

I. State Information

State Information

Plan Year

Federal Fiscal Year 2014

State Identification Numbers

DUNS Number 8099356790000

EIN/TIN 99-6000449

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

Agency Name Hawaii State Department of Health

Organizational Unit Adult Mental Health Division

Mailing Address P.O. Box 3378

City Honolulu

Zip Code 96801-3378

II. Authorized Representative for the PATH Grant

First Name Mark

Last Name Fridovich, Ph.D., M.P.A

Agency Name Adult Mental Health Division

Mailing Address P.O. Box 3378

City Honolulu

Zip Code 96801-3378

Telephone 808-586-4110

Fax 808-586-4745

Email Address mark.fridovich@doh.hawaii.gov

III. State Expenditure Period

From 9/1/2014

To 8/31/2015

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Judith

Last Name Clarke

Telephone 808-453-6946

Fax 808-453-6995

Email Address judith.clarke@doh.hawaii.gov

footnote:

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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 Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name	<input type="text" value="Linda Rosen, M.D., M.P.H."/>
Title	<input type="text" value="Director of Health"/>
Organization	<input type="text" value="Hawaii State Department of Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

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

For purposes of paragraph (f) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications 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).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name	Linda Rosen, M.D., M.P.H.
Title	Director of Health
Organization	Hawaii State Department of Health

Signature: _____ Date: _____

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2014
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, 2016, 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 2014 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 (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R part 54 and 54a respectively.

Name	<input type="text" value="Linda Rosen, M.D., M.P.H."/>
Title	<input type="text" value="Director of Health"/>
Organization	<input type="text" value="Hawaii State Department of Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed?

Yes

No

To print a Standard Form - LLL if required for submission, click the link below.

[Standard Form LLL \(click here\)](#)

Name	<input type="text" value="Linda Rosen, M.D., M.P.H."/>
Title	<input type="text" value="Director of Health"/>
Organization	<input type="text" value="Hawaii State Department of Health"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
HOPE Services, Hawaii Inc., Brandee Menino, Chief Executive Officer	HOPE Services provides homeless outreach services on the Island of Hawaii.	
Kalihi-Palama Health Center, Leslie Uyehara, Project Director	Kalihi-Palama Health Center provides homeless outreach services on Oahu.	
Mental Health Kokua - Kauai, Jim Carter, Director of Programs	Mental Health Kokua provides homeless outreach services on the island of Kauai.	
Mental Health Kokua - Maui, Jim Carter, Director of Programs	Mental Health Kokua provides homeless outreach on the island of Maui.	

Add Region

footnote:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

Footnotes:

EXECUTIVE SUMMARY

Over the last several years, the need for homeless services in the State of Hawaii has continued to grow due to high unemployment, increased 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 as a result of 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. As a result, some individuals have become homeless. The chronically homeless are a particularly vulnerable population, and many of these individuals, unfortunately, have been diagnosed with a serious mental illness and/or a co-occurring substance use disorder.

On a single night in January 2014, as many as 4,712¹ individuals were homeless in Honolulu County, placing the city at the top of the list of similar-sized areas with the largest homeless populations and among the 10 worst for chronic homelessness. In addition, the City and County of Honolulu has the highest rate of unsheltered individuals with serious mental health disorders equal to a 9.7 percent increase of those described as being severely mentally ill (842 in 2013 to 924 in 2014)².

The Adult Mental Health Division (AMHD) is committed to strengthening and increasing community-based referrals and linkages to housing that support recovery. Consequently, Hawaii’s 2014 application to the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Funds will play an integral role in the development and sustainability of specialized services to persons with a serious mental illness who are homeless and will assist the AMHD in meeting its goal of providing for the needs of these individuals.

The AMHD has contracted with three (3) providers through PATH funding to assist homeless individuals, including HOPE Services Hawaii, Inc. (Hawaii County); Kalihi-Palama Health Center (Honolulu County), and the Mental Health Kokua Program, which will service both Maui (Maui County, Molokai, Lanai) and Kauai Counties. Additionally, the AMHD has also increased its budget to support the work of providers in assisting the homeless population. Consequently, the division has contracted through state funding with Hope Inc. (located in Wahiawa on Oahu) to service the Central Region of the City and County, and IHS, the Institute of Human Services to also service the City and County of Honolulu. Another significant change is that the AMHD has added more eligible diagnoses to its eligibility criteria, which will result in more homeless individuals receiving mental health services.

¹_____

¹ 2014 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.

²2014 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.

II. Executive Summary

2. State Budget

Planning Period From 9/1/2014 to 8/31/2015

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel			
b. Fringe Benefits			
c. Travel	\$5,000	\$0	\$5,000
d. Equipment	\$0	\$0	\$
e. Supplies	\$0	\$0	\$
f1. Contractual (IUPs)	\$295,000	\$677,500	\$972,500
f2. Contractual (State)	\$0	\$0	\$
g. Construction	\$0	\$0	\$
h. Other			
i. Total Direct Charges (Sum of a-h)	\$300,000	\$677,500	\$977,500
j. Indirect Charges	\$0	\$0	\$
k. Grand Total (Sum of i and j)	\$300,000	\$677,500	\$977,500
Allocation of Federal PATH Funds	\$300,000	\$100,000	\$400,000

Allocation of Federal PATH Funds

Source(s) of Match Dollars for State Funds:

State Funds are matched by:
 Department of Human Services Outreach for HOPE Services Hawaii, Inc.
 In-Kind Donations for Kalihi-Palama Health Center
 Mental Health Kokua for Mental Health Kokua funds

Detailed Budget:

footnote:

II. Executive Summary

3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **09/01/2014**

Expenditure Period End Date: **08/31/2015**

Provider	Geographic Service Area	Allocations	Matching Funds	Estimated # to Serve	Estimated # to Enroll
Hope Services Hawaii, Inc.	HOPE Services, Hawaii Inc., Brandee Menino, Chief Executive Officer	\$100,000	\$612,500	240	120
Kalihi-Palama Health Center	Kalihi-Palama Health Center, Leslie Uyehara, Project Director	\$95,000	\$31,667	300	125
Mental Health Kokua	Mental Health Kokua - Kauai, Jim Carter, Director of Programs	\$100,000	\$33,333	325	165

footnote:

1. Hope Services Hawaii, Inc.

296 Kilauea Avenue

Hilo, HI 96720

Contact: Carol Matayoshi

Provider Type: Social service agency

PDX ID: HI-002

State Provider ID: 1406

Contact Phone #: 8089363995

1. Hope Services Hawaii, Inc.

296 Kilauea Avenue

Hilo, HI 96720

Contact: Carol Matayoshi

Provider Type: Social service agency

PDX ID: HI-002

State Provider ID: 1406

Contact Phone #: 8089363995

LOCAL PROVIDER INTENDED USE PLANS

HOPE Services Hawaii, Inc. is a statewide non-profit agency that initiates and provides innovative safety net programs to the vulnerable and marginalized in the state of Hawaii. Programs are designed to help homeless families and individuals attain the skills needed to maximize their potential, succeed in permanent housing and achieve self-sufficiency. Between July 2012 and June 2013, HOPE Services Hawaii, Inc. provided support and/or housing services to more than 4,000 people island-wide. These outcomes are attributed to the dedication of HOPE Services Hawaii, Inc. staff and volunteers and their belief in the mission to “bring to life gospel values of justice, love, compassion and hope through service, empowerment and advocacy.”

HOPE Services Hawaii, Inc. has a state-funded contract to run two (2) vans that go to the beaches, mountains, and streets where homeless people congregate. Through their Care-A-Van program, First Aid services are provided and referrals to appropriate community resources occur both in East and West Hawaii. HOPE Services Hawaii, Inc. operates several transitional “one stop” drop-in shelters to assist homeless individuals’ and families to access and transition into mainstream services. HOPE Services Hawaii, Inc. also provides outreach and interim case management, screening and diagnostic services and alcohol and drug treatment.

The organization will receive \$100,000 in Federal PATH funds for FY2014-2015 with the local match of \$612,500.

Collaboration with HUD Continuum of Care Program

HOPE Services Hawaii, Inc., in partnership with the Department of Housing and Urban Development (HUD)-recognized Continuum of Care (CoC), known as Bridging the Gap, administers a HUD Shelter-Plus Care rental subsidy program for homeless persons with severe mental illness. Members of this CoC meet monthly to address gaps within the broader context of mental health systems change and policies to address homelessness through the planning process.

Coordination with PATH and Other Programs and Activities

HOPE Services Hawaii, Inc. has been involved in the point-in-time count of sheltered and unsheltered homeless individuals on Hawaii Island for several years. The program has historically maintained leadership roles in coordination of substantial planning activities such as the Big Island Strategic Planning Meeting on Homelessness and the National Hunger and Homelessness Awareness Week activities.

Service Provisions

Approximately 240 individuals will receive PATH-funded outreach services annually through HOPE Services Hawaii, Inc. Of those, an estimated 120 individuals diagnosed with a serious mental illness that are homeless or at imminent risk of becoming homeless will be enrolled in PATH services. Approximately 100 percent of these individuals are likely to be “literally” homeless. According to, the demographics of the target population on Hawaii County are:

- Gender – 54 percent male, 46 percent female;
- Age – 18-30, 24 percent; 31-50, 45 percent; 51-61, 23 percent; 62+, 8 percent.

- Ethnicity – 46 percent Caucasian; 29 percent, Hawaiian/Pacific Islander; 19 percent, two or more Races; 3 percent Asian; 3 percent Black.
- Diagnosis – Schizophrenia and related Disorders – 51 percent; Affective Disorders – 43 percent; Co-occurring Disorders – 83 percent.
- Veterans – 18 percent

HOPE Services Hawaii, Inc.'s outreach teams are mobile, and seek to engage with individuals and families experiencing homelessness at places and areas in which they congregate including beaches, tents, caves, public parks, lava tubes and buses. Staff members provide emergency supplies, make an assessment of homeless individual needs, and connect them to community resources to improve their way of living with the ultimate goal of safe, stable housing. Staff members also link people to health care services, Social Security benefits, workforce development, job training opportunities, emergency shelters, transitional housing and/or locating a home in the private marketplace.

In East Hawaii, outreach workers engage with consumers at Under His Wing Ministry, a program that provides access to meals and showers. In West Hawaii, outreach workers engage individuals at the HOPE Services Hawaii, Inc. Resource Center Site (the Friendly Place), a program that provides access to meals and showers, laundry facilities, lockers, mail and on-site coordinated services, such as, dental, behavioral health, smoking cessation, employment assistance and renter education. In addition to accessing the sites above, consumers are engaged by self-referral, or referral by community partners.

HOPE Services Hawaii, Inc. provides homeless outreach services for veterans and linkage to the Department of Veterans Affairs on Hawaii Island. The agency also administers the U.S. Veterans Administration Support Services for Veteran Families (SSVF) program to assist eligible veteran households to prevent homelessness and maintain housing stability. HOPE Services Hawaii, Inc., therefore, collaborates with the VA as a primary support for primary health, mental health and substance abuse services for the veteran population.

The delivery of services occurs through on-site participation by organizations/groups or by referral to these partners. Coordination of services is developed through direct contact, or by participation in community initiatives, such as the County Chronic Homelessness Intervention and Rehabilitation Project. These initiatives focus on coordinated efforts to reduce chronic homelessness. The County Multi-Disciplinary Team provides a more focused team approach in assisting consumers that frequent emergency services. In addition, HOPE Services Hawaii, Inc. participates and collaborates with the AMHD providers in addressing gaps and streamlining service delivery.

All PATH homeless case managers, including HOPE Services Hawaii, Inc., are able to access the AMHD array of housing programs managed by Mental Health Kokua, CARE Hawaii, and Steadfast Housing Development Corporation (SHDC) for 24 hour group homes, 8-16 hour group homes and semi-independent housing. In addition, HOPE Services Hawaii, Inc. offers housing assistance through its two Shelter Plus Care programs.

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, in partnership with and HOPE Services Hawaii, Inc. have prioritized unsheltered homeless women and women with children for housing through their Shelter-Plus Care program.

Gaps in Services

The AMHD currently does not contract for the provision of 24-hour residential substance abuse treatment or specialized residential treatment services on Hawaii Island. Subsequently, consumers released from the Hilo Medical Center's Emergency Department (ER) or psychiatric unit continue to find placement a challenge. The AMHD will encourage providers to become "dual capable" professionals to be able to support this population.

Transportation on the Hawaii Island is a major issue. There is minimal public transportation on the island. The Hawaii Service Area Board on Mental Health and Substance Abuse is working closely with County officials to increase the number of buses and to lower the cost of bus fares for disabled individuals.

Staff Information

The demographics of the HOPE Services Hawaii Inc.'s 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 Services Hawaii Inc. 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. A volunteer who participates in HOPE's outreach activities on a regular basis is currently a recipient of PATH-funded services.

Training

The HOPE Services Hawaii, Inc. provides annual training for its PATH workers on Consumer Engagement and Interaction, (including de-escalation and conflict resolution). Crisis Prevention is provided to staff at in-house staff trainings, while other trainings are provided through third-party training resources.

In addition to standard training offered to staff on a monthly basis, HOPE Services Hawaii, Inc. solicits in-service training opportunities from community partners on relevant content. The agency works closely with the East Hawaii Community Mental Health Center's Center Manager to provide evidence-based training such as cultural competency and motivational interviewing. Training is intended to increase staff capacity in engaging, interacting with and maximizing service linkage for individuals who are homeless and/or who live with a mental illness. The Program Manager of HOPE Services Hawaii, Inc. increases program capacity through participation in the SAMHSA/PATH sponsored webinars and trainings.

Data

HOPE Services Hawaii, Inc. utilizes the Hawaii Homeless Management Information System (HMIS) and is an active participant in the implementation of the system. Since HOPE Services Hawaii, Inc. is a recipient of federal, state or local level funds, the agency is required to enter data on homelessness into the system. The Hawaii Continuum of Care in partnership with State Homeless Program Branch has allocated funding for training and support for all HMIS activities.

SSI/SSDI Outreach, Access and Recovery (SOAR)

The AMHD participates in Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) technical assistance program and continues to support homeless outreach workers and case managers to assist consumers with SSI and SSDI applications. HOPE Services Hawaii, Inc. has a trained staff member who has undergone SSI/SSDI training, and will continue to partner with the Legal Aid Society, and the Social Security Administration to address SOAR initiatives. There was no individual through HOPE Services Hawaii, Inc. that was assisted through SOAR during 2012-2013.

The AMHD Psychosocial Rehabilitation/Case Management Service Coordinator, in collaboration with the AMHD Housing Services Coordinator, will encourage all PATH providers to take the on-line training for the SSI/SSDI. This will enable the State to track and monitor outcomes to show success and garner additional support for future funding.

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 State Council on Mental Health, the County Service Area Boards on Mental Health and Substance Abuse, Clubhouse Coalition, and the Hawaii Certified Peer Specialist program. Homeless individuals are encouraged to participate in these consumer activities and to advocate on behalf of their peers.

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

Budget:

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	\$58,032	\$277,153	\$335,185
b. Fringe Benefits	\$35,036	\$129,319	\$164,355
c. Travel	\$0	\$0	\$
d. Equipment	\$0	\$0	\$
e. Supplies	\$0	\$4,000	\$4,000
f. Contractual	\$0	\$0	\$
g. Construction	\$0	\$0	\$
h. Other	\$6,932	\$202,028	\$208,960
i. Total Direct Charges (Sum of a-h)	\$100,000	\$612,500	\$712,500
j. Indirect Charges	\$0	\$0	\$
k. Grand Total (Sum of i and j)	\$100,000	\$612,500	\$712,500

Source(s) of Match Funds:

Department of Human Services Homeless Outreach

Estimated Number of Persons to be Served:

240

Estimated Number of Persons to be Enrolled:

120

Estimated Number of Persons to be Served who are Literally Homeless:

120

Detailed Budget:

Budget:

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	\$58,032	\$277,153	\$335,185
b. Fringe Benefits	\$35,036	\$129,319	\$164,355
c. Travel	\$0	\$0	\$
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Source(s) of Match Funds:

Department of Human Services Homeless Outreach

Estimated Number of Persons to be Served:

240

Estimated Number of Persons to be Enrolled:

120

Estimated Number of Persons to be Served who are Literally Homeless:

120

Detailed Budget:

BUDGET
(Period January 1, 2014 to December 31, 2014)

Applicant/Provider: HOPE Services Hawaii, Inc.
RFP No.: HTH 420-4-12 AMHD Outreach Extension
Contract No. (As Applicable): ASO Log No. 12-106 Modification #4

BUDGET CATEGORIES	Budget Request (a)	DHS Homeless Outreach		
A. PERSONNEL COST				
1. Salaries	\$ 58,031.70	\$ 277,152.58		
2. Payroll Taxes & Assessments	\$ 6,533.34	\$ 30,071.05		
3. Fringe Benefits	\$ 28,503.04	\$ 99,248.14		
TOTAL PERSONNEL COST	\$ 93,068.08	\$ 406,471.77		
B. OTHER CURRENT EXPENSES				
1. Liability Insurance		\$ 1,758.75		
2. Office Supplies		\$ 4,000.00		
3. Dues & Subscriptions		\$ 200.00		
4. Publication and Printing		\$ 3,000.00		
5. Postage, Freight & Delivery		\$ 800.00		
6. Contractual Services - Subcontracts		\$ 1,406.90		
7. Fuel	\$ 2,237.35	\$ 12,000.00		
8. Mileage		\$ 3,000.00		
9. Vehicle Repair & Maintenance		\$ 5,000.00		
10. Vehicle Insurance	\$ 2,324.00	\$ 8,134.00		
11. Lease/Rental of Motor Vehicle				
12. Parking				
13. Office Repair & Maintenance		\$ 11,077.00		
14. Shelter Repair & Maintenance				
15. Lease/Rental of Equipment		\$ 7,500.00		
16. Lease/Rental of Space	\$ 650.57	\$ 15,756.75		
17. Airfare, Inter-Island				
18. Utilities	\$ 400.00	\$ 19,021.83		
19. Telecommunication	\$ 1,320.00	\$ 9,000.00		
20. Staff Training		\$ 500.00		
21. Food				
22. Program Supplies		\$ 12,000.00		
23				
24				
TOTAL OTHER CURRENT EXPENSES	\$ 8,931.92	\$ 114,153.23		
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. ADMINISTRATIVE COSTS	\$ -	\$ 91,875.00		
TOTAL (A+B+C+D)	\$ 100,000.00	\$ 612,500.00		
SOURCES OF FUNDING			Budget Prepared By:	
(a) Budget Request	\$ 100,000.00		Christine K. Dias	933-6009
(b) DHS Homeless Outreach	\$ 612,500.00		Name (Please type or print)	Phone
(c)	\$ -		<i>Brendee Manino</i>	1/24/14
(d)	\$ -		Signature of Authorized Official	Date
			Brendee Manino, CEO	
			Name and Title (Please type or print)	
TOTAL REVENUE	\$ 712,500.00		For State Agency Use Only	
			Signature of Reviewer	Date

Form SPO-H-205 (Effective 10/01/98)

BUDGET JUSTIFICATION
 (Period January 1, 2014 to December 31, 2014)

Applicant/Provider: HOPE Services Hawaii, Inc. Period: January 1, 2014 to December 31, 2014 Date Prepared: 1/15/2014
 RFP No.: HTH 420-4-12 AMHD Outreach Extension
 Contract No. (As Applicable): ASO Log No. 12-106 Modification #4

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
Fuel	\$ 2,237.35	Fuel for 2 vehicles used by AMHD Outreach Staff.
Vehicle Insurance	\$ 2,324.00	Vehicle Insurance for 2 vehicles used by AMHD Outreach Staff
Telecommunications	\$ 1,320.00	The cell phone cost used by outreach workers assigned to this contract
TOTAL:	\$ 5,881.35	

BUDGET JUSTIFICATION
 (Period January 1, 2014 to December 31, 2014)

Applicant/Provider: HOPE Services Hawaii, Inc. Date Prepared: 1/15/2014
 RFP No.: HTH 420-4-12 AMHD Outreach Extension Period: January 1, 2014 to December 31, 2014
 Contract No. (As Applicable): ASO Log No. 12-106 Modification #4

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS			
Social Security	As required by law	As required by law	\$ 4,000.10
Unemployment Insurance (Federal)	Not required	Not required	
Unemployment Insurance (State)	As required by law	As required by law	\$ 784.33
Worker's Compensation	As required by law	As required by law	\$ 689.30
Temporary Disability Insurance	As required by law	As required by law	\$ 219.61
SUBTOTAL:			\$ 5,673.34
FRINGE BENEFITS:			
Health Insurance	Personnel Policy	Please note comment	\$ 21,898.31
Retirement	Personnel Policy	8%	\$ 4,183.11
GLI			\$ 75.00
SUBTOTAL:			\$ 26,156.42
TOTAL			\$ 31,829.76

JUSTIFICATION/COMMENTS:

Agency offers a flat rate health insurance plan and not a percent of salary. Cost is dependent on the plan that the employee selects. The maximum allowance by HOPE is \$18,951 per year beginning 7/1/13 to 6/30/14. Retirement includes 8% of staff salaries and a portion of the annual group life insurance policy.

Form SPO-H-206B (Effective 10/01/98)

2. Kalihi-Palama Health Center

915 North King Street

Honolulu, HI 96817

Contact: Leslie Uyehara

Provider Type: Health Care for the Homeless/other health agency

PDX ID: HI-003

State Provider ID: 1403

Contact Phone #: 8087916376

2. Kalihi-Palama Health Center

915 North King Street

Honolulu, HI 96817

Contact: Leslie Uyehara

Provider Type: Health Care for the Homeless/other health agency

PDX ID: HI-003

State Provider ID: 1403

Contact Phone #: 8087916376

LOCAL-AREA PROVIDER INTENDED USE PLANS

The Kalihi-Palama Health Center (KPHC) is a private, non-profit organization providing primary health care and mental health services to individuals at low cost. The program is located in a low-income area and has staff fluent in 10 languages to assist the non-English speaking population. KPHC services the homeless population in the City and County of Honolulu through outreach, screening and diagnosis, habilitation and rehabilitation, case management, referrals for primary health care, housing, job training and placement, and educational services to PATH-eligible individuals.

In partnership with AMHD, KPHC manages approximately 200 Shelter-Plus Care rental subsidies through the Hawai'i Continuum of Care Grant award for homeless individuals with severe 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 that needs temporary housing until medically stable. KPHC coordinates with O'ahu Worklinks in finding homeless individuals employment services.

The organization will receive \$95,000 in Federal PATH funds for FY2014-2015 with the local match of \$31,667.

Collaboration with HUD Continuum of Care Program

The KPHC has been an active member of Partners in Care (PIC), Oahu's Continuum of Care Program, since its inception. Members of the PIC continue meet 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 continuum of care for the homeless population. The PIC meetings are established to strengthen partnerships that service people who are homeless. The KPHC Health Care for the Homeless Project Director has been the Chair of the Awareness Committee of the PIC for the past three (3) years, and was both the Chair of the Organizational Development Committee and the Secretary in prior years.

Coordination with PATH and Other Programs and Activities

The KPHC outreach workers have been involved in the point-in-time count of sheltered and unsheltered homeless individuals in the State. These workers were assigned to regions where they regularly provided outreach services. This was important as many of the field staff had established rapport and trust with unsheltered individuals. Through their familiarity with the area, they increased the number of homeless individuals participating in the survey.

In partnership with Steadfast Housing Development Corporation (SHDC) and AMHD, the KPHC will seek to increase its rental subsidy program and utilize the "Housing First" Model on O'ahu, in helping homeless individuals to transition into permanent supportive housing.

Service Provisions

Approximately 300 individuals will receive PATH-funded outreach services annually through KPHC. Of those, an estimated 125 individuals experiencing serious mental illness who are homeless or at imminent risk of becoming homeless will be enrolled in PATH services. Approximately 100 percent of these individuals are likely to be "literally" homeless. According

to KPHC, the demographics of the target population on Oahu are: 65 percent male, 35 percent female; 44 percent Asian, 23 percent Native Hawaiian/Pacific Islander, 20 percent Caucasian, 13 percent includes Blacks.

The strengths of the delivery system to address the issue of homelessness within the State are derived from many different entities striving toward common goals. 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 managing and ending homelessness. Thus, the PATH homeless case managers will be able to access the AMHD array of housing programs managed by Mental Health Kokua, CARE Hawaii, Po'ailani, Breaking Boundaries, and SHDC for 24 hour group homes, 8-16 hour group homes and semi-independent housing.

In addition to outreach and case management services, the KPHC continues to provide services to PATH-eligible consumers with both serious mental illness and substance use disorders. Services will be 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. To maximize the use of PATH funds to serve adults who are "literally" homeless as a priority population, a key component of the KPHC homeless program is to target 100 percent services to these individuals.

Gaps in Services

An inventory of affordable housing statewide remains a large gap in Hawaii. Hawaii 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 2015, approximately 86 percent of eligible individuals with severe mental illness in Hawaii have extremely low incomes (at or below 30 percent of median income) and are in need of housing assistance. The AMHD will continue to work with the PATH providers to address this situation.

Staff Information

PATH providers have worked closely with AMHD to assure that culturally appropriate services are provided to individuals who are homeless at all phases of service delivery and that PATH providers are representative of the local culture. Demographics of the KPHC staff serving PATH consumers are both female and are 1) Japanese/ Chinese and 2) Filipino. KPHC has two PATH 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.

Training

The KPHC provides annual training for its PATH workers on Pathways Model to End Homelessness for individuals with mental illness and substance use disorders. They also provide in-house cultural competency training available to all staff. Additional trainings are provided through the AMHD, and PATH providers are encouraged to participate in Webinars provided by the PATH Technical Assistance Center.

The KPHC has access to the Bilingual Access Line, which provides interpretive services for Hawai'i's multi-cultural population. These services are available for homeless individuals.

The KPHC supports the implementation of evidenced-based practices and are aware that unsheltered homeless women on the streets are particularly vulnerable. Outreach workers provide medical care, education for behavioral risk for violence, and HIV/AIDS education and prevention. Motivational Interviewing is also used in this context as well as for substance abuse.

Sexual orientation is part of the diversity that is addressed to meet the perceived needs of homeless consumers served. PATH providers, including KPHC, 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 Hawaii, which provides assistance to homeless outreach workers.

Data

The KPHC utilizes the Hawaii Homeless Management Information System (HMIS) and is an active participant in the implementation of the system. Since KPHC is a recipient of federal, state and local level funds, the agency is required to enter data on homelessness into the system. The Hawaii Continuum of Care in partnership with State Homeless Program Branch has allocated funding for training and support for all HMIS activities.

The KPHC has upgraded its electronic health record system which is different from HMIS. Plans for 2014-2015 are to have the system certified.

SSI/SSDI Outreach, Access and Recovery (SOAR)

The KPHC will continue to partner with the Legal Aid Society, the Social Security Administration and other community agencies to address the SOAR initiatives. This is to ensure that new and ongoing training opportunities are being provided to homeless individuals, outreach workers and other providers who wish to be SOAR certified across the state. PATH workers are working to connect individuals to SSI/SSDI for rental assistance using SOAR techniques. Twenty-four SOAR approvals occurred on the island of Oahu for 2012-2013.

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 State Council on Mental Health, the County Service Area Boards on Mental Health and Substance Abuse, Clubhouse Coalition, Hawaii Certified Peer Specialist programs. Homeless individuals who become AMHD consumers are encouraged to participate in these consumer activities and to advocate on behalf of other consumers.

PATH providers continue to be involved in the Annual Adult Community Mental Health Services Consumer Satisfaction Survey. For the past four years, the KPHC has been involved and will continue to work with their consumers to complete the survey.

As a Federally Qualified Health Center, the KPHC requires that 51% of its Board of Directors utilize the services at the KPHC. One member of the Board is a previously homeless individual.

Family members are encouraged to participate on the Board to assist in shaping program policies for homeless individuals.

Budget:

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	\$66,000	\$21,884	\$87,884
b. Fringe Benefits	\$15,893	\$5,270	\$21,163
c. Travel	\$0	\$0	\$
d. Equipment	\$0	\$0	\$
e. Supplies	\$840	\$0	\$840
f. Contractual	\$0	\$0	\$
g. Construction	\$0	\$0	\$
h. Other	\$12,267	\$4,513	\$16,780
i. Total Direct Charges (Sum of a-h)	\$95,000	\$31,667	\$126,667
j. Indirect Charges	\$0		
k. Grand Total (Sum of i and j)	\$95,000	\$31,667	\$126,667

Source(s) of Match Funds:

In-kind donations.

Estimated Number of Persons to be Served:

300

Estimated Number of Persons to be Enrolled:

125

Estimated Number of Persons to be Served who are Literally Homeless:

125

Detailed Budget:

Budget:

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	\$66,000	\$21,884	\$87,884
b. Fringe Benefits	\$15,893	\$5,270	\$21,163
c. Travel	\$0	\$0	\$
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k. Grand Total (Sum of i and j)	\$95,000	\$31,667	\$126,667

Source(s) of Match Funds:

In-kind donations.

Estimated Number of Persons to be Served:

300

Estimated Number of Persons to be Enrolled:

125

Estimated Number of Persons to be Served who are Literally Homeless:

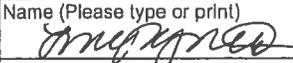
125

Detailed Budget:

BUDGET

(Period: December 01, 2013 to November 30, 2014)

Applicant/Provider: Kalihi-Palama Health Center
 RFP No.: ASO LOG NO. 10-042
 Contract No.: Homeless Outreach and Interim Case Management

BUDGET CATEGORIES	Budget Request (a)	KPHC In-kind (b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	66,000	21,884		
2. Payroll Taxes & Assessments	6,633	2,199		
3. Fringe Benefits	9,260	3,071		
TOTAL PERSONNEL COST	81,893	27,154		
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontractors				
6. Insurance		313		
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space	3,180	1,200		
10. Mileage	6,927			
11. Postage Freight & Delivery				
12. Publication and Printing				
13. Repair & Maintenance		1,200		
14. Staff Training				
15. Subsistence/Per Diem				
16. Supplies	840			
17. Telecommunication	1,800			
18. Transportation				
19. Utilities	360	1,200		
20. Other: Client Assistance				
21. Other: Housekeeping		600		
22. Other:				
23. Other:				
TOTAL OTHER CURRENT EXPENSES	13,107	4,513		
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES	0	0		
TOTAL (A+B+C+D)	95,000	31,667		
SOURCES OF FUNDING		Budget Prepared By: Evanjelyn Lanoza, Accounting Manager		
(a) DOH - AMHD	95,000	Name (Please type or print) _____ Phone _____		
(b) KPHC In-kind	31,667	 20-May-14		
(c)		Signature of Authorized Official _____ Date _____		
(d)		Liane Sugimoto, CFO		
		Name and Title (Please type or print)		
TOTAL REVENUE	126,667	For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

Form SPO-H-205 (Effective 10/01/98)

**BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: Kalihi-Palama Health Center (Period: December 01, 2013 to November 30, 2014) Date Prepared: 20-May-14
 RFP No.: ASO LOG NO. 10-042
 Contract No. Homeless Outreach and Interim Case Management

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	66,000	7.65%	5,049
Unemployment Insurance (Federal)			
Unemployment Insurance (State)	66,000	0.70%	462
Temporary Disability Insurance	66,000	0.70%	462
Worker's Compensation	66,000	1.00%	660
			6,633
FRINGE BENEFITS			
Health & Life Insurance	66,000	11.03%	7,280
Retirement	66,000	3.00%	1,980
SUB TOTAL:			9,260
TOTAL:			15,893
JUSTIFICATIONS/COMMENTS:			

Form SPO-H-206B (effective 10/01/98)

**BUDGET JUSTIFICATION - IN KIND
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: Kalihi-Palama Health Center Date Prepared: 20-May-14
 RFP No.: ASO LOG NO. 10-042 (Period: December 01, 2013 to November 30, 2014)
 Contract No.: Homeless Outreach and Interim Case Management

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	21,884	7.65%	1,674
Unemployment Insurance (Federal)			
Unemployment Insurance (State)	21,884	0.70%	153
Temporary Disability Insurance	21,884	0.70%	153
Worker's Compensation	21,884	1.00%	219
			2,199
FRINGE BENEFITS			
Health & Life Insurance	21,884	11.03%	2,414
Retirement	21,884	3.00%	657
SUB TOTAL:			3,071
TOTAL:			5,270
JUSTIFICATIONS/COMMENTS:			

Form SPO-H-206B (effective 10/01/98)

3. Mental Health Kokua

1221 Kapiolani Blvd., #345

Honolulu, HI 96814

Contact: Jim Carter

Provider Type: Other mental health agency

PDX ID: HI-007

State Provider ID: 1407

Contact Phone #: 8087372523

3. Mental Health Kokua

1221 Kapiolani Blvd., #345

Honolulu, HI 96814

Contact: Jim Carter

Provider Type: Other mental health agency

PDX ID: HI-007

State Provider ID: 1407

Contact Phone #: 8087372523

LOCAL PROVIDER INTENDED USE PLANS

Mental Health Kokua (MHK) is a private, non-profit agency contracted by the AMHD to provide community housing programs consisting of 24 and 8-16 hour supervised group homes to persons with a severe mental illness or severe mental illness with a co-occurring substance abuse disorder. These programs provide the necessary housing supports to maintain consumers in the community. Through private funding, MHK provides five (5) transitional residential housing units consisting of forty-seven (47) beds on the island of Maui. The agency also provides a range of community based mental health services with programs located statewide. Through specially designed services and settings, MHK helps those in Hawaii who are in mental distress, emotional crisis, or recovering from serious mental illness to achieve their optimum level of recovery and ability to function in the community. Of note, MHK has been recognized for developing a unique Maui pilot program that targeted the dual diagnosis of mental illness and chemical dependency using a cultural approach.

MHK will provide a range of allowable PATH services on Maui and Kauai, including outreach services, case management, community mental health services, staff training, referrals for primary health services, job training, educational services to connect homeless, mentally ill individuals with mental health and special services including entitlements to assist them in moving from transitional to permanent housing.

The organization will receive \$100,000 in Federal PATH funds for FY2014-2015 with the local match of \$33,333 to provide PATH outreach and case management services on Maui (Maui County Molokai, Lanai) and Kauai.

Collaboration with HUD Continuum of Care Program

MHK is an active member of the Partners in Care program (PIC), also known as the Continuum of Care Program in Hawaii. Currently, MHK facilitates the meetings on a monthly basis and serves as a planning, coordinating and advocacy body that develops recommendations for programs and services to fill gaps in the local continuum of care for the homeless population. Representation from Maui through the Family Life Center, participates on the PIC as well as the Kauai Economic Opportunity organization representing Kauai. These two organizations provide valuable input in the development of homeless shelters.

Coordination with PATH and Other Programs and Activities

MHK and the Kalihi-Palama Health Center work collaboratively in operating the Safe Haven program on Oahu. This unique facility in downtown Honolulu offers outreach services, medical and psychiatric care, case management, 24-hour residential services for individuals who are homeless and have mental illness, and transitions them from living on the streets to permanent housing. Plans are in place to develop other Safe Haven Programs on Maui. The MHK's Homeless Coordinator works closely with the Steadfast Housing Development Corporation (SHDC), the Kauai Economic Opportunity organization, and Lokahi Pacific on Maui to advocate for homeless shelters on each island, in addition to other housing resources.

The agency also coordinates with local hospitals to provide care for low-income, homeless individuals. Maui Memorial Hospital is a primary referral resource for PATH recipients and the

Molokini Unit of the hospital provides 24-hour psychiatric inpatient care to persons with mental illness. This service is available to homeless individuals. The Samuel Mahelona Memorial Hospital, offers 24-hour inpatient psychiatric services, while Wilcox Hospital provides emergency and primary care to homeless individuals.

MHK also coordinates with Aloha House on Maui, which is a private non-profit organization that is contracted with AMHD, to provide specialized residential services, day treatment, aftercare services and crisis services through crisis mobile outreach, crisis support management and licensed crisis residential services. The MHK Homeless Outreach team works closely to provide these services to homeless individuals experiencing a mental health crisis.

Through an active Memorandum of Understanding, MHK works collaboratively with the Veterans Administration (VA) to provide services to homeless veterans on Maui and Kauai.

Service Provisions

It is projected that MHK through PATH funds will contact a total of 325 individuals on the islands of Maui and Kauai. Of those 325 individuals, they will enroll approximately 165 individuals into AMHD services. Fifty percent of enrolled PATH participants are projected to be “literally” homeless as first contact. Demographics of the target population are Caucasian, Hawaiian/Part Hawaiian, and other groups (often mixed ancestry, "local" sub-culture).

Gaps in Services

Transportation on Maui remains an issue for the community. There is minimal public transportation especially for those who do not live in the centrally located towns of Kahului and Wailuku on Maui. Although there are large homeless transitional shelters on the island, homeless persons with a severe mental illness and co-occurring disorders are often evicted because of their behavior and substance use. MHK and non-profit developers are discussing plans to develop a Safe Haven on the island of Maui to provide a low demand, transitional housing option for this population.

Staff Information

The MHK staff serving homeless individuals matches the cultural makeup of the homeless population they serve, which is primarily Caucasian, Hawaiian/Part Hawaiian and mixed ancestry of the local community.

Training

MHK supports paid training for its staff, including those funded by PATH dollars. Cultural competency is a required annual training, in addition to motivational interviewing, clinical documentation, strengths-based case management and trauma-informed care.

Data

MHK is involved in entering data into the HMIS system. Ongoing

SSI/SSDI Outreach, Access and Recovery (SOAR)

MHK PATH-funded staff will continue to access the on-line SOAR training opportunity. The MHK staff has made referrals to the Legal Aid Society in Honolulu for assistance with

completing the necessary paperwork for homeless individuals. As a result, there were 20 successful completions for SOAR benefits in 2012-2013. The State SOAR Lead is working with the SOAR Technical Assistance Center to provide training to PATH funded staff.

Input of Consumers and Family Members

The MHK management has created a strong commitment to include consumers in all its programs. Feedback from annual surveys and consumer suggestions is taken seriously and is discussed with the management team to improve MHK's service delivery and development. MHK's Peer Program continues to be exemplary. Consumers are hired as peer coaches to work with other consumers in their recovery. Family members serve on MHK's advisory board.

Budget:

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	\$81,750	\$27,250	\$109,000
b. Fringe Benefits	\$6,879	\$2,293	\$9,172
c. Travel	\$0	\$0	\$
d. Equipment	\$0	\$0	\$
e. Supplies	\$150	\$50	\$200
f. Contractual	\$0	\$0	\$
g. Construction	\$0	\$0	\$
h. Other	\$11,221	\$3,740	\$14,961
i. Total Direct Charges (Sum of a-h)	\$100,000	\$33,333	\$133,333
j. Indirect Charges	\$0	\$0	\$
k. Grand Total (Sum of i and j)	\$100,000	\$33,333	\$133,333

Source(s) of Match Funds:

Mental Health Kokua

Estimated Number of Persons to be Served:

325

Estimated Number of Persons to be Enrolled:

165

Estimated Number of Persons to be Served who are Literally Homeless:

165

Detailed Budget:

Budget:

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	\$81,750	\$27,250	\$109,000
b. Fringe Benefits	\$6,879	\$2,293	\$9,172
c. Travel	\$0	\$0	\$
d. Equipment	\$0	\$0	\$
e. Supplies	\$150	\$50	\$200
f. Contractual	\$0	\$0	\$
g. Construction	\$0	\$0	\$
h. Other	\$11,221	\$3,740	\$14,961
i. Total Direct Charges (Sum of a-h)	\$100,000	\$33,333	\$133,333
j. Indirect Charges	\$0	\$0	\$
k. Grand Total (Sum of i and j)	\$100,000	\$33,333	\$133,333

Source(s) of Match Funds:

Mental Health Kokua

Estimated Number of Persons to be Served:

325

Estimated Number of Persons to be Enrolled:

165

Estimated Number of Persons to be Served who are Literally Homeless:

165

Detailed Budget:

BUDGET
(Period January 1, 2014 to December 31, 2014)

Applicant/Provider Mental Health Kokua
 RPF No.: HTH-420-3-13 Maui and Kauai
 Contract No.: _____

BUDGET CATEGORIES		Total Budget (a)	AMHD (b)	MHK Match (c)	Total (d)
A.	PERSONNEL COST				
	1 Salaries	109,000	81,750	27,250	109,000
	2 Payroll Taxes & Assessments	4,742	3,556	1,186	4,742
	3 Fringe Benefits	4,430	3,323	1,107	4,430
	TOTAL PERSONNEL COST	118,172	88,629	29,543	118,172
B.	OTHER CURRENT EXPENSES				
	1 Airfare, Inter-Island				
	2 Airfare, Out-of-State				
	3 Audit Services	500	375	125	500
	4 Contractual Services-Administrative	0	0	0	0
	5 Contractual Services-Subcontracts	0	0	0	0
	6 Insurance	600	450	150	600
	7 Lease/Rental of Equipment	0	0	0	0
	8 Lease/Rental of Motor Vehicle	0	0	0	0
	9 Lease/Rental of Space	5,000	3,750	1,250	5,000
	10 Mileage	7,500	5,625	1,875	7,500
	11 Postage, Freight & Delivery	61	46	15	61
	12 Publication & Printing	200	150	50	200
	13 Repair & Maintenance	200	150	50	200
	14 Staff Training	200	150	50	200
	15 Subsistence/Per Diem	0	0	0	0
	16 Supplies	200	150	50	200
	17 Telecommunication	200	150	50	200
	18 Utilities	500	375	125	500
	19 Special Assistance				
	20 Conferences & Meetings				
	TOTAL OTHER CURRENT EXPENSES	15,161	11,371	3,790	15,161
C.	EQUIPMENT PURCHASES	0			
D.	MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)		133,333	99,999	33,333	133,333
SOURCES OF FUNDING			Budget Prepared By: Summer B. Uwono (808) 737-2523		
(a)	Budget Request	99,999	Name (Please type or print) _____ Phone _____		
(b)	County	0			
(c)	United Way	0	Date May 27, 2014		
(d)	Other/In-Kind	33,333	Signature of Authorized Official _____ Date _____		
(e)			Greg Payton, CEO		
(f)			Name and Title (Please type or print) _____		
TOTAL REVENUE		133,333	For State Agency Use Only		
			Signature of Reviewer _____		

Form SPO-H-205 (Effective 10/01/98)

**BUDGET JUSTIFICATION
(Period January 1, 2014 to December 31, 2014)**

Applicant/Provider: Mental Health Kokua Period: 11/1/13-10/31/14 Date Prepared: 5/20/2014
 RFP No.: HTH-420-3-13 Maui and Kauai
 Contract No.: _____

POSITION No.	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT
1	3 Homeless Specialists	3.00	27,000	100.00%	81,000
2	2 Project Directors	2.00	70,000	20.00%	28,000
	Total				109,000
JUSTIFICATION/COMMENTS:					

Form SPO-H-206A (Effective 10/01/98)

BUDGET JUSTIFICATION
(Period November 1, 2013 to October 31, 2014)

Applicant/Provider: Mental Health Kokua Period: 1/1/2014-12/31/2014 Date Prepared: 5/27/2014
RFP No.: HTH-420-3-13 Maui and Kauai
Contract No.: _____

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
FICA: Social Security and Medicare	As required by law	0.77%	840
Unemployment Insurance (State)	As required by law	1.00%	1,090
Worker's Compensation	As required by law	2.00%	2,180
Temporary Disability Insurance	As required by law	0.58%	632
SUBTOTAL:			4,742
FRINGE BENEFITS:			
Health Insurance	Personnel Policy		4,430
SUBTOTAL			4,430
TOTAL:			9,172
JUSTIFICATION/COMMENTS:			

Form SPO-H-206B (Effective 10/01/98)

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	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 supervised public or private facility that provides temporary living accommodations and residence in transitional housing.
Imminent Risk of Becoming Homeless:	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 twelve (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.
Serious 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.
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	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.
footnote:	

III. State Level Information

B. Alignment with Strategic Initiative #3 - Military Families

Narrative Question:

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

Footnotes:

ALIGNMENT WITH SAMHSA'S STRATEGIC INITIATIVE #3: VETERANS AND MILITARY FAMILIES

The AMHD continues to collaborate with the Federal Department of Veteran's Administration (VA) on a quarterly basis to exchange information and ideas on how to assist veterans who may be eligible for AMHD services. The availability of mental health services for veterans is a high profile issue with the increasing number of service men and women returning home from Iraq and Afghanistan. In an agreement between the Department of Health and the military, the AMHD provides services to returning veterans free of charge. State funds are expended for services to veterans and the State does not seek reimbursement from the Federal Government.

Veterans in Hawaii who receive pensions or other benefits utilize the VA primarily for physical health care, dental health care and hospitalization. However, most veterans choose to receive their mental health services outside the VA in a traditional community mental health setting or through outreach services due in part, to the stigma of living with mental health. The PATH program is a valuable resource for the VA in Hawaii. The collaboration among the staff of these agencies is critical to assist and to ensure homeless veterans receive the appropriate AMHD funded 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 mental illness or severe mental illness with co-occurring disorders. PATH Outreach workers are highly aware of the need to identify veterans with a history of trauma and Post Traumatic Stress Disorder (PTSD). Some of these outreach workers are also veterans, or veterans who were once homeless and are educated and experienced in navigating the AMHD system. These individuals often link veterans to the full array of services and supports these veterans are entitled to within the VA clinics, and to mainstream services not available to the VA, such as AMHD Community Based Case Management and housing.

Due to the high suicide rate among returning veterans, all four branches of the military are focused on suicide prevention. In Hawaii, the military is reaching out to the civilian community to share resources, and collaborate to ensure service men and women can function and transition successfully into civilian life. Other interventions that have been implemented in Hawaii to support veterans and their families are the placement of therapists in local area schools to be an available resource to military children who exhibit mental health challenges due to deployment of family members.

Veterans comprised 11 percent of the adults who received shelter services statewide in FY2013, with the City and County of Honolulu having the highest percentage of veterans served (12 percent) and Kauai County the lowest (4 percent). Hawaii County had the highest percentage of veterans (11 percent) who received services through the outreach programs, while Kauai County

served the lowest percentage of veterans (9 percent). The table below shows the number of veterans served through shelter and outreach programs.

FY2012-FY2013 Veterans Served through Outreach Services

County	Category	2012	2013¹
City and County	Shelter Programs ²	202	502
	Outreach Programs ³	165	443
Maui	Shelter Programs	72	89
	Outreach Programs	140	122
Kauai	Shelter Programs	12	11
	Outreach Programs	23	34
Hawaii	Shelter Programs	30	29
	Outreach Programs	58	73
State	Shelter Programs	316	631
	Outreach Programs	386	672

¹ Hawaii 2013 Homeless Service Utilization Report, Center on the Family at the University of Hawaii and the Homeless Programs Office of the Hawaii State Department of Human Services.

² Shelter Program data represent an unduplicated count of individuals who received homeless services at an emergency or transitional shelter.

³ Outreach Program data represent an unduplicated count of individuals who experienced literal homelessness (e.g. living in a car, park, or beach) and received outreach services.

III. State Level Information

C. Alignment with Strategic Initiative #4 - Recovery Support

Narrative Question:

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

Footnotes:

ALIGNMENT WITH STRATEGIC INITIATIVE #4 – RECOVERY SUPPORT

One of AMHD's priority statements is to continue to implement and refine an integrated, consumer-centered, recovery-based behavioral health system that provides culturally informed and evidence-based treatment and services. AMHD has developed activities for consumers including, but not limited to, participation in one's treatment plan, as well as a provision of recommendations and comments relative to review, planning, and evaluation of services.

These concepts and values of self-determination, which emphasizes participation and achievement of personal control for individuals served through the public mental health system also applies to adults who are experiencing homelessness. These concepts and values stem from a core belief that individuals who require support through the AMHD system have the freedom not only to define the life they seek, but to be directly supported with assistance they require in pursuit of that life. AMHD will continue to work with PATH providers to link homeless individuals to case management services so that the realization of recovery will reduce the barrier of discrimination and stigma of mental illness.

The AMHD's mainstream programs have also helped to address eligibility for chronically homeless individuals into AMHD services by using a "Presumptive Eligibility" approach. AMHD's array of services support the best practice, "Housing First" model, and provides services including, but not limited to, dedicated "homeless preference" housing, representative payee services, homeless outreach and crisis services. AMHD's Community Based Case Management services are provided by teams that service individuals who are homeless. The members on these teams are familiar with the dynamics of homelessness.

As a result of the economic downturn that has plagued several states; the AMHD has changed its eligibility criteria so that more individuals with serious mental illness experiencing homelessness can access services. The AMHD is dependent on PATH providers to be advocates of change and to be link agents to engage with individuals with serious mental illness experiencing homelessness.

The AMHD encourages all consumers to participate in trainings on self-determination, self-advocacy, peer provided services, WRAP planning and leadership development to reach their goal of independence and to direct their own recovery both within and, eventually, outside the public mental health system of care.

Services that support consumers in their self-direction of their services and recovery include:

- Recovery (Treatment) Planning;
- Clubhouse Services (including Supported Employment);
- Work Incentives Training;
- Peer provided supports (Peer Coaching, Peer Specialists, Peer Educators, Network of Care Workers); and
- Representative Payee Services and financial management classes.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

Footnotes:

ALIGNMENT WITH PATH GOALS

Hawaii's PATH program will support the delivery of eligible services to individuals who are homeless and who have serious mental illnesses and co-occurring substance use disorders, with a particular emphasis on (a) adults, (b) individuals who are "literally" homeless, and (c) street outreach, case management. These services which are not supported by mainstream mental health programs are to engage with these vulnerable adults, develop their trust and enroll them into the AMHD mental health services using the "Presumptive Eligibility" approach. Further, the AMHD contracted PATH providers will work to decrease homelessness in the islands and provide safe, affordable and recovery friendly housing for adults with serious mental illness in accessing these services and supports.

One of the goals of the PATH Program is the integration of data into the Homeless Management Information System (HMIS) by 2016. The AMHD is in full support of the migration of PATH data into HMIS and will assist the transition to ensure staff is entering the data correctly. All of the AMHD PATH providers are involved in utilizing the system to extract data for both the sheltered and unsheltered Point-In-Time counts in their planning efforts. Plans are in place to provide ongoing training for modification, and continuous data management in HMIS throughout the year.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

Footnotes:

ALIGNMENT WITH THE STATE CMHS PLAN

The Hawaii State Department of Health's Adult Mental Health Division (AMHD) is responsible for planning, coordinating, and implementing the PATH Formula Grant Program. The AMHD contracts with local community providers to provide PATH services. The four (4) counties (Honolulu, Hawaii Island, Maui and Kauai) and contracted providers have developed innovative PATH programs to best serve the needs of the severe mentally ill (SMI) homeless population in their geographical areas, with some of the recent awardees adopting evidence based practices like Critical Time Intervention (CTI). In general, the services provided for PATH eligible individuals include: outreach, screening and diagnostic treatment, habilitation/rehabilitation, community mental health services, alcohol or drug treatment, staff training, case management, supportive and supervisory services in residential settings, referrals for primary health, job training, educational services, and allowable housing services. Most of the PATH programs provide services to all PATH eligible adults and included in the AMHD service array is the provision of services for homeless adults living with mental illness.

The AMHD, through the State Comprehensive Mental Health Service (CMHS) Block Grant, has dedicated significant resources to develop innovative housing assistance opportunities for chronically homeless individuals through Supported Housing Program activities. The use of PATH funds is consistent with the CMHS Block Grant performance goals, objectives and outcome measures. PATH services complement the goals and visions stated in the CMHS Block Grant Plan by using grass root efforts with a personal, human touch in outreach. PATH providers prepare PATH eligible individuals to transition into permanent housing and provide assistance with linkage to mental health and substance use services.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state.

Footnotes:

ALIGNMENT WITH STATE PLAN TO END HOMELESSNESS

As the homeless population increases in Hawaii, to the point of negatively affecting the tourist industry (one of the main livelihoods of several individuals in the State), there continues to be a strong local commitment, and at higher levels of government, in addition to public and private entities to explore ways that can assist the city in finding homeless solutions. The City and County have not only committed monies to create new affordable housing development and creative housing solutions for the homeless population statewide, but they have partnered with 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, and continue to play a role in expanding affordable housing opportunities for Hawaii's low and moderate income households. Private foundations will be a source of grants and other resources.

The Hawaii Interagency Council on Homelessness (HICH) was established in 2012 after Governor Neil Abercrombie tasked a group of representatives from state and county government and the community to develop a statewide 10-Year Plan to end homelessness. The goals of the HICH are: 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. The goals of the PATH program are consistent with the goals of the HICH. For instance, the strategies focus on a shared vision, engagement with chronically and "literally" homeless individuals and coordination with other providers in the delivery of mental health and substance use services to the homeless individuals.

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Footnotes:

PROCESS OF PROVIDING PUBLIC NOTICE

The draft 2014 PATH Grant Application will be shared with the State Planning Council, also known as, the State Council on Mental Health (SCMH). The Housing and Homelessness Committee of the SCMH will provide comments on the 2014 PATH application. A copy of the submitted application will also be posted on the AMHD's website for stakeholders and community members to provide ongoing feedback prior to submission of the application and throughout the year. A dedicated, private telephone number (808:586-8275) will be available to receive comments from the community on the application. Recommendations and substantive changes will be reported to SAMHSA for updates to the application, as appropriate.

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

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

Footnotes:

PROGRAMMATIC AND FINANCIAL OVERSIGHT

The Adult Mental Health Division's (AMHD) Performance Improvement unit provides annual monitoring for all contracted programs. The process involves annual desktop reviews and program monitoring site visits that include a review of programmatic activities, quality assurance, quarterly program data reports 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. PATH-funded providers will be placed on the monitoring schedule. The AMHD Housing Services Coordinator will collaborate with the PATH providers to develop a monitoring tool. After receiving input from the PATH providers, the monitoring tool will be used to rate compliance based on performance goals and objectives.

Data collection is a priority at the state level; thus, PATH providers are required to submit quarterly and annual reports in the PATH Data Exchange. Financial oversight is provided by the AMHD's Central Administrative Services Office. Providers are required by the AMHD to conduct annual independent financial audits. These audit reports are submitted annually to the AMHD for review. The AMHD's housing providers are also expected to meet housing quality standards set forth by the AMHD. These homes are inspected on an annual basis by the AMHD Housing Services Coordinator.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

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

Footnotes:

SELECTION OF PATH LOCAL-AREA PROVIDERS

The need for permanent housing continues to outweigh available resources in Hawaii on all islands. A competitive request for proposal process has been the method by which PATH-funded providers are selected. There is a PATH-funded program for each of the major islands: Oahu, Maui, Kauai, and Hawaii. A request for proposal (RFP) is posted on the State's Procurement website. Proposals are reviewed and scored by a committee selected by the AMHD's Procurement Officer. Each received proposal is read by two or more reviewers, and each reviewer makes recommendations on whether the applicant should be awarded a contract. Based on group consensus, contracts are awarded.

III. State Level Information

J. Location of Individuals with SMI Experiencing Homelessness

Narrative Question:

Indicate the number of individuals experiencing homelessness with serious mental illnesses by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Footnotes:

LOCATION OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS WHO ARE EXPERIENCING HOMELESSNESS

County	Category	2012	2013	2014
City & County of Honolulu	Chronically Homeless Individuals¹			
	Sheltered Homeless	101	187	99
	Unsheltered Homeless	485	505	558
	Severely Mentally Ill			
	Sheltered Homeless	369	413	403
	Unsheltered Homeless	n/a	429	521
	Chronic Substance Abuse			
	Sheltered Homeless	144	322	295
	Unsheltered Homeless	n/a	299	340
	County			
Neighbor Island Counties²	Chronically Homeless Individuals			
	Sheltered Homeless	27	25	n/a
	Unsheltered Homeless	294	314	n/a
	Severely Mentally Ill			
	Sheltered Homeless	91	106	n/a
	Unsheltered Homeless	n/a	321	n/a
	Chronic Substance Abuse			
	Sheltered Homeless	59	96	n/a
	Unsheltered Homeless	n/a	256	n/a

The PIT Count for the table above reflects the total number of sheltered and unsheltered chronically homeless for the City and County of Honolulu and the Neighbor Island Counties reported by the Continuum of Care for all counties. The collection of data for the unsheltered

¹ 2013 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.

² Data for the Neighbor Island Counties are not yet available for 2014.

Severely Mentally Ill and the Chronic Substance Abuse individuals was not required prior to FY2013.

County	Category	2012	2013	% Change 2012-2013
City and County of Honolulu	Sheltered Homeless	3,035	3,091	1.9%
	Unsheltered Homeless	1,318	1,465	11.2%
	Individuals	2,009	2,196	9.3%
	Families	2,344	2,360	0.7%
	TOTAL	4,353	4,556	4.7%
Maui	Sheltered Homeless	420	421	0.2%
	Unsheltered Homeless	454	455	0.2%
	Individuals	524	555	5.9%
	Families	350	321	-8.3%
	TOTAL	874	876	0.2%
Kauai	Sheltered Homeless	101	73	-27.7%
	Unsheltered Homeless	301	273	- 9.3%
	Individuals	229	220	- 3.9%
	Families	173	126	-27.2%
	TOTAL	402	346	-13.9%
Hawaii Island	Sheltered Homeless	170	160	- 5.9%
	Unsheltered Homeless	447	397	-11.2%
	Individuals	368	384	4.3%
	Families	249	173	-30.5%
	TOTAL	617	557	- 9.7%

County	Category	2012	2013	% Change 2012-2013
State	Sheltered Homeless	3,726	3,745	0.5%
	Unsheltered Homeless	2,520	2,590	2.8%
	Individuals	3,130	3,355	7.2%
	Families	3,116	2,980	-4.4%
	TOTAL	6,246	6,335	1.4%

The table above shows the change in homelessness (sheltered, unsheltered, individuals, persons in families) for the past two years by county in the State of Hawaii.

STATE OF HAWAII SERVICE AREAS SERVED BY SELECTED PATH PROVIDERS



1. HOPE SERVICES HAWAII INC. – provides PATH services on HAWAII ISLAND
2. KALIHI-PALAMA HEALTH CENTER – provides PATH services on OAHU (City & County of Honolulu)
3. MENTAL HEALTH KOKUA – provides PATH services on MAUI (MOLOKAI, LANAI)
4. MENTAL HEALTH KOKUA – provides PATH services on KAUAI

III. State Level Information

K. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Footnotes:

MATCHING FUNDS

The AMHD assures through contractual requirements that all AMHD PATH funded programs provide the required matching non-federal contributions. Contributions are required to be in each program's budget submission once they are awarded a contract. Usually, the program's operation costs, i.e. (mileage, lease/rent, supplies, utilities, etc.) are paid for with non-federal dollars. Non-federal contributions are in the form of local in-kind donations, private donations (cash) and braided funding from other state agency funding streams. PATH funded providers' budgets are monitored to ensure compliance with Federal guidelines. Additionally, PATH funded programs are responsible for ensuring that non-federal funds are available throughout the year.

In order to be in compliance with the PATH Grant Maintenance of Effort (MOE), as specified in Section 521 of the Public Health Service Act, the AMHD has increased its state funding for homeless programs, especially in the area of housing, supported housing and the hiring of additional providers to work with the homeless population. By meeting the MOE at a level that is not less than the average level of expenditures maintained by the state for the 2-year period preceding the fiscal year in which federal funds are received, the AMHD will not initiate a waiver request.

III. State Level Information

L. Other Designated Funding

Narrative Question:

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

Footnotes:

OTHER DESIGNATED FUNDING

The AMHD uses state general funds to support the work of other contracted providers to assist individuals who are homeless and other outreach efforts. The Mental Health Block Grant funds are used to support programs that assist in transitioning individuals off the streets into temporary housing and not specifically targeted to serve individuals who are homeless. Block Grant funds are used in a pilot study as a preventive measure to prevent these individuals from becoming homeless as they transition to the community from the Hawaii State Hospital.

During the recent Legislative Session, \$1.5 million was allocated to the Department of Human Services for Housing First programs. The focus of the Housing First programs is to assist homeless individuals in need of medical and mental health services into stable housing. Legislators also increased the conveyance tax revenue for the rental housing trust fund by 50 percent which will generate more than \$10 million per year for affordable units, and an additional \$5 million for the rental housing through the state budget. An additional \$7.8 million was appropriated for low-income housing tax credit loans, and an additional \$45 million for the Hawaii Public Housing Authority to support low-income housing to alleviate the affordable housing shortage and combat homelessness.

Linkages to supportive housing and rental voucher assistance for homeless individuals are available through the State Department of Human Services. PATH providers and homeless advocates are encouraged to apply for federal, state and local grant that are available statewide and which are earmarked to support the homeless populations and housing shelters on each island.

III. State Level Information

M. Data

Narrative Question:

Describe the state's and providers' status on HMIS transition plan, with accompanying timeline for collecting all PATH data in HMIS by FY 2016. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

Footnotes:

DATA

Consultation and Technical Assistance/training was provided for the PATH providers, which included the state's Homeless Management Information System (HMIS) Coordinator and technical assistance from ICF International. The primary purpose was to train providers on how to view HMIS data reporting requirements and integration of PATH data to HMIS. All three (3) contracted PATH providers (HOPE Services Hawaii Inc. and Kalihi-Palama Health Center, Mental Health Kokua) and other state contracted homeless providers have access to the Hawaii Homeless Management Information System (HMIS) and are entering their program data into the system. This was accomplished as of May 21, 2014.

New HMIS data standards were released this year and distributed to PATH providers. In addition, a new PATH/HMIS Encounter Form has been developed which will replace monthly outreach logs and provide some key demographic information along with more specific information on areas of need. PATH providers will upload data from the Encounter Forms directly into HMIS beginning July 1, 2014.

Ongoing training and consultation is available to PATH providers on an as needed basis through the state HMIS Coordinator and through technical assistance from ICF International.

III. State Level Information

N. Alignment with SAMHSA's Strategic Initiative #6: Health Information Technology (HIT)

Narrative Question:

Describe how the state plans to promote and support the adoption of HMIS, EHR and other HIT related activities to improve delivery and coordination of homeless services. Describe the state's plan for promoting the adoption of EHR and any integration effort of HMIS with provider EHRs.

Footnotes:

**ALIGNMENT WITH SAMHSA'S STRATEGIC INITIATIVE #6: HEALTH
INFORMATION TECHNOLOGY (HIT)**

The long term plan for not only the Department of Health (DOH)/AMHD but for many departments serving homeless individuals is to implement cross-departmental data sharing agreements due to the extensive nature of the homeless problem in Hawaii. Now that PATH and other homeless providers are using HMIS, the hope is to expand the system to adopt providers' electronic health records into the system.

More discussion is needed among the PATH providers, other homeless providers and HMIS Administrators, as providers are hesitant in sharing electronic health records due to the Hawaii's confidentiality laws and statutes.

III. State Level Information

O. Training

Narrative Question:

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

Footnotes:

TRAINING

Training will be made available on an individual basis through routine site visits to PATH providers on all islands. The AMHD Housing Services Coordinator will annually visit each PATH provider to assess program needs and to evaluate program performance. In addition, the AMHD Housing Services Coordinator will be available to PATH funded staff throughout the year for email and telephone consultation and to provide individualized training.

The PATH Technical Assistance Center provides conference calls and webinar trainings which all PATH providers are encouraged to participate. Local presentations and trainings are also part of the collaborative meetings facilitated on a quarterly basis by the AMHD Case Management and Support Services Coordinator and the AMHD Housing Services Coordinator.

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 to encourage case managers to assist homeless individuals with SSI and SSDI applications. All AMHD PATH providers have staff trained in SOAR.



EXECUTIVE CHAMBERS

HONOLULU

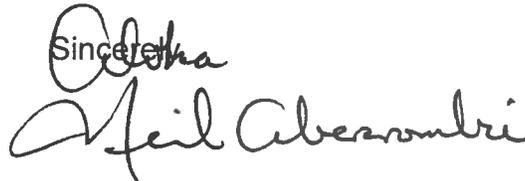
NEIL ABERCROMBIE
GOVERNOR

May 1, 2014

The Honorable Linda Rosen, M.D., M.P.H.
Director of Health
Department of Health
1250 Punchbowl Street, 3rd Floor
Honolulu, Hawaii 96813

Dear Dr. Rosen:

As the Director of the Department of Health, I hereby designate you as the State of Hawaii's signature authority for the Projects for Assistance in Transition from Homelessness (PATH) Grant Application that is submitted annually to the Substance Abuse and Mental Health Services Administration. You are hereby authorized to sign all Funding Agreements, Certifications, and Assurances that must be signed and submitted for the annual PATH Grant Application and related documents. This designation will remain in effect until such time as it may be rescinded.

Sincerely,

NEIL ABERCROMBIE
Governor, State of Hawaii