill and chronic substance abusers. The co-occurring disorders dictate that these individuals need case management, medical treatment, substance abuse treatment and other supportive services in addition to housing.

The 2012 statewide PIT count resulted in a total of 6,246⁵ persons identified as being homeless. Statewide, sheltered homeless accounted for 3,726 persons and unsheltered individuals were 2,520. Of this total, 779 or 38.1 percent were chronically homeless individuals. Caucasians,

² Honolulu Star-Advertiser, "Officials Still Optimistic Despite 4.7% Rise in Homeless population." Friday, May 17, 2013.

³ Sheltered definition included persons staying in emergency, transitional shelters, or safe havens. Unsheltered definition included persons who stated that they were unsheltered on the night of January 23, 2012 and who are living outdoors or in places not intended for human habitation such as a park or the beach.

⁴ Chronically Homeless – an unaccompanied individual with a disabling condition (diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions), who either has been continuously homeless for at least one year or has had at least four episodes of homelessness in the past three years.

⁵ 2012 Homeless Point-in-Time Count, City and County of Honolulu, Department of Community Services, State of Hawaii, Department of Human Services, Homeless Program Branch Office.

Hawaiians, Part/Hawaiians and other Pacific Islanders continue to comprise the majority of the homeless in both sheltered and unsheltered categories. According to the PIT count, the homeless population stayed relatively stable (0.9 percent) between 2011 and 2012.

The makeup of the homeless population in Hawai`i are individuals who moved to Hawai`i from the Micronesian islands under the federal Compact of Free Association; many who have lost jobs and then apartments because of the recession, and many who have relocated from the mainland for the warm weather and ease of getting health benefits. This group joined many of the already “chronically homeless” population who have problems complicated by substance abuse, mental illness or other health challenges. Whatever the cause of the problem and despite a shortage of government funds, legislators are determined to put together permanent solutions as soon as possible. There are various strategies being pursued both privately and through bills in the legislature.

Number of Homeless People in Hawai`i⁶

County	Category	2010	2011	2012	% Change 2011-2012
O`ahu	Sheltered Homeless	2,797	2,912	3,035	+4.2%
	Unsheltered Homeless	1,374	1,322	1,318	-0.3%
	TOTAL	4,171	4,234	4,353	+2.8%
Maui	Sheltered Homeless	392	394	420	+6.6%
	Unsheltered Homeless	399	658	454	-31.0%
	TOTAL	791	1,052	874	-16.9%
Kaua`i	Sheltered Homeless	60	97	101	+4.1%
	Unsheltered Homeless	213	239	301	+25.9%
	TOTAL	273	336	402	+19.6%
Hawai`i	Sheltered Homeless	286	229	170	-25.8%
	Unsheltered Homeless	313	337	447	+32.6%
	TOTAL	599	566	617	+9.0%
State	Sheltered Homeless	3,535	3,632	3,726	+2.6%
	Unsheltered Homeless	2,299	2,556	2,520	-1.4%
	TOTAL	5,834	6,188	6,246	+0.9%

The table above shows the total PIT statewide count over a three-year period. The data indicates that the number of sheltered homeless increased by 2.6 percent reflecting increased shelter utilization; however, some shelters are still not at full capacity. Persons in families continue to comprise a high percentage of the sheltered population; the average shows a 71 percent increase

over the past three years. O`ahu accounted for 3,035 of the 3,726, or approximately 81 percent, of the state's total sheltered homeless population. Of this number, 534 were in households with children, 2,170 were people in families and 865 were individuals. The PIT report also noted that there are fewer shelter beds available to single individuals and persons in households without children. In Hawai`i County, the number of sheltered homeless continues to decrease for the third year in a row. There were 170 sheltered homeless on the island in 2012 versus 229 in 2011.

The counts of unsheltered homeless did not show any noticeable movements. On O`ahu the number of unsheltered homeless remained reasonably the same, from 1,318 in 2012, down from 1,322 in 2011. There was a noticeable shift from the Waianae Coast to downtown Honolulu in 2010, which had a concentration of unsheltered homeless of 410 unsheltered individuals (29.8 percent of the island's total unsheltered homeless population); while downtown Honolulu recorded 394 people (28.7 percent). In 2011, the highest concentration of unsheltered homeless was now in the downtown Honolulu (448 people or 33.9 percent) with Waianae accounting for 296 people (22.4 percent). For 2012, the total counts remain stable with 403 or 30.6 percent of unsheltered homeless individuals residing in the downtown Honolulu area and 280 or 21.2 percent residing in the Waianae area.

Two counties, Kaua`i and Hawai`i, saw a significant increase in the total number of unsheltered individuals, 25.9 percent and 32.6 percent respectively, while Maui showed a drop in that population (31.0 percent). Kaua`i County's overall homeless count increased 19.6 percent from 336 to 402. Overall the statewide unsheltered homeless count fell by 1.4 percent.

Although the data provides a "snap shot" of the Homeless population in the state, the data is not without limitations. Reasons for this are that the data is collected through a point-in-time count and does not reflect the total number of homeless individuals over the course of a year. The data is based on the United State Department of Housing and Urban Development's (HUD) very specific definition of homes – those living in emergency shelters, transitional housing for the homeless, safe havens for homeless individuals and in places not intended for human habitation (unsheltered). Lastly, the data on the number of homeless who have serious mental illness is generally self-reported by the individuals being surveyed or by shelter staff/outreach workers. This can result in different totals and varying assumptions about what constitutes serious mental illness.

The State's Homeless Program's Management Information System (HMIS) data showed that during the 2012 fiscal year, a total of 13,980⁷ (unduplicated) sheltered and unsheltered homeless persons utilized shelter and outreach programs statewide. During the period of 2011 and 2012, the total number of clients served dropped slightly by 1.5 percent after several years of sharp increases. The number of clients served in the City and County of Honolulu decreased by 1.3 percent; for Hawai`i County, the number served decreased by 6.0 percent; Maui County remained relatively stable, while Kauai County saw a 6.9 percent increase. Approximately 5,640 persons who experienced homelessness and received services had reported having a disability; 23 percent of those who reported having a disability were identified as having a mental illness.

⁷ Data collected from the 2012 Hawai`i Homeless Service Utilization Report from the Homeless Program's Management Information System (HMIS).

The AMHD's mainstream programs have helped to reduce the barriers in accepting eligible chronically homeless individuals into AMHD services, using a "Presumptive Eligibility" approach. AMHD's array of services support the best practice, "Housing First" model, and provide services including, but not limited to, dedicated "homeless preference" housing, representative payee services, aggressive outreach and crisis services. AMHD's Community Based Case Management services are provided by teams who service individuals who are homeless. The members on these teams are familiar with the dynamics of homelessness. AMHD has also developed community reintegration programs with housing options for persons exiting or diverted from prisons and jails, or conditionally released and discharged from the Hawai'i State Hospital (HSH) or Crisis Support Teams.

Yet, in the last few years, the need for homeless services in the state has continued to grow, due to high unemployment, an increasing cost of living, and a weakened economy. Many low-income households (those earning less than 30 percent of the median income) are unable to find appropriate housing due to rising rental costs and an inadequate inventory of affordable housing units. Coupled with the high demand for State and City and County rental assistance, many individuals simply cannot afford to find housing in a "tight" rental market.

3. PATH Site Selection and Allocation Process:

a. As indicated above, there is an increasing need for homeless services for all major islands that compose the State of Hawai'i. A competitive request for proposal process has been the method by which to select the homeless programs. There is a PATH funded program for each of the major islands: O`ahu, Maui, Kaua`i, and Hawai`i.

b. Special Consideration Regarding Veterans and their Families

Although veterans and their families are eligible for varied community mental health services, most utilize the outpatient and inpatient services administered through the federal Department of Veterans Affairs (VA). Veterans choosing to receive services outside the VA are more receptive to other community agencies, like the PATH funded program.

The most effective means of servicing interested veterans is through the coordination of the AMHD and the veterans program. The PATH program is a valuable resource for the veterans program and meetings are conducted on a quarterly basis to exchange information and ideas on how to assist veterans eligible for services. The collaboration among the staff of these agencies is the critical means to assist and ensure veterans receive the maximum benefit of appropriate AMHD mainstream services.

The AMHD, City and County of Honolulu, Kalihi-Palama Health Center and the VA have a Memorandum of Agreement to work collaboratively to provide housing and services to homeless veterans with a severe and persistent mental illness or severe and persistent mental illness with co-occurring disorders. Since then, ongoing meetings and communication occur regularly between VA Program Administrators and the AMHD Continuity of Care Service Coordinator ensuring easy access to mainstream services not available to the VA, i.e., Community Based Case Management and housing. Military veterans comprised 11 percent of the adults who received shelter services statewide, with the City and County of Honolulu having the highest

percentage of veterans served (12 percent) and Kaua`i County the lowest (5 percent). O`ahu and Maui counties had the highest percentage of veterans who received services through the Outreach Programs, while Hawai`i and Kaua`i counties served the lowest percentage of veterans.

In 2009, the former barracks in Kalaeloa, Hawai`i (Barbers Point) were renovated to create additional apartments for Hawai`i's homeless veterans. This year, plans⁸ are underway to expand affordable housing through a \$4 million loan from the state's rental trust fund in collaboration with U.S. VETS. An apartment building will be constructed to provide 50 new studio apartments for long term housing available to veterans. A seven-acre parcel of land in the Kalaeloa will be the site of the building.

The table below identifies the number of homeless veterans (unduplicated count) by island, who received services through Shelter programs and Outreach services during the 2012 PIT.

County	Category	2012	Percent
O`ahu	Shelter Programs	202	12%
	Outreach Programs	165	11%
Maui	Shelter Programs	72	8%
	Outreach Programs	140	11%
Kaua`i	Shelter Programs	12	5%
	Outreach Programs	23	7%
Hawai`i	Shelter Programs	30	8%
	Outreach Programs	58	7%
State	Shelter Programs	316	11%
	Outreach Programs	386	10%

4. Coordination with State Plan to End Homelessness:

The Hawai`i Department of Health's AMHD is responsible for planning, coordinating, and implementing the PATH Formula Grant Program. The AMHD has a mission to promote, provide, coordinate, and administer a comprehensive mental health system for individuals eighteen years of age and older who have a severe and persistent mental illness. In Fiscal Year 2012, AMHD administered services to 12,981⁹ adults with severe and persistent mental illness. Services are provided in State operated and owned facilities and through contracts with thirty (30) private providers, called Purchase of Service (POS) providers. The AMHD requires that

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⁸ "Affordable-housing expansion aims to assist more veterans." Honolulu Star-Advertiser," February 27, 2013.

⁹ Hawai`i 2012 Uniform Reporting System Table 2A.

providers be nationally accredited or certified. Included in the AMHD service array is the provision of services for homeless adults living with mental illness.

In July 2011, the Governor established the Hawai`i Interagency Council on Homelessness (HICH) and tasked the group with developing a statewide 10-year plan to end homelessness. The Governor's vision for the State is to end homelessness through increased coordination among stakeholders. There are four (4) overarching goals: 1) Retool the homeless crisis response system; 2) Increase access to stable and affordable housing; 3) Increase economic stability and self-sufficiency, and 4) Improve health and stability.

One of the initiatives is the development of an inventory of permanent rentals that the working poor can afford. Efforts also include helping the chronically homeless through "Housing First," a policy of getting individuals stable shelter which then makes them more receptive to medical treatment and social assistance. The "Housing First" concept is receiving acceptance among state lawmakers. They believe that housing is needed for those with chronic problems or for those who have recently become homeless. As a result, on May 22, 2013, the Governor released \$48.3 million for public housing statewide. Priority projects were identified by the members of the state legislature.

Also in May 2013, the Mayor of Honolulu outlined an ambitious two-year Housing First pilot project to shelter 100 of Oahu's most visible and troubled homeless individuals off the streets. The project is based on the "Housing First" model in which resources are focused on getting people in housing using the "scattered residence" for the estimated 505 chronically homeless. The cost for this program is estimated between \$3 to \$4.9 million and \$30,000 to \$48,000 per person. The City and County managers plan to house 500 to 600 chronically homeless individuals from the streets.

5. Designation of Funds:

The AMHD designates state and PATH formula grant funding for serving persons who are chronically homeless and have a severe and persistent mental illness. In addition to PATH, the State also provides an array of services through AMHD POS contracts that include case management and support services, homeless outreach, treatment, crisis services, and community housing to persons who are homeless with severe and persistent mental illness and/or with co-occurring substance abuse disorders.

The Steadfast Housing Development Corporation (SHDC), in partnership with AMHD, developed the Hale Kai Molino project on the West side of the island of Hawai`i. This housing project, acquired through a HUD Section 811 grant award, is designed to provide permanent supportive housing for persons with severe and persistent mental illness. In 2011, Mental Health Kokua (MHK), in partnership with AMHD, opened two new permanent supportive housing projects in Central O`ahu. These new projects, acquired and developed through HUD Section 811 grant awards, are designed to serve persons with severe and persistent mental illness.

Besides PATH, Hawai`i dedicates significant resources to housing and homeless services through the Community Mental Health Services (CMHS) Block Grant funds for adults in

Hawai`i. These funds support AMHD's efforts to develop new and innovative services, including those geared towards homeless persons.

In 2012, the City and County of Honolulu received \$15,526,954¹⁰ in federal grant funds through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) programs, to keep homeless assistance programs in operation. As of 2011, the CoC and AMHD-contracted housing and homeless providers were awarded over 400 HUD Shelter-Plus Care rental subsidies designated for the homeless for the islands of O`ahu, Hawai`i, Maui and Kaua`i. In 2012, SHDC will continue to seek grant opportunities for additional HUD funding through the State's CoC for additional Shelter-Plus Care rental subsidies for homeless persons on the islands of O`ahu, Maui, Kaua`i, and Hawai`i.

6. Programmatic and Financial Oversight:

The AMHD's Performance Improvement Office provides annual monitoring for all contracted programs. The process involves annual desk top and program site monitoring that includes a review of programmatic activities, quality assurance, and health and safety. Monitoring may be conducted more frequently if deemed necessary by the AMHD. Providers are required to submit to AMHD a written plan of correction that addresses each deficiency.

Data collection is a priority at the state level; as a result, PATH providers are required to submit quarterly and annual reports to the AMHD's Housing Coordinator. Financial oversight is provided by the AMHD's Central Administrative Services. Providers are required by the AMHD to conduct annual independent financial audits. These audit reports are submitted annually to the AMHD for review. AMHD POS housing providers are also expected to meet Housing Quality Standards set forth by AMHD. These homes are inspected on a regular basis by the AMHD Community Housing program.

7. Training

The AMHD provides opportunities for and supports ongoing training for all POS providers, including PATH providers. POS providers participate in trainings offered by PATH via webinars and conference calls provided by the PATH Technical Assistance Center. Unfortunately, since the AMHD did not have a Housing Coordinator, trainings did not occur. AMHD recently hired a Housing Coordinator this past May.

The AMHD participates in the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) technical assistance program and continues to support homeless outreach and case managers to assist consumers with SSI and SSDI applications.

The AMHD also supports police initiatives, through use of CMHS Block Grant funds, to develop and provide mental health training so that officers can learn to defuse situations involving mentally ill persons, including the homeless. Currently, the Mental Health Block Grant funds are supporting police officers' training on O`ahu and Maui. These trainings provide education

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¹⁰ Data collected from the 2012 Hawai`i Homeless Service Utilization Report from the Homeless Program's Management Information System (HMIS).

on mental illness, homeless dynamics, and recommended ways to intervene with persons with mental illness. Officers are required to call a Mental Health Emergency Worker in situations involving persons with mental illness prior to a decision to make an involuntary transport to an emergency room for psychiatric evaluation. Through the Trauma Informed Care (TIC IT) Grant, trainings are offered to all POS providers. Training includes Seeking Safety, which is a skill building approach for establishing safe coping mechanism for trauma survivors.

8. Matching Funds:

There is a PATH funded program on each of the major islands, (O`ahu, Maui, Kaua`i, and Hawai`i). The AMHD assures, through contractual requirements, that all AMHD -PATH funded programs provide the required matching non-Federal contributions. The contributions are required at the onset of the program. These programs are monitored to ensure compliance with these requirements. The matching contributions for 2013-2014 PATH funded programs are estimated on page 16 by provider.

9. Data (HMIS):

AMHD is in full support of the migration of PATH data into the Hawai`i Homeless Program's Management Information System (HMIS) and will assist the transition to ensure staff is entering the data correctly. The majority of providers in Hawai`i that receive HUD funding are required to participate in the HMIS system. The three providers currently receiving PATH funds are fully utilizing the HMIS for PATH services. Two of the providers, Hope Services, Hawaii Inc. and Kalihi-Palama Health Center have been involved with the system for several years. The Crisis Services Coordinator, who filled in for the vacant Housing Coordinator position, has planned for a consultant to meet with the group to provide updates on HMIS. This will help to engage the other provider to participate in inputting data into HMIS. Ongoing training for modification, licensing and continuous data management will be overseen by AMHD.

Organizations to Receive Funds	PATH FUNDS	Required Matching Funds	TOTAL
HOPE Services Hawai'i, Inc.	\$100,000	\$33,333	\$133,333
Mental Health Kokua - Maui	\$ 50,000	\$16,667	\$ 66,667
Mental Health Kokua - Kaua'i	\$ 45,000	\$15,000	\$ 60,000
Kalihi-Palama Health Center	\$100,000	\$33,333	\$133,333

10. Opportunity for Public Comment:

The State of Hawai'i's mental health statutes include the requirement for community involvement through a State Council on Mental Health (SCMH) and service area boards (SAB) on all islands (O'ahu, Maui, Kaua'i, Hawai'i) to provide public input. This mechanism assures community input regarding all mental health services, including homeless services.

Each SAB, comprised of stakeholders and other community individuals, is represented on the SCMH. The SABs and SCMH meet monthly to link the AMHD with the communities that are served. The role of the SABs and SCMH is to advise the AMHD regarding the scope and effectiveness of its services.

There are eight (8) community mental health centers (CMHC) throughout the State of Hawai'i. Each CMHC is situated in an area with a SAB. Each of the PATH-funded contractors works collaboratively with one of these CMHCs. The CMHCs are responsible for working with the SABs in their locales regarding community mental health issues. Homeless agencies and consumers have access to and give regular input to the CMHCs and the SAB.

The draft PATH Grant Application will be shared with the SCMH Housing and Homelessness Committee to provide comments and recommendations. A copy of the submitted application will also be posted on the AMHD website for stakeholders and community members to provide ongoing feedback throughout the year.

Section C - LOCAL PROVIDER INTENDED USE PLANS

1. **Provider Organization**

- a. **Organization Name:**
Mental Health Kokua (MHK)
- b. **Organization Type:**
Private, Non-Profit Agency
- c. **Services:**
Outreach and Interim Case Management
- d. **Region:**
State of Hawai'i, Island of Maui

2. **Path Funds the Organization Receives and Matching Funds**

See page 52

3. **Plan to Provide Coordinated and Comprehensive services – Maui**

a. **Estimated Number of Clients to be Served:**

The projected number of adult clients to be contacted using PATH funds is estimated to be 225, and approximately 100 adult clients will be enrolled who are diagnosed with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island of Maui in fiscal year 2013. Of the projected number of persons served through the PATH grant, one hundred percent (100%) of the persons served will be “literally” homeless.

b. **PATH Funded Services to be Provided:**

The services provided through the PATH grant include outreach; screening and diagnosis; staff training; case management; referrals for primary health services; housing; job training and job placement, and educational services.

c. **Major Existing Program Services:**

MHK, a private, non-profit housing agency contracted by the AMHD, provides community housing programs consisting of 24 and 8-16 hour supervised group homes to persons with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island. These programs provide the necessary housing supports to maintain consumers in the community. MHK provides five (5) transitional residential housing units consisting of forty-seven (47) beds on the island of Maui. One (1) of the homes was acquired utilizing HUD Section 811 Grant funds to provide supportive housing for adults with serious and persistent mental illness.

SHDC, a private, non-profit housing agency contracted by the AMHD, provides four (4) semi-independent residential housing units consisting of twenty-one (21) beds on

the island of Maui. Two (2) of the homes are state funded while two (2) homes designated for homeless mentally ill consumers were acquired using Stewart McKinney HUD federal funds. SHDC is also contracted by AMHD to provide a supported housing program consisting of housing support teams and bridge rental subsidies. There are four (4) designated bridge subsidy rental vouchers on Maui for persons with severe and persistent mental illness to assist in the transition to permanent housing assistance or Section 8. This program was recognized in a national Technical Assistance Collaborative publication as a "Best Practice." As of 2011, SHDC has been awarded a total of thirty-nine (39) HUD Shelter Plus Care rental subsidies through the State's CoC grant award process. In 2012, SHDC will continue to seek additional grant funds to provide permanent supportive housing options for chronically homeless individuals with severe and persistent mental illness. The rental subsidies designated for homeless individuals enable them to afford/live in scattered site apartments on the island of Maui.

These housing providers are supported by a comprehensive system. Access to services is through a central office. The AMHD offers a toll free ACCESS Line available 24-hours, 7 days per week, statewide, utilizing a standardized system to manage all calls, whether for mental health services, crisis outreach, or information and referral. The goal of this service is to provide crisis response with authorization for crisis services, streamline the registration process, and provide eligibility assessment scheduling that occurs with a single point of entry regardless person's physical location.

The Maui CMHC provides mental health services to persons with severe and persistent mental illness and severe and persistent mental illness with co-occurring substance abuse disorders including the homeless. The CMHC and POS providers work collaboratively and meet regularly to ensure services are provided to this population.

Aloha House, a private non-profit organization contracted by AMHD, provides specialized residential services program, day treatment, aftercare services and crisis services (Crisis Mobile Outreach (CMO), Crisis Support Management (CSM), and Licensed Crisis Residential Services (LCRS)). The CMO, CSM, and LCRS teams work closely with the homeless outreach team on Maui.

Maui Memorial Hospital provides primary health care to persons with mental illness and to homeless individuals. The Molokini Unit at Maui Memorial provides 24-hour psychiatric inpatient care to persons with mental illness and is available to homeless persons requiring these services. The AMHD's Maui Service Area Administrator-designate works closely with Maui Memorial and other community providers to develop and maintain a comprehensive system of care on the island.

In April 2011, the State of Hawai'i announced a partnership with local homeless service providers on the islands of O`ahu, Maui, Kaua`i, and Hawai`i. This initiative provides for a hotline in which the public can call in or submit an email report in

attempts to get help for someone who is homeless, on the street, or in need of assistance. The four (4) participating agencies belong to the local CoC on their respective island and provide homeless outreach and referral services. The Family Life Center is the contact organization on the island of Maui.

d. Gaps in the Current Services:

Currently, there are limited specialized residential treatment programs on Maui that provide 24-hour staff supervision for consumers requiring that level of service. Consumers released from the inpatient psychiatric unit in Maui County are sometimes placed in a crisis shelter or group homes, which is less than ideal for their needs at the time.

An inventory of affordable housing statewide remains a large gap. Hawai`i is one of the most expensive states in the nation in terms of the needed housing wage to afford the Fair Market Rent for an apartment. For a household looking to rent a two (2) bedroom unit, it would take 4.1 workers earning the minimum wage in order to make the rent affordable. According to the State of Hawai`i Consolidated Plan 2010-2015, approximately 86 percent¹¹ of eligible persons with severe and persistent mental illness in Hawai`i have extremely low incomes (at or below 30 percent of median income) and are in need of housing assistance. The AMHD is working with the local CoC's and State and County agencies to address this problem.

There continues to be a strong commitment and political will at higher levels of government and in this legislative session to facilitate new affordable housing development and creative housing solutions for the homeless statewide. Non-profit organizations, such as non-profit developers and service providers, have developed a niche in the provision of affordable housing and housing for special needs groups. Private industry, including for-profit developers and financial institutions, will play a role in expanding affordable housing opportunities for Hawai`i's low and moderate income households. Private foundations will be a source of grants and other resources.

Hawai`i has also been experiencing a shortage of psychiatrists in the community mental health system statewide, particularly in rural areas. One contributing factor is the recruitment of the VA administration for psychiatrists to treat its returning veterans. To pursue higher salaries and benefits, psychiatrists are leaving the state's system for the VA.

Transportation on the island remains a major gap. There is minimal public transportation on the island, especially for those who do not live in the centrally located towns of Kahului and Wailuku. Access to housing in other areas is available but in limited quantity.

Although there are large homeless transitional shelters on the island, homeless persons with a severe and persistent mental illness and co-occurring disorders are

often evicted because of their behavior and substance use. MHK and AMHD have discussed plans to develop a safe haven on the island of Maui to provide a low demand, transitional housing option for this population.

e. Strategies for Services for Persons with Co-occurring Mental Illness and Substance Abuse Disorders:

AMHD contracts with Aloha House to provide Integrated Dual Diagnosis Treatment services on Maui. The program, accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF) and licensed by the Department of Health, Office of Healthcare Assurance, provides 24-hour residential dual diagnosis treatment, day treatment, and aftercare services to persons with co-occurring disorders. These services are also available to homeless individuals meeting AMHD's eligibility criteria. The AMHD regularly evaluates the need for additional substance abuse services.

In the past, the AMHD Special Populations Services Coordinator provided infrastructure enhancement and technical assistance training opportunities to POS providers focusing on co-occurring mental illness along with substance abuse disorders. Two (2) training resources, Introduction to Integrated Dual Diagnosis Treatment (IDDT), and Introduction to Motivational Interviewing, were made available to all AMHD providers to train staff in development of integrated mental illness, substance abuse skills, which can be tailored according to the individual organizational staff training needs. These training opportunities were suspended in 2011 because the position became vacant. This past May, a coordinator was hired and trainings will begin shortly.

The AMHD Housing Program has identified as part of the array of housing options, "wet", "damp" and "dry" housing allowing homeless individuals with substance disorders to access and maintain housing. The AMHD Special Populations and Housing Coordinators, in conjunction with housing providers, have developed protocols and training for staff in these various types of housing. The majority of the homeless being referred to housing is in the "pre-contemplative stage" and therefore is not likely to benefit from residential treatment programs. Low demand housing with individualized support services, e.g. "Housing First," has proven to be a successful model in working with this population.

f. Strategies for Making Suitable Housing Available:

- The PATH outreach case managers will access the array of housing programs managed by MHK, Lokahi Pacific, and SHDC.
- AMHD will seek to create additional permanent housing through partnerships with SHDC and MHK.
- Through continued partnership with Maui County, the AMHD will increase the use of mainstream resources.

- In partnership with SHDC, AMHD will seek to increase the rental subsidy program and utilize the “Housing First” Model in helping homeless individuals to transition into permanent supportive housing.
- AMHD and SHDC will seek to increase the housing specialist position’s role, working in collaboration with homeless outreach teams to assist consumers to find, secure, and maintain independent housing.
- AMHD, POS providers, and other stakeholder organizations will provide and document provision of substance abuse services for the target population at all stages of consumer change and recovery (i.e., outreach, engagement, housing, etc.).
- AMHD, POS providers, and stakeholder organizations will provide cross agency training to create a "local" model for services delivery to persons who are chronically homeless.

4. **Coordination with PATH and Other Programs and Activities:**

Interagency Participation: The strengths of the delivery system to address the issue of homelessness within the State are derived from the many different entities working toward a common goal. Representatives from State, federal, and county agencies, private non-profits, private social service providers, private lenders, and private for-profit developers work in collaboration and respond to the urgency of this growing problem in Hawai`i. Each stakeholder contributes resources and expertise from its specific area to allow for maximum benefit, and minimize duplication of effort, toward the common goal to end homelessness.

Medicaid: The Hawai`i Department of Human Services (DHS) operates the MedQUEST program, which is the Medicaid, managed health care program for the elderly and disabled. In 2010, the Department of Health (DOH) and DHS agreed to transition the care of MedQUEST members, who were receiving behavioral health services from AMHD, to their respective DHS MedQUEST health plans. This plan was developed to improve services to MedQUEST members by integrating the coordination of both behavioral health and physical health services under one plan. The DHS Medicaid office has been a key participant in the State’s homeless planning efforts and provides clarification and information regarding Medicaid issues.

Entitlements: The State’s AMHD has long provided assistance for consumers to gain entitlements. Through collaboration with the DHS, there was improvement in the timeliness for homeless consumers’ reception of entitlements. In 2011, AMHD in partnership with Legal Aid Society, Social Security Administration, the local CoC and other community agencies, organized a steering committee that will meet monthly and assist in refocusing the SOAR initiative efforts statewide. This is to ensure that new and ongoing training opportunities are being provided to consumers, housing staff, case managers, homeless outreach teams, and other providers who wish for staff to be SOAR certified across the state. The AMHD Psychosocial Rehabilitation Service Coordinator, in

collaboration with the SOAR steering committee, will offer ongoing training statewide to assist homeless once will continue as we implement state/county plans to enhance access to SSI and SSDI, and assist the State with tracking and monitoring outcomes to show success and garner additional support.

Faith Based Organizations: Faith-based groups actively participate in the Policy Academy and local CoC and also provide grants, manpower, support services, and other resources, primarily for the most vulnerable populations, such as the homeless and persons with special needs. Public education is being made available to informal caregivers and faith based community groups by the AMHD to inform the general public about the severe and persistent mentally ill including those who are chronically homeless.

Continuum of Care Process: For years, the City and State have been working to implement a comprehensive CoC system for all homeless persons including persons with mental illness and substance abuse disorders. The State continues to address gaps within the broader context of mental health systems change and policies to address homelessness through Hawai'i's CoC planning process. They are divided into the Honolulu CoC, known as Partners in Care, on the island of O`ahu and the Hawai`i Balance of State CoC, which comprises the neighbor islands of Hawai`i, Maui and Kaua`i. PATH contracted providers are members of the local CoC in each county. Members meet statewide on a monthly basis and serve as a planning, coordinating, and advocacy body that develop recommendations for programs and services to fill gaps in the local CoC. The Hawai`i CoC, in partnership with the State Homeless Programs branch, has allocated funding to support Homeless Management Information System (HMIS) activities

Veterans Affairs: The AMHD will continue to work collaboratively with the VA Program Administrators, AMHD POS providers, and the City and County of Honolulu to provide housing and services to homeless veterans who meet the eligibility criteria for services with AMHD, who prefer to receive services from community-based programs other than with the VA. Regular, quarterly meetings between the AMHD and the VA coordinate this and other efforts.

State and County Housing Authorities: The State of Hawai`i has actively developed a continuum of services to assist homeless persons to progress from an unsheltered situation to shelter and then to permanent housing and independent living. The Hawai`i Public Housing Authority (HPHA) administers the efficient and fair delivery of housing services to the people of Hawai`i, and is responsible for the development and statewide delivery of affordable rental and supportive housing, public housing, and state and federal rental assistance programs. On July 1, 2010, the State Homeless Programs Branch transferred from the HPHA to the Benefit, Employment, and Support Services Division, (BESSD) of DHS. This was done, at the request of HUD, to streamline service to those in need of public assistance. Families and individuals can now receive shelter, cash assistance, childcare, job training, and related social services from a one-stop center that is focused on serving these populations. The State Homeless Programs Branch administers homeless programs and funds designed to provide opportunity and services to the homeless necessary to improve living conditions and to progress towards self-sufficiency.

The AMHD has established strong partnerships with State and County agencies and collaborated on applications for housing subsidies for persons who are homeless with severe and persistent mental illness and/or with co-occurring disorders. The partnerships have also resulted in AMHD playing an integral role in collaborating with these agencies about policy decisions, funding opportunities, training, and development of housing programs statewide.

5. Age, Gender and Racial Ethnic Differences (Cultural Competencies):

There is a plethora of information locally available that the AMHD utilizes to assist mental health providers to implement culturally appropriate practices in their ongoing interactions with consumers. The majority of persons who are homeless include those who are Caucasians, Hawaiian/Part Hawaiian, and other groups (often mixed ancestry, "local" sub-culture).

The training initiative of the PATH program will address application of culturally competent practices with regard to these particular ethno-cultural groups and others, whom homeless providers will be serving. Hawai'i has a number of culturally competent experts who are able to provide information from both academic and community sectors, including the SCM. In addition, AMHD has developed cultural competency training manuals. The AMHD developed a cultural competency plan to ensure that services are culturally appropriate and effective. PATH providers have worked closely with AMHD to assure that culturally appropriate services are provided to persons who are homeless at all phases of service delivery and that PATH providers are representative of the local culture.

The AMHD contracts with Susannah Wesley Community Center to provide interpretive services for Hawai'i's multi-cultural population. In addition to these services, the agency provides services in each consumer's environment, including housing support. Case management staff's language capacity includes English, Samoan, Ilocano, Hawaiian, Vietnamese, Chinese, Korean, Japanese, Chuukese, and Tagalog. The agency also provides contacts for, and coordinates translation services for other languages. These services are available for the homeless.

Unsheltered homeless women on the streets are particularly vulnerable. It is important that the PATH providers insure that unsheltered women are provided with the most comprehensive care at the earliest date including medical care, education for behavioral risk for violence, and HIV/AIDS education and prevention. Motivational Interviewing helps in this context, as well as for substance abuse. The AMHD, in partnership with SHDC, prioritizes unsheltered homeless women and women with children for housing through the Shelter-Plus Care program.

Sexual orientation is part of the diversity that is addressed to meet the perceived needs of homeless consumers served. PATH providers address the needs of persons with all sexual orientations in a culturally sensitive and appropriate manner. It should be noted that there is an association of transgender individuals in Hawai'i, which provides assistance to homeless outreach workers.

As stated, in the AMHD Provider Manual, the AMHD requires all public and private providers programs to be culturally competent and have policies and procedures that address cultural competency. Providers of direct service, and those who provide supervision, must participate in cultural competency training on an annual basis.

6. Input of Consumers and Family Members:

Consumer involvement is a key component in assuring the provision of quality services. This occurs through a variety of organized mental health structures including the SCM, SABs, Clubhouse Coalition, and a number of other committees and groups. Consumers are actively involved in planning, quality improvement, staff training and development, developing policies and procedures, evidence-based practice conferences, community advocacy, and networking. Consumer representation is also present in the development of scopes of service, selection, and awarding of state contracts. MHK's PEER Program hires consumers as peer coaches and trains them to assist other consumers who have severe and persistent mental illness.

The State of Hawai'i's mental health statutes include the requirement for community involvement through a SCM and SAB on all islands to provide public input (O`ahu, Maui, Hawai`i and Kaua`i). This mechanism allows for community input regarding all mental health services, including homeless services. The Maui SAB is represented on the SCM. The SABs and SCM meet monthly to advise the AMHD on matters regarding accessibility and service delivery. Consumers and family members are active on both the SABs and SCM.

Once the AMHD Housing Coordinator is hired, this individual and the AMHD Case Management Service Coordinator will meet quarterly with advocates, consumers, private and public providers, and representatives from the religious community to discuss housing and homeless issues, service delivery and planning.

The AMHD Chief holds a Chief's Roundtable at different island sites to provide accessibility to consumers, family members and other mental health stakeholders.

The Office of Consumer Affairs (OCA) provides for the inclusion of consumers and their families at all levels within the organization. The Chief of Consumer Affairs is a member of the AMHD Quality Improvement Committee and reports directly to the AMHD Chief. Additionally, the OCA includes a Consumer Advisor, who is the entry point for grievances and complaints to ensure that individuals have support in expressing their concerns.

LOCAL PROVIDER INTENDED USE PLANS

1. **Provider Organization**

- a. Organization Name:
Mental Health Kokua (MHK)
- b. Organization Type:
Private, Non-Profit Agency
- c. Services:
Outreach and Interim Case Management
- d. Region:
State of Hawai`i, Island of Kaua`i

2. **Path Funds the Organization Receives and Matching Funds**

See page 52

3. **Plan to Provide Coordinated and Comprehensive services – Kaua`i**

a. **Estimated Number of Clients to be Served:**

The projected number of adult clients to be contacted using PATH funds is estimated to be 150, and approximately 75 adult clients will be enrolled who are diagnosed with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island of Kaua`i in fiscal year 2013. Of the projected number of persons served through the PATH grant, one hundred percent (100%) of the persons served will be “literally” homeless.

b. **PATH Funded Services to be Provided:**

The services are outreach; screening and diagnosis; staff training; case management; referrals for primary health services; housing; job training and job placement, and educational services.

c. **Major Existing Program Services:**

MHK, a private, non-profit housing agency contracted by the AMHD, provides community housing programs consisting of 24 and 8-16 hour supervised group homes to persons with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island. These programs provide the necessary housing supports to maintain consumers in the community. MHK provides three (3) transitional residential housing units consisting of fifteen (15) beds on the island of Kaua`i. Two (2) of the homes were acquired utilizing HUD Section 811 Grant funds to provide supportive housing for adults with serious and persistent mental illness.

SHDC, a private, non-profit housing agency contracted by the AMHD, provides four (4) semi-independent residential homes consisting of eighteen (18) supportive

housing beds on the island of Kaua`i. Two (2) of the homes are state funded and two (2) are HUD funded and designated for homeless mentally ill persons. These homes were acquired through HUD Stewart McKinney and HUD Section 811 federal funds. SHDC is also contracted by AMHD to provide a supported housing program consisting of housing support teams and bridge (rental) subsidies.

There are nine (9) rental subsidy vouchers designated on Kaua`i for the severe and persistent mentally ill to assist in the transition to permanent housing assistance or Section 8. This program was recognized in a national Technical Assistance Collaborative publication (2003) as a "Best Practice." As of 2011, SHDC has been awarded seven (7) Shelter Plus-Care rental subsidies through the State CoC grant award process. In 2012, SHDC will continue to seek additional grant funds to provide permanent supportive housing options for chronically homeless individuals with severe and persistent mental illness. The rental subsidies designated for homeless individuals enable them to afford/live in scattered site apartments on the island of Kaua`i.

These housing providers are supported by a comprehensive array of services. Access to services is through a central office. The AMHD offers a toll free ACCESS Line available 24-hours, 7 days per week, statewide, utilizing a standardized system to manage all calls whether for mental health services, crisis, jail diversion, or information and referral. The goal of this service is to streamline the registration process, provide crisis response with authorization for crisis services, eligibility assessment scheduling, and pre-booking jail diversion that occurs with a single point of entry regardless of the person's physical location.

Kaua`i CMHC provides a menu of services for persons with severe and persistent mental illness including services for homeless individuals meeting AMHD's eligibility criteria. In addition to various levels of case management, the CMHC also employs Diversion, Forensic and MI/SA Coordinators.

The Kaua`i CMHC also manages Friendship House, a nationally certified clubhouse for consumers. The Clubhouse centered "work ordered day" provides transitional and supported employment opportunities for consumers.

Samuel Mahelona Memorial Hospital, located in Kapa`a, offers 24-hour in-patient psychiatric services for persons with severe and persistent mental illness. Wilcox Hospital, in Lihue, provides emergency and primary care to this population, including those who are homeless.

In April 2011, the State of Hawai`i, announced a partnership with local homeless service providers on the islands of O`ahu, Maui, Kaua`i, and Hawai`i. The new initiative provides for a hotline in which the public can call in or submit an email report, in attempts to get help for someone who is homeless, on the street, or in need of assistance. The four participating agencies belong to the local CoC on their

respective island and provide homeless outreach and referral services. The Kaua`i Economic Opportunity is the contact organization on the island of Kaua`i.

d. Gap in the Current Services:

Hawai`i is one of the most expensive states in the nation in terms of the needed housing wage to afford the Fair Market Rent for an apartment. For a household looking to rent a two (2) bedroom unit, it would take 4.1 workers earning the minimum wage in order to make it affordable. According to the State Consolidated Plan 2010-2015, approximately 86 percent of eligible persons with severe and persistent mental illness in Hawai`i have extremely low incomes (at or below 30 percent of median income) and are in need of housing assistance. The AMHD is working with the local CoC and State and County agencies to address this situation.

There continues to be a strong commitment and political will at higher levels of government and in this legislative session to create new affordable housing development and creative housing solutions for the homeless statewide. Non-profit organizations, such as non-profit developers and service providers, have developed a niche in the provision of affordable housing and housing for special needs groups. Private industry, including for-profit developers and financial institutions, will play a role in expanding affordable housing opportunities for Hawai`i's low and moderate income households. Private foundations will be a source of grants and other resources.

Hawai`i has also been experiencing a shortage of psychiatrists in the community mental health system statewide, particularly in rural areas. One contributing factor is the recruitment of the VA administration for psychiatrists to treat returning veterans. To pursue higher salaries and benefits, psychiatrists are leaving the state's system for the VA. There is no licensed specialized residential treatment housing programs on Kaua`i that provide 24-hour staff supervision for consumers requiring that level of service. Consumers released from the hospitals in Kaua`i may find placement a challenge.

Although there is limited public transportation on the island, a survey of AMHD consumers showed that at least three quarters of all consumers had adequate access to public or private transportation.

The Kaua`i Economic Opportunity program in collaboration with homeless service providers were successful in advocating for the development of homeless transitional shelters. As a result, during the Lingle Administration, state funds were appropriated for two homeless shelters: the Mana`olana Emergency Shelter and the Ka Uapo Transitional Shelter. Both shelters have been operational and full to capacity.

e. Strategies for Services for Persons with Co-occurring Mental Illness and Substance Abuse Disorders:

The AMHD is addressing the need to increase staff substance abuse certification through the Hawai`i State Substance Abuse Certification Program. Staff from the

public and private sectors, including homeless providers who work with the mentally ill and substance abusers, are encouraged to work toward becoming dual-capable to better service homeless clients with co-occurring severe and persistent mental illness and substance abuse disorders.

The Kaua`i CMHC has a MI/SA Coordinator on staff. In the past, the AMHD Special Populations Services Coordinator provided infrastructure enhancement and technical assistance training opportunities to POS providers focusing on co-occurring mental illness along with substance abuse disorders: Two (2) training resources, Introduction to Integrated Dual Diagnosis Treatment (IDDT), and Introduction to Motivational Interviewing, were made available to all AMHD providers to train staff in development of integrated mental illness, substance abuse skills, which can be tailored according to the individual organizational staff training needs. These training opportunities were suspended in 2011 because the position became vacant. This past May, a coordinator was hired and trainings will begin shortly.

The AMHD Housing Program has identified, as part of the array of housing options, “wet”, “damp” and “dry” housing allowing homeless individuals with substance disorders to access and maintain housing. The AMHD Special Populations Services and Housing Coordinators, in conjunction with housing providers, have developed protocols and training for staff in these types of housing. The majority of the homeless being referred to housing is in the “pre-contemplative stage,” and therefore is not likely to benefit from residential treatment programs. Low demand housing with individualized support services, e.g. “Housing First,” has proven to be a successful model in working with this population.

f. Strategies for Making Suitable Housing Available:

- The PATH homeless case manager will access the array of housing programs managed by MHK, SHDC and Kaua`i Economic Opportunity.
- AMHD will seek to create additional permanent housing in partnership with SHDC and MHK.
- Through continued partnerships with the County of Kaua`i, the AMHD and SHDC will seek to increase the use of mainstream resources.
- In partnership with SHDC, AMHD will seek to increase the rental subsidy program and utilize the "Housing First" Model on Kaua`i, in helping homeless individuals transition into permanent supportive housing.
- AMHD and SHDC will seek to increase the housing specialist position’s role, working in collaboration with homeless outreach teams to assist consumers to find, secure, and maintain independent housing.

- AMHD POS providers, and other stakeholder organizations will document provision of substance abuse services for the target population at all stages of consumer change and recovery (i.e., outreach, engagement, housing, etc.),
- AMHD POS providers and stakeholder organizations will provide cross agency training to create a "local" model for services delivery to persons who are chronically homeless.

4. **Coordination with PATH and other Programs and Activities:**

Interagency Participation: The strengths of the delivery system to address the issue of homelessness within the State are derived from many different entities striving toward a common goal. Representatives from State, federal, and county agencies, private non-profits, private social service providers, private lenders, and private for-profit developers work in collaboration and respond to the urgency of this growing problem in Hawai'i. Each stakeholder contributes resources and expertise from its specific area to allow for maximum benefit, and minimize duplication of effort, toward the common goal of ending homelessness.

Medicaid: The Hawai'i DHS operates the MedQUEST program, which is the Medicaid, managed health care program for the elderly and disabled. In 2010, the DOH and DHS agreed to transition the care of MedQUEST members, who were receiving behavioral health services from AMHD, to their respective DHS MedQUEST health plans. This plan was developed to improve services to MedQUEST members by integrating the coordination of both behavioral health and physical health services under one plan. The DHS Medicaid office has been a key participant in the State's homeless planning efforts and provides clarification and information regarding Medicaid issues.

Entitlements: The State's AMHD has long provided assistance for consumers to gain entitlements. Through collaboration with the DHS, there was improvement in the timeliness for homeless consumers' reception of entitlements. In 2011, AMHD in partnership with Legal Aid Society, Social Security Administration, the local CoC and other community agencies, organized a steering committee that will meet monthly and assist in refocusing the SOAR initiative efforts statewide. This is to ensure that new and ongoing training opportunities are being provided to consumers, housing staff, case managers, homeless outreach teams, and other providers who wish for staff to be SOAR certified across the state. The AMHD Psychosocial Rehabilitation Service Coordinator, in collaboration with the SOAR steering committee, will offer ongoing training statewide to assist homeless once will continue as we implement state/county plans to enhance access to SSI and SSDI, and assist the State with tracking and monitoring outcomes to show success and garner additional support.

Faith Based Organizations: Faith-based groups actively participate in the Policy Academy and local CoC and also provide grants, manpower, support services, and other resources, primarily for the most vulnerable populations, such as the homeless and persons with special needs. Public education is being made available to informal caregivers and faith

based community groups by the AMHD to inform the general public about the severe and persistent mentally ill, including those who are chronically homeless.

Continuum of Care Process: For years, the City and State have been working to implement a comprehensive CoC system for all homeless persons including persons with mental illness and substance abuse disorders. The State continues to address gaps within the broader context of mental health systems change and policies to address homelessness through Hawai'i's CoC planning process. They are divided into the Honolulu CoC, known as Partners in Care, on the island of O`ahu and the Hawai'i Balance of State CoC, which comprises the neighbor islands of Hawai'i, Maui and Kaua'i. PATH contracted providers are members of the local CoC in each county. The members meet statewide on a monthly basis and serve as a planning, coordinating, and advocacy body that develop recommendations for programs and services to fill gaps in the local CoC. The Hawai'i CoC, in partnership with the State Homeless Programs branch, has allocated funding to support HMIS activities.

Veterans Affairs: The AMHD continues to work collaboratively with the VA Program Administrators, AMHD POS providers, and the City and County of Honolulu to provide housing and services to homeless veterans who meet the eligibility criteria for services with AMHD, who prefer to receive services from community-based programs other than with the VA. Regular, quarterly meetings between the AMHD and the VA coordinate this and other issues.

State and County Housing Authorities: The State of Hawai'i has actively developed a continuum of services to assist homeless persons to progress from an unsheltered situation to shelter and then to permanent housing and independent living. The HPHA administers the efficient and fair delivery of housing services to the people of Hawai'i, and is responsible for the development and statewide delivery of affordable rental and supportive housing, public housing and state and federal rental assistance programs. On July 1, 2010, the State Homeless Programs Branch transferred from the HPHA to the BESSD of DHS. This was done, at the request of HUD, to streamline service to those in need of public assistance. Families and individuals can now receive shelter, cash assistance, childcare, job training and related social services from a one-stop center that is focused on serving these populations. The State Homeless Programs Branch administers homeless programs and funds designed to provide opportunity and services to the homeless necessary to improve living conditions and to progress towards self-sufficiency.

The AMHD has established strong partnerships with State and County agencies and collaborated on applications for housing subsidies for persons who are homeless with severe and persistent mental illness and/or with co-occurring disorders. The partnerships have also resulted in AMHD playing an integral role in collaborating with these agencies about policy decisions, funding opportunities, training, and development of housing programs statewide.

5. Age, Gender and Racial Ethnic Differences (Cultural Competencies):

There is a plethora of information locally available that the AMHD utilizes to assist mental health providers to implement culturally appropriate practices in their ongoing interactions with consumers. The majority of persons who are homeless include those who are Caucasians, Hawaiian/Part Hawaiian, and other groups (often mixed ancestry, "local" sub-culture).

The training initiative of the PATH program will address application of culturally competent practices with regard to these particular ethno-cultural groups and others whom homeless providers will be serving. Hawai`i has a number of culturally competent experts who are able to provide information from both academic and community sectors, including the SCMH. In addition, AMHD has developed cultural competency training manuals. The AMHD developed a cultural competency plan to ensure that services are culturally appropriate and effective. PATH providers have worked closely with AMHD to assure that culturally appropriate services are provided to persons who are homeless at all phases of service delivery and that PATH providers are representative of the local culture.

The AMHD contracts with Susannah Wesley Community Center to provide interpretive services for Hawai`i's multi-cultural population. In addition to these services, the agency provides services in each consumer's environment, including housing support. Case management staff's language capacity includes English, Samoan, Ilocano, Hawaiian, Vietnamese, Chinese, Korean, Japanese, Chuukese, and Tagalog. The agency also provides contacts for, and coordinates translation services for other languages. These services are available for the homeless.

Unsheltered homeless women on the streets are particularly vulnerable. It is important that the PATH providers insure that unsheltered women are provided with the most comprehensive care at the earliest date including medical care, education for behavioral risk for violence, and HIV/AIDS education and prevention. Motivational Interviewing helps in this context as well as for substance abuse. The AMHD, in partnership with SHDC, prioritizes unsheltered homeless women and women with children for housing through the Shelter-Plus Care program.

Sexual orientation is part of the diversity that is addressed to meet the perceived needs of homeless consumers served. PATH providers address the needs of persons with all sexual orientations in a culturally sensitive and appropriate manner. It should be noted that there is an association of transgender individuals in Hawai`i, which provides assistance to homeless outreach workers.

As stated in the AMHD Provider Manual, the AMHD requires all public and private providers' programs to be culturally competent and have policies and procedures that address cultural competency. Providers of direct service, and those who provide supervision, must participate in cultural competency training on an annual basis.

6. **Input of Consumers and Family Members:**

Consumer involvement is a key component in assuring the provision of quality services. This occurs through a variety of organized mental health structures including the SCM, Clubhouse Coalition, and a number of other committees and groups. Consumers are actively involved in planning, quality improvement, staff training and development, developing policies and procedures, evidence-based practice conferences, community advocacy and networking. Consumer representation is also present in the development of scopes of service, selection, and awarding of state contracts. MHK's PEER Program hires consumers as peer coaches and trains them to assist other consumers who have severe and persistent mental illness.

The State of Hawai'i's mental health statutes include the requirement for community involvement through a state council and area SABs on all islands to provide public input (O'ahu, Maui, Hawai'i and Kaua'i). This mechanism allows for community input regarding all mental health services, including homeless services.

The Kaua'i SAB is represented on the SCM. The SABs and SCM meet monthly to advise the AMHD on matters regarding accessibility and service delivery. Consumers and family members are active on both the SABs and SCM.

Once the AMHD Housing Coordinator is hired, this individual and the AMHD Case Management Service Coordinator will meet quarterly with advocates, consumers, private and public providers, and representatives from the religious community to discuss housing and homeless issues, service delivery and planning.

The AMHD Chief holds a monthly Chief's Roundtable at different island sites to provide accessibility to consumers, family members, and other mental health stakeholders.

The OCA provides for the inclusion of consumers and their families at all levels within the organization. The Chief of Consumer Affairs is a member of the AMHD Quality Improvement Council and reports directly to the AMHD Chief. Additionally, the OCA includes a Consumer Advisor, who is the entry point for grievances and complaints to ensure that individuals have support in expressing their concerns.

LOCAL PROVIDER INTENDED USE PLANS

1. Provider Organization

- a. Organization Name:
Hope Services Hawai`i, Inc. (HOPE)
- b. Organization Type:
Private, Non-Profit Agency
- c. Services:
Outreach and Interim Case Management
- d. Region:
State of Hawai`i, Island of Hawai`i

2. Path Funds the Organization Receives and Matching Funds

See page 53

3. Plan to Provide Coordinated and Comprehensive Services – Hawai`i County

a. **Estimated Number of Clients to be Served:**

The projected number of adult clients to be contacted using PATH funds is estimated to be 200, and approximately 40 adult clients will be enrolled who are diagnosed with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island of Hawai`i in fiscal year 2013. Of the projected number of persons served through the PATH grant, one hundred percent (100%) of the persons served will be “literally” homeless.

b. **PATH Funded Services to be Provided:**

The services to be provided are outreach; screening and diagnosis; staff training; case management; referrals for primary health services; housing; job training and job placement; alcohol or drug treatment; habilitation and rehabilitation; supportive and supervisory services in residential services; one-time rental payment to prevent eviction, and educational services.

c. **Major Existing Program Services:**

MHK, a private, non-profit housing agency contracted by the AMHD, provides community housing programs consisting of 24 and 8-16 hour supervised group homes to persons with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island. These programs provide the necessary housing supports to maintain consumers in the community. MHK provides ten (10) transitional residential housing units consisting of sixty-two (62) beds on the island of Hawai`i. Three (3) of the homes were acquired utilizing HUD Section 811 Grant funds to provide supportive housing for adults with serious and persistent mental illness.

SHDC, a private, non-profit housing agency contracted by the AMHD, provides eight (8) semi-independent residential homes consisting of forty (40) supportive housing beds on the island of Hawai'i. Two (2) of the homes are state funded, five (5) were acquired and developed utilizing HUD Section 811 funds and one (1) home was acquired and developed through HUD Stewart McKinney Vento federal funds. SHDC is also contracted by AMHD to provide a supported housing program consisting of housing support teams and "bridge" (rental) subsidies.

There are thirty-nine (39) rental subsidy vouchers designated on Hawai'i for the severe and persistent mentally ill to assist in the transition to permanent housing assistance or Section 8. This program was recognized in a national Technical Assistance Collaborative publication (2003) as a "Best Practice." As of 2011, SHDC has been awarded fourteen (14) Shelter Plus-Care rental subsidies through the State CoC grant award process. In 2012, SHDC will continue to seek additional grant funds to provide permanent supportive housing options for chronically homeless individuals with severe and persistent mental illness. The rental subsidies designated for homeless individuals enable them to afford/live in scattered site apartments on the island of Hawai'i.

The AMHD contracts with CARE Hawai'i, Inc. (CARE), to provide a 24-hour licensed crisis residential treatment facility. CARE also provides case management, CMO, case management services, and 8-16 hour supervised group homes in the southern part of the island. These services are geographically accessible from throughout the island, most of the services being provided are on the east and west sides.

HOPE has a state funded contract to run two (2) vans that go to the beaches, mountains, and streets where homeless people congregate, to provide first aid and referrals to appropriate community resources. The program is called Care-A-Van and provides services in both East and West Hawai'i. HOPE, in partnership with the local CoC, also administers a HUD Shelter-Plus Care rental subsidy program for homeless persons with severe and persistent mental illness. HOPE operates several transitional "one stop" drop-in shelters to assist homeless individuals' and families to access and transition into mainstream services. HOPE also provides outreach and interim case management, screening and diagnostic treatment, and alcohol and drug treatment.

These services are supported by a comprehensive array of additional services. Access to services is through a central office. The AMHD offers a toll free ACCESS Line available 24-hours, 7 days per week, statewide, utilizing a standardized system to manage all calls whether for mental health services, crisis, jail diversion, or information and referral. The goal of this service is to streamline the registration process, provide crisis response with authorization for crisis services, eligibility assessment scheduling, and pre-booking jail diversion that occurs with a single point of entry regardless of the person's physical location.

East and West Hawai`i CMHCs provide an array of services for persons with severe and persistent mental illness including homeless individuals meeting AMHD's eligibility criteria. The CMHCs also manage clubhouses for all consumers. The Clubhouse- centered "work ordered day" provides transitional and supported employment opportunities for consumers.

The Hilo Medical Center and Kona Community Hospital offer 24-hour in-patient psychiatric services, emergency and primary care to this population including those who are homeless.

In April 2011, the State of Hawai`i announced a partnership with local homeless service providers on the islands of O`ahu, Maui, Kaua`i, and Hawai`i. The new initiative provides for a hotline in which the public may call in or submit an email report, in attempts to get help for someone who is homeless, on the street, or in need of assistance. HOPE is the contact organization on the island of Hawai`i.

d. Gap in the Current Services:

The AMHD currently does not contract for the provision of 24-hour residential substance abuse treatment or specialized residential treatment services on the island of Hawai`i. Subsequently, consumers released from the Hilo Medical Center's emergency room or psychiatric unit continue to find placement a challenge.

An inventory of affordable housing statewide remains a large gap. Hawai`i is one of the most expensive states in the nation in terms of the needed housing wage to afford the Fair Market Rent for an apartment. For a household looking to rent a two (2) bedroom unit, it would take 4.1 workers earning the minimum wage in order to make it affordable. The AMHD is working with the local CoC's and State and County agencies to address this problem.

There continues to be a strong commitment and political will at higher levels of government and in this legislative session to create new affordable housing development and creative housing solutions for the homeless statewide. Non-profit organizations, such as non-profit developers and service providers, have developed a niche in the provision of affordable housing and housing for special needs groups. Private industry, including for-profit developers and financial institutions, will play a role in expanding affordable housing opportunities for Hawai`i's low and moderate income households. Private foundations will be a source of grants and other resources.

Hawai`i has also been experiencing a shortage of psychiatrists in the community mental health system statewide, particularly in rural areas. One contributing factor is the recruitment of the VA administration for psychiatrists to treat returning veterans. To pursue higher salaries and benefits, psychiatrists are leaving the state's system to join the VA.

Transportation on the island is also a major gap. There is minimal public transportation on the island of Hawai'i. Also, the time limits for case management services are a barrier, which has made working with consumers challenging. For example, case managers often run out of case management units, so the consumers rely on outreach workers for help.

e. Strategies for Services for Persons with Co-occurring Mental Illness and Substance Abuse Disorders:

In the past, the AMHD Special Populations Services Coordinator provided infrastructure enhancement and technical assistance training opportunities to POS providers focusing on co-occurring mental illness along with substance abuse disorders. Two (2) training resources, Introduction to Integrated Dual Diagnosis Treatment (IDDT), and Introduction to Motivational Interviewing, were made available to all AMHD providers to train staff in development of integrated mental illness, substance abuse skills, which can be tailored according to the individual organizational staff training needs. These training opportunities were suspended in 2011 because the position became vacant. This past May, a coordinator was hired and trainings will begin shortly.

The AMHD Housing Program has identified as part of the array of housing options, "wet", "damp" and "dry" housing allowing homeless individuals with substance disorders to access and maintain housing. The AMHD MI/SA and Housing Coordinators, in conjunction with housing providers, have developed protocols and training for staff in these types of housing. The majority of the homeless being referred to housing is in the "pre-contemplative stage," and therefore is not likely to benefit from residential treatment programs. Low demand housing with individualized support services, e.g. "Housing First," has proven to be a successful model in working with this population.

The AMHD is currently evaluating the need for additional substance abuse services on Hawai'i and may be increasing services accordingly. The AMHD has developed a Service Plan including a means whereby all public and contractual providers of services to persons become "dual capable" professionals.

AMHD's Special Populations Services Coordinator and the CMHCs MI/SA Coordinators provide ongoing training and technical assistance to AMHD staff and providers, including PATH providers that include the latest best practices for persons with co-occurring mental illness and substance abuse disorders.

f. Strategies for Making Suitable Housing Available:

- The PATH homeless case managers will access the array of housing programs managed by MHK, SHDC, CARE, and HOPE.
- AMHD will seek to create additional permanent housing in partnership with SHDC and MHK.

- Through continued partnerships with Hawai`i County, the AMHD and SHDC will seek to increase the use of mainstream resources.
- In partnership with SHDC, AMHD will seek to increase the rental subsidy program and utilize the "Housing First" Model on the island of Hawai`i, in helping homeless individuals to transition into permanent supportive housing.
- AMHD and SHDC will seek to increase the housing specialist position's role, working in collaboration with homeless outreach teams to assist consumers to find, secure, and maintain independent housing.
- AMHD, POS providers, and other stakeholder organizations will provide and document provision of substance abuse services for the target population at all stages of consumer change and recovery (i.e., outreach, engagement, housing etc.).
- AMHD POS providers and stakeholder organizations will provide cross agency training to create a "local" model for services delivery to persons who are chronically homeless.

4. **Coordination with PATH and Other Programs and Activities:**

Interagency Participation: The strengths of the delivery system to address the issue of homelessness within the State are derived from many different entities striving toward a common goal. Representatives from State, federal, and county agencies, private non-profits, private social service providers, private lenders, and private for-profit developers work in collaboration and respond to the urgency of this growing problem in Hawai`i. Each stakeholder contributes resources and expertise from its specific area to allow for maximum benefit, and minimize duplication of effort, toward the common goal of ending homelessness.

Medicaid: The Hawai`i DHS operates the MedQUEST program, which is the Medicaid, managed health care program for the elderly and disabled. In 2010, the DOH and DHS agreed to transition the care of MedQUEST members, who were receiving behavioral health services from AMHD, to their respective DHS MedQUEST health plans. This plan was developed to improve services to MedQUEST members by integrating the coordination of both behavioral health and physical health services under one plan. The DHS Medicaid office has been a key participant in the State's homeless planning efforts and provides clarification and information regarding Medicaid issues.

Entitlements: The State's AMHD has long provided assistance for consumers to gain entitlements. However, through collaboration with the DHS, there was improvement in the timeliness for homeless consumers' reception of entitlements. In 2011, AMHD in partnership with Legal Aid Society, Social Security Administration, the local CoC, and other community agencies, organized a steering committee that will meet monthly and assist in refocusing the SOAR initiative efforts statewide. This is to ensure that new and

ongoing training opportunities are being provided to consumers, housing staff, case managers, homeless outreach teams, and other providers who wish for staff to be SOAR certified across the state. The AMHD Psychosocial Rehabilitation Service Coordinator, in collaboration with the SOAR steering committee, will offer ongoing training statewide to assist homeless once will continue as we implement state/county plans to enhance access to SSI and SSDI, and assist the State with tracking and monitoring outcomes to show success and garner additional support.

Faith Based Organizations: Faith-based groups actively participate in the Policy Academy and local CoC and also provide grants, manpower, support services, and other resources, primarily for the most vulnerable populations, such as the homeless and persons with special needs. Public education is being available to informal caregivers and faith based community groups by the AMHD to inform the general public about the severe and persistent mentally ill, including those who are chronically homeless.

HOPE, on the island of Hawai`i, has been active in working with the CMHCs and a variety of community churches and agencies, both public and private, to educate and provide services for the homeless mentally ill. HOPE has a State funded contract to run two (2) vans that go to the beaches, mountains, and streets where homeless people congregate to provide first aid and referrals to appropriate community resources. The program is called Care-A-Van and provides one (1) van in East Hawai`i and the other in West Hawai`i.

Continuum of Care Process: For years, the City and State have been working to implement a comprehensive CoC system for all homeless persons including persons with mental illness and substance abuse disorders. The State continues to address gaps within the broader context of mental health systems change and policies to address homelessness through Hawai`i's CoC planning process. They are divided into the Honolulu CoC, known as Partners in Care, on the island of O`ahu and the Hawai`i Balance of State CoC, which comprises the neighbor islands of Hawai`i, Maui and Kaua`i. PATH contracted providers are members of the local CoC in each county. The members meet statewide on a monthly basis and serve as a planning, coordinating, and advocacy body that develop recommendations for programs and services to fill gaps in the local CoC. The Hawai`i CoC, in partnership with the State Homeless Programs branch, has allocated funding to support HMIS activities.

Veterans Affairs: The AMHD will continue to work collaboratively with the VA Program Administrators, AMHD POS providers, and the City and County of Honolulu to provide housing and services to homeless veterans who meet the eligibility criteria for services with AMHD, who prefer to receive services from community-based programs other than with the VA.

State and County Housing Authorities: The State of Hawai`i has actively developed a continuum of services to assist homeless persons to progress from an unsheltered situation to shelter and then to permanent housing and independent living. The HPHA administers the efficient and fair delivery of housing services to the people of Hawai`i, and is responsible for the development and statewide delivery of affordable rental and supportive

housing, public housing, and state and federal rental assistance programs. On July 1, 2010, the State Homeless Programs Branch transferred from the HPHA to the BESSD of DHS. This was done, at the request of HUD, to streamline service to those in need of public assistance. Families and individuals can now receive shelter, cash assistance, childcare, job training and related social services from a one-stop center that is focused on serving these populations. The State Homeless Programs Branch administers homeless programs and funds designed to provide opportunity and services to the homeless necessary to improve living conditions and to progress towards self-sufficiency.

The AMHD has established strong partnerships with State and County agencies and collaborated on applications for housing subsidies for persons who are homeless with severe and persistent mental illness and/or with co-occurring disorders. The partnerships have also resulted in AMHD playing an integral role in collaborating with these agencies about policy decisions, funding opportunities, training, and development of housing programs statewide.

5. Age, Gender and Racial Ethnic Differences (Cultural Competencies):

There is a plethora of information locally available that the AMHD utilizes to assist mental health providers to implement culturally appropriate practices and their ongoing interactions with consumers. According to the PATH provider, demographics of the target population appear to be slightly more males than females, approximately 54% males and 46% females. Ethnicity is approximately 45% Caucasian, 34% Hawaiian/Pacific Islander, 10% Asian, and 5% Hispanic. Primary diagnosis of individuals served by outreach workers are: 51% with schizophrenia, 43% with affective disorders. Approximately 6% are veterans.

The demographics of the HOPE staff serving homeless individuals are females. One works on the East-side (Hilo) and the other on the West-side (Kona). Both workers are local and long-time residents of Hawai`i. The entire outreach team is very diverse; the age range is from early thirties to late forties. There are six (6) individuals (one (1) male and five (5) females) on the island wide team with ethnic backgrounds of Asian, Hawaiian/Part-Hawaiian and Caucasian. The HOPE workers are seasoned professionals who have worked with the target population for twelve (12) years, with the most recent hired employee for six (6) years. As a result, workers are sensitive to the age, gender and racial/ethnic differences in homeless clients and work to minimize barriers to treatment for these individuals.

The training initiative of the PATH program will address application of culturally competent practices with regard to these particular ethno-cultural groups and others for whom homeless providers will be serving. Hawai`i has a number of culturally competent experts who are able to provide information from both academic and community sectors, including the SCMHS. In addition, AMHD has developed cultural competency training manuals. The AMHD developed a cultural competency plan to ensure that services are culturally appropriate and effective. PATH providers have worked closely with AMHD to assure that culturally appropriate services are provided to persons who are homeless at all phases of service delivery and that PATH providers are representative of the local culture.

The AMHD contracts with Susannah Wesley Community Center to provide interpretive services for Hawai`i's multi-cultural population. In addition to these services, the agency provides services in each consumer's environment, including housing support. Case management staff's language capacity includes English, Samoan, Ilocano, Hawaiian, Vietnamese, Chinese, Korean, Japanese, Chuukese, and Tagalog. The agency also provides contacts for, and coordinates translation services for other languages. These services are available for the homeless.

Unsheltered homeless women on the streets are particularly vulnerable. It is important that the PATH providers insure that unsheltered women are provided with the most comprehensive care at the earliest date including medical care, education for behavioral risk for violence, and HIV/AIDS education and prevention. Motivational Interviewing helps in this context as well as for substance abuse. The AMHD, in partnership with SHDC and HOPE (PATH provider), prioritizes unsheltered homeless women and women with children for housing through their Shelter-Plus Care program.

Sexual orientation is part of the diversity that is addressed to meet the perceived needs of homeless consumers served. PATH providers address the needs of persons with all sexual orientations in a culturally sensitive and appropriate manner. It should be noted that there is an association of transgender individuals in Hawai`i through the Kulia Na Mamo program. This program provides health, education and cultural assistance and other types of assistance to the homeless transgender individuals.

As stated in the AMHD Provider Manual, the AMHD requires all public and private providers' programs to be culturally competent and have policies and procedures that address cultural competency. Providers of direct service, and those who provide supervision, must participate in cultural competency training on an annual basis.

6. Input of Consumers and Family Members:

Consumer involvement is implemented as a key component in assuring the provision of quality services. This occurs through a variety of organized mental health structures including the SCMH, County SABs, Clubhouse Coalition, and a number of other committees and groups. Consumers are actively involved in planning, quality improvement, staff training and development, developing policies and procedures, evidence-based practice conferences, community advocacy and networking. Consumer representation is also present in the development of scopes of service, selection, and awarding of state contracts. A volunteer who participates in HOPE's outreach activities on a regular basis is currently a recipient of PATH-funded services.

The State of Hawai`i's mental health statutes include the requirement for community involvement through a state council and area SABs on all islands to provide public input (O`ahu, Maui, Hawai`i and Kaua`i). This mechanism allows for community input regarding all mental health services, including homeless services.

The Hawai`i SAB is represented on the SCMH. The SABs and SCMH meet monthly to advise the AMHD on matters regarding accessibility and service delivery. Consumers and family members are active on both the SABs and SCMH.

Now that the AMHD Housing Coordinator is hired, this individual and the AMHD Case Management Service Coordinator will meet quarterly with advocates, consumers, private and public providers, and representatives from the religious community to discuss housing and homeless issues, service delivery and planning.

The AMHD Chief holds a monthly Chief's Roundtable on different island sites to provide accessibility to consumers, family members and other mental health stakeholders.

The OCA provides for the inclusion of consumers and their families at all levels within the organization. The Chief of Consumer Affairs is a member of the AMHD Quality Improvement Committee and reports directly to the AMHD Chief. Additionally, the OCA includes a Consumer Advisor, who is the entry point for grievances and complaints to ensure that individuals have support in expressing their concerns.

LOCAL PROVIDER INTENDED USE PLANS

1. Provider Organization

- a. Organization Name:
Kalihi-Palama Health Center (KPHC)
- b. Organization Type
Private, Non-Profit Agency
- c. Services:
Outreach and Interim Case Management
- d. Region
State of Hawai`i, Island of O`ahu

2. Path Funds the Organization Receives and Matching Funds

See page 54.

3. Plan to Provide Coordinated and Comprehensive Services – O`ahu

a. Estimated Number of Clients to be Served:

The projected number of adult clients to be contacted using PATH funds is estimated to be 225, and approximately 100 adult clients will be enrolled who are diagnosed with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island of O`ahu in fiscal year 2013. Of the projected number of persons served through the PATH grant, one hundred percent (100%) of the persons served will be “literally” homeless.

b. PATH Funded Services to be Provided:

The services to be provided are outreach; screening and diagnosis; staff training; case management; referrals for primary health services; housing; job training and job placement, and educational services.

c. Major Existing Program Services:

MHK, a private, non-profit housing agency contracted by the AMHD, provides community housing programs consisting of 24 and 8-16 hour supervised group homes to persons with a severe and persistent mental illness or severe and persistent mental illness with a co-occurring substance abuse disorder on the island. These programs provide the necessary housing supports to maintain consumers in the community. MHK provides eight (8) transitional residential housing units consisting of fifty-five (55) beds on the island of O`ahu. All of those homes were developed and acquired utilizing HUD Section 811 Grant funds to provide supportive housing for adults with serious and persistent mental illness. MHK also provides TLP services in east O`ahu and a twenty-five (25) bed Safe Haven housing project in downtown Honolulu, which

provides the necessary housing supports to transition and hard to engage homeless consumers in the community.

SHDC, a private, non-profit housing agency contracted by the AMHD, provides community housing programs consisting of 24 and 8-16 hour supervised group homes, semi-independent living, and independent living services to persons with severe and persistent mental illness or severe, co-occurring substance abuse disorder and the chronically homeless on O`ahu. These programs provide necessary housing supports to maintain the consumers in the community. SHDC's array of housing services includes twenty-five (25) transitional and permanent residential housing units consisting of one hundred fourteen (114) beds on the island of O`ahu, nine (9) of which were developed and acquired through HUD Section 811 and McKinney Vento federal grant funds for supportive housing for adults with serious and persistent mental illness and the homeless. The other sixteen (16) homes were acquired through agreements through the State HPHA and the Homeless Programs Branch.

Through multiple funding awards, SHDC also operates Hale Ulu Pono (House of Recovery), a sixty-eight (68) unit Single Room Occupancy program in Kalaeloa (Barbers Point Naval base closure) on the Central O`ahu side of the island for severe and persistent homeless mentally ill individuals. Utilizing the Housing First model and AMHD's "presumptive eligibility" process, homeless outreach workers are able to move persons directly off the beaches, streets, and public places, into housing.

SHDC is also contracted by AMHD to provide the supported housing program consisting of housing support teams and bridge (rental) subsidies. This program was recognized in a national Technical Assistance Collaborative publication as a "Best Practice." There are ninety (90) designated bridge subsidy rental vouchers on O`ahu for persons with severe and persistent mental illness to assist in the transition to permanent housing assistance or Section 8. As of 2011, SHDC has been awarded a total of one hundred fifty-five (155) HUD Shelter Plus Care rental subsidies through the Hawai`i CoC grant award process. In 2013, SHDC, in partnership with AMHD, will continue to seek additional grant funds to provide permanent supportive housing options for chronically homeless individuals with severe and persistent mental illness. The rental subsidies designated for homeless individuals enable them to afford/live in scattered site apartments on the island of O`ahu.

The AMHD contracts with CARE Hawaii to provide 24-hour licensed crisis residential treatment facilities. CARE also provides community-based case management, CMO, 24-hour specialized residential treatment group homes, TLP services (Leeward O`ahu), and 24 and 8-16 hour supervised group homes throughout the island of O`ahu.

Breaking Boundaries, a non-profit organization contracted by the AMHD, provides 24 and 8-16 hour supervised group homes in the Leeward coast and Windward O`ahu. Breaking Boundaries also operates a TLP on the Waianae (Leeward) coast of O`ahu and is slated to open a specialized residential services program this year.

The KPHC is a private, non-profit organization which provides primary health care services at low cost to individuals who would not otherwise receive care. The program is located in a low-income area and has staff fluent in 10 languages to assist the non-English speaking population. In partnership with AMHD, KPHC also manages approximately 200 Shelter-Plus Care rental subsidies through the Hawai`i CoC grant award process for homeless persons with severe and persistent mental illness. KPHC also provides housing services through the Healing House, in partnership with the Queen's Medical Center, for persons previously homeless being discharged from the hospital who needs temporary housing until medically stable. Should enrolled consumers through the PATH grant require employment services, KPHC coordinates with O`ahu Worklinks in finding the person a job.

IHS, the Institute for Human Services (IHS), a homeless shelter on O`ahu, manages a total of 100 Shelter-Plus Care rental subsidies through the Hawai`i CoC grant award process for homeless persons with mental illness. To ensure housing placement and tenure in housing, the AMHD contracts with IHS to provide community based case management at the shelter and to persons in the Shelter-Plus Care program. AMHD contract and CMHC assessors are made available to the shelter to ensure timely access to services for homeless individuals.

The Hale Na'au Pono program on the Waianae Coast of O`ahu also provides 24 and 8-16 hour supervised group homes.

In April 2011, the State of Hawai`i announced a partnership with local homeless service providers on the islands of O`ahu, Maui, Kaua`i, and Hawai`i. The new initiative provides for a hotline in which the public can call in or submit an email report, in attempts to get help for someone who is homeless, on the street, or in need of assistance. The four (4) participating agencies belong to the local CoC on their respective island and provide homeless outreach and referral services. The Waikiki Health Center is the contact organization on the island of O`ahu.

These services exist within a larger, partly urban array. Access to services is through a central office. The AMHD offers a toll free ACCESS Line available 24-hour, 7 days per week, statewide, utilizing a standardized system to manage all calls, whether for mental health services, crisis, jail diversion, or information and referral. The goal of this service is to streamline the registration process, provide crisis response with authorization for crisis services, eligibility assessment scheduling, and pre-booking jail diversion that occurs with a single point of entry regardless of the person's physical location.

d. Gap in Services:

An inventory affordable housing statewide remains a large gap. Hawai`i is one of the most expensive states in the nation in terms of the needed housing wage to afford the Fair Market Rent for an apartment. For a household looking to rent a two (2) bedroom unit, it would take 4.1 workers earning the minimum wage in order to make it affordable. According to the State Consolidated Plan 2010-2015, approximately 86

percent of eligible persons with severe and persistent mental illness in Hawai`i have extremely low incomes (at or below 30 percent of median income) and are in need of housing assistance. The AMHD is working with the local CoC's and State and County agencies to address this situation.

There continues to be a strong commitment and political at higher levels of government and in this legislative session to create new affordable housing development and creative housing solutions for the homeless statewide. Non-profit organizations, such as non-profit developers and service providers, have developed a niche in the provision of affordable housing and housing for special needs groups. Private industry, including for-profit developers and financial institutions, will play a role in expanding affordable housing opportunities for Hawai`i's low and moderate income households. Private foundations will be a source of grants and other resources.

Hawai`i has also been experiencing a shortage of psychiatrists in the community mental health system statewide, particularly in rural areas. One contributing factor is the recruitment of the VA administration for psychiatrists to treat returning veterans. To pursue higher salaries and benefits, psychiatrists are leaving the state's system for the VA.

Another service gap is the limited number of outreach workers and case managers to assist the homeless mentally ill target population access and maintain housing and other services. Due to the current capped units for case management, some consumers end up falling through the cracks and are discharged from case management. As a result, PATH workers service these individuals and reconnect them to case management.

e. Strategies for Services for Persons with Co-occurring Mental Illness and Substance Abuse Disorders:

In the past, the AMHD Special Population Services Coordinator provided infrastructure enhancement and technical assistance training opportunities to POS providers focusing on co-occurring mental illness along with substance abuse disorders. Two (2) training resources, Introduction to Integrated Dual Diagnosis Treatment (IDDT), and Introduction to Motivational Interviewing, were made available to all AMHD providers to train staff in development of integrated mental illness, substance abuse skills, which can be tailored according to the individual organizational staff training needs. These training opportunities were suspended in 2011 because the position became vacant. This past May, a coordinator was hired and trainings will begin shortly.

The AMHD Housing Program has identified as part of the array of housing options, "wet", "damp" and "dry" housing allowing homeless individuals with substance abuse disorders to access and maintain housing. The AMHD Special Population Services and Housing Coordinators, in conjunction with housing providers, have developed protocols and training for staff in these types of housing. The majority of

the homeless being referred to housing is in the “pre-contemplative stage,” and is not likely to benefit from residential treatment programs. Low demand housing with individualized support services, e.g. “Housing First,” has proven to be a successful model in working with this population.

The AMHD provides, through POS contracts, 48 (dual capable) specialized residential treatment beds, day treatment, and outpatient dual diagnosis services through Po'ailani, Breaking Boundaries and CARE Hawaii. In addition, the Queen's Medical Center, Honolulu's largest hospital with psychiatric inpatient and day treatment programs, also provides a partial hospitalization program specifically directed to persons with severe and persistent mental illness and co-occurring substance abuse disorders. The AMHD will continue to build capacity based on the need for these services.

KPHC also provides services for consumer with both serious mental illness and substance use disorders. Services are provided by Licensed Clinical Social Workers, Certified Substance Abuse Counselors, and Advanced Practice Registered Nurses with Prescriptive authority (APRN-RX) in Behavioral Health or Psychiatrists.

f. Strategies for Making Suitable Housing Available:

- The PATH homeless case managers will access the array of housing programs managed by MHK, CARE Hawaii, Po'ailani, Breaking Boundaries, and SHDC.
- In partnership with SHDC and AMHD, KPHC will seek to increase the rental subsidy program and utilize the "Housing First" Model on O`ahu, in helping homeless individuals to transition into permanent supportive housing.
- AMHD, through the CMHS Block Grant and legislative funding, will continue to develop innovative housing assistance opportunities for chronically homeless individuals through Supported Housing Program activities.
- Continue to explore and develop gap housing resources, i.e., housing for the medically fragile and youth transitioning from adolescence to adults.
- AMHD will seek to create additional permanent supportive housing in partnership with SHDC and MHK.
- Through continued partnerships with the City and County of Honolulu, the AMHD and SHDC will seek to increase the use of mainstream resources.
- AMHD and SHDC will seek to increase the housing specialist position's role, working in collaboration with homeless outreach teams to assist consumers to find, secure, and maintain independent housing.
- AMHD POS providers and other stakeholder organizations will provide and document provision of substance abuse services for the target population at all

stages of consumer change and recovery (i.e., outreach, engagement, and housing).

- AMHD, POS providers, and stakeholder organizations will provide cross agency training to create a "local" model for services delivery to persons who are chronically homeless

4. **Coordination with PATH and Other Programs and Activities:**

Interagency Participation: The strengths of the delivery system to address the issue of homelessness within the State are derived from many different entities striving toward a common goal. Representatives from State, federal, and county agencies, private non-profits, private social service providers, private lenders, and private for-profit developers work in collaboration and respond to the urgency of this growing problem in Hawai`i. Each stakeholder contributes resources and expertise from its specific area to allow for maximum benefit, and minimize duplication of effort, toward the common goal of ending homelessness.

Medicaid: The Hawai`i DHS operates the MedQUEST program, which is the Medicaid, managed health care program for the elderly and disabled. In 2010, the DOH and DHS agreed to transition the care of MedQUEST members, who were receiving behavioral health services from AMHD, to their respective DHS MedQUEST health plans. This plan was developed to improve services to MedQUEST members by integrating the coordination of both behavioral health and physical health services under one plan. The DHS Medicaid office has been a key participant in the State's homeless planning efforts and provides clarification and information regarding Medicaid issues.

Entitlements: The State's AMHD has long provided assistance for consumers to gain entitlements. However, through collaboration with the DHS, there was improvement in the timeliness for homeless consumers' reception of entitlements. In 2005, the State, through the efforts of the Homeless Policy Academy, Hawai`i was selected to participate in the SOAR technical assistance program. AMHD's Psychosocial Rehabilitation Service Coordinator and Office of Social Ministry (currently HOPE) on the island of Hawai`i had taken the lead in this initiative. AMHD, in partnership with Legal Aid Society, Social Security Administration, the local CoC and other community agencies, organized a steering committee that will meet monthly and assist in refocusing the SOAR initiative efforts statewide. This is to ensure that new and ongoing training opportunities are being provided to consumers, housing staff, case managers, homeless outreach teams, and other providers who wish for staff to be SOAR certified across the state. The AMHD Psychosocial Rehabilitation Service Coordinator, in collaboration with the SOAR steering committee, will offer ongoing training statewide to assist homeless once will continue as we implement state/county plans to enhance access to SSI and SSDI, and assist the State with tracking and monitoring outcomes to show success and garner additional support.

Faith Based Organizations: Faith-based groups actively participate in the Policy Academy and local CoC and also provide grants, manpower, support services and other resources, primarily for the most vulnerable populations, such as the homeless and person with special

needs. Public education is being available to informal caregivers and faith based community groups by the AMHD to inform the general public about the severe and persistent mentally ill, including those who are chronically homeless.

Continuum of Care Process: For years, the City and State have been working to implement a comprehensive CoC system for all homeless persons including persons with mental illness and substance abuse disorders. The State continues to address gaps within the broader context of mental health systems change and policies to address homelessness through Hawai'i's CoC planning process. They are divided into the Honolulu CoC, known as Partners in Care, on the island of O`ahu and the Hawai`i Balance of State CoC, which comprises the neighbor islands of Hawai`i, Maui and Kaua`i. PATH contracted providers are members of the local CoC in each county. The members meet statewide on a monthly basis and serve as a planning, coordinating, and advocacy body that develop recommendations for programs and services to fill gaps in the local CoC. The Hawai`i CoC in partnership with the State Homeless Programs branch has allocated funding to support HMIS activities.

KPHC has been an active member of Partners in Care, Oahu's CoC, since its inception. The KPHC Health Care for the Homeless Project Director has been the Chair of the Awareness Committee for the past three (3) years, and was both the Chair of the Organizational Development Committee and the Secretary in prior years.

Veterans Affairs: The AMHD will continue to work collaboratively with the VA Program Administrators, AMHD POS providers, and the City and County of Honolulu to provide housing and services to homeless veterans who meet the eligibility criteria for services with AMHD, who prefer to receive services from community-based programs other than with the VA.

State and County Housing Authorities: The State of Hawai`i has actively developed a continuum of services to assist homeless persons to progress from an unsheltered situation to shelter and then to permanent housing and independent living. The HPHA administers the efficient and fair delivery of housing services to the people of Hawai`i, and is responsible for the development and statewide delivery of affordable rental and supportive housing, public housing and state and federal rental assistance programs. On July 1, 2010, the State Homeless Programs Branch transferred from the HPHA to the BESSD of DHS. This was done, at the request of HUD, to streamline service to those in need of public assistance. Families and individuals can now receive shelter, cash assistance, childcare, job training and related social services from a one-stop center that is focused on serving these populations. The State Homeless Programs Branch administers homeless programs and funds designed to provide opportunity and services to the homeless necessary to improve living conditions and to progress towards self-sufficiency.

The City and County of Honolulu's Department of Community Services (DCS) is responsible for, and oversees federal, state, and local grants that seek to improve the quality of life for the people on the island of O`ahu, including programs for the homeless, persons with disabilities, and those who are in need of housing assistance to pay rent. The AMHD

has established strong partnerships with State and County agencies and collaborated on applications for housing subsidies for persons who are homeless with severe and persistent mental illness and/or with co-occurring disorders. The partnerships have also resulted in AMHD playing an integral role in collaborating with these agencies with policy decisions, funding opportunities, training, and development of housing programs statewide.

5. Age, Gender and Racial Ethnic Differences (Cultural Competencies):

There is a plethora of information locally available that the AMHD utilizes to assist mental health providers to implement culturally appropriate practices and in their ongoing interactions with consumers. According to KPHC, the demographics of the target population on O`ahu are: 65% male, 35% female; and 44% Asian, 23% Native Hawaiian/Pacific Islander, 20% Caucasian, 13% other/unknown. Demographics of the staff serving PATH consumers are both female and are 1) Japanese/Chinese and 2) Filipino. KPHC has two (2) other outreach workers on staff who are both male and are available to assist with PATH consumers should there be a need for a male worker.

The training initiative of the PATH program will address application of culturally competent practices with regard to these particular ethno-cultural groups and others for whom homeless providers will be serving. Hawai`i has a number of culturally competent experts who are able to provide information from both academic and community sectors, including the SCMH. In addition, AMHD has developed cultural competency training manuals. The AMHD developed a cultural competency plan to ensure that services are culturally appropriate and effective. PATH providers have worked closely with AMHD to assure that culturally appropriate services are provided to persons who are homeless at all phases of service delivery and that PATH providers are representative of the local culture.

The AMHD contracts with Susannah Wesley Community Center to provide interpretive services for Hawai`i's multi-cultural population. In addition to these services, the agency provides services in each consumer's environment, including housing support. Case management staff's language capacity includes English, Samoan, Ilocano, Hawaiian, Vietnamese, Chinese, Korean, Japanese, Chuukese, and Tagalog. The agency also provides contacts for, and coordinates translation services for other languages. These services are available for the homeless.

Unsheltered homeless women on the streets are particularly vulnerable. It is important that the PATH providers insure that unsheltered women are provided with the most comprehensive care at the earliest date including medical care, education for behavioral risk for violence, and HIV/AIDS education and prevention. Motivational Interviewing helps in this context as well as for substance abuse. The AMHD, in partnership with SHDC and HOPE (PATH provider), prioritizes unsheltered homeless women and women with children for housing through the Shelter-Plus Care program.

Sexual orientation is part of the diversity that is addressed to meet the perceived needs of homeless consumers served. PATH providers address the needs of persons with all sexual orientations in a culturally sensitive and appropriate manner. It should be noted that there

is an association of transgender individuals in Hawai`i, which provides assistance to homeless outreach workers.

As stated in the AMHD Provider Manual, the AMHD requires all public and private providers programs to be culturally competent and have policies and procedures that address cultural competency. Providers of direct service, and those who provide supervision, must participate in cultural competency training on an annual basis.

6. Input of Consumers and Family Members:

Consumer involvement is a key component in assuring the provision of quality services. This occurs through a variety of organized mental health structures including the SCM, County SABs, Clubhouse Coalition, and a number of other committees and groups. Consumers are actively involved in planning, quality improvement, staff training and development, developing policies and procedures, evidence-based practice conferences, community advocacy and networking. Consumer representation is also present in the development of scopes of service, selection, and awarding of state contracts.

The State of Hawai`i's mental health statutes include the requirement for community involvement through a state council and area SABs on all islands to provide public input (O`ahu, Maui, Hawai`i and Kaua`i). This mechanism allows for community input regarding all mental health services, including homeless services.

The O`ahu SAB is represented on the SCM. The SABs and SCM meet monthly to advise the AMHD on matters regarding accessibility and service delivery. Consumers and family members are active on both the SABs and SCM. In addition, as a Federally Qualified Health Center, KPHC requires that 51% of its Board of Directors utilize the services at the Health Center. One member of the Board is a previously homeless individual.

Once hired, the AMHD Housing Coordinator and the AMHD Case Management Service Coordinator will meet quarterly with advocates, consumers, private and public providers, and representatives from the religious community to discuss housing and homeless issues, service delivery and planning.

The AMHD Chief holds a monthly Chief's Roundtable at different island sites to provide accessibility to consumers, family members, and other mental health stakeholders.

The OCA provides for the inclusion of consumers and their families at all levels within the organization. The Chief of Consumer Affairs is a member of the AMHD Quality Improvement Committee and reports directly to the AMHD Chief. Additionally, the OCA includes a Consumer Advisor, who is the entry point for grievances and complaints to ensure that individuals have support in expressing their concerns.

BUDGET CATEGORIES¹¹ (SF-424A)

Position	Annual Salary*	PATH-Funded FTE	PATH-Funded Salary	Total
Personnel				
Fringe Benefits (25%)				
Travel – Homeless Program Annual Grantee Conference				\$ 5,000
Equipment				
Contractual				
Provider 1 – Maui				\$ 50,000
Provider 2 – Kauai				\$ 45,000
Provider 3 – Hawaii				\$100,000
Provider 4 – Oahu				\$ 100,000
Subtotal				\$295,000
Construction				
Other				
TOTAL				\$300,000

¹¹ AMHD plans to procure the Homeless Contracts; therefore, the budget is for the current providers. After the procurement process, new providers will have contracts in August 2013.

CONTRACTUAL BUDGET**Provider 1
Mental Health Kokua - Maui**

Position	Annual Salary*	PATH-Funded FTE	PATH-Funded Salary	Total
Homeless Specialist	\$31,530	.67	\$21,125	
Homeless Specialist	\$31,530	.67	\$21,125	
Subtotal				\$42,250
Fringe Benefits			\$ 7,307	
Subtotal				\$ 7,307
Other				
Mileage				\$ 443
Subtotal				\$ 443
Enter subtotal on 424A, Section B, 6.f.				\$50,000

**Provider 2
Mental Health Kokua - Kauai**

Position	Annual Salary*	PATH-Funded FTE	PATH-Funded Salary	Total
Homeless Specialist	\$25,000	1.0	\$25,000	
Project Director	\$40,000	.18	\$ 8,100	
Bookkeeper	\$35,000	.15	\$ 5,250	
Subtotal				\$38,350
Fringe Benefits			\$ 5,000	
Subtotal				\$ 5,000
Other				
Lease/Rental of Space				\$ 250
Mileage				\$ 1,000
Telecommunication				\$ 400
Subtotal				\$ 1,650
Enter subtotal on 424A, Section B, 6.f.				\$45,000

Provider 3
HOPE Services Hawaii, Inc. – Hawaii

Position	Annual Salary*	PATH-Funded FTE	PATH-Funded Salary	Total
Mental Health Outreach Specialist	\$ 33,465	1.0	\$ 33,465	
Mental Health Outreach Specialist/Community Relations Coordinator	\$ 43,919	.50	\$ 21,959	
Homeless Program Manager	\$ 56,662	.15	\$ 8,499	
Subtotal				\$ 63,923
Fringe Benefits			\$ 23,100	
Subtotal				\$ 23,100
Other				
Lease Rental of Space				\$ 1,200
Lease Rental of Equip.				\$ 240
Mileage (Fuel)				\$ 3,000
Telecommunication				\$ 1,800
Insurance				\$ 2,924
Office Supplies				\$ 1,000
Publication & Printing				\$ 600
Utilities				\$ 1,200
Program Supplies				\$ 1,013
Subtotal				\$ 12,977
Enter subtotal on 424A, Section B, 6.f.				\$100,000

Provider 4
Kalihi-Palama Health Center – Oahu

Position	Annual Salary*	PATH-Funded FTE	PATH-Funded Salary	Total
Homeless Specialist	\$40,255	.87	\$35,022	
Homeless Specialist	\$40,255	.87	\$35,022	
Subtotal				\$70,044
Fringe Benefits (25%)			\$17,511	
Subtotal				\$17,511
Other				
Mileage				\$ 8,500
Telecommunication				\$ 3,945
Subtotal				\$ 12,445
Enter subtotal on 424A, Section B, 6.f.				\$100,000

ATTACHMENT 1

PATH Grant Application: Definition of Acronyms

ACRONYM	DEFINITION
AMHD	Adult Mental Health Division
BESSD	Benefit, Employment, and Support Services Division
CARE	Care Hawaii Inc.
CARF	Commission on Accreditation of Rehabilitation Facilities
CMHC	Community Mental Health Center
CMO	Crisis Mobile Outreach
CoC	Continuum of Care
COFA	Compact of Free Association
CSM	Crisis Support Management
DCS	Department of Community Services
DHS	Department of Human Services
DOH	Department of Health
HCDCH	Housing and Community Development Corporation of Hawaii
HMIS	Homeless Management Information Systems
HOPE	Hope Services Hawaii, Inc.
HPHA	Hawaii Public Housing Authority
HPRP	Homeless Prevention and Rapid Re-Housing Program
HSH	Hawaii State Hospital
HUD	U.S. Department of Housing and Urban Development
IDDT	Integrated Dual Diagnosis Treatment
KPHC	Kalihi-Palama Health Center
MHK	Mental Health Kokua
MI/SA	Mental Illness/Substance Abuse
OCA	Office of Consumer Affairs
PATH	Projects for Assistance in Transition from Homelessness
PIT	Point-in-Time
POS	Purchase of Service
PTSD	Post-Traumatic Stress Disorder
SAB	Service Area Board
SCMH	State Council on Mental Health
SHDC	Steadfast Housing Development Corporation
SOAR	SSI/SSDI Outreach, Access, and Recovery
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TLP	Therapeutic Living Program
VA	U.S. Department of Veterans Affairs