I. State Information

State Information

Plan Year

Federal Fiscal Year	2022

State Identification Numbers

DUNS Number	808819957
EIN/TIN	47-0491233

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

Agency Name	Nebraska Department of Health and Human Services
Organizational Unit	Division of Behavioral Health
Mailing Address	PO Box 95026
City	Lincoln
Zip Code	68509-5026

II. Authorized Representative for the PATH Grant

First Name	Sheri
Last Name	Dawson
Agency Name	NE DHHS Division of Behavioral Health
Mailing Address	PO Box 95026
City	Lincoln
Zip Code	68509-5026
Telephone	(402) 471-7856
Fax	(402) 471-7859
Email Address	Sheri.Dawson@nebraska.gov

III. Expenditure Period

From	10/1/2021
To	9/30/2022

IV. Date Submitted

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

Submission Date	4/22/2022 9:28:22 AM
Revision Date	4/22/2022 9:28:32 AM

V. Contact Person Responsible for Application Submission

First Name	John
Last Name	Trouba
Telephone	(402) 471-7824
Fax	(402) 471-7859
Email Address	John.Trouba@nebraska.gov

Footnotes:

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.

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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 Costal 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.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT
The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Sheri Dawson

Title

Director

Organization

NE DHHS Division of Behavioral Health

Signature: Date:

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

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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).
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5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Sheri Dawson

Title

Director

Organization

NE DHHS Division of Behavioral Health

Signature: Sheri Dawson Date: 4-5-2022

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

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 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
    b. Collecting a certification statement similar to paragraph (a)
    c. Inserting a clause or condition in the covered transaction with the lower tier contract

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 2 CFR Part 182by:

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&apso;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).

3. Certifications Regarding Lobbying

Per 45 CFR ?75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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. 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) (31 U.S.C ? 3801- 3812)

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

Sheri Dawson

Title

Director

Organization

NE DHHS Division of Behavioral Health

Signature: Date:

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

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 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
    b. Collecting a certification statement similar to paragraph (a)
    c. Inserting a clause or condition in the covered transaction with the lower tier contract

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 2 CFR Part 182by:

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&apso;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).

3. Certifications Regarding Lobbying

Per 45 CFR ?75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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. 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) (31 U.S.C ? 3801- 3812)

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

Sheri Dawson

Title

Director

Organization

NE DHHS Division of Behavioral Health

Signature: Sheri Dawson Date: 4-5-2022

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2022
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of Nebraska 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 (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from 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 use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

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

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use 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 that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes 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;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains 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 shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide 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 use, 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, 2023, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2022 and of the recipients of such amounts; and
- To determine 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.

Governor/Designee Name	Sheri Dawson
Title	Director
Organization	NE DHHS Division of Behavioral Health

Signature: Date:

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

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FISCAL YEAR 2022
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  - 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;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains 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 shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide 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 use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

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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.

Governor/Designee Name	Sheri Dawson
Title	Director
Organization	NE DHHS Division of Behavioral Health

Signature: Sheri Dawson Date: 4-5-2022

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Pete Ricketts
Governor

STATE OF NEBRASKA
OFFICE OF THE GOVERNOR
P.O. Box 94848 • Lincoln, Nebraska 68509-4848
Phone: (402) 471-2244 • pete.ricketts@nebraska.gov

May 15, 2019

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fishers Lane, Rm. 17E21C
Rockville, MD 20857

Dear Ms. Pang:

On behalf of the State of Nebraska, I hereby authorize Dannette R. Smith, Chief Executive Officer of the Department of Health and Human Services, to make all required applications, agreements, certifications and reports related to the Community Mental Health Services Block Grant (CFDA 93.958); the Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Dannette R. Smith, MSW
Chief Executive Officer
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Thank you for your attention to this matter.

Sincerely,

Pete Ricketts
Governor

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 15, 2019

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fishers Lane, Rm. 17E21C
Rockville, MD 20857

Dear Ms. Pang:

On behalf of the State of Nebraska, I hereby authorize Sheri Dawson, RN, Director, Division of Behavioral Health of the Department of Health and Human Services, to make all required applications, agreements, certifications and reports related to the Community Mental Health Services Block Grant (CFDA 93.958); the Substance Abuse Prevention and Treatment Block Grant (CFDA 93.959), the Projects for Assistance in Transition from Homelessness (PATH) grant (CFDA 93.150):

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Effective immediately and until further notice, please send all Grant Awards and similar notices concerning the three programs listed above to:

Sheri Dawson, RN, Director
Division of Behavioral Health
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

Thank you for your attention to this matter.

Sincerely,

Dannette R. Smith

Dannette R. Smith, MSW
Chief Executive Officer
Department of Health and Human Services

Helping People Live Better Lives

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes ○ No ◉

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

Standard Form LLL (click here)

Name: Sheri Dawson

Title: Director

Organization: NE DHHS Division of Behavioral Health

Signature: _____ Date Signed: _____

mm/dd/yyyy

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

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 View Standard Form LLL, Click the link below (This form is OPTIONAL).

Standard Form LLL (click here)

Name: Sheri Dawson

Title: Director

Organization: NE DHHS Division of Behavioral Health

Signature: Sheri Dawson

Date Signed: 4-5-2022

mm/dd/yyyy

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Region 1 Behavioral Health Services	Eleven Counties in the Panhandle area of Western Nebraska. Region 1 address: 4110 Avenue D, Scottsbluff, NE 69361-4650. The Region 1 PATH Provider (Cirrus House) is located in Scottsbluff and primarily serves the City of Scottsbluff and Scotts Bluff County. Cirrus House address: 1509 1st Avenue, Scottsbluff, NE 69361-3106.	
Region 5 Behavioral Health Services	Sixteen Counties in Southeast Nebraska. Region 5 address: 1645 "N" Street, Lincoln, NE 68508-1832. The Region 5 Provider (CenterPointe, Inc.) primarily serves the city of Lincoln and Lancaster County. CenterPointe, Inc. address: 2633 "P" Street, Lincoln, NE 68503-3528.	
Region 6 Behavioral Health Services	Five Counties in Eastern Nebraska. Region 6 address: 3801 Harney Street, Omaha, NE 68131-3851. The Region 6 Provider (Community Alliance Rehabilitation Services) primarly serves the City of Omaha and Douglas County. Community Alliance address: 4001 Leavenworth Street, Omaha, NE 68105-1026.	

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

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.

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Nebraska – 2022 PATH Grant Application
II. Executive Summary
State Summary Narrative

The Nebraska PATH Program assists adults with serious mental illnesses experiencing homelessness who are literally and chronically homeless engage in services necessary for recovery support, find a place to call home, and address behavioral and medical healthcare needs. Its focus is on helping people live better lives.

The Nebraska PATH Program will prioritize street outreach and case management as services to serve the literally and chronically homeless, in areas of the state with the highest concentration of people who are experiencing homelessness.

The Nebraska PATH Program is aligned with SAMHSA goals and supports the goals established in the Nebraska "Opening Doors: 10 Year Plan to Prevent and End Homelessness in the State of Nebraska, 2015-2025." To accomplish this work, PATH providers will provide referrals for services as appropriate, such as mental health services, housing, primary healthcare, job training, education, and other services not supported by mainstream mental health programs. All PATH providers utilize the Homeless Management Information Service and are active participants in their local Continuum of Care (CoC) and CoC All Doors Lead Home Coordinated Entry systems (see Figure 1).

The PATH Program is administered within the Nebraska Department of Health and Human Services-Division of Behavioral Health (NDHHS-DBH). The NDHHS-DBH is the designated State Mental Health Authority (SMHA) and the State Substance Abuse Authority (Single State Authority (SSA)). As such, the NDHHS-DBH administers and oversees Nebraska's public behavioral health system to address the prevention and treatment of mental health and substance use disorders. Nebraska adheres to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Recovery Support Strategic Initiative that delineates four major dimensions that support a life in recovery: Health, Home, Purpose, and Community.

The vision of NDHHS-DBH includes a focus on positive outcomes and continuous quality improvement for the Division of Behavioral Health, the intermediary Regional Behavioral Health Authorities and local providers. It encourages adding or promoting the use of Evidence-Based Practices and contractual requirements for Culturally and Linguistically Appropriate Services (CLAS) Standards.

Organizations to Receive Funds

A. Region 1 – Scottsbluff (Cirrus House)

1. Organization to Receive Funds: Private non-profit organization
2. PATH Funds Received: $22,666
3. Service Area: Western Nebraska – Region 1; Scottsbluff; Scotts Bluff County
4. Required Matching Funds (non-federal/local): $7,555.33
   4a. Source: Private donations to the agency
5. Number of Individuals Contacted (FY2022): 20
   5a. Adults and Literally Homeless: 12
6. Number of Individuals Served/Enrolled (FY2022): 15
7. Services to be provided: Street outreach, screening, and referral to and linkage with appropriate services.

B. Region 5 - Lincoln (CenterPointe, Inc.)

1. Organization to Receive Funds: Private non-profit organization
2. PATH Funds Received: $65,000
3. Service Area: Southeast Nebraska – Region 5: Lincoln; Lancaster County
4. Required Matching Funds (non-federal/local): $27,084
   4a. Source: Agency funds
5. Number of Individuals Contacted (FY2022): 120
   5a. Adults and Literally Homeless: 72
6. Number of Individuals Served/Enrolled (FY2022): 90
7. Services to be provided: Street outreach, screening, and referral to and linkage with appropriate services.

C. Region 6 - Omaha (Community Alliance Rehabilitation Services)

1. Organization to Receive Funds: Private non-profit organization/mental health agency
2. PATH Funds Received: $200,334
3. Service Area: Eastern Nebraska – Region 6; Omaha; Douglas County
4. Required Matching Funds (non-federal/local): $83,472
   4a. Source: Agency funds from Region 6 Behavioral Healthcare
5. Number of Individuals Contacted (FY2022): 200
   5a. Adults and Literally Homeless: 190
6. Number of Individuals Served/Enrolled (FY2022): 170
7. Services to be provided: Street outreach, screening, and referral to and linkage with appropriate services.

The Regional Behavioral Health Authorities and local providers to receive funds, identified above, are located in three Continuum of Care regions which are geographically organized and represented individually in the state CoC system. However, the U.S. Department of Housing and Urban Development (HUD) has recognized the consolidation of five distinct regions (CoC Regions 1, 2, 3, 4 and 5) as the Balance of State CoC governing these five regions.

A. Cirrus House (Region 1) is located in CoC Region 1 (Part of the Balance of State CoC NE-500)
B. CenterPointe, Inc. (Region 5) is located in CoC Region 6 (NE-502 Lincoln CoC)
C. Community Alliance Rehabilitation Services (Region 6) is located in CoC Region 7 (NE-501 Omaha, Council Bluffs CoC)

Figure 1

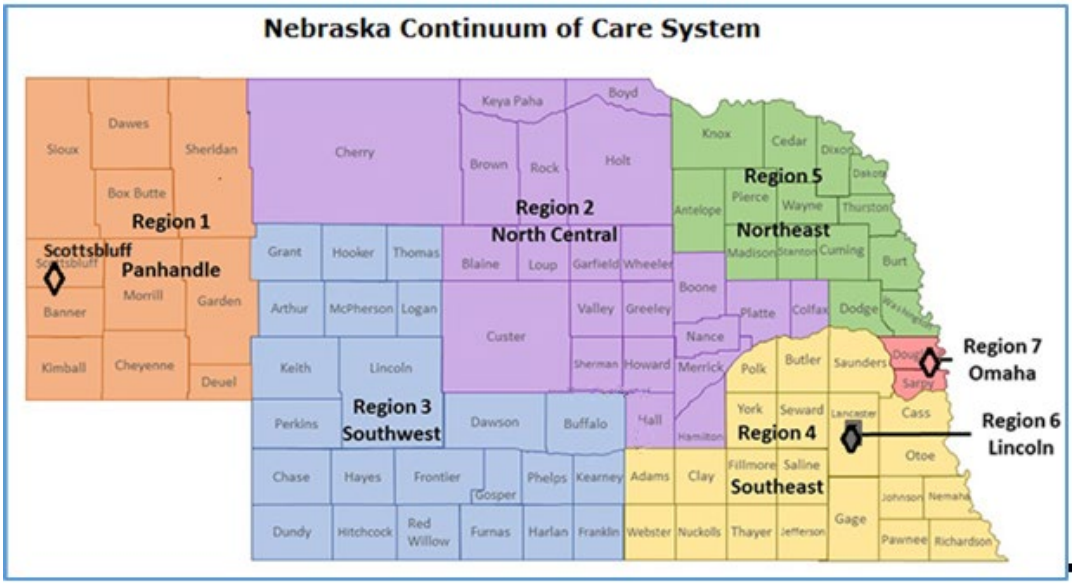
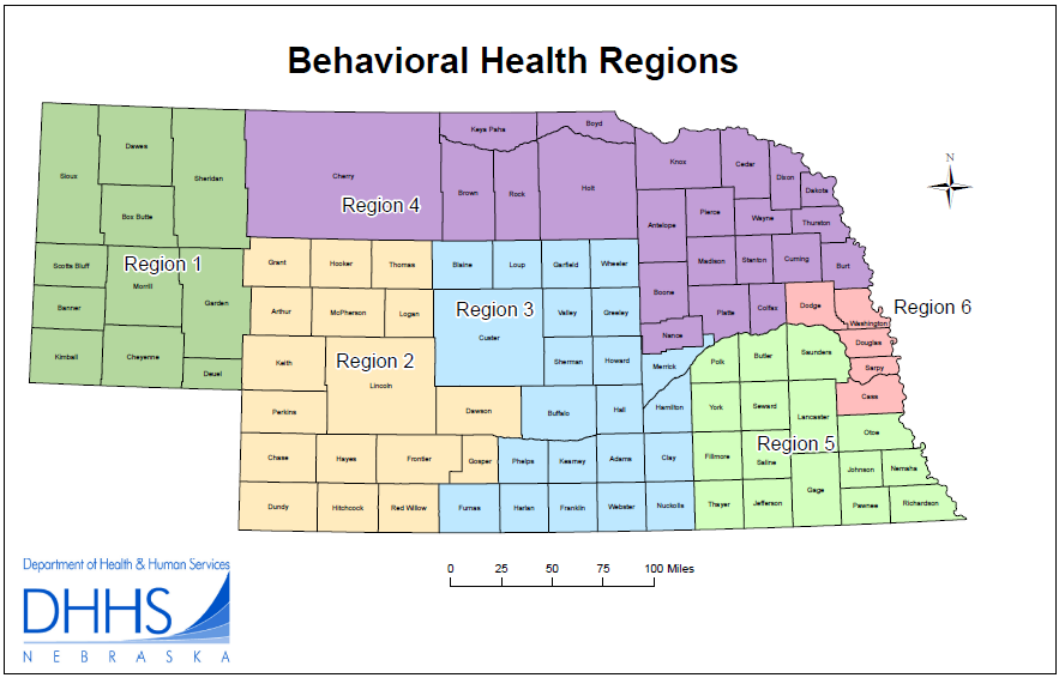


Figure 2



II. Executive Summary

2. State Budget

Planning Period From **10/1/2021** to **9/30/2022**

A budget and budget narrative that includes the state's use of PATH funds are required. The budget can be entered directly into WebBGAS, or you can upload the budget as an attachment. The Budget Narrative is a separate document that must be uploaded as an Attachment. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**8,627.98**	**0.00**	**8,627.98**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
PATH Administrator	47,377.00	19.00 %	0.18	8,627.98	0.00	8,627.98	Nebraska State PATH Contact position.

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**28.11 %**	**$ 2,425.13**	**$ 0.00**	**$ 2,425.13**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 946.89**	**$ 0.00**	**$ 946.89**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 946.89	$ 0.00	$ 946.89	SPC monitoring site visits: state vehicle & mileage reimbursement and two nights hotel.

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f1. Contractual (IUPs)	**$ 288,000.00**	**$ 118,111.33**	**$ 406,111.33**	
f2. Contractual (State)	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments

PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.

g1. Housing (IUPs)	**0.76 %**	**$ 2,278.00**	**$ 2,968.00**	**$ 5,246.00**	
g2. Housing (State)		**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				
i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

j. Total Direct Charges (Sum of a-i minus g1)	$ 300,000.00	$ 118,111.33	$ 418,111.33

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 300,000.00	$ 118,111.33	$ 418,111.33	
Allocation of Federal PATH Funds	**$ 300,000**	**$ 100,000**	**$ 400,000**	

Source(s) of Match Dollars for State Funds:

Region 1 (Cirrus House) source of match dollars are private donations and agency in-kind services. Region V (CenterPointe) agency general funds. Region 6 (Community Alliance) from Region 6 Behavioral Healthcare.

Nebraska – 2022 PATH Grant Application

II. Executive Summary

2. State Budget

Planning Period From **10/1/2022** to **9/30/2023**			
Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	$8,627.98	$0	$8,627.98
b. Fringe Benefits	$2,425.13	$0	$2,425.13
c. Travel	$946.89	0	$946.89
d. Equipment			
e. Supplies			
f1. Contractual (IUPs)	$288,000	$118,111.33	$406,111.33
f2. Contractual (State)			
g. Construction			
h. Other			
i. Total Direct Charges (Sum of a-h)	$300,000	$118,111.33	$418,111.33
j. Indirect Charges	$0	$0	$0
k. Grant Total (Sum of i and j)	$300,000	$118,111.33	$418,111.33
Allocation of Federal PATH Funds	$300,000	$100,000	$400,000

Allocation of Federal PATH Funds

Source(s) of Match Dollars for State Funds:

Region 1 (Cirrus House) Donations & In-kind services

Region 5 (CenterPointe) Agency funds

Region 6 (Community Alliance) Agency funds from Region 6 Behavioral Healthcare

Detailed Budget: See next page.

Nebraska Department of Health & Human Services
Division of Behavioral Health
Budget & Budget Justification 2022 PATH Application

Personnel & Fringe Benefits	Item	Federal Funds	Required Match	Total
State PATH Contact salary (0.19 FTE)		8,627.98	0	8,627.98
Fringe Benefits		2,425.13	0	2,425.13
	Total	**$11,053.11**	**$0**	**$11,053.11**

Personnel and fringe benefits support the State PATH Contact position at 0.19 FTE.

Travel	Item	Federal Funds	Required Match	Total
State PATH Monitoring Site Visits		946.89	0	946.89
	Total	**$946.89**	**$0**	**$946.89**

SAMHSA has not announced it is hosting a mandatory PATH Grantee Meeting in 2022 therefore only Travel funds for SPC monitoring site visits have been designated.

Contractual	Purpose	Federal Funds	Required Match	Total
Service contracts for identified services (see Provider Intended Use Plans)				
Region 1 (Cirrus House)	Outreach, case management, screening and referral to appropriate services.	$22,666	$7,555.33	$30,221.33
Region 5 (CenterPointe, Inc.)	Street outreach and case management, which focuses on moving individuals to appropriate housing while addressing their behavioral and primary health care issues based on their individual needs.	$65,000	$27,084	$92,084
Region 6 (Community Alliance Rehabilitation Services)	Assertive outreach including street outreach, case management, referral to and linkage with behavioral health, income support, and housing services.	$200,334	$83,472	$283,806
Total Contractual		**$288,000**	**$118,111.33**	**$406,111.33**

Contracts with three entities to provide PATH service throughout Nebraska.

		Federal Funds	Required Match	Total
Total Direct		**$300,000**	**$100,000**	**$400,000**
Indirect		**Federal Funds**	**Required Match**	**Total**
None		**$0**	**$0**	**$0**

		Federal Funds	Required Match	Total
Total Direct & Indirect		**$300,000**	**$100,000**	**$400,000**

Total Project Cost: $400,000

Total Federal Cost: $300,000

Source of Match Funds as Identified in Letter of Assurance

Region 1 (Cirrus House)	Donations & In-kind services
Region 5 (CenterPointe, Inc.)	Agency funds
Region 6 (Community Alliance)	Agency funds from Region 6 Behavioral Healthcare

Footnotes:

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **10/01/2021** Expenditure Period End Date: **09/30/2022**

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Region 1 Behavioral Health Authority *	Regional Behavioral Health Authority	Region 1 Behavioral Health Services	$22,666.00	$7,555.33	20	15	2	2
Region 6 Behavioral Healthcare *	Regional Behavioral Health Authority	Region 6 Behavioral Health Services	$200,334.00	$83,472.00	200	170	8	125
Region V Systems *	Regional Behavioral Health Authority	Region 5 Behavioral Health Services	$65,000.00	$27,084.00	120	90	3	11
		Grand Total	$288,000.00	$118,111.33	340	275	13	138

** IUP with sub-IUPs*

Footnotes:

Region 1 Behavioral Health Authority
4110 Avenue D
Scottsbluff, NE 69361
Contact: Holly Brandt
Email Address:

Provider Type: Other (please specify)
PDX ID:
State Provider ID:
Contact Phone #: 308-633-2079

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **10/1/2021** to **9/30/2022**

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	**$18,808.00**	**$3,200.00**	**$22,008.00**

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars
b. Fringe Benefits	**0.00 %**	**$0.00**	**$0.00**	**$0.00**

Category	Federal Dollars	Matched Dollars	Total Dollars
c. Travel	**$0.00**	**$100.00**	**$100.00**
d. Equipment	**$0.00**	**$0.00**	**$0.00**
e. Supplies	**$900.00**	**$207.33**	**$1,107.33**
f. Contractual	**$0.00**	**$400.00**	**$400.00**

g. Housing	**$2,278.00**	**$2,968.00**	**$5,246.00**
h. Construction (non-allowable)			
i. Other	**$0.00**	**$0.00**	**$0.00**
j. Total Direct Charges (Sum of a-i)	**$ $21,986.00**	**$ $6,875.33**	**$ $28,861.33**
k. Indirect Costs (Administrative Costs)	**$680.00**	**$680.00**	**$1,360.00**
l. Grand Total (Sum of j and k)	**$ $22,666.00**	**$ $7,555.33**	**$ $30,221.33**

Source(s) of Match Dollars:

Estimated Number of Persons to be Contacted: 20 Estimated Number of Persons to be Enrolled: 15

Estimated Number of Persons to be Contacted who are Literally Homeless: 12

Number staff trained in SOAR in grant year ending in 2021: 2 Number of PATH-funded consumers assisted through SOAR: 2

Cirrus House, Inc.
1509 1st Avenue
Scottsbluff, NE 69361-3106
Contact: Brent Anderson
Email Address:

Provider Type: Other mental health agency
PDX ID: NE-008
State Provider ID:
Contact Phone #: 308-635-1488

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **10/1/2021** to **9/30/2022**

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**18,808.00**	**3,200.00**	**22,008.00**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	46,250.00	0.00 %	0.25	11,333.00	1,650.00	12,983.00	
Case Manager	30,477.00	0.00 %	0.25	7,475.00	1,550.00	9,025.00	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 0.00**	**$ 0.00**	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 100.00**	**$ 100.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	$ 0.00	$ 100.00	$ 100.00	

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 900.00**	**$ 207.33**	**$ 1,107.33**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 900.00	$ 207.33	$ 1,107.33	

f. Contractual	**$ 0.00**	**$ 400.00**	**$ 400.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 0.00	$ 400.00	$ 400.00	Mental Health and Substance Use evaluations, etc

g. Housing	**$ 2,278.00**	**$ 2,968.00**	**$ 5,246.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 2,278.00	$ 2,968.00	$ 5,246.00	Housing may include direct services to clients, including housing assistance for deposits, one-time rent, etc.

h. Construction (non-allowable)

i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

j. Total Direct Charges (Sum of a-i)	$ 21,986.00	$ 6,875.33	$ 28,861.33

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 680.00**	**$ 680.00**	**$ 1,360.00**	
l. Grand Total (Sum of j and k)	$ 22,666.00	$ 7,555.33	$ 30,221.33	

Source(s) of Match Dollars for State Funds:

Cirrus House has designated agency donations and in-kind services for match.

Estimated Number of Persons to be Contacted: 20

Estimated Number of Persons to be Enrolled: 15

Estimated Number of Persons to be Contacted who are Literally Homeless: 12

Number staff trained in SOAR in grant year ending in 2021: 2

Number of PATH-funded consumers assisted through SOAR: 2

Region 1 – Cirrus House 2022 PATH Grant Application Report
—2. Intended Use Plan—

REQUIRED APPLICATION COMPONENTS

The Provider PATH Application Report shall include the following Section organized according to the categories/headings below (A. – M.). Please use this format as a template to complete the Provider Report. Each heading listed on this template must be addressed in the Provider Report. This Section shall be submitted with the 2022 PATH Grant Application Report as a separate document.

2022 Application Options

This 2022 application is the Year 1 of the two-year cycle therefore there is not the option to certify a previous year's Intended Use Plan.

Please follow the detailed instructions in the 2022 PATH Grant Application Instructions when completing this document.

2. Intended Use Plan Narrative

A. Provider Description

The mission of Cirrus House, Inc.is to promote quality of life and independence for people living with mental illness in the Nebraska Panhandle and those with and identified risk of mental illness (i.e.: homeless persons, veterans, at-risk youth etc.) We provide advocacy and opportunities for housing, employment, and education. Most importantly we promote a strengths-based, peer-supported community where members can find belonging, purpose, and encouragement.

Our flagship program, the Clubhouse, offers day-rehabilitation, transportation, meals, vocational rehabilitation, transitional and supportive employment, for persons with mental illness. The internationally recognized Clubhouse Model sees participants as "members" or co-equals in every aspect of development. They are not seen as "clients" or "consumers" but valued persons with important strengths, skills, and talents to contribute to their own success and the success of others. The Clubhouse philosophy (a.k.a. mental health psychosocial rehabilitation) is a university researched, evidence-based practice that is widely recognized for its long-term success in homeless prevention and intervention for persons with mental illness.

Our Community Support (CS) Services include CS-Mental Health and CS-Substance Abuse homeless prevention and rapid re-housing, case management, community stabilization service and the PATH program. Youth support includes the Youth in Transition Program (YTP) which provides community support services to youth living with mental illness and transitioning into adulthood. This transitional program is a homeless prevention strategy not only because of the skills it teaches but because these young people get introduced to the Clubhouse community where they learn there is a safety net they can count on for support in their adult lives.

Our Youth Workers have been trained and certified in the national Transition to Independence Process (TIP) Model®. TIP is an evidence-supported practice based on published studies that demonstrate improvements in real-life outcomes for youth and young adults with emotional and behavioral difficulties. The program is designed to promote and enhance independence skills, provide an atmosphere for peer support and provide opportunities for community service. The community service

activities give transition age youth opportunities to develop leadership skills and altruism. Most importantly the TIP Model is a perfect match with Cirrus House's own philosophy of working with people. We have also expanded our YTS outreach to Kimball and Sidney during 2019. Though we made the decision not to reapply for the HUD grant we are actually expanding services to this age group of vulnerable youth through YTS. These workers are cross training in the goals and objective of the PATH program and are able to participate in PATH Outreach efforts in these expanded communities.

B. Collaboration with HUD Continuum of Care (CoC) Program

Cirrus House has a long history of 100% attendance at CoC meetings including last year. Cirrus House has played many leadership roles within the CoC and actively engages in community-wide collaborations. Prior to the Covid pandemic most CoC meetings took place at the Cirrus House Conference Room.

C. Collaboration with Local Community Organizations

We continue to have active partnerships with the local Community Action Agencies, DOVES, Region 1 Behavioral Health Authority, local hospitals, the Housing Authority, Western Nebraska Community College, Monument Family Connections, The Native American Center, local Tribes, local Veteran Services, Probation & Parole, churches, NDHHS, the Social Security Office, the school system including the Homeless Liaison. Because we work closely with agencies and attend local meetings with the providers of most mainstream resources, we understand what resources they have to offer and are able blend our services and resources through cross referral. The partner agencies have pooled resources at various times in our history to tackle community issues including homeless services. Cirrus House has been widely recognized as a "go to" place for homeless services and mental health services.

D. Service Provision

Our experienced staff ensures the range of needs is addressed promptly in an effort to reduce homelessness, avoid relapse or prevent homelessness. The primary services for PATH funds are outreach, management, screening and referral to appropriate agencies. A primary focus for homeless consumers is links to resources and permanent housing opportunities through various agency programs and utilizing landlord connections to secure permanent housing opportunities for homeless consumers.

Once individuals are stabilized they are connected with other agencies/services/programs. They may become members of the Cirrus House Clubhouse, involved in day programming, community support, employment support and supportive housing. After PATH participants has transitioned to stability they will be discharged from the PATH program. Cirrus House, Inc. attends the Regional Providers meetings as scheduled. Community Support workers work as a referral source to PATH as well as actively participating to maximize long-term outcomes for PATH participants. Recovery Support is a new program of Cirrus House that will also benefit PATH participants in providing a long-term community support system.

As new individuals come to the attention of authorities or other service agencies, or as a known individual reporting an impending crisis, the first few weeks can be very time consuming for staff lacking a homeless shelter. Region I is the only region in the state without and emergency shelter and our motel vouchers historically have been very limited. Aside from the primary case management services, other gaps we encounter in Region I include the following. Maintaining shelter for individuals after emergency funds are utilized/and before benefits become available. Access to medications and health care, with the extended time periods between application and eligibility determination for SSDI/SSI make it difficult to maintain medications for individuals.

The local health care clinic is able to help on a limited basis. Psychiatric medications are available again on a limited basis at but to maintain medications for 9 to 12 months while individuals wait for their Social Security is very difficult. Our passed SOAR experience has greatly decreased the amount of time it takes to get individuals approved for SSDI/SSI but even so, the process still takes weeks to months. In the meantime, it is difficult to provide for medical needs. Many have a hard time coming up with the minimum co-pay of $20 per visit at the Health Center. Cirrus House has some private grant funds that can help with these fees.

E. Data

Cirrus House is 100% integrated in the use of HMIS to track all PATH clients and has been doing so for several years. Our data quality reports have maintained high marks often with zero errors. We work closely with the University of Nebraska to maintain up to date training on have fully transitioned to the new system.

F. SSI/SSDI Outreach, Access, Recovery (SOAR)

Cirrus House administered the local SOAR project from 2011 to 2019 so we are very familiar with the program. The SOAR program helps homeless/near homeless persons with mental disabilities apply for and obtain SSI/SSDI benefits as a stepping stone out of homelessness. Any PATH clients in need of SOAR Services are referred to the local SOAR administrator. SOAR trained staff are still employed at Cirrus House in different positions.

G. Housing

Cirrus House, Inc. is a low-income housing pioneer in the state of Nebraska with 81 units of special needs, low income supported housing. Our housing program was one of the Nebraska Investment Finance Authority's (NIFA) very first success stories for special needs housing run by a non-profit. Our three tax credit projects have been recognized for excellence and touted as models for other communities in the state of Nebraska to follow.

Our active partnerships include the Community Action Agencies, DOVES, and the Housing Authority, all of which have permanent supportive housing and permanent housing options. In addition, Cirrus House has a positive working relationship with area landlords. Our staff are trained in HUD habitability housing standards and Section 8 standards.

H. Staff Information

- Culturally and Linguistically Appropriate Services (CLAS)

Cirrus House has an updated Cultural Competency & Diversity Plan. From 2016 to current Cirrus House has been training all staff with the Relias on-line training program. Relias methodically keeps updates on all required train standards required by CARF to assure compliance with the latest regulations and expectations for quality care. The Cirrus House Executive Director has become a certified trainer in Trauma Informed Care and has trained all Cirrus House staff as well as other community providers.

The policies and procedures of Cirrus House, Inc. provide for a proactive approach to inclusion and sensitivity to differences. Our agency is accredited by CARF, which includes targeted attention to these issues. Our work with the PATH program will conform to these standards of practice. Yearly training on cultural sensitivity and diversity is provided to all staff employed by Cirrus House, Inc., employs staff with a wide range of cultural backgrounds.

We have access to bilingual staff and consumers that can converse in Spanish with individuals with limited English abilities.

I. Client Information

Based on historical trends we believe we will be able to help 10 to 20 people in PATH each 12-month grant period. This is taking into consideration that we will use PATH case management to stabilize people and then move them into other appropriate case management programs as quickly as possible, such as Community Support. A major benefit of Cirrus House administering PATH funds is that we can braid so many other homeless funds and mental health programs to help individuals. Cirrus House, Inc. provides permanent supportive housing to persons with mental illness in 81 apartment units throughout Scottsbluff and Gering, currently at 100% occupancy with a waiting list.

J. Consumer Involvement

Consumer (or member) Involvement is at the very core of who we are as an agency. The mission of Cirrus House, Inc.is to promote quality of life and independence for people living with mental illness in the Nebraska Panhandle by providing advocacy and opportunities for, housing, employment, and education. Most importantly we promote a strengths-based, peer-supported community where members can find belonging, purpose, and encouragement. Clubhouse Model sees participants as "members" or co-equals in every aspect of development. They are not seen as "clients" or "consumers" but valued persons with important strengths, skills, and talents to contribute to their own success and the success of others. We do adopt the language of "clients" and "consumers" for grant applications like this one because the term "members' is not as well known to outside entities but in practice those are not terms we like to use. Cirrus House has two Board position reserved for members and we also employ members as peer staff.*

*Cirrus House, Inc. By Laws, ARTICLE IV – BOARD OF DIRECTORS Section 2: B. At least two (2) seats shall be family, friends, or persons with mental illness. C. At least two (2) seats shall be active members of the Clubhouse to be recommended by club membership.

K. Limited English Proficient (LEP)

Cirrus House, Inc., employs staff with a wide range of cultural backgrounds. We have access to bilingual staff and consumers that can converse in Spanish with individuals with limited English abilities as well as staff who are trained in American Sign Language.

L. Coordinated Entry

Cirrus House staff participant on the State Continuum of Care Committee, Balance of State (BOS) Cirrus House has staff participates on all required committees coordinated access/entry committees.

M. Justice Involved

Marcia Estrada LIMHP LDAC is Cirrus House's main therapist. Marcia is also contracted by the County Jail and the local probation office to provide mental health assessments. In 2019 we expanded to Sidney, NE and work closely with Probation and Parole in the community. Marcia has mentored other Cirrus House therapists to be liaisons in the local jail and probation systems as well. Cirrus House has also hired Crystal Newton who worked for State Probation/Parole for 20 years prior to working at Cirrus House. She maintains many positive professional contacts in the field. Crystal has also been designated to work directly with the PATH program.

Because of these collaborative relationships Cirrus House has a unique ability to foster support for PATH clients with a criminal history. Marcia is also part of the community Crisis Response Team which is called

upon by local law enforcement to talk to and evaluate persons that law enforcement comes in contact with where mental health issues are suspected. This team acts as a local diversion step to help prevent placing persons with mental illness in jail for situations that are caused as a direct result of their illness (such as trespassing, causing a disturbance, or other non-serious offenses) and other regional or local programs. Indicate the percent of PATH clients with a criminal history

Region 1 – Cirrus House 2022 PATH Grant Application Report
—1. Project Narrative—

REQUIRED APPLICATION COMPONENTS

The Provider PATH Application Report shall include the following Section organized according to the categories/headings below (A. 1. – 18.). Please use this format as a template to complete the Provider Report. Each heading listed on this template must be addressed in the Provider Report.

2022-Application Options

This 2022 application is the Year 1 of the two year cycle therefore there is not the option to certify a previous year's Project Narrative.

Please follow the detailed instructions in the 2022 PATH Grant Application Instructions when completing this document.

1. Project Narrative
   A. Overview of PATH Activities

1) Organization to Receive Funds

2022 marks 38 years of Cirrus House, Inc.'s service to Western Nebraska. We are a multi-service 501(c)(3) organization providing mental health supports and services for persons outside of clinical settings. Our target population is covered in our official by-laws which state:

"The primary objective of the Corporation will be to provide a Clubhouse to support people living with mental illness… [And] The subsequent objective of the Corporation will be to provide social services, and mental health services that enhance and/or advance opportunities, advocacy, and services for people living with mental illness and for people with an identified risk of mental illness (i.e.: homeless persons, veterans, at-risk youth, etc.)." The Clubhouse Model is a strengths-based, asset-focused model that permeates all that we do. The Clubhouse Model is recognized on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

The Clubhouse philosophy (a.k.a. mental health psychosocial rehabilitation) is a university researched, evidence-based practice that is widely recognized for its long term success for persons with mental illness. The Clubhouse is our flagship program because this is where our person-centered, trauma-informed, asset-focused core philosophy comes from.

Our Community Support (CS) Department includes CS-Mental Health, CS-Substance Abuse, Emergency Community Support (ECS), Recovery Support (RS), Youth Transition Services (YTS) and the PATH program. Additionally we have private foundation grants that act as match to our PATH grant and allow us to do more in the area of homeless prevention and intervention. YTS also has funding from private foundations and the United Way which allow us to sponsor weekly youth groups, a Youth Advisory Board, youth oriented activities and community service events planned and organized by youth. These additional activities allow young people to learn in a group environment, develop healthy friendships and altruism.

Cirrus House provides Mental Health Outpatient Therapy and Assessments (Adult and Youth) AND Substance Use Outpatient Therapy and Assessments (Adult and Youth). We provide these services to Region eligible people; Medicaid eligible people and we accept referrals from probation, parole and the local jail. Cirrus House works with low-income/no-income persons with mental health issues and

extreme life circumstances probably more than any other agency in the area. This is our proven area of expertise. We have been involved with the local Continuum of Care for Housing and Homelessness (CoC) for over 20 years. Local homeless data consistently shows nearly 30% of homeless assistance recipients identify with mental illness and Cirrus House is the primary referral source for persons with mental illness co-occurring with homelessness.

Our Housing Services offer safe and affordable permanent housing for income-qualified people with over 80 scattered site apartment units in Scottsbluff and Gering. Mental illness and homelessness often intertwine; therefore, Cirrus House, Inc. has been an advocate for homeless persons since its inception. Our Housing Programs still operate with a waiting list. We are a low-income housing pioneer in the state of Nebraska. Cirrus House was the very first success story for a tax-credit funded, special-needs housing project run by a non-profit in the state of Nebraska under the CRANE process.

Our core programs are Mental Health Rehabilitation, Employment, Housing/Homelessness and Therapy. The psychosocial mental health rehabilitation program(s) (i.e. Clubhouse), community support programs, employment programs and housing/homeless programs are all designed to improve self-sufficiency, promote wellness, encourage stability and/or prevent homelessness as well as provide people with the opportunities and resources they need to become productive and engaged citizens. All programs endeavor to intervene and prevent people from entering higher levels of care (and/or more expensive situations) such as hospitalization, incarceration, cyclical homelessness and unemployment.

In addition to the above core services, Cirrus House has a strong focus on long-term sustainability and employment. Our tagline, “Work. It’s What We Do!” has a double meaning. The Clubhouse model is a recognized best practice that “works” AND we use “work” (i.e. work skills and employment) as a catalyst to help people reclaim their lives from the effects of mental illness. The Clubhouse program uses the actual work of the agency to provide a professional work environment where members work side by side with paid staff in completion of a multitude of tasks each and every day. Members know the work they are doing is genuine work and that they are needed and wanted participants of the team. When members gain the confidence to seek paid employment we have an active employment program at Cirrus House that helps people find and maintain employment. We manage a Supportive Employment contract and a contract with Vocational Rehabilitation.

Cirrus House service coordination includes referrals to internal services, to other agencies and “warm hand-offs” to service linkages whenever possible. Connection to community resources help in the long term effectiveness and success of the plans created and goals set for those served. Cirrus House staff have been trained in Motivational Interviewing, Trauma Informed Care, they are culturally informed and are versed in SAMHSA’s Stages of Change. As such they are skilled advocates, problem solvers and can provide active intervention to assist in stabilization and successful goal achievement. We have administered PATH since 1998 serving approx. 14 to 20 homeless people per year with the limited grant funds we are allotted.

2) Service Area(s)

The PATH project serves Region I. Funds are available for the entire service area, however most of the individuals needing assistance, relocate to the Scottsbluff area where mental health care is more readily available. Cirrus House is active in local provider organizations including the Panhandle CoC, Panhandle Partnership for Health and Human Services (PPHHS) and Region I sponsored providers meetings.

Cirrus House, Inc. has been an advocate for homeless persons since its inception in 1984. Mental health psychosocial rehabilitation is a recognized homeless prevention strategy just as the housing first model. Our Clubhouse has been in operation since 1984. We have administered PATH since 1998 serving approx. 14 to 20 homeless people per year.

In recent years Cirrus House has expanded to the under-served Southern Tier of the Nebraska Panhandle. We now make regular weekly trips to Kimball County, Cheyenne County and surrounding Southern counties through our therapy services, Community Support services, Recovery Support services, Emergency Community Support and our Youth Transition Services. This will expand our ability to serve a wider service area with PATH funds as well.

Below is Census data for the top four counties Cirrus House serves:

Quick Facts U.S. Census	Cheyenne County	Kimball County	Box Butte County	Scotts Bluff County
Population, Census, April 1, 2020	9,468	3,434	10,842	36,084
Population, Census, April 1, 2010	9,998	3,821	11,308	36,970
White alone, not Hispanic or Latino	88.60%	85.40%	80.70%	71.60%
Black or African American alone	0.70%	0.40%	1.10%	1.20%
American Indian and Alaska Native alone	1.00%	2.30%	4.60%	3.50%
Hispanic or Latino, percent	7.90%	9.30%	12.90%	24.20%
Asian alone	1.00%	1.00%	0.70%	0.90%
Two or More Races, percent	1.70%	2.90%	2.60%	1.60%
Veterans, 2015-2019	720	290	689	2,213
Housing units, July 1, 2019,	5,024	1,944	5,434	16,380
Median gross rent, 2015-2019	$792	$741	$668	$761
High school graduate or higher of persons age 25 years+, 2015-2019	93.60%	88.70%	90.70%	88.00%
Bachelor's degree or higher, of persons age 25 years+, 2015-2019	25.40%	16.10%	17.10%	22.90%
With a disability, under age 65 years, 2015-2019	10.00%	8.30%	8.00%	9.40%
Median household income (in 2019 dollars), 2015-2019	$53,871	$53,403	$54,004	$49,745
Persons in poverty, percent	10.00%	11.00%	9.50%	12.40%
Population per square mile, 2010	8.4	4	10.5	50
Land area in square miles, 2010	1,196.29	951.85	1,075.29	739.4

The 11 county Panhandle of Nebraska (Region 1) spans 14,180 square miles and has a population of 86,189 people. The Panhandle is predominately “White Alone, not Hispanic” but the largest County in the Panhandle, Scotts Bluff, has a “Hispanic or Latino” population of 24%. and “American Indian” populations in Counties such as Sheridan (11%), Box Butte (4.6%) and Dawes (4 %) surpass State of Nebraska (1.5%) averages. In the State of Nebraska “Persons in poverty” equals 9.2% of the population by comparison Scotts Bluff County equals 12.4%.

People are often surprised to learn about the prevalence of homelessness in rural communities. Part of the reason is that rural homelessness is not as visible in rural areas. However, we do see cases of people sleeping under bridges and in parks a majority of the homeless we serve are bouncing from couch to couch, living out of cars, or surviving in places not meant for human habitation (i.e. storage sheds, garages, and other buildings without heat or plumbing.).

Cirrus House is uniquely able to serve the mental health needs of those experiencing homelessness in the Panhandle region. Not only do we have traditional mental health serves such as therapy we also offer psychosocial mental health rehabilitation, supported employment, community support services and affordable/supported housing. (www.census.gov)

3) Amount and Source of Matching funds to be provided

Cirrus House receives cash match funds for the PATH grant. Specifically the local Masek Foundation provides an annual donation to Cirrus House that is used as direct matching funds for the PATH grant. Cirrus House also offers in-kind by way of staff time and commitment to PATH activities, services and goals. We will provide at least $7,556 of in-kind match but generally have more in-kind than the minimum needed.

4) Number of individuals contacted

Based on historical trends we believe we will be able to help 10 to 20 people in PATH each 12 month grant period. This is taking into consideration that we will use PATH case management to stabilize people and then move them into other appropriate case management programs as quickly as possible, such as Community Support. A major benefit of Cirrus House administering PATH funds is that we can braid so many other homeless funds and mental health programs to help individuals.

5) Number of individuals served (enrolled)(Reference Attachment 3)

From 1-1-21 to 12-31-21 we had 7 enrolled (5 male, 2 female) with 12 contacted. From 1-1-22 to current (3-16-22) we have 6 (4 male, 2 female) PATH participants. Participants are screened for eligibility to other Cirrus House and community programs at the time of intake. This process guarantees appropriate referrals are made and that PATH funds are used for maximum benefit. See Attachment 3 for statistics.

6) Services to be provided using PATH funds in FY2022-23

Services available to individuals enrolled into PATH include case management, outreach, deposits, rent payments, payment of back rents, evaluations, referral to other services and emergency housing. PATH participants are screened for eligibility to other Cirrus House and community programs at the time of intake. This process guarantees appropriate referrals are made and that PATH funds are used for maximum benefit. See Attachment 3 for statistics.

7) Veterans

Cirrus House has positive relationships with veteran's service agencies. When we work with veteran's we schedule appointments with appropriate veteran benefits staff and organizations. As a matter of fact there are currently three case managers at veteran's organizations who were previous Cirrus House employees and we have maintained positive working relationships with all of them. As previous employees they are intimately aware of the services we offer and we are able to make appropriate cross referrals.

8) Recovery Support

Cirrus House is well established and known by entities involved with our local CoC program. Interventions to end homelessness begin with the critical time intervention model with those consumers that have mental health or co-occurring disorders. Consumers are referred through outreach service

referrals by the local hospitals, other service providers, by consumers relocating to our area, or consumers that are being released from institutions. Cirrus House uses and promotes the Housing First Model to help consumers find housing; apply for programs that offer and support recovery in Region 1.

The Cirrus House has a full team of therapists who can conduct low cost or no cost mental health/substance use assessments on a sliding fee scale. A proper assessment is often the first step to helping homeless persons with mental illness to get enrolled in appropriate services. PATH workers help coordinate with other Cirrus House team members to make sure assessments happen in a timely manner. Our therapy staff which includes clinicians for both mental health and substance use therapy:

Marcia L. Estrada LIMHP LADC

Cyndi Wiggins, PLMHP, PLADC

Jamie Erdman NCC, PLMHP, PLADC

Evelina Moreno, BS, LADC

Penny Cooper, LADC

Anthony Hall, BS, LADC

Case managers use a personal hands-on approach work with people to access to all applicable community resources, establish housing, food, clothing, medical needs, and medication needs. Cirrus House works as a team with area providers to ensure a continuum of care approach from intake to discharge. As follow up services, Cirrus House provides community support services, day rehabilitation services, housing opportunities and employment opportunities. We assist consumers while transitioning into the community after discharge from institutions and/or transitioning out of homelessness.

9) Alignment with PATH Goals

The Cirrus House, Inc. Program Services Manager, Marcia Estrada, is a Licensed Independent Mental Health Practitioner (LIMHP) with a LADC endorsement; she is also a responder on the Region 1 Crisis team. Marcia provides supervision to the PATH Coordinator(s). The PATH Coordinator provides one on one case management services and referral services for consumers with mental health and/or dual disorders. The PATH Coordinator assists consumers with links to the community for housing, employment, SOAR Specialist, and various other resources including other provides and churches (who help with basic needs). Cirrus House has the added benefit of having staff who are trained in the official SSI/SSDI Outreach, Access, and Recovery (SOAR) and experience with Homeless Prevention/Rapid Re-housing programs.

After discharge from PATH, Cirrus House, Inc. offers housing opportunities, Community Support programs, Day Rehabilitation programs, Recovery Support and access to Supported Employment, and transportation. Case managers assist consumers with accessing housing, helping to meet individual needs, and accessing resources to services for self-sufficiency. All of Cirrus House's programs operate from an asset-building, strengths-based philosophy where the person makes choices in their own recovery processes.

10) Alignment with State Plan to End Homelessness

Cirrus House staff are active participants in the local CoC and State Continuum of Care Committees, Balance of State (BOS) Subcommittees under the Nebraska Commission on Housing and Homelessness [Advisory Body to the Nebraska Homeless Assistance Program]. The BOS is actively involved with the VI-

SPDAT committee, implementation of the MVRT pilot project and responding to HUD's policies on prioritization of chronic homeless. Cirrus House along with other Region I CoC agencies stays up to date on all the Federal and State mandates regarding the plan to end homelessness. The BOS has given regular reports and updates on the 10-year plan at its regular meetings. In addition, Cirrus House is on the e-mail list that is used to give updates on the 10 year plan progress and strategies. We continue marketing efforts to expose PATH participants to the benefits of Day Rehab, Community Support, Supported Housing, and becoming part of our peer supported Clubhouse community to further support the goal of ending homelessness.

11) Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Homeless with Mental Illness:

According to the Key Substance Use and Mental Health Indicators in the United States -

Results from the 2019 National Survey on Drug Use and Health Among adults aged 18 or older in 2019, 11.5 percent (or 28.8 million people) had either SMI or an SUD in the past year, 3.8 percent (or 9.6 million people) had SMI but not an SUD, 6.3 percent (or 15.7 million people) had an SUD but not SMI, and 1.4 percent (or 3.6 million people) had both SMI and an SUD. Of homeless individuals served by local Panhandle agencies each year, approximately 30% self-identify as having mental illness. Compared to the national statistic of adults with SMI you can see that persons with persons with mental illness are over represented in our homeless statistics.

Mental illness and homelessness often intertwine and Cirrus House is uniquely suited to serve the needs of this population. In order to qualify for mental health services, referred persons need a mental health evaluation. The mental health evaluations are a key piece in determining eligibility for a variety of programs and Cirrus House has two therapists that can provide this services. If individuals have no income then we provide these evaluations at no cost, people are not turned away for inability to pay.

Other Mental Illness Statistics:

Cirrus House currently has 250 active participants in all of its programs. Most have a diagnosed mental illness classified in the "severe and persistent" category. The Cirrus House, Inc. case load list has been steady around 215 to 250 people per month served in all programs 2021-2022. This is up from the 164 people per month, all programs in 2018 -2019 year (comparing to a non-Covid year).

Cirrus House, Inc. provides permanent supportive housing to persons with mental illness in 81 apartment units throughout Scottsbluff and Gering, currently at 100% occupancy with a waiting list.

12) Matching Funds

The Masek Foundation has a long term partnership with Cirrus House in providing for people in need. Annually they donate between eight to ten thousand to provide food, medical needs, clothing or shelter for those in need. We will use a portion of this donation as direct cash match to the PATH grant in assisting homeless persons with mental illness, who are some of our communities most at need. The Masek Foundation appreciates the fact that their funds are able to go further because they are matched with other funding sources.

13) Data

Cirrus House has been 100% integrated in the use of the required HMIS system to track all PATH clients and has been doing so for several years. Our newest PATH staff members have been fully trained in the data tracking system.

14) Special Rule Regarding Substance Use

Cirrus House is a co-occurring service provider that primarily serves person's with severe and persistent mental illness. In addition, all staff are trained in Trauma Informed Care (TIC) and the Executive Director is a TIC Instructor. Our co-occurring strategies continue to be tracked through involvement with the local Region 1 Behavioral Health Authority as a trackable outcome measurement.

We do not exclude people because of substance abuse. We make appropriate referrals for substance abuse help and continue to work with them on their mental health concerns.

The Cirrus House Services Manager is a Licensed Independent Mental Health Practitioner (LIMHP) with a Licensed Drug and Alcohol Counselor (LADC) endorsement who can provide initial assessments for those individuals who have not had finances or availability to mental health services. We have five more PLADC/LADC's in addition to Marcia. Cirrus House is over 5 years into our co-occurring services long term integration strategy.

15) Charitable Choice

Cirrus House is willing and able to submit assurances that we will comply with SAMHSA's Charitable Choice laws and regulations. As a non-profit 501-C-3 agency we have non-discrimination polices already in place and we are an equal opportunity employer and organization without any political or religious affiliations. In addition, we are accredited by CARF, which has similar expectations.

16) Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2

Cirrus House recognizes that stigma and fear of prosecution might dissuade persons with substance use disorders from seeking treatment. To add an extra layer of protection on these records, the regulations outline under what limited circumstances information about a patient's treatment may be disclosed with and without the patient's consent. Cirrus House, Inc. follows the regulations that restrict the disclosure and use of alcohol and drug patient records which are maintained in connection with the performance of all our programs as spelled out in 42 CFR § 2.3(a)). The restrictions apply to any information disclosed by a program that "would identify a patient as an alcohol or drug abuser …" (42 CFR §2.12(a) (1)). In laymen's terms, the information protected by 42 CFR Part 2 is any information disclosed by a covered program that identifies an individual directly or indirectly as having a current or past drug or alcohol problem, or as a participant in a covered program.

17) Smoke-Free Workplace

Policy: "In order to maintain a healthy environment for members and staff at Cirrus House, individuals will smoke only in designated outdoor smoking areas and are responsible for keeping those areas clean. Smoking is not allowed in Cirrus House vehicles and the use and/or sale of tobacco products is prohibited in the clubhouse and other Cirrus House properties."

In 2014 Cirrus House started an active Health & Wellness program that promotes wellness activities, healthy eating, smoking secession, exercise and mental well-being. We have sponsored diabetes awareness class, and sponsored a variety of wellness events and contests. In 2015 Governor Pete Rickets presented Cirrus House with a Workplace Wellness award. In 2016 Cirrus House applied for and received grant funds that allowed us to sponsor additional activities and we also added three professional exercise machines to our mini-gym. In 2017 we received more grant funds and worked with the Panhandle Public Health District to develop a special program promoting healthy snacks. We won our second Governors Wellness Award in 2019. From 2020 to current, we have continued to promote health and wellness and implemented additional wellness protocols as a result of COVID.

18) Disaster Preparedness and Emergency Planning

Cirrus House has an official Disaster Preparedness and Emergency Plan that meets CARF standards (and is on file with Region 1). We are a member of the Nebraska Safety Council's training program and participate in community meetings and activities sponsored by the local Emergency Management Coordinator/system. All policies and procedures are developed with member/consumer input and members/consumers are present at policy meetings and trainings including homeless and previously homeless individuals. Additionally, Cirrus House has a Risk Management Plan that is updated annually and as needed throughout the year. The Risk Management plan includes risk mitigation strategies which can be used during a variety of emergency/disaster situations.

Region 1 – Cirrus House 2022 PATH Grant Application Report
—4. Budget Narrative—

REQUIRED FORMAT COMPONENTS

The Provider PATH Application Report shall include the following Section organized according to the format below. Each heading listed on this template must be addressed in the Provider Report. This Section shall be submitted with the 2022 PATH Grant Application Report as a separate document.

2022-Application Options

This 2022 application is the Year 1 of the two year cycle therefore there is not the option to certify a previous year's Budget Narrative.

Please follow the detailed instructions in the 2022 PATH Grant Application Instructions when completing this document.

4. Budget Narrative

1. **PATH Federal funds and Match funds requested** (See **Attachment 2** for a sample detailed budget.)
    - **PATH Federal funds award per PATH Provider remains the same as in FY2021/2022**
    - The identified Matching funds must be at least $1.00 matching funds for each $3.00 Federal funds. The amount identified in your budget will be reflected in the subaward.
2. **Other Budget categories** (as necessary to explain provider PATH program)
3. **Match Fund Source(s)**
4. **Other Expense Information** (as necessary to explain the Budget)
5. **Letter of Assurance of Match**
    - **5.1. Please include the Letter of Assurance of Match as a separate submittal file.**

Cirrus House assigns PATH Duties to two Full Time case managers with experience in working with and screening homeless populations. Approximately 25% of these workers time/wage/fringe will be spent on PATH duties, outreach, screening, advocacy and other activities in the coming year.

One case manager is a Community Support (mental health and substance use) worker who also works Emergency Community Support (ECS) cases and Recovery Support. These case management duties provide natural connections to helping prevent homelessness and stabilization after homelessness. A benefit of having a PATH worker who also does community support is that often where one service drops off the other service can pick up and the PATH participant can stay with the same worker whom they have built a positive rapport and trust. We find that having workers who can stay with clients as they braid through available services is the most respectful manner of providing a continuum of care and greatly reduces the anxiety and uncertainness of switching case managers. Likewise, if a participant desires to switch case managers we can accommodate that as well.

The other PATH Outreach worker is in the highly visible, highly accessible position Clubhouse Coordinator. She plays a large role in new member/client orientation a screening. When homeless persons walk-in or are referred to Cirrus House our PATH Outreach person will be readily available to talk to, direct and screen the person to appropriate in-house and community resources. This outreach worker will also work in the community promoting the PATH program with CoC partners, Region 1 Behavioral Health partners, justice related programs and others.
In addition to the above workers, the Executive Director and the Services Manager are very involved in the promotion and provision of PATH services. They are directly involved in obtaining required match funds and match services for the PATH program as well ad grant management, PATH staff supervision and outreach activities.

PATH funds will help with supplies for the PATH case managers in the coming year. We estimate approx. 92 a month for all supplies including paper, printing, file management, phone/fax, minor office equipment, computer maintenance, record keeping software, etc.

Cirrus House uses funds from the Masek Foundation as match for the PATH Grant. Masek is a local foundation that is interested in helping people with basic needs such as shelter, food, medication and access to services. Cirrus House will also provide matching funds in the way of wages to the Case Manager positions, travel (as needed), supplies, mental health and physical health evaluations and indirect match. We are confident our match will be much more than the required amount. When persons are identified and assisted through the PATH outreach they will be referred to the intake process and afterwards work seamlessly with familiar staff members to gain access to the wide array of other programs and services Cirrus House has to offer. This promotes continuity of care, reduces anxiety and promotes better long term successes.

Budget Detail				
Cirrus House PATH Grant 2023				
Position Personnel & Fringe	Annual	PATH Funded FTE	PATH Funded Salary	In Kind Match
Case Manager	$ 30,477.00	0.25	7,475	1,550
Case Manager	$ 46,250.00	0.25	11,333	1,650
Travel	Annual		PATH Funded	In Kind Match
mileage	100		0	100
Supplies	Annual		PATH Funded	In Kind Match
General supplies, office expenses, paper, ink,	1107.33		900	207.33
electronic health records, etc				
Contractual	Annual		PATH Funded	In Kind Match
Mental Health/Substance use	400		0	400
Evaluations and other health, etc.				
Other	Annual		PATH Funded	In Kind Match
Direct Services to clients, deposits,	5246		2278	2968
rent, homeless intervention/prevention, etc				
Indirect	Annual		PATH Funded	In Kind Match
supervision, Insurance, etc	1360		680	680
		Total:	$ 22,666.00	$ 7,555.33

BUDGET INFORMATION - Non-Construction Programs

Agency Name:	Name of Person Completing:	Date Completed:
Cirrus House, Inc.	Brent L. Anderson	3/21/2022

SECTION A - BUDGET SUMMARY

Grant Program, Function or Activity	Catalog or Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
(a)	(b)	(c) Federal	(d) Non-Federal	(e) Federal	(f) Non-Federal	(g) Total
1 PATH				22666	7555.33	$ 30,221
2						$ -
3						$ -
4						$ -
5 Totals				$ 22,666	$ 7,555	$ 30,221

SECTION B - BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1)	(2)	(3)	(4)		
a. Personnel	15,772	3,200			$ 18,972	
b. Fringe Benefits	3,036				$ 3,036	
c. Travel	-	100			$ 100	
d. Equipment	-				$ -	
e. Supplies	900	207			$ 1,107	
f. Contractual	-	400			$ 400	
g. Construction	-				$ -	
h. Other	2,278	2,968			$ 5,246	
i. Total Direct Charges (sum of 6a-6h)	$ 21,986.00	$ 6,875	$ -	$ -	$ 28,861	
j. Indirect Charges	680	680			$ 1,360	
k. TOTALS (sum of 6i and 6j)	$ 22,666.00	$ 7,555.33	$ -	$ -	$ 30,221	$ 30,221.33
7 Program Income						

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 Masek Foundation			$ 2,968.00	$ -
9 Cirrus House, Inc.			$ 4,587.33	$ -
10			$ -	$ -
11			$ -	$ -
12 TOTAL (sum of lines 8-11)	$ -	$ -	$ 7,555.33	$ -

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13 Federal					
14 Non-Federal					
15 TOTAL (sum of lines 13 and 14	$ -	$ -	$ -	$ -	$ -

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(B) First	(c) Secon d	(d) Third	(e) Fourth
16				
17				
18				
19				
20 TOTAL (sum of lines 16-19)				

SECTION F - OTHER BUDGET INFORMATION

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

Nebraska DHHS-Division of Behavioral Health
PATH Budget Form

Cirrus House, Inc.
Work! It's What We Do.
Advocacy Employment Housing Education
1509 1st Avenue Scottsbluff, NE 69361 308-635-1488
www.CirrusHouseInc.com Fax: 308-635-1271

PATH CASH MATCH 2023

Cirrus House Inc. understands the project requires a cash match. To meet this requirement, Cirrus House Inc. commits to obligate $7,555.00 or more of agency donations to cover the non-federal cash match requirement of the project. Cirrus House Inc. assures these funds will be available at the beginning of the grant period. We have established relationships with local foundations who are willing to provide matching funds.

Brent L. Anderson, Executive Director

Region 6 Behavioral Healthcare | **Provider Type:** Other (please specify)
4715 South 132nd Street | **PDX ID:**
Omaha, NE 68137 | **State Provider ID:**
Contact: Patti Jurjevich | **Contact Phone #:** 402-444-6573
Email Address:

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **10/1/2021** to **9/30/2022**

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	**$81,631.00**	**$64,657.00**	**$146,288.00**

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars
b. Fringe Benefits	**55.80 %**	**$23,755.00**	**$18,815.00**	**$42,570.00**

Category	Federal Dollars	Matched Dollars	Total Dollars
c. Travel	**$7,200.00**	**$0.00**	**$7,200.00**
d. Equipment	**$0.00**	**$0.00**	**$0.00**
e. Supplies	**$3,366.00**	**$0.00**	**$3,366.00**
f. Contractual	**$44,653.00**	**$0.00**	**$44,653.00**
g. Housing	**$0.00**	**$0.00**	**$0.00**
h. Construction (non-allowable)			
i. Other	**$39,729.00**	**$0.00**	**$39,729.00**
j. Total Direct Charges (Sum of a-i)	**$ $200,334.00**	**$ $83,472.00**	**$ $283,806.00**
k. Indirect Costs (Administrative Costs)	**$0.00**	**$0.00**	**$0.00**
l. Grand Total (Sum of j and k)	**$ $200,334.00**	**$ $83,472.00**	**$ $283,806.00**

Source(s) of Match Dollars:

Agency funds from Region 6 Behavioral Healthcare.

Estimated Number of Persons to be Contacted: 200 | Estimated Number of Persons to be Enrolled: 170

Estimated Number of Persons to be Contacted who are Literally Homeless: 190

Number staff trained in SOAR in grant year ending in 2021: 8 | Number of PATH-funded consumers assisted through SOAR: 125

Community Alliance Rehabilitation Services, In.c | **Provider Type:** Other mental health agency

4001 Leavenworth Street

Omaha, NE 68105-1026

Contact: Carole Boye

Email Address:

PDX ID: NE-002

State Provider ID:

Contact Phone #: 402-341-5128

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **10/1/2021** to **9/30/2022**

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**81,631.00**	**64,657.00**	**146,288.00**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	41,810.00	1.00 %	0.73	30,428.00	27,587.00	58,015.00	
Other (Describe in Comments)	68,250.00	1.00 %	0.50	34,125.00	34,125.00	68,250.00	Homeless Division Manager - position includes role as the agency PATH Administrator.
Other (Describe in Comments)	47,110.00	0.00 %	0.30	14,133.00	0.00	14,133.00	Support Staff which includes date entry, clerical, records, and QI.
Other (Describe in Comments)	89,250.00	0.00 %	0.03	2,945.00	2,945.00	5,890.00	Senior Program Director

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**16.24 %**	**$ 23,755.00**	**$ 18,815.00**	**$ 42,570.00**	**Payroll Taxes/Benefits inc. Employee Group Health, Dental, Disability, Life, Unemployment, EAP.**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 7,200.00**	**$ 0.00**	**$ 7,200.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 7,200.00	$ 0.00	$ 7,200.00	Local travel for homeless outreach and case management services - gas, oil, insurance, maintenance and repairs (Agency vehicles) at $600.00 per month x 12 months = $7,200.00.

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 3,366.00**	**$ 0.00**	**$ 3,366.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	$ 3,366.00	$ 0.00	$ 3,366.00	Supplies, postage, copying, printing @ $280.50 per month x 12 months = $3,366.0.

f. Contractual	**$ 44,653.00**	**$ 0.00**	**$ 44,653.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 30,000.00	$ 0.00	$ 30,000.00	Physician - initial psychiatric assessment and transitional treatment services ($100/hr x 6hrs/week x 50weeks).
Other (Describe in Comments)	$ 14,653.00	$ 0.00	$ 14,653.00	Contracted Services - Contracted payroll, human resources, other support services ($1,221.08.50/month x 12 months).

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)

i. Other	**$ 39,729.00**	**$ 0.00**	**$ 39,729.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Transportation	$ 600.00	$ 0.00	$ 600.00	Client Bus Tickets ($50.00/month x 12months = $600).
Client: Other (Describe in Comments)	$ 6,000.00	$ 0.00	$ 6,000.00	Client medications during transition-$500/month x 12 = $6,000.
Office: Insurance (Property, Vehicle, Malpractice, etc.)	$ 6,990.00	$ 0.00	$ 6,990.00	Insurance - General Property and Liability-Clinic ($582.50/month x 12=$6,990).
Office: Other (Describe in Comments)	$ 6,405.00	$ 0.00	$ 6,405.00	HMIS Licensing, Use and Support ($533.75/month x 12 months = $6,405.00).
Staffing: Training/Education/Conference	$ 5,605.00	$ 0.00	$ 5,605.00	Staff recruitment and continuing education & development-$467.08/month x 12 = $5,605.00.

Staffing: Other (Describe in Comments)	$ 10,357.00	$ 0.00	$ 10,357.00	Occupancy Expense ($863.08/month x 12months = $10,357.00).
Staffing: Other (Describe in Comments)	$ 3,772.00	$ 0.00	$ 3,772.00	Program Materials / Other Direct Program Materials ($314.33/month x 12months=$3,772).
j. Total Direct Charges (Sum of a-i)	$ 200,334.00	$ 83,472.00	$ 283,806.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 200,334.00	$ 83,472.00	$ 283,806.00	

Source(s) of Match Dollars for State Funds:

Non-federal funds provided by Region 6 Behavioral Healthcare, the area mental health authority, to Community Alliance Rehabilitation Services for the provision of services to persons served.

Estimated Number of Persons to be Contacted: 200

Estimated Number of Persons to be Enrolled: 170

Estimated Number of Persons to be Contacted who are Literally Homeless: 190

Number staff trained in SOAR in grant year ending in 2021: 8

Number of PATH-funded consumers assisted through SOAR: 125

FY 2022-2023 PATH INTENDED USE PLAN
LOCAL PROVIDER INFORMATION
March, 2022

2. Intended Use Plan

A. Provider Description:

Organization Receiving PATH Funds: Community Alliance Rehabilitation Services
4001 Leavenworth Street, Omaha, NE 68105
Phone: 402-341-5128 Fax: 402-505-9849

Region Served: Nebraska Behavioral Health Region 6

Amount of PATH Funds the Organization to Receive: $200,334

Community Alliance, a nonprofit agency based in Omaha, Nebraska, is founded in, strongly believes in, and adheres to the philosophy and practice of consumer-focused, recovery-oriented, community-based behavioral health services. The philosophy of the Community Alliance Homeless PATH Program is based upon the organizational philosophy, namely, that all citizens, including those with complex needs inclusive of mental illness, past and current trauma, co-morbid physical health conditions, and substance use disorders, have the right to be treated with dignity and respect, and the right to fully participate within the community in accordance with one's own individual abilities. Community Alliance's sole mission since 1981 has been to help individuals with mental illness achieve their unique potential to live, work, learn, and contribute in a community of mutual support.

We have and continue to fulfill this mission through the provision of a wide range of community-based services, each developed in response to identified consumer and community need, utilizing 'best practices' tenets of the behavioral health field and the recovery model to meet the needs of individuals and their families. Our current, comprehensive service array includes specialized homeless services, community support, intensive community services, residential rehabilitation, day rehabilitation, supported employment, assertive community treatment, community housing, family education and support services, peer support services, outpatient and integrated primary care and outpatient behavioral health services. Over 3,300 adult men and women were served within these programs during the past program year which offer a holistic capability to meeting individual need. Community Alliance services are also coordinated with the continuum of homeless, behavioral health, social, and other services throughout the community to help assure coordination and continuity of care.

The geographic service area for the PATH program in the Nebraska Behavioral Health Region 6 area predominantly Douglas County and the greater Omaha, Nebraska area

B. Collaboration With HUD Continuum of Care Program:

Community Alliance management and homeless program staff, including those that are PATH funded, are actively involved in the Metro Area Continuum of Care for the Homeless (MACCH) planning task forces and special initiatives. Two examples of specialized initiatives include Community Alliances active involvement in the Emergency Rental Assistance Program (ERAP) and Housing Problem Solving funds distribution effort. Community Alliance is one of four agencies in the Omaha area who is distributing emergency rental assistance to persons in need as the COVID pandemic continues to impact Nebraskans. Community Alliance opened its office as an access point for Housing Problem Solving funds during the pandemic recognizing the incredible and desperate need some individuals and families were facing.

In addition to monthly MACCH general membership meetings, the task force groups in which Community Alliance staff members are involved include: Street Outreach, Performance Management Task Force, Coordinated Entry Task Force, Homeless Review Team, Veterans Homeless Review Team, Diversified Housing Task Force and Provider Council. Several staff members participate in the annual Point In Time count. During this past year, MACCH provided trainings related to housing, landlord engagement, winter planning for street outreach, rental assistance availability, tenant assistance and Medicaid related assistance. Community Alliance collaborates with the Continuum in the collection of data through use of the HMIS system.

Community Alliance coordinates service access and housing on an individual consumer basis with organizations and resources involved in the Continuum as well as those who are not directly involved. The Homeless Review teams are an example of this collaboration. Another example is when homeless program staff coordinate with Charles Drew Health Center to process needed lab work and medical tests which may be ordered by the psychiatrist or are needed based on medications purchased through either the on-site pharmacy at Community Alliance (Genoa Pharmacy) or through the OneWorld Community Health Centers pharmacy. Psychiatric hospitalization may occur, based on availability, for individuals with Douglas County Health Center, Lasting Hope Recovery Center or CHI Immanuel campus, with program staff coordinating discharge planning and assuring that the consumer continues with needed medications after discharge.

C. Collaboration with Local Community Organizations:

Community Alliance accesses a number of other community organizations, programs, and resources in collaboration with and on behalf of PATH eligible clients. These include:

Street Outreach Collaboration: The Street Outreach team has increased its' outreach efforts and organized teams to cover known camps and areas where persons who are street homeless congregate. Previously Community Alliance had co-led this effort with a

Together Inc. staff member, however that approach is currently changing to becoming a MACCH led effort. Other organizations involved include: Charles Drew Health Center, Youth Emergency Services, Stephen Center, Heartland Family Service, Women's Center for Advancement, Visiting Nurses Association, Nebraska Aids Project, New Visions Homeless Services and volunteer community nurses.

Mental Health Resources: Douglas County Health Center, Heartland Family Service, CHI Health, Lutheran Family Services, Veterans Center, VA Medical Center, Lasting Hope Recovery Center and the Magis Clinic. Community Alliance serves eligible veterans to ensure that needed behavioral health services are accessible and strive to work with them toward positive outcomes. Community Alliance works with HUD's VASH program linking and assisting eligible veterans in obtaining needed housing. If eligible for behavioral health services at the Veterans Administration, referral and coordination is the primary focus of the case manager.

Substance Use Resources: Heartland Family Service, Lutheran Family Services, CenterPointe, CHI Health, Stephen Center Hero program, Siena Francis Miracles Recovery program, Lasting Hope Recovery Center, Inroads to Recovery, UNMC.

Primary Health / Medical Related Resources: OneWorld Community Health Centers, Charles Drew Health Clinic, Nebraska Aids Project, Kountze Commons, Magis Clinic, University of Nebraska Medical Center, Visiting Nurse Association, and Community Alliance's integrated health program.

Housing Resources: Stephen Center, Siena-Francis House, Open Door Mission, Oxford House, Douglas County Housing Authority, Omaha Housing Authority, Salvation Army, Heartland Family Services, New Visions, Omaha Supported Living, Community Alliance, State Behavioral Health Rental Assistance Program, Rental Assistance Program, HOME Vouchers and Private Landlords. Case managers make referrals to the HUD VASH program in assisting veterans in accessing affordable housing. Blue Valley Community Action Partnership runs the Supportive Services for Veteran Families program. (SSVF).

Employment Resources: Community Alliance 'WorkSource' (supported employment) program, Nebraska Vocational Rehabilitation, Nebraska Workforce Development.

Community Alliance coordinates with these resources on an individual consumer level through the homeless program staff. Referrals are made based upon individual consumer need, and program staff provide hands on assistance in filling out applications, accessing and providing documentation necessary to determine / qualify for eligibility, transportation to and from appointments, and assisting and monitoring service provision from these resources. The Homeless Review Team has representatives from the key agencies present each week where referrals can be facilitated more quickly, however the focus of the team remain on housing. Community Alliance staff are active in

understanding the policies and processes of the partnering organizations in order to work effectively on behalf of each individual. The organization coordinates resources on a broader systems level by being an active participant in a wide range of collaborative and coordinative efforts including Region 6 Behavioral Healthcare network management meetings and the Metro Area Continuum of Care for the Homeless.

D. Service Provision:

The services described align with PATH goal to reduce or eliminate homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance use disorder or who are at imminent risk of becoming homeless. Services in this application are focused on those not supported by mainstream resources and include street outreach, case management and psychiatric services for persons who are literally homeless and have no financial resources or insurance. Many of the individuals served fit the definition of chronic homelessness. By definition, persons who are chronically homeless have a disabling condition and are a vulnerable population. Services to be directly provided by Community Alliance, funded in whole or in part with PATH funds, are intended to provide a comprehensive, coordinated, highly flexible, and very individualized approach to meeting the needs of persons with serious mental illness or who have co-occurring substance use disorders and who are homeless or at imminent risk of becoming homeless. The design is intended to offer increasingly higher levels of service through the establishment of a helping relationship that builds incrementally through the meeting of identified consumer needs and experiencing concrete successes over time. Such a model attempts to avoid processes and paperwork that the individual may perceive as excessive, overwhelming or threatening, while still meeting professional and regulatory standards. Our efforts to achieve such a balance are reflected in the following description of services.

Specific Services To Be Provided: The specific services to be provided consist of assertive outreach including street outreach, case management including referral and linkage to other behavioral health services, and psychiatric intake evaluation, assessment, diagnosis and treatment services. Community Alliance's priority in serving persons who are homeless will continue to be on those who are literally and chronically homeless.

PATH eligibility is determined after a deliberate assessment is completed which includes homeless status and determination of mental health symptoms and need. The Nebraska Universal assessment in Clarity is used and documents the individual's disabling conditions and barriers, mental health, substance use concerns, housing status, and prior living situation information. Actual enrollment begins when the person is engaged and agrees to work on identified goals. Eligibility is documented within Clarity and written observation of the person's living situation or self-certification.

- *Outreach* – Meeting people where they are - geographically, philosophically, and emotionally - is the essence of outreach. Outreach services are intended to engage

homeless individuals who have a serious mental illness or co-occurring mental illness and substance use disorder and may benefit from the services which can be offered through this program. This is accomplished by going where the homeless are, rather than waiting for them to come to the service. Initial contact is made through known locations on the street, trails, river beds, frequent visits to area shelters, formal and informal referrals from shelters, downtown businesses, and area hospitals and social service agencies, and self-referrals coming from word of mouth about the program. In the past several years, there is an increasingly greater collaboration between law enforcement and outreach staff. We work to stay in touch, to build trust, respond to immediate needs, remembering that we may be the only consistent point of contact for people who would otherwise be completely disconnected. We continue with this low demand engagement, building on the relationship, and beginning to offer direct assistance in accessing other services related to specific needs, including helping obtain mental health care. All services and interactions in this phase are deliberately maintained on an informal level until it is determined that an individual is willing to accept ongoing assistance and more formalized intervention can effectively occur. This is a partially funded PATH service.

- *Case Management Services* – Case management within this program is defined by Community Alliance as a goal oriented, systematic process which serves persons through individual advocacy, ongoing coordination, and linkage among both internal and external resources. Throughout, we utilize an active, direct, "hands on" role in identifying, advocating, accessing, and maintaining both formal and informal community resources available and needed by the persons served within this program. Case management is deliberately designed and intended as a continuation of the outreach process, with the focus on the longer range needs of the consumer to achieve mental health and housing stability, and transition from homelessness. Interventions are deliberate and determined by consumer need.

  The case management services to be provided by Community Alliance are a partially funded PATH service. These services include, but are not necessarily limited to the following:

  - Preparing a plan for the provision of community mental health services to the eligible homeless individuals involved, and reviewing such plan not less than once every 3 months;
  - Providing assistance in obtaining and coordinating social and maintenance services, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational, vocational services, and housing services;
  - Providing assistance in obtaining income support services, including housing assistance, food stamps, and social security income benefits;

– Making referrals for such other services such as primary health services and job training as may be appropriate.

Particular emphasis is on assisting the individual to obtain and maintain - on both a short-term and ongoing basis - behavioral health services, housing, and income supports. Community Alliance has promoted the principles of recovery for many years and has supported persons served in achieving success as they define it for themselves. Housing is a priority and accessing the "right" housing with appropriate supports is essential.

- *Contracted Psychiatric Screening, Diagnostic & Short-Term Treatment Services* – Community Alliance will continue to contract with one or more independent psychiatrists and/or psychiatric residents to provide psychiatric intake evaluations, assessment, diagnosis, treatment, and medication management for PATH eligible program participants. The physicians medically assess each individual's current mental health symptoms and behavior and, if screening indicates the presence of a serious mental illness, will provide a diagnosis and seek to initiate outpatient treatment. In most cases, medications will also be prescribed. The program has, and will continue to provide for limited purchase of medications again for the purpose of getting treatment initiated. Treatment services, inclusive of medication management, are continued through active and comprehensive coordination between consumer, physician, and outreach/case management staff until referral and admission to an area outpatient program can be achieved. As previously mentioned in the Project Narrative, this transition from Community Alliance's specialized Homeless Outpatient clinic to a community provider continues to be a particular challenge due to community capacity, especially for persons who are on Medicaid. Homeless outreach/case management staff identify and coordinate scheduling and transportation of all individuals receiving these services. As a partially PATH funded service, our goal is to speed the initiation of needed mental health treatment while simultaneously seeking to acquire other sources of payment for needed medications, such as Medication Assistance Programs and Medicaid. Sample medications and participation in pharmacy company assistance programs are also utilized to the maximum extent possible.

Specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services: PATH has historically, and continues to serve as a catalyst for the development and coordination of services for individuals who are homeless and have a mental illness in the Nebraska Region 6 behavioral health area. For example, street outreach and case management specifically for those experiencing homelessness and mental illness has been deliberately designed to be flexible and low demand. Use of PATH funds has been maximized by accessing state/local mental health funds and Nebraska Homeless Assistance Program funds to expand staffing of outreach and case management functions to extend to more PATH eligible clients.

Gaps in Current Service Systems: There remain serious gaps in services within our community for persons who are homeless and have a mental illness. Access which is timely and affordable for ongoing mental health and substance use treatment, medications, and rehabilitation services remain among the most prevalent. The availability of a range of affordable and supportive housing services also remains inadequate within our community even with the expansion of permanent supportive housing options. There remains a lack of landlords willing to accept the individuals we serve partially due to stigma and the legal backgrounds that some present at the time of housing. The most notable gap is affordable housing options linked with the supportive services so often required by those with mental illness. These gaps are primarily an issue of insufficient resources relative to the demand.

Current Services Available for Clients with Co-occurring Mental Illness and Substance Use Disorder: Program staff are cross-trained in basic screening and intervention skills in the area of substance use disorders. Behavioral indicators, screening tools and self-reports are utilized to assess individuals for potential substance use problems, and to make referrals for specialized services as may be indicated. Referral sources have and continue to include detoxification services, outpatient treatment, and residential treatment. Both the outreach and case management component are utilized to help coordinate these services with other services being utilized by the individual who is homeless and has a mental illness. Assessment by program staff occur at the local shelters, including those facilities who are providing substance abuse services. Clients participate with the psychiatrist and program staff in medication management, symptom management, rehabilitation issues and transportation as they continue their participation in the shelter substance abuse programs. Psychiatrists are trained in the use of anti-craving medications.

Support for Evidenced Based Practices, Trainings for PATH-Funded Staff, Trainings and Activities to Support Collection of PATH Data into HMIS. Community Alliance places an emphasis on evidenced based practices within the organization providing regular and ongoing training on stages of change, motivational interviewing, stage specific interventions and trauma informed care. The outreach model used is loosely structured around the best practice of Critical Time Intervention (CTI). CTI was designed for individuals who were homeless and discharged from an inpatient psychiatric setting to a transitional setting. The approach identifies the key essential services an individual requires and times the intervention to progressively move the person from homelessness to more stable housing. Outreach staff, including PATH and match funded positions, work to prioritize mental health care, application for key housing voucher programs and/or income resources in order to access housing opportunities. Staff participate in a number of trainings on an annual basis including, but not limited to recovery principles, documentation, suicide prevention, HIV/AIDS, medication, cultural competency issues, trauma informed care, military culture and veteran's needs, de-escalation strategies, illness management & recovery, co-occurring disorders and specific illness (bi-polar, schizophrenia) related trainings.

E. Data:

Community Alliance's homeless outreach staff continue to use the community HMIS system called Clarity for documentation of services provided. As new staff members begin their work with Community Alliance, requests for access and training for Clarity is made to the Institute for Community Alliances (ICA and with no connection to Community Alliance). Basic navigation training and security training is required as well as completion of some skills is required prior to full permissions being provided. With the recent retirement of Community Alliance's long time Manager of Homeless Services and primary report writer, other staff are learning about the reports and information that is available through the Clarity database.

F. SSI/SSDI Outreach, Access, Recovery (SOAR)

Community Alliance has had 4.0 full time staff to specifically focus on providing SOAR services for individuals who are homeless and have a serious mental illness this past year. The program has experienced turnover during the pandemic as has many other programs as well as challenges with filling open positions. Community Alliance values the SOAR model and had been successful in obtaining support from a variety of funding sources, however that funding was significantly reduced during 2021. With the beginning of 2022, we were able to restore a part of the funding and are able to hire 4.0 FTE additional staff. All newly hired SOAR staff complete the on-line SOAR training course as a part of their orientation. The National SOAR TA Center is available to provide individual feedback as requested on the medical summary written by the SOAR staff. This is a unique learning opportunity and beneficial for newly hired staff.

For the current program year, it is estimated that 125 applications will be filed for the full year with 82 filed so far. Currently through the three quarters, the program has achieved a 60% approval rate on initial application. Upon reconsideration, another 28% are approved. On average, initial decisions are received within 166 days. In the past two years, with the pandemic and Disability Determination staff working from home, we have seen a 35 day increase in days to approval. SOAR staff members are not funded by PATH or match funds shown.

G. Housing:

Outreach and case management staff, including those supported by PATH and match funding, utilize a variety of community resources in their efforts to obtain suitable housing services for PATH eligible clients. MACCH's Diversified Housing Task Force has made inroads with our local housing authorities. Douglas County Housing Authority provides twenty Section 8 vouchers specifically for individuals on the Homeless Review Team and Coordinated Entry as long as agencies agree to provide the supportive services needed by the person. As clients give up this voucher, a new client can use that voucher. Community Alliance serves as the liaison between the Homeless Review Team and the

Douglas County Housing Authority. This resource provides permanent supportive housing. In addition, Bellevue Housing Authority also provides 5 designated vouchers for the coordinated entry effort. These are essential partnerships for agencies like Community Alliance to continue our progress in finding safe, quality and affordable housing for the individuals served.

Community Alliance Housing Management Services manages the HUD Rental Assistance Program, permanent supportive housing program, to make suitable, supportive housing available to 22 chronically homeless individuals with serious mental illness. Community Alliance Rehabilitation Services provides the supportive services.

The state behavioral health rental assistance program, focused on persons with serious mental illnesses who are very low income includes homelessness as a second tier priority category within its eligibility requirements.

Community Alliance makes referrals to the HOME Transitional Housing Voucher Program through Omaha Housing Authority. It is a tenant-based rental assistance program for families and individuals who have completed a transitional or supportive services program or are disabled. The voucher enables eligible tenants to receive assistance in rental units of their own choosing, provided the units meet basic program requirements.

The continued scarcity of affordable housing, together with the high utilization of those resources, require the use of both public and private facilities. As with other gaps in services, Community Alliance continues its efforts to address the housing issue on both an individual client and a systems level. Each homeless outreach/case management staff person has, and must continue to have, expertise in identifying, accessing, and supporting the range of housing options available and needed by those served in this program.

Program staff often work with Douglas County General Assistance to secure rental assistance. They help individuals negotiate the application process to have the proper identification and complete necessary paperwork to secure Section 8 rental assistance from the public housing authority, and negotiate with landlords to accept these housing vouchers. Staff frequently check housing.ne.gov for local openings.

H. Staff Information

Among current staff providing homeless services, funded in part by PATH, are included both male (38%) and females (62%), ages 25 to 62 (average age 44), 62% White, 25% Black and 13% reporting two or more races. Community Alliance requires all employees to participate in cultural competency training programs (including racial/ethnicity, LGBTQ+ and military culture) when newly hired and on an annual basis. Within our integrated care program, we have a greater awareness and emphasis on the health disparities in our community. The agency has placed an emphasis on engaging a greater

number of African Americans and those who identify as Hispanic/Latino into our services. Staff training has been provided to know and recognize these disparities and how to best engage those at greatest risk.

The services provided by this program are highly individualized and modified to meet the immediate and longer range needs of the person being served. This individualized approach, and ongoing commitment to establishing goals, objectives, approaches, and methodologies with the consumer includes an ongoing focus on issues related to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic differences of individuals. As an organization, Community Alliance strives to recruit, hire and retain individuals who are best able to be responsive to the needs of the persons served. For example, African American employees make up 17% of Community Alliance's workforce as compared to 5.5% of African American citizens in the Metro Work Force. Overall, 31% of Community Alliance's workforce is comprised of individuals of a racial or ethnic minority.

Culturally and Linguistically Appropriate Services (CLAS)

Community Alliance completed a CLAS self-assessment in April, 2021. One of the goals established after completing the CLAS self-assessment was to increase our recruitment efforts toward hiring a more diverse workforce, specifically persons of color. We have been successful with this goal in the Homeless Services program. Additional training opportunities were also identified. Staff are trained to recognize cultural differences and to intervene in culturally sensitive ways through continuous learning and skill development within team meetings, individual staffings, the supervisory process and training opportunities. This training takes place in both formal and informal ways to ensure staff members have the capacity and tools to function effectively within the context of the individual's cultural beliefs, behaviors, and needs. The field continues to grow in its findings that the capacity for a person to heal and recover is greatly supported when the team of professionals involved with them understand the person's cultural background and ethnic reality. Cultural considerations play a significant role in assessment and treatment acceptance. Agency specific training includes consumer panels comprised of individuals with serious mental illness, and including persons who have experienced homelessness. Training in cultural diversity is provided by internal and external resources in areas of specific cultural focus. Staff have at their disposal the use of the ispeak card that helps to identify the client's primary spoken language. Language assistance services are utilized as needed and appropriate from trained and competent individuals. Policies and procedures are reflective of the organizations goal to continually grow with culturally and linguistically appropriate service delivery.

I. **Client Information**

Persons served by PATH supported services represent the range of diversity of the broader community or service area. This includes both genders, varied racial and ethnic

backgrounds, and a broad background. Among persons served during the current year within PATH supported services, a demographic description includes both male (56%) and female (43%) and 1% reporting no single gender/transgender. Clarity establishes very broad age ranges so the largest age group is between 25 - 61 years of age. Sixty-five (65%) of persons served are White, 16% African American, 8% American Indian/Alaska Native and 9% reporting multiple races.

Projected Number of Clients Who Will Receive PATH Funded Services: It is projected that during the upcoming program year, the program will serve up to 200 adult individuals who are homeless and have a mental illness through outreach services and up to 170 will be enrolled as clients within the services. Of this number, Community Alliance projects that 95% of these individuals will be literally homeless, and the balance will be at imminent risk of homelessness.

J. **Consumer Involvement:**

Community Alliance, as an organization, was incorporated by family members in 1981. Since that time, the organization has maintained a strong consumer/family focus. Consumer and family perspectives is an important (and mandatory) part of new hire and ongoing training for staff members.

Consumer involvement in the development, evaluation, and ongoing operations of the homeless services program is obtained through a Consumer Council, a formal advisory mechanism which provides for consumer input, feedback, and opinions to administrative and managerial staff. Satisfaction surveys are disseminated to current and discharged consumers. Consumer forums for input and evaluation of specific program components and enhancements and means of service delivery have been utilized to enhance the program. Involvement is also encouraged on an individual basis, through discussions with program staff and an "open door" policy with the program manager. Current consumer family members are involved, with the consent of the person served, through the participation in the individual rehabilitation planning process and periodic organization sponsored activities. Family members serve on Community Alliance Rehabilitation Services governing board.

K. Limited English Proficient (LEP)

Community Alliance is committed to provide meaningful access to limited English Proficient (LEP) persons who are experiencing homelessness. To this end, we have and will continue to seek to recruit and retain staff who are bilingual when possible. In addition, we have and will continue to access interpreters through the Hope Medical Outreach Coalition and Lutheran Family Services. Staff have access to use the ispeak card to more correctly identify the spoken language of the person served. Community Alliance's main services flyer is translated for persons who speak Spanish.

L. Coordinated Entry

Community Alliance is actively involved in MACCH's Coordinated Entry and consistently participate in this effort. Coordinated Entry has a common, coordinated, and community-wide process of assessment, referral and housing placement for all individuals who are homeless. Community Alliance serves as an Access Point and has remained open for persons served during the pandemic wanting to be available and serve those in need. The assessment process starts with use of the Nebraska Universal format in Clarity and move toward getting the person on the Coordinated Entry list as soon as practical. Staff use the tool to assist in determining level of housing needed which most often for persons served by the PATH program is permanent supportive housing. MACCH subscribes to a "No Wrong Door" approach so that every client who is homeless receives the same assessment at every provider site in the community.

The Metro Area Continuum sets as its priority on placement of individuals who are chronically homeless and have the longest period of time homeless. Openings for housing are identified during the Homeless Review team meetings and individuals were identified through the Coordinated Entry process based on the priority previously mentioned - chronically homeless and length of time homeless. Offers for placement in Permanent Supportive Housing are based on these factors as well as input from the person served to ensure appropriate level of care.

M. Justice Involved

Community Alliance, Douglas County Corrections (DCC), Douglas County Jail Diversion collaborate through the Homeless Review Team. Approximately thirty-five percent (35%) of PATH clients have a criminal history. Staff members regularly visit persons who are incarcerated and work closely with the discharge staff at DCC to connect with the individual while they are in jail and after their release. PATH staff work with the case manager in the Public Defender's office on services the client may need as well as advocating with the court to ensure needs are being met. More recently, staff are working with the Sarpy County Wellness Court by attending the weekly team meetings and assisting with the coordination of needed services for persons involved with the court. PATH staff are continuously advocating for individuals with criminal backgrounds with landlords. Often times, individuals have the criminal record due to the circumstances of the homeless lifestyle and co-occurring substance use and mental illness. Our advocacy can be important to verify that the person is engaged in services with Community Alliance and working to improve their life.

2022 PATH Grant Application Report
Community Alliance Rehabilitation Services
—Project Narrative—
March, 2022

1. Project Narrative

A. Overview of PATH Activities

1) Organization to Receive Funds

Community Alliance Rehabilitation Services, a private, non-profit mental health organization

2) Service Area(s)

The service area for the PATH program in the Nebraska Behavioral Health Region 6 area predominantly Douglas County and the greater Omaha, Nebraska area.

3) Amount and Source of Matching Funds To Be Provided

Amount: $83,473

Match Funds Sources:
Region 6 Behavioral Healthcare, the local mental health authority, has included funding in its allocation plan for Community Alliance's homeless case management / recovery support services for the state fiscal year beginning July 1, 2022. These services are provided to homeless individuals with a serious mental illness and co-occurring mental illness and substance use disorders who have been engaged through PATH services, and are coordinated with PATH services. The funds allocated are state and local funds and therefore provide the requisite $83,473 in non-federal match.

4) Number of Individuals Contacted

It is anticipated that 200 persons will be contacted through the outreach component. All will be adults and we estimate that 95% will be literally homeless and 5% will be at imminent risk of homelessness.

5) Number of Individuals Served (Enrolled) (Reference Attachment 3)

170 persons will be served (enrolled).

6) Services to be Provided Using PATH Funds in FY2022

The following services to be provided are supported in whole or in part with PATH funds for the upcoming year:

- Assertive outreach including street outreach;

- Psychiatric screening, diagnostic and short-term outpatient treatment services for persons without any insurance or payer source thus these services are not supported by mainstream programs; Recovery support clients once Medicaid is secure continues to be a challenge as many providers in Omaha are not accepting referrals for individuals with Medicaid. Service delays have meant individuals stayed in the Homeless Clinic longer.
- Case management including preparing a plan for the provision of community mental health services and reviewing the plan every 3 months;
- Providing assistance in obtaining and coordinating social and maintenance services including services related to daily living activities, personal financial planning, transportation services, rehabilitation services, prevocational and vocational services and housing services;
- Providing assistance in obtaining income support services including housing assistance, food stamps and supplemental security income benefits.

7) Veterans

The Omaha community has focused efforts to end veteran homelessness and has made progress. This means that while a veteran may become homeless it would be for the shortness amount of time before accessing needed services. While Veteran homelessness has been reduced in the Omaha area, functional zero has not been met. A separate Veterans Homeless Review Team priorities housing for veterans through use of the Coordinated Entry process. Community Alliance PATH staff remain an active participant in both review teams, in Coordinated Entry and the Metro Area Continuum of Care for the Homeless (MACCH) processes.

Community Alliance continues to support MACCH's 10 Year Plan to end chronic and veteran homelessness. Since the results of the 2022 Point In Time (PIT) count are not yet available, the results of the January, 2021 PIT will be used and reported here. The 2021 PIT resulted in 104 veterans identified within the homeless services system which is lower than 2020 and 2019, by 14 and 19 veterans respectively. These are positive trends for our community. Of the 104 veterans, fifty-nine (59) individuals were found in emergency shelters, 3 unsheltered, 20 in Safe Haven and 22 in transitional housing. Currently Community Alliance serves approximately 4% of individuals who identify as veteran.

Community Alliance remains aware of the staggering statistics associated with suicide among veterans and is vigilant in working with veterans to access needed behavioral health services. We know with the impact of the pandemic, more individuals will need mental health services including veterans. If

eligible for behavioral health services at the Veterans Administration, the case manager assists the veteran in connecting and gaining access. The case manager also coordinates transitions into the VA system (or out of the system) that may become necessary. There can be unique access issues at the Veterans Administration that staff can assist the eligible veteran in navigating these steps and processes. If the veteran is not eligible, needed behavioral health services are coordinated within the broader community. Community Alliance staff also work with Blue Valley Community Action Partnership with the Supportive Services for Veteran Families (SSVF) program as needed.

Community Alliance provides training for staff working within its homeless services including those that are PATH funded related to how to coordinate with the local Veterans Administration. A post COVID effort to renew our working relationship with the local Veterans Administration started last fall and is continuing. Homeless services staff also work with HUD's VASH program linking and assisting eligible veterans in obtaining needed housing. Case management staff work closely to transition case management responsibilities to the HUD VASH program case managers. We will, when and if needed, provide additional support for the veteran during the transition in order for these services to be successful for him/her.

8) Recovery Support

Community Alliance's philosophy that each person can learn, grow and recover is deeply embedded in our values and culture. It involves a number of concepts including expecting positive outcomes and with each person served we strive to measurably enrich their lives through access to a comprehensive set of services. It is an approach filled with hope and optimism. It is believing everyone deserves a home, a purpose to get up each day, opportunity to interact within their community and to have access to primary health care and mental health services.

Community Alliance has a comprehensive array of services available including specialized homeless services, community support, intensive community services, residential rehabilitation, day rehabilitation, vocational rehabilitation, assertive community treatment, community housing, family education and support services, peer support services, outpatient and integrated primary care and behavioral health services. Individuals are provided the various tools to learn how to take care of their mental health, physical health and social connections. Over the past two years, the COVID-19 pandemic has challenged both staff and person served with staying safe and working to stay physically safe and maintain one's mental health. Street outreach continued uninterrupted throughout the pandemic and shelter in-reach is steadying coming back to some normalcy. Opportunities to learn

WRAP, take Rentwise classes, participate in community social connections are slowly being re-initiated post pandemic. The connections and services listed here not only help individuals begin their recovery journey, but also help to sustain recovery progress. Programs are offered in partnership with the person served and their family and other supports.

Utilizing effective recovery supports include having a well prepared staff who understand and utilize evidenced based services such as motivational interviewing and a trauma informed care approach and focus on the development of a relationship that is built on trust and respect. This philosophy also includes a "housing first" philosophy and thinking within Community Alliance's Homeless Services program and not expecting a specific linear plan to unfold that (eventually) leads to housing.

9) Alignment with PATH Goals

The PATH program is designed for individuals with a serious mental illness or co-occurring mental illness and substance use disorder who are literally homeless or at imminent risk of becoming homeless. This is the profile of the individual that Community Alliance serves within the Homeless PATH program.

The services provided at Community Alliance with PATH funds will target outreach, case management services and outpatient psychiatric services and priorities these services for adults who are literally and chronically homeless. The organization is an active member of the community collaborative street outreach team. Community Alliance staff are active participants in the Homeless Review Team and the Veteran Homeless Review Team within the Omaha area which consists of weekly coordination meetings focused on the individuals who are veterans and/or chronically homeless and have the longest length of time homeless. Using this system to continually identify new individuals and update the information as to who we, as a community, need to focus our resources.

Community Alliance is contracting with physicians to provide the outpatient psychiatric services for the clients we serve. These mental health services are essential for the most vulnerable in our community who have no other means or access to mental health care. These services have continued uninterrupted despite the pandemic's impact.

10) Alignment With State Plan to End Homelessness

The State Plan to End Homelessness builds upon the national plan and includes Nebraska driven sub-objectives: Ending Chronic Homelessness;

Ending Veteran Homelessness, Ending Child, Family and Youth Homelessness; and Setting a Path to Reduce Overall Homelessness. Community Alliance believes in the goal to end homelessness since any lessor goal minimizes its significance. Community Alliance participates consistently in the PIT count each year as well as documents service provided in the HMIS system called Clarity in order to have reliable data for our community.

Eighty-two percent (82%) of the individuals served during 2021 through Community Alliance's PATH program are chronically homeless. Often times, the individuals who are chronically homeless have a disability of mental illness or more often complex issues: mental illness, substance use and medical illnesses. Community Alliance homeless services are designed for those with these complex needs which often times ties directly to chronic homelessness. Community Alliance specifically prioritizes persons who are chronically homeless for the Rental Assistance Program housing vouchers.

11) Individuals with Serious Mental Illnesses Who Are Experiencing Homelessness

Results of the 2021 Point In Time count data found 635 persons with serious mental illness and substance use disorders in emergency shelters and on the street. Forty-three percent (271) of these individuals are chronically homeless; 234 in emergency shelter; 37 are unsheltered.

12) Matching Funds

$83,743 are designated as match funds for PATH dollars totaling $200,334. This represents $1.25 in match for every $3.00 in federal PATH funds. Region 6 Behavioral Healthcare, the local mental health authority, is the source of these state and local funds and has included this funding in its allocation plan for Community Alliance's homeless case management / recovery support services for the state fiscal year beginning July 1, 2022.

The match funds shown are directed toward a portion of wages and fringe benefits of homeless services specialist and homeless services program manager. not covered by PATH funds, supporting the provision of ongoing case management, resource acquisition, individualized skills training, recovery supports, and other direct services to assist in an individual's continued transition from homelessness, including working toward maintaining housing and mental health stability. The funds from Region 6 are allocated on a state fiscal year basis, from July through June, and therefore will be available at the beginning of the federal grant period starting in October. A letter of assurance from Region 6, including the match funding identified above is included.

13) Data

Data collection is accomplished through documentation in the Homeless Management Information System called Clarity. Contacts are documented. When the individual transitions to working with the physician, enrollment is completed in Community Alliance's electronic health record (EHR), called SmartCare. Homeless staff members document individual contact as well as the rehab plan in the SmartCare system. The physician's medication orders and progress notes are documented on paper and scanned into the EHR.

14) Special Rule Regarding Substance Use

Community Alliance welcomes individuals with co-occurring disorders and does not exclude persons from mental health services due to the existence or suspicion of substance use. As an organization, we have continually trained staff members and emphasized the importance of services being provided to address both mental illness and substance use. The psychiatrist(s) contracted by the program are knowledgeable regarding anti-craving medications and provides staff training in this area as it arises on a client by client basis. There is no policy at Community Alliance that excludes individuals from services based on mental health or substance use status.

15) Charitable Choice

Community Alliance is not a faith based or religious organization.

16) Confidentiality of Alcohol and Drug Abuse Patient Records
42 CFR Part 2

Community Alliance is capable and ready to meet this standard. Currently we ask individuals served to sign a standardized authorization to release information form which contains:

1. The name of the person about whom information is to be released;
2. A description of the content of the information to be used or disclosed including a separate checkbox for alcohol/drug diagnosis, history & treatment;
3. The form in which the information is to be released;
4. The identification of the persons or class of persons to whom the organization is authorized to make the use or disclosure; address, phone number, relationship;
5. A description of the purpose of the use and disclosure of the protected health information;
6. The date on which the release is signed

7. An expiration date, event or condition (1 year maximum);
8. Information as to how and when the authorization can be revoked;
9. The signature of the person legally authorized to sign the release

Clients may revoke the release at any time, however the revocation must be documented either in writing by the client or if they refuse to document the revocation, staff members will document their verbal revocation. The only exceptions to this policy include circumstances of medical emergency, notification to law enforcement if a threat exists to self or others and reports of child abuse or neglect.

17) Smoke-Free Workplace

All Community Alliance facilities are smoke-free including all owned housing facilities. Along with an emphasis on taking care of one's mental health is an emphasis on taking care of one's physical health. Through the smoking cessation efforts made at Community Alliance, we have seen persons served who have reduced and/or stopped smoking. We continue our work to reduce the number of individuals served by the agency who are using tobacco products. In addition, we continue to provide education and awareness about the dangers of tobacco use among consumers and staff and provide support for smoking cessation.

18) Disaster Preparedness and Emergency Planning

All staff members of Community Alliance have the responsibility and are aware of their role with safety – with persons served, when providing service in the community and in teaching safety awareness with persons served. This has been most evident over the past two years as the street and shelter outreach program staff and persons served have adjusted to the COVID-19 pandemic. Staff have provided consistent education regarding staying safe and well with persons served throughout and placed the highest emphasis on hand washing, cleaning and disinfecting and not staying in close proximity. Community Alliance staff have advocated that encampments not be disrupted to prevent unnecessary movement about the community, but that has only been marginally successful. Emergency shelters continue to operate, but have continued to practice their due diligence with a limited number of professionals entering the facilities.

Region 6 Behavioral Healthcare has the regulatory responsibility for organizing and supervising the local response for the Behavioral Health Nebraska All-Hazards Disaster Response Recovery Plan. The Nebraska All-Hazards Plan addresses the behavioral health needs of people after disaster

through mobilization of natural and professional resources in the response and recovery phases of disaster. Disaster behavioral health interventions are designed to address incident specific stress reactions, rather than ongoing or developmental behavioral health needs. Outreach and crisis counseling activities are the core of disaster behavioral health activities. Natural helpers are tapped as part of the behavioral health workforce to augment and extend the professional response to disaster through provision of social support and compassion. Community Alliance is an active part of the Region 6 Network of Providers and will work cooperatively with Region 6 in the event of a natural disaster.

On a more day to day level, staff review with clients the safest options for them to stay given the individuals choice to stay indoors or outdoors. Clients involved in the various aspects of Community Alliance's Homeless services program are oriented and reminded of safety issues impacting them day to day.

Community Alliance Rehabilitation Services - 2022 PATH Grant Application Report

B. BUDGET NARRATIVE:

PATH Federal Funds Requested: $200,334
Other Non-Federal Funds Projected: $ 83,473

Match Funds Sources:

Funding of Community Alliance's homeless case management, transition and recovery support services has historically been allocated by Region 6 Behavioral Healthcare (local mental health authority) and approved by the Nebraska Division of Behavioral Health Services (DBHS, state mental health authority) on a fiscal year basis. These funds are state and local funds and therefore have provided the requisite $83,473 in non-federal match in past years and are anticipated to qualify for such in the upcoming PATH year. Final Region 6 Governing Board approval and DBHS approval for this funding and qualification for match is expected by June, 2022.

Other Expense Information:

PATH funds are directed towards supporting approximately .728 FTE staff focused on outreach and initial case management as well as .50 FTE of the master's level program manager. Match funds for PATH are directed to support an additional .66 FTE direct service staff and .50 FTE of the program manager. The organization also designates a portion of a senior program director's time to the program to assure appropriate clinical review and oversight of the services provided; .033 FTE of this function is included under the PATH funded portion. In addition, the approximate equivalent of .30 FTE for quality improvement functions, clerical, data, records and other support services has been attributed to PATH funding. Fringe benefits, inclusive of payroll taxes, group health insurance, disability insurance, and the like is calculated at .291 of wages for both PATH and match supported positions based on current costs.

A fundamental principle of effective services for homeless individuals is to bring the service to them, rather than expect or anticipate that the homeless person will come to the service. This requires a high degree of mobility. PATH funded program personnel visit shelters and other areas where homeless people frequent and transport individuals to needed services on a daily basis. Multiple vehicles are assigned to these homeless services for this purpose. A portion of local travel expenses, comprised of gas, oil and other operating costs as well as insurance, maintenance, repairs, parking fees and the like are attributed to PATH funding.

Within the 'Supplies' category are included the cost of office supplies, postage, copying, and printing related to direct program services including referrals and collaboration with other agencies, outreach, and maintaining of client and program records. These costs are estimated based on current use with a pro-rated amount attributed to PATH funding.

A key component of the homeless program is the availability of psychiatric services for screening, diagnostic, and short-term treatment as described in the narrative. Funding has been included under the 'Contractual' category for purposes of contracting with one or more psychiatrists to provide these services at an anticipated contract rate of $100 per hour. Based on current year demand and utilization, we estimate psychiatric time at an average of 6 hours per week for 50 weeks over the course of the program year, all funded through PATH. In addition, contracted payroll, human resource, and other services have been allocated to the program under the contractual category at an estimated cost of $1,221.08 per month for 12 months. Community Alliance Rehabilitation Services is the provider of PATH services, and contracts with Community Alliance, Inc., an affiliated Nebraska nonprofit agency, for its accounting, payroll, and human resources functions. Because of this relationship and the fact that accounting, payroll and human resource staff are not employees of the PATH provider organization, this is shown as a direct contractual expense to Community Alliance Rehabilitation Services and the program.

Additional program operating expenses included in the 'Other' category and shown as partially funded through PATH include costs associated with employee recruitment, screening, hiring, orientation, ongoing training and professional development and credentialing; general liability, professional liability, and other insurance which has been prorated from the organization's total insurance costs based on size of program, number of personnel, and services being delivered; program materials, supplies, and other direct expenses; and computer use, software licensing fees and ongoing support. Bus tickets for use by consumers to expand access to essential services is included with $600 annually attributed to PATH funding.

The availability of medications is critical to one of the primary goals of the program, i.e. to assist the individuals being served in achieving greater mental health stability. Medications are accessed through direct purchaase from the pharmacy, by qualifying individuals through pharmaceutical assistance programs, accessing of sample medications, and accessing healthcare and other assistance programs such as Nebraska's LB95 program. Community Alliance continues to be highly effective in obtaining medications for persons served while maximizing limited homeless services dollars. PATH funds totaling $6,000 annually, or an estimated $500 per month, is budgeted to provide limited direct purchase of medications and, more often, to pay co-pays for individuals qualified under various assistance programs. This effort is greatly enhanced by the substantial amount of donated and reduced cost medications accessed on behalf of persons served in these homeless services through sources other than PATH.

Office and program space to serve as a "home base" for program personnel, including the outreach and case management staff and program manager, as well as space for the contracted psychiatrist to meet with homeless individuals for assessment and short-term treatment. Voice and data connections, fax transmissions, and cellular phones are also required by staff for daily program use. Utilities and other facility expense such as snow removal, grounds upkeep, and janitorial costs is also included as part of occupancy expense in the 'other' category.

BUDGET INFORMATION - Non-Construction Programs

Agency Name:	Name of Person Completing:	Date Completed:
Community Alliance Rehabilitation	Nick Parrish	3/21/2022

SECTION A - BUDGET SUMMARY

Grant Program, Function or Activity	Catalog or Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
(a)	(b)	(c) Federal	(d) Non-Federal	(e) Federal	(f) Non-Federal	(g) Total
1 PATH				200334	83473	$ 283,807
2						$ -
3						$ -
4						$ -
5 Totals				$ 200,334	$ -	$ 200,334

SECTION B - BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Federal	Non-Federal			
a. Personnel	85,999	64,658			$ 150,657
b. Fringe Benefits	25,026	18,815			$ 43,841
c. Travel	7,200				$ 7,200
d. Equipment					$ -
e. Supplies	3,366				$ 3,366
f. Contractual	44,653				$ 44,653
g. Construction					$ -
h. Other	34,090				$ 34,090
i. Total Direct Charges (sum of 6a-6h)	$ 200,334	$ 83,473	$ -	$ -	$ 283,807
j. Indirect Charges					$ -
k. TOTALS (sum of 6i and 6j)	$ 200,334	$ 83,473	$ -	$ -	$ 283,807
7 Program Income					

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 Region 6 Behavioral Health		83473		$ 83,473
9				$ -
10				$ -
11				$ -
12 TOTAL (sum of lines 8-11)	$ -	$ -	$ -	$ 83,473

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13 Federal					
14 Non-Federal					
15 TOTAL (sum of lines 13 and 14	$ -	$ -	$ -	$ -	$ -

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(B) First	(c) Secon d	(d) Third	(e) Fourth
16				
17				
18				
19				
20 TOTAL (sum of lines 16-19)				

SECTION F - OTHER BUDGET INFORMATION

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

Nebraska DHHS-Division of Behavioral Health
PATH Budget Form

Region 6
Behavioral Healthcare

4715 South 132nd Street, Omaha, NE 68137-1701 • Phone: 402-444-6573 • FAX: 402-444-7722 • www.regionsix.com

March 21, 2022

Carole Boye
Chief Executive Officer
Community Alliance Rehabilitation Services
4001 Leavenworth Street
Omaha, NE 68105

RE: Letter of Assurance of Non-Federal Match of PATH Funds

Dear Carole:

This letter is to document non-federal funding provided by Region 6 Behavioral Healthcare, the local mental health authority, to Community Alliance Rehabilitation Services for the provision of Recovery Support services. Recovery Support services are intended to promote successful independent community living by assisting individuals in achieving behavioral health goals, supporting recovery, and connecting the individual to services aiding the goals. This includes linking individuals to community resources, helping to identify and problem solves barriers that PATH limit independent living, and build on strengths and interests that support wellbeing.

Community Alliance provides these services to individuals who are who are homeless and have a serious mental illness for purposes of assisting eligible individuals in obtaining and maintaining the housing, behavioral health, and other resources needed to continue their transition from homelessness and achieve personal and community stability. The services are intended to be closely coordinated with PATH funded outreach, mental health, and initial case management services including longer term assistance and supports. Referrals for recovery support services are received from the PATH funded services.

Region 6 has funded the above-described recovery support services and previously named homeless transition services from non-federal sources for a number of years and anticipates continuing such funding. Region 6 funding for these services in FY 2022-2023 (October 1, 2022 to September 30, 2023) is allocated in the amount of $311,083. This provides an excess of a dollar-for-dollar match of PATH funds, surpassing the required match of $83,473. This letter of assurance is being provided based on the Region 6 allocation plan and is subject to final approval from the Regional Governing Board and Nebraska Division of Behavioral Health Services, anticipated in June, 2022.

We appreciate the opportunity to leverage Region 6 funding with federal PATH funds to enhance the impact of our collective efforts to assist individuals with serious mental illness who are experiencing homelessness.

Sincerely,

Taren Petersen
Director of Network Services

Region V Systems
1645 'N' Street
Lincoln, NE 68508
Contact: C.J. Johnson
Email Address:

Provider Type: Other (please specify)
PDX ID:
State Provider ID:
Contact Phone #: 402-441-4349

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **10/1/2021** to **9/30/2022**

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	**$65,000.00**	**$7,000.00**	**$72,000.00**

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars
b. Fringe Benefits	**0.00 %**	**$0.00**	**$15,346.00**	**$15,346.00**

Category	Federal Dollars	Matched Dollars	Total Dollars
c. Travel	**$0.00**	**$3,600.00**	**$3,600.00**
d. Equipment	**$0.00**	**$0.00**	**$0.00**
e. Supplies	**$0.00**	**$0.00**	**$0.00**
f. Contractual	**$0.00**	**$1,138.00**	**$1,138.00**
g. Housing	**$0.00**	**$0.00**	**$0.00**
h. Construction (non-allowable)			
i. Other	**$0.00**	**$0.00**	**$0.00**
j. Total Direct Charges (Sum of a-i)	**$ $65,000.00**	**$ $27,084.00**	**$ $92,084.00**
k. Indirect Costs (Administrative Costs)	**$0.00**	**$0.00**	**$0.00**
l. Grand Total (Sum of j and k)	**$ $65,000.00**	**$ $27,084.00**	**$ $92,084.00**

Source(s) of Match Dollars:

CenterPointe agency general funds.

Estimated Number of Persons to be Contacted: 120
Estimated Number of Persons to be Enrolled: 90
Estimated Number of Persons to be Contacted who are Literally Homeless: 72
Number staff trained in SOAR in grant year ending in 2021: 3
Number of PATH-funded consumers assisted through SOAR: 11

CenterPointe, Inc.

Provider Type: Community mental health center

1000 South 13th Street

Lincoln, NE 68508

Contact: Maggie Peavy

Email Address:

PDX ID: NE-001

State Provider ID:

Contact Phone #: 402-475-8717

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

I certify that the responses to this Narrative Question in the FY 2020 PATH Application are still accurate. Yes ○ No ○

Planning Period From **10/1/2021** to **9/30/2022**

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	**65,000.00**	**7,000.00**	**72,000.00**	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	38,000.00	1.00 %	0.86	32,500.00	5,500.00	38,000.00	
Outreach worker	34,000.00	1.00 %	0.96	32,500.00	1,500.00	34,000.00	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	**0.00 %**	**$ 0.00**	**$ 15,346.00**	**$ 15,346.00**	**Fringe Benefits @ 23% of Salary**

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	**$ 0.00**	**$ 3,600.00**	**$ 3,600.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	$ 0.00	$ 3,600.00	$ 3,600.00	Mileage reimbursement @ $0.44/mile.

d. Equipment	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

e. Supplies	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

f. Contractual	**$ 0.00**	**$ 1,138.00**	**$ 1,138.00**	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	$ 0.00	$ 1,138.00	$ 1,138.00	Psychiatric consultation

g. Housing	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

h. Construction (non-allowable)

i. Other	**$ 0.00**	**$ 0.00**	**$ 0.00**	

No Data Available

j. Total Direct Charges (Sum of a-i)	$ 65,000.00	$ 27,084.00	$ 92,084.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	**$ 0.00**	**$ 0.00**	**$ 0.00**	
l. Grand Total (Sum of j and k)	$ 65,000.00	$ 27,084.00	$ 92,084.00	

Source(s) of Match Dollars for State Funds:

CenterPointe Inc. commits to obligate $27,084 of the agency's general funds to cover the non-federal cash match requirement of the project.

Estimated Number of Persons to be Contacted: 120

Estimated Number of Persons to be Enrolled: 90

Estimated Number of Persons to be Contacted who are Literally Homeless: 72

Number staff trained in SOAR in grant year ending in 2021: 3

Number of PATH-funded consumers assisted through SOAR: 11

2022 PATH Grant Application FY 2022-2023 PATH INTENDED USE PLAN
CenterPointe Inc.
2633 P Street
Lincoln, NE 68503

2. Intended Use Plan

A. Provider Description – CenterPointe was established in 1973 to provide an alternative to traditional substance use treatment in Lincoln, NE and the surrounding areas that comprise Region V. Since then, the organization has grown significantly and now provides quality behavioral healthcare to 1,800 persons annually who have mental health problems, addiction or co-occurring issues. The agency employs 190 support and clinical staff and has over 30 treatment, rehabilitation and housing programs that operate out of 12 facilities. The agencies annual budget is 12 million dollars. CenterPointe services recently expanded into the Omaha, NE Metro area when Campus for Hope residential treatment programs were acquired form Catholic Charities.

Since 1989 CenterPointe has specialized in providing integrated treatment and recovery-based programs that address the unique mental health, substance use and physical health needs of individuals. CenterPointe was one of the first organizations in Nebraska, and one of the first in the country, to truly integrate substance use and mental health services for persons with co-occurring disorders. CenterPointe is a leader in our community's Continuum of Care and provides over 190 units of innovative permanent and transitional supportive housing for homeless and imminently homeless individuals. CenterPointe's ability to work with individuals with complex needs has allowed the agency to secure local, State and Federal grants for special populations including persons disabled by mental illness, Veterans, transition age youth, and chronically homeless individuals.

CenterPointe first received national accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) in 1996. CenterPointe is an active member of and receives funding from Region V Systems and is an approved Medicaid provider in behavioral health care in the State, including its affiliates and managed care organizations.

The amount of PATH funds requested is $65,000 to provide street outreach and case management services for persons who are homeless and have serious mental illness or co-occurring mental health and addiction problems.

B. Collaboration with the HUD Continuum of Care Program - The Homeless Coalition, Lincoln's Continuum of Care, ensures the coordination of efforts on PATH and other HUD funded initiatives as well as homeless services in general. The Homeless Coalition is responsible for evaluating and planning homeless services, overseeing the continuums homeless information management system (HMIS) and to implement the State's 10-year plan to end homelessness at the local level. The Continuum of Care Committee (CoC) meets at least monthly and has several sub-committees that meet throughout the month including the CoC's coordinated entry program, Most Vulnerable Review Team.

CenterPointe works collaboratively to co-author the City's annual HUD Continuum of Care grant application with the City of Lincoln Urban Development Department. The application secures 2.2 million dollars in grant funds to provide supportive housing for homeless individuals and families in Lincoln and is the Treasurer for the Nebraska Management Information System, the organization responsible for the oversight and administration of Nebraska's HMIS system.

C. Collaboration with Local Community Organizations – To maximize limited community resources, CenterPointe routinely engages in formal and informal collaborations with community partners. For instance, CenterPointe and Lutheran Family services collaborate on the community's ACT program and partners with the Lincoln Housing Authority (LHA) to improve access to housing assistance by teaching RentWise classes which allows participants to receive a weighted preference on Section 8 waiting Lists.

CenterPointe, Region V and the Mental Health Association submitted an application and was approved by SAMHSA to receive a Cooperative Agreement to Benefit Homeless Individuals grant. The grant provides care management, peer support and supported employment to help persons who are chronically homeless maintain permanent housing. The grant utilizes existing CenterPointe and Region V housing assistance to move participants form homelessness to housing and then offers them an array of support services. Since January 2017, the program has provided housing and support to 91 individuals.

CenterPointe partners with Clinic with a Heart to ensure access to primary care for participants and recently opened a health clinic at CenterPointe's outpatient facility. The clinic is run by Clinic with a Heart volunteers and is open to all CenterPointe participants on the 1nd Monday of each month. Additional, CenterPointe is partnering with Charles Drew in Omaha to provide Healthcare for the homeless at Campus for Hope and are exploring Healthcare for the Homeless funding in Lincoln with the Peoples Health Center.

CenterPointe with University of Nebraska Center on Children, Families and the Law provides oversight of the CoC's coordinated entry program. The Most Vulnerable Review Team meets weekly, at CenterPointe, to identify those in the community most in need of permanent supportive housing. The committee utilizes a vulnerability screening index tool (VI-SPDAT) along with weighted preferences to help prioritize housing placements.

CenterPointe's PATH outreach staff, along with other outreach teams in the CoC, participate in the weekly Most Vulnerable Review Team. The outreach staff provide valuable information to the team that includes recent contacts and engagement efforts to move participants to permanent housing. The outreach teams partner on a regular basis when doing outreach especially when entering potentially dangerous situations. Outreach teams also are key to the CoC's successful annual point and time counts.

D. Service Provision -

- **Services to be Provided, Alignment with PATH Goals:** CenterPointe's street outreach program engages persons who are literally homeless and who have a serious mental illness or co-occurring disorders in services that address their housing, behavioral health and primary care needs. CenterPointe believes outreach is an interactive process between outreach workers and

consumers that involves repeated contact over a period of time, for as long as services are needed. Individuals who are homeless and have a serious mental illness require specialized outreach and CenterPointe ensures that those who are literally and chronically homeless receive preference. Chronic homeless persons are a priority for placement into CenterPointe's PSH housing programs as well. In addition, PATH case management will target individuals with serious mental illness or co-occurring disorders that do not qualify for mainstream behavioral health case management resources.

o **Leveraging Other Funds:** CenterPointe maximizes PATH funds by leveraging additional resources for PATH participants. Examples of this include: the use of SOAR funds to assist street outreach in working with persons in shelter to obtain mainstream resources such as SSI; HUD CoC funds are used by PATH to move persons to appropriate housing; Region V Systems behavioral health funds are used to support medication management, residential treatment, outpatient treatment and community support so PATH participants can address their mental health and addiction issues.

o **Gaps in Current Delivery System:** Despite dedicating additional housing and other resources to end chronic homelessness the number of persons who are considered most vulnerable and in need of housing remains high. The CoC's coordinated entry team by-name list includes 75 individuals in need of permanent supportive housing.

o **Services Available to Clients with Serious Mental Illness and Substance Use Disorders:** In addition to the PATH services, described below, CenterPointe offers an array of programs to meet the needs of persons with co-occurring disorders through the integration of substance use treatment and mental health care. These services include residential treatment, transitional and permanent housing, outpatient counseling, day rehabilitation, Assertive Community Treatment, medication management and care management services. Integrated Dual Disorder Treatment (IDDT) has been the foundation of CenterPointe's clinical services since 1989. **PATH Street Outreach:** CenterPointe's street outreach program will actively seek out and identify homeless persons with serious mental illness and co-occurring mental health and addiction problems to engage them in housing and behavioral health services. The outreach model will assist people living in shelter, on the streets or in inappropriate settings through face-to-face contacts with an emphasis on building relationships and trust over a period of time. This will allow the worker and the consumer to facilitate linkages to needed services such as behavioral and primary healthcare, housing and entitlement programs. The worker will also identify and address the participant's immediate needs (e.g., crisis intervention, food, clean clothing, hygiene kits, blankets, and someone to listen to). **PATH Care Management Services**: The PATH grant will also support 1.0 FTE care manager. Through community referrals or street outreach contacts, enrolled participants will be assigned to one of 8 care managers who will be the participant's primary contact and coordinator of their care. Care management services are provided in a variety of locations, including the consumer's homes, shelters, the street, soup kitchens, program staff offices, and elsewhere as circumstances require. PATH Care Management focuses on moving the participant to appropriate housing while addressing their behavioral and primary care issues based on their individual needs. This can consist of but is not limited to addressing and accessing services for their mental health, substance use and physical health needs, daily living needs, personal financial planning, transportation, rehabilitation services, prevocational and vocational services, housing services, and acquisition of financial support services such as housing assistance, food stamps, and Supplemental Security Income.

- **Support of Evidenced Based Practices, Staff Training and Migration of HMIS Data:** CenterPointe provides staff training on the integration of mental health and substance use care using the Integrated Dual Disorders Treatment Evidence Based Practice model. Other EBP's are incorporated into programs throughout CenterPointe as well and include: Illness Management Recovery, Assertive Community Treatment, and Medication Management. The cost of staff training is provided through CenterPointe's general funds and is part of the agency's professional development budget and annual staff training requirements.

CenterPointe is currently using HMIS to track PATH and other Housing programs throughout the agency. The costs related to HMIS are absorbed through agency funds. The data entry required for HMIS will be shared by CenterPointe directors and the PATH Street Outreach Worker. Training for HMIS is available through the University of Nebraska Center on Children, Families and the Law, the communities HMIS system administrator. Training is done annually or as needed for end users via "shadowing" or phone calls with the system administrator.

- **Integration of Recovery support principles:** CenterPointe services integrates SAMHSA four dimensions that support a life in recovery in the following ways:

1) *Health: overcoming or managing one's disease(s) or symptoms*—CenterPointe programs provide individualize treatment and rehabilitation services that are designed to assist the program participant obtain healthier more productive life. Program staff supports the program participant's self-determination and direction as they define their unique path towards recovery. As such, service plans and Wellness Recovery Action Plans are individualized and created with input from the program participant. Additionally, CenterPointe recognizes that mental health and substance use relapse is part of the recovery process and supports program participants by instilling hope through active outreach and engagement. This holistic model of care recognizes the importance of integrating primary healthcare as an essential component to the recovery process as well.

2) *Home: a stable and safe place to live* - CenterPointe provides 214 units of supportive housing to help participants reside in the community. The programs help participants move out of homelessness and into safe affordable housing. Many of the programs provide rental assistance in scattered-site locations in order for the consumer to have a voice in the housing they want to live in, including the neighborhood of their choice. CenterPointe provides Rent-Wise classes on-site to teach individuals and families to become better tenants through education and advocacy skills.

3) *Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society* - PATH participants can attend CenterPointe's Day Rehabilitation program which provides meaningful day activities while teaching independent living and leisure skills in order for the participant to fully participate in the community. Consumer service plans include community integration goals and objectives and include acquisition of benefits, employment, and participation in daily life activities.

4) *Community: relationships and social networks that provide support, friendship, love, and hope* - CenterPointe encourages and assists participants to develop relationships with family and community members. Often person with mental illness and/or addiction have lost contact with family and friends. Counseling and case management support helps facilitate the reunification of family.

E. Data – CenterPointe is fully utilizing HMIS to track PATH participation. HMIS data is collected upon admission, during points of contact and at discharge. Data is then entered into the HMIS system by CenterPointe's Team Leader and the Street Outreach Worker. Aggregate data collected from Service Point is used to report quarter and annual outcomes in PATH PDX and as part of CenterPointe's quality improvement process. Outcome measures include both demographic indicators, such as the number of individuals served and the age, gender and race of participants. Performance measures such as the number of participants that secure mainstream resources and permanent housing are measured as well.

Staff utilizing HMIS receive training through the University of Nebraska Center on Children, Families and the Law HMIS System Administrator. Training in a group setting is available to current and new staff monthly. Individual support and training is available as needed via phone calls, email and through a Shadowing feature, within HMIS, that allows the system administrator to view the end users HMIS screens.

F. SSI/SSDI Outreach, Access, Recovery (SOAR) - For the past 10 years, CenterPointe has provided dedicated case management to assist homeless person disabled by mental illness apply for Social Security Administration benefits. CenterPointe employees 2 FTE SOAR Specialists who dedicate their time exclusively to assisting consumers with SSI/SSDI applications. As the liaison, CenterPointe provides statewide SOAR data to PRA through their Online Application Tracking (OAT) system.

- Dedicated SOAR Staff: 2 FTE
- Staff Trained in SOAR: 3
- Staff who provided assistance with SSI/SSDI apps using SOAR Model: 3
- Number of PATH funded Consumers assisted with SOAR: 2
- Application Eligibility Results: 50% approval rate on initial app; 116 days was average time to approval.

G. Housing: Suitable housing will be made available to PATH-eligible participants through internal referrals and through referrals to community-based programs. Housing First principles will guide the outreach workers efforts to house participants in safe affordable housing quickly and without barriers. Outreach and case management will be crucial to keeping consumers engaged in services while waiting for housing assistance as well as guiding them through the application process.

Housing options at CenterPointe include:

- CABHI: Permanent supportive housing for 60 chronic homeless persons.
- Glide: Permanent, Rapid Rehousing in 22 one-bedroom scattered-site locations.
- Permanent Housing Project: Permanent supportive housing for persons with disabilities in 30 scattered-site locations.
- Overland Trail Apartments: Permanent supportive housing for disabled individuals in 10 apartments supported with HUD Section 811 funding.
- Shelter Plus Care: Permanent supportive housing for 5 chronically homeless individuals.
- Transitions and Transitions 2: Transitional and permanent supportive housing for 19 transition age youth and families.
- Supported Living: Transitional housing and support services in CenterPointe owned apartments (14 units).
- Veterans Transitional Housing: Transitional housing for homeless veterans in a 10 bed

residential program.
supported with Grant Per Diem funds from the VA.

- Veterans Permanent Housing: Permanent supportive housing for 7 veterans in scattered site locations.
- Outreach Housing Project: Permanent supportive housing for 9 chronically homeless individuals.

In addition to the CenterPointe operated programs, PATH participant will access community resources. For instance, the Lincoln Housing Authority dedicates 65 Section 8 Vouchers to the Homeless Voucher Committee. The Committee is comprised of agencies in the Lincoln area that provide case management services to homeless individuals and families. PATH-eligible participants can also apply for Housing Choice Section 8 Vouchers through the Lincoln Housing Authority and Rental Assistance from Region V Systems.

H. Staff Information - CenterPointe has a strong history of recruiting persons with diverse ethnic and racial backgrounds. The current case management staff includes Caucasian and African American persons. The case management staff have several years of combined experience working with persons from a variety of backgrounds. Staff members are sensitive to gender, age, disability, lesbian, gay bisexual and transgender, and racial/ethnic differences and provide care that is culturally competent and accessible to program participants.

CenterPointe recognizes each individual's needs are unique and that an agency needs to be supportive and understanding of these needs. CenterPointe also recognizes the need to engage consumers in community resources specific to their needs such as cultural centers and support groups. Recognizing that persons 55 and older present with unique issues related to aging, CenterPointe maintains a case management position that is dedicated to working with persons 55 years and older only.

CenterPointe provides training for all staff on cultural competency issues at least annually. Each program director is also responsible for providing training specific to the consumers in their program at least annually as well. In addition, program staff are allotted professional development leave and money to attend classes and conferences in the community.

Trainings topics incorporate the notion that racial and ethnic health disparities amongst minorities exists and that persons with serious mental illness and addiction face lifelong struggles with chronic health conditions and on average die 25 years younger than the general population. CenterPointe strives to truly integrate primary and behavioral healthcare to reverse this trend. CenterPointe has incorporated National Culturally and Linguistically Appropriate Services (CLAS) standards into the programs offered to consumers and into their individualized service planning in order to provide effective, equitable, understandable, and respectful care for the consumer. CenterPointe uses interpreters from LanguageLinc to provide counseling and support services in the preferred language of the consumer.

- **Culturally and Linguistically Appropriate Services (CLAS) –** Health Disparities for persons with co-occurring mental illness and addiction are apparent as evidenced by the significantly reduced life expectancy of these individuals. Research shows that persons with co-occurring illnesses have higher rates of diabetes, obesity and heart disease. Homelessness and other socio-economic factors as well as ethnicity contribute to access to healthcare. African

American, Native American and Hispanic persons are at the greatest risk for poor outcomes to integrated behavioral health interventions. CenterPointe will prioritize the service needs for these populations. The expected outcomes will be to improve the health of these clients by acquiring medical homes and identifying individualized service goals related to primary healthcare on each consumer's service plan.

I. Client Information- The Point in Time count, conducted January 26, 2021, by the Lincoln Homeless Coalition and the University of Nebraska Center on Children, Families and the Law, identified 196 persons in emergency shelter plus an additional 38 unsheltered persons living on the streets. Based on these numbers and the data reported last FY in PDX it is anticipated that outreach staff will make contact with 120 unduplicated adults per year. The following demographic information represents the population to be served:

FY 2022	**FY Total**
Number to be Served	**120**
By Race/Ethnicity	
African American	**15**
American Indian/Alaska Native	**9**
Asian	**1**
White	**79**
Hispanic/Latino	**10**
Native Hawaiian/Other Pacific Islander	**1**
Two or More Races	
By Gender	
Female	**36**
Male	**84**

J. Consumer Involvement: Consumer input into the Governance of the agency is outlined in CenterPointe's Stakeholders Input Policy and Procedures. CenterPointe believes that gathering and utilizing input from stakeholders is essential to a responsive and vital organization. Stakeholders of the organization include consumers and their families, staff and consultants of the organization, referral sources, funding sources, payers, and the Board of Directors. It is CenterPointe's policy to seek and to utilize input from stakeholders on an individual and aggregate scale when making decisions regarding program planning and service delivery, allocation of resources, strategic planning, and organizational advocacy. As such, program participants have a variety of ways to provide input into the design, evaluation and provision of services including:

• Program Planning: participants routinely provide direct input into program planning and program development. This is accomplished through focus groups, satisfaction surveys and suggestion boxes.

• Staffing: program staffing is based on consumer needs and includes certified Peer Support Specialists. Peer to peer services, including peers in the delivery of services is an important part of CenterPointe's continuum both formally and informally. At CenterPointe peer support creates common ground and the opportunity for inclusion for consumers of behavioral health services.

CenterPointe recognizes that peer specialists have the ability to assist consumers in regaining control over their lives based on the principles of recovery by inspiring hope that recovery and resiliency are achievable goals. Outreach programs across the country are employing peer street outreach workers. The use of outreach to engage homeless persons in services is well suited for Peer Support Specialists for the reasons described above. Because of this, CenterPointe utilizes peer support for the outreach worker position.

• Program Evaluation/Quality Improvement: program evaluation is routinely received via consumer focus groups and satisfaction surveys. The input is summarized and action plans are developed to improve programming.

• Governance: consumer Inclusion on coalitions, boards and advisory committees is utilized throughout the agency. For instance, consumers or former consumers of behavioral health services and other special populations are members of CenterPointe's Board of Directors. All Board members are responsible for the governance and policy making decisions of the agency and provide supervision and direction to the CEO. A Board profile confirming representation of special populations is maintained to ensure diversity on the Board and includes representatives from veterans, homeless/formerly homeless persons, and consumers/former consumers of behavioral health services.

K. Limited English Proficient (LEP) – CenterPointe will comply with Executive Order 13166 by providing meaningful access to limited English proficient (LEP) persons in CenterPointe programs and activities. Language assistance services will be provided through community resources including LanguageLinc and Region V Systems interpreter reimbursement program.

L. Coordinated Entry- The Most Vulnerable Review Team (MVRT) was established in October 2015 as the CoC's coordinated entry program. To date, MVRT has focused on permanent supportive housing for individuals who are literally homeless and on veteran's homelessness. The MVRT created a by-name list, using HMIS, and a ranking system to identify the most vulnerable persons in the community with the goal of moving those referred to permanent housing. Ranking and prioritization is based on the individual's chronic homeless status, the length of time homeless, domestic violence and their score on a vulnerability index tool (VI-SPDAT). MVRT members meet weekly at CenterPointe to review the by-name list and to coordinate housing placement. Other key partners that participate in MVRT include all of the CoC permanent supportive housing providers, street outreach workers and emergency shelters as well as Veterans Administration staff, Lancaster Co Corrections and Lincoln Police Department.

Work groups have been created to develop policy and procedures to include Rapid Rehousing and Transitional Housing in the CoC's coordinated entry program. CenterPointe is a participant in the workgroups that meet at least monthly with the goal of implementation by January 2018.

M. Justice Involved- More than 50% of PATH participants have a criminal history and most have regular contact with law enforcement. Because of this, CenterPointe invited the Lincoln Police Department to attend monthly meetings with street outreach staff. The collaboration was the foundation for what became the CoC's coordinated entry program. Case management and outreach work in conjunction with law enforcement, public defenders, county attorneys and correctional staff to ensure PATH participants are adequately represented and to offer treatment

diversion options in-lieu of jail time. PATH Street Outreach regularly receives referrals form corrections and meets with incarcerated persons prior to their exit.

The CoC coordinated entry program includes representatives from law enforcement and corrections to help with re-entry into the community after incarceration. The Homeless Coalition has also worked with Legal Aid of Southeast Nebraska and the County Attorney's office to dismiss misdemeanor charges during the community's annual Project Homeless Connect.

CenterPointe's pilot project, "EntryPointe", is a new housing options for offenders on supervised release from corrections. The goal of the program is to prevent participants from becoming homeless upon release and reentry into the community. The pilot project will house three participants for up to 8 weeks and CenterPointe will provide in-house and off-site case management and offer programming which will meet the individual needs of each participant.

2022 PATH Grant Application
CenterPointe Inc.
2633 P Street
Lincoln, NE 68503

1. Project Narrative

A. Overview: Activities - PATH funds will support 1 FTE case management position and 1 FTE Street Outreach position. Outreach will target hard to reach homeless persons who have serious mental illness or co-occurring mental illness and addiction who are residing on the streets or in emergency shelter. PATH case management will target individuals with serious mental illness or co-occurring disorders that do not qualify for mainstream behavioral health case management resources.

1) Organization to Receive Funds - CenterPointe, Inc. 2633 P Street, Lincoln, NE (402) 475-8717, (402) 475-8721 fax, E-mail address: info@centerpointe.org. CenterPointe is a private nonprofit organization established in 1973. CenterPointe provides treatment, rehabilitation and housing for people with serious mental illness and co-occurring substance use and mental health problems. Services at CenterPointe include residential treatment, transitional and permanent housing, outpatient counseling, day rehabilitation, Assertive Community Treatment, medication management and case management services.

2) Service Area(s) - The agency serves individuals in Lincoln NE and the surrounding area designated as Region V in Nebraska.

3) Amount and Source of Matching Funds to be Provided - A cash match of non-federal funds will be provided through CenterPointe's general agency funds in the amount of $27,084.

4) Number of Individuals Contacted – PATH street outreach at CenterPointe will contact an average of 10 new unduplicated adults per month, of which 6 will be literally homeless either residing at the People's City Mission, Friendship Home, Matt Talbot Kitchen and Outreach or places not intended for habitation (streets). At the end of the 2023 project year, 120 unduplicated persons will have been contacted through outreach.

5) Number of Individuals Served (enrolled) - The project anticipates enrolling 75% (90) of the individuals contact through PATH outreach. The persons enrolled will be actively engaged in PATH outreach and/or case management services. Outreach participants will also be referred to and enrolled in other behavioral health and housing programs offered at CenterPointe to include long-term care management, transitional and permanent housing, outpatient counseling, and medication management.

6) Services to be Provided Using PATH Funds in FY2022 -

a. Street Outreach: CenterPointe's street outreach program will actively seek out and identify homeless persons with serious mental illness to engage them in housing and behavioral health services. The outreach model will assist people living in

shelter, on the streets or in inappropriate settings through face-to-face contacts with an emphasis on building relationships and trust over a period of time. This will allow the worker and the consumer to facilitate linkages to needed services such as behavioral and primary healthcare, housing and entitlement programs. The worker will also identify and address the participant's immediate needs (e.g., crisis intervention, food, clean clothing, hygiene kits, blankets, and someone to listen to).

b. Case Management Services: The PATH grant will also support 1.0 FTE care manager. Through community referrals or street outreach contacts, enrolled participants will be assigned to one of 8 care managers who will be the participant's primary contact and coordinator of their care. Care management services are provided in a variety of locations, including the consumer's homes, shelters, the street, soup kitchens, program staff offices, and elsewhere as circumstances require. PATH Care Management focuses on moving the participant to appropriate housing while addressing their behavioral and primary care issues based on their individual needs. This can consist of but is not limited to addressing and accessing services for their mental health, substance use and physical health needs, daily living needs, personal financial planning, transportation, rehabilitation services, prevocational and vocational services, housing services, and acquisition of financial support services such as housing assistance, food stamps, and Supplemental Security Income.

7) Veterans – CenterPointe provides housing and support services to homeless veterans and their families through a HUD Permanent Supportive Housing grant and one Veterans Health Administration Grant. The HUD project provides 9 apartments in scattered site locations to veterans who are not eligible for VA benefits. Residential Contract provides 10 emergency housing beds in a congregate living facility. Effectiveness of these programs are measured though outcome measures that include utilization, movement to permanent housing and secured income. In FY2020, the 2 housing programs maintained a capacity greater than 90% and more than 92% of veterans participating in PSH or TIP moved to a permanent housing destination upon exit from the programs. In addition, CenterPointe is actively involved in the CoC's effort to end veteran's homelessness. A by-name list of veterans who are homeless is reviewed weekly with the goal of moving all veterans to permanent housing through coordinated entry.

8) Recovery Support – CenterPointe partners with persons with mental illness and/or addiction to engage in a process of change to better their lives through self-directed activities that encourage health and resilience. PATH outreach and care management services are based on individual needs and preferences through a no wrong door approach to ensure access and reduce barriers to needed services.

CenterPointe's corporate tenants guide this recovery-oriented system of care by: 1) Ensuring accessibility of services with regard to location, costs, attitudes, facilities, language and waiting lists. 2) Conducting business practices in an efficient manner, so each service is affordable. 3) Providing a quality of care that is person centered, using evidenced based practices with a focus on consumer input and outcomes. 4) Engaging in Advocacy efforts on behalf of persons with behavioral health issues to ensure their

needs are met, their rights are protected, and that policies and resources are developed to adequately support their recovery.

9) **Alignment with PATH Goals -** CenterPointe will utilize PATH funds to provide street outreach and care management services to individuals with mental health and substance use disorders who are homeless or imminently homeless. Priority will be given to the most vulnerable adults who suffer from serious mental illness or co-occurring disorders who are literally homeless or chronically homeless. Contact with participants will occur on the streets, in shelter, local soup kitchen, jail and detoxification centers.

During FY 2021, 65 individuals were enrolled by CenterPointe outreach. The majority of those contacted (68%) were living on the streets or in emergency shelter. In addition to PATH outreach, a partnership was formed with the Downtown Lincoln Association to provide dedicated outreach to individuals living or pan-handing in the downtown Lincoln area. This proved to be a good example of private and nonprofit organizations working together to address homelessness.

Twenty-two participants were enrolled in PATH care management, of which, 100% suffered from a serious mental illness or co-occurring disorders. CenterPointe's PATH care management moves individuals out of homelessness and into appropriate housing while focusing on the individual's recovery from mental health and addiction. The program has access to rental assistance programs and a large network of landlords and housing providers. Once housing resources are identified and accepted by the participant, the goal to move participants from homelessness to housing is 30 days or less.

Support services are in place to help the participant access housing, income and mainstream resources, as well as address their individual goals to prevent future episodes of homelessness. Once enrolled, the participant, with support from their care manager, develops an individualized service plan. The plan is reviewed monthly and includes rehabilitative and habilitative goals related to mental health and substance use recovery, community integration, independent living skills and benefit acquisition.

CenterPointe's SOAR program partners with PATH to reach out to literally homeless persons. SOAR case managers coordinate their efforts with PATH outreach to visit local shelters and soup kitchens to assist homeless individuals apply for Social Security benefits. CenterPointe also collaborates with other street outreach programs in Lincoln's Continuum of Care, including VA Street Outreach, Lincoln Public Schools Homeless Liaison, Matt Talbot Kitchen and Outreach and the Lincoln Police Department.

10) **Alignment with State Plan to End Homelessness –**Housing Innovations provided technical assistance to move the 10-year plan forward. The State committee meets twice a year and subcommittees meet, within their local continuums, throughout the year. CenterPointe and PATH contribute in the following ways to address the 10-year plan goals:

a. To Bring Stakeholders Together to Implement the Plan: CenterPointe's Director of Care Management and Chief Program Officer are members of the statewide committee overseeing the implementation of the plan via attendance at biannual meetings and subcommittee work. Establishing Coordinated Entry (CE) programs throughout the Nebraska is underway. CenterPointe staff were involved in the initial planning and implementation of Lincoln's Most Vulnerable Review Team which established coordinated entry for all Permanent Supported Housing programs and are currently participating in the development of CE for Rapid Rehousing and Transitional Housing programs.

b. Finish the Job of Ending Chronic Homeless: CenterPointe's PATH program targets those most in need through street outreach, vulnerability screening tools, participation in provider meetings and coordinated entry. CenterPointe has dedicated all their permanent supportive housing to chronic homeless.

c. Prevent and End Homelessness Among Veterans: CenterPointe's PATH outreach worker works in tandem with the VA Nebraska-Western Iowa Health Care System outreach and housing staff to move homeless veterans to available housing. The outreach programs routinely team up to meet veterans who are residing in shelter or in places not intended for habitation. CenterPointe also contracts with HUD and the VA to provide 10 emergency housing beds, 25 transitional and 7 permanent housing beds for veterans and is one of 3 agencies leading the Lincoln CoC's effort to end veteran's homelessness.

d. Set a Path to ending all types of homelessness: PATH provides an important role in ending homeless. It is believed that up to 60% of homeless persons have some type of mental illness. PATH case management provides support and technical assistance for individuals unable to access mainstream resources such as Medicaid and Community Support services through Nebraska's managed care system.

11) **Individuals with /Serious Mental Illness who are Experiencing Homelessness-** The University of Nebraska Center on Children, Families and the Law conducts an annual Point and Time count of homeless individuals and families. On January 26, 2021, the count identified 320 persons as homeless. Of which, 66 were chronically homeless, 33 presented with a serious mental illness. The count showed a significant reduction in homelessness compared to the previous year.

12) **Matching Funds -** One FTE case management position and 1 FTE street outreach position will be supported with the requested $65,000 in PATH funds. Non-Federal funds will be provided to the project through CenterPointe, which commits to obligate $27,084 of the agencies general funds to cover the cash match requirements of the project. The funds will be available at the beginning of the grant year and will support the following activities:
    1. The balance of salaries and benefits not covered by federal funds for PATH dedicated staff.
    2. Mileage reimbursement for personal vehicle use for PATH related activities.

3. Medication management and assessment by staff psychiatrist and APRN.

13) **Data -** PATH street outreach at CenterPointe will contact an average of 10 new unduplicated adults per month, of which 6 will be literally homeless either residing at the People's City Mission, Friendship Home, Matt Talbot Kitchen and Outreach or places not intended for habitation (streets). At the end of the 2023 project year, 110 unduplicated persons will have been contacted through outreach and 30 enrolled in case management.

14) **Special Rule Regarding Substance Use –** CenterPointe provides integrated treatment services for persons with mental health and addiction issues in a whole healthcare setting and does not exclude individuals with substance use or mental health problems from any services offered.

15) **Charitable Choice –** CenterPointe is not a faith-based organization. CenterPointe's policy and procedures clearly state that no one will be discriminated against in hiring or in providing program services to, including outreach, based on their religion, a religious belief or a refusal to hold a religious belief. Neither staff nor program participants are required to attend any form of religious activity or participate in a religious practice.

16) **Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2-** All officers, agents, employees of CenterPointe must adhere to the agency's Security of Protected health and Confidentiality Drug/Alcohol Client Information policy. The policy states: It is Federal Law and Regulation and the policy of CenterPointe, Inc. that all personnel must preserve the integrity and confidentiality of personal health and drug/alcohol information maintained by the agency. (Federal Law and Regulation governing the confidentiality of drug/alcohol client records, 42 Code of Federal Regulations or C.F.R., Part 2, Public Law 92-255 and the Health Insurance Portability and Accountability Act (HIPAA), 45 Code of Federal Regulations or C.F.R. Parts 160 and 164). The purpose of this policy is to ensure that CenterPointe, Inc. and its officers, employees, and agents have the necessary medical and other information to provide the highest quality care possible, while protecting the confidentiality and privacy of that information to the highest degree possible. This policy covers all personal health information and information about an individual's participation in CenterPointe programs that is provided in any format. The policy details how information is to be shared, for what purpose, and procedures on how to obtain consent.

17) **Smoke Free Workplace -** CenterPointe's Tobacco Free Environment Policy states the agency's dedication to providing a healthy, comfortable and productive work environment for our staff and consumers. CenterPointe has a campus free policy which prohibits the use of any tobacco products or e-cigarettes on agency property. The policy applies to all staff, consumers, visitors and contractors.

18) **Disaster Preparedness and Emergency Planning –** CenterPointe's Health and Safety Committee oversees the agency's disaster preparation and emergency planning. Residential treatment and hosing programs have site specific plans in place to address emergencies caused by human or natural disaster that includes relocation if necessary.

2022 PATH Grant Application
CenterPointe Inc.
2633 P Street
Lincoln, NE 68503

B. Budget Narrative

1. **PATH Federal and Match Funds Requested:** CenterPointe is requesting PATH funds to support 1 FTE care manager position and 1 FTE street outreach worker in the amount of $65,000. The required cash match, $27,084, will support the additional costs of the 2 FTE's salary and fringe benefits at $18,346/year; psychiatric and APRN time provided to program participation at $5,138/year; and mileage reimbursement for staff to use their personal vehicles at $3,600/year.

Position	Annual Salary	PATH-Funded FTE	PATH Funded Salary	Non Federal Match	Total
Care Manager @ $34,000/year	$32,500	1.0	$32,500	$5,500	$38,000
Outreach worker @ $34,000/year	$32,500	1.0	$32,500	$1,500	$34,000
Fringe Benefits @ 23% of Salary				$15,346	$15,346
Travel: Mileage reimbursement @ $0.44/mile				$3,600	$3,600
Psychiatric consultation				$1,138	$1,138
TOTAL	$65,000		$65,000	$27,084	$92,084

2. **Other Budget categories:** None

3. **Match Fund Sources:** CenterPointe commits to providing the required cash match of $27,084 from its general funds.

4. **Other expense Information:** None

BUDGET INFORMATION - Non-Construction Programs

Agency Name:	Name of Person Completing:	Date Completed:
CenterPointe	Maggie Peavy	3/22/2022

SECTION A - BUDGET SUMMARY

Grant Program, Function or Activity	Catalog or Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
(a)	(b)	(c) Federal	(d) Non-Federal	(e) Federal	(f) Non-Federal	(g) Total
1 PATH				65000	$ 27,084	$ 92,084
2						$ -
3						$ -
4						$ -
5 Totals				$ 65,000	$ 27,084	$ 92,084

SECTION B - BUDGET CATEGORIES

6 Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	65,000	7,000			$ 72,000
b. Fringe Benefits		15,346			$ 15,346
c. Travel		3,600			$ 3,600
d. Equipment					$ -
e. Supplies					$ -
f. Contractual		1,138			$ 1,138
g. Construction					$ -
h. Other					$ -
i. Total Direct Charges (sum of 6a-6h)	$ 65,000	$ 27,084	$ -	$ -	$ 92,084
j. Indirect Charges					$ -
k. TOTALS (sum of 6i and 6j)	$ 65,000	$ 27,084	$ -	$ -	$ 92,084
7 Program Income					

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 PATH	27084			$ 27,084
9				
10				
11				
12 TOTAL (sum of lines 8-11)	$ 27,084	$ -	$ -	$ 27,084

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13 Federal					
14 Non-Federal					
15 TOTAL (sum of lines 13 and 14	$ -	$ -	$ -	$ -	$ -

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

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(B) First	(c) Secon d	(d) Third	(e) Fourth
16				
17				
18				
19				
20 TOTAL (sum of lines 16-19)				

SECTION F - OTHER BUDGET INFORMATION

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

Nebraska DHHS-Division of Behavioral Health
PATH Budget Form

CenterPointe

healthy minds, strong communities

March 22, 2022

John Trouba
Fiscal and Federal Performance Team
DHHS-Division of Behavioral Health
301 Centennial Mall-South, 3rd Floor
PO Box 95026
Lincoln, NE 68509-5026

Re: PATH Cash Match

Dear Mr. Trouba:

Enclosed is CenterPointe's 2022 PATH Project Intended Use Plan. CenterPointe understands the project requires a cash match. Because of this, CenterPointe Inc. commits to obligate $ $27,084 of the agencies general funds to cover the non-federal cash match requirement of the project. CenterPointe assures these funds will be available at the beginning of the grant period.

Please let me know if you need additional information.

Sincerely,

Topher Hansen
Chief Executive Officer

Campus for Hope
1490 N. 16th St.
Omaha, NE 68102
p: 402.827.0570

Administrative Offices
2633 P St.
Lincoln, NE 68503
p: 402.475.8717
www.centerpointe.org

Community Services Fund of Nebraska
Leave a legacy of hope when you include CenterPointe in your will or other estate plans

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	An individual is considered Homeless if he/she: 1) lacks a fixed, regular, and adequate night-time residence; 2) has a primary night-time residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations; (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private space not designed, or ordinarily used as, regular sleeping accommodations for human beings.
Imminent Risk of Becoming Homeless:	Individuals are considered to be at Imminent Risk of Becoming Homeless if: (1) they are in the process of being evicted from dwelling units or are being discharged from institutions; (2) they have no subsequent residences identified; and (3) they lack the resource and support networks to obtain access to housing.
Serious Mental Illness:	An individual is considered to have a Serious Mental Illness if he/she meets the following four criteria. He/she must have a (1) diagnosed mental illness that is (2) severe, and (3) persistent, resulting in a prolonged (4) disability that without supportive/rehabilitative services substantially impairs his/her ability to function.
Co-occurring Disorders:	An individual is considered to have a Co-occurring Serious Mental Illness and Substance Use Disorder if he/she meets the criteria for Serious Mental Illness, and has a co-existing Substance Use Disorder that conforms to the diagnostic criteria for Psychoactive Substance Use Disorders in the most recent edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM).

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

III. State Level Information

B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
B. Collaboration

Hundreds of individuals with mental illness are living successfully in their own apartments as a result of the commitment of state resources to rental assistance and housing coordinators. More individuals with disabilities are living in the community today as the Department of Health and Human Services (DHHS) has reduced overall the number of institutional beds and repurposed funding to expand community-based services. Individuals with disabilities of all ages are able to remain in their homes and communities as a result of state agencies' efforts to secure funding from federal sources, including grants and Medicaid waivers. DHHS has created a housing administrator leadership position within the Division of Behavioral Health to work across departments to facilitate statewide system development and provide education and better align prioritization of housing and service resources.

The Nebraska State PATH Contact participates in the activities of agencies leading efforts to coordinate and address the needs of the homeless or marginally housed. The PATH program is the only statewide program dedicated to supporting outreach and treatment of the seriously mentally ill population.

This includes participation in statewide groups which facilitate statewide collaboration among homeless service providers; housing authorities; the Continuums of Care (CoCs); Nebraska Homeless Assistance Program; the Nebraska Investment Finance Authority (NIFA); the Nebraska Commission on Housing and Homelessness (NCHH); Nebraska Department of Economic Development, and other communities and organizations throughout the state. The goal of this collaboration is to share information and inform policies on the administration of affordable housing programs, particularly in the areas of special needs housing and permanent supportive housing.

NIFA is designated as Nebraska's housing credit allocation agency. NIFA's mission includes providing a broad range of financial resources for the development of affordable housing. NIFA also provides technical assistance for such activities.

The Department of Economic Development is the state's housing agency and administers HUD community and housing programs and state housing development funds.

The Nebraska Homeless Assistance Program (NHAP) is the recipient of HUD Emergency Solution Grant funds allocated for the BoS CoC and the State of Nebraska Homeless Shelter Assistance Trust Fund (HSATF) dollars that are allocated statewide. NHAP coordinates with the entire Continuum of Care System on an ongoing basis by participating in meetings, leading strategic planning efforts, coordinating with ESG entitlement city administrators, supporting the Homeless Management Information System (HMIS), and participating in the establishment and evaluation of ESG and CoC funding priorities. The State of Nebraska has four ESG entitlement cities, which are the cities of Lincoln (Region 6 Lincoln CoC), Omaha and Bellevue (Region 7 Omaha CoC), and Grand Island (Region 2 North Central which is in the Balance of State CoC).

The Non-entitlement area of the state includes the remaining local five regions which collectively form the Balance of State (BoS) CoC. The entire state is referred to as the Continuum of Care System.

Under the guidance and direction of Nebraska Commission on Housing and Homeless, the State Continuum of Care Committee is charged with implementing the Opening Doors: 10 Year Plan to Prevent and End Homelessness in Nebraska. The Opening Doors Plan is considered a living document and it will reflect the actual and evolving reality of funding, economics, and society. In 2022, the Opening Doors Plan is scheduled to be updated.

The State Continuum of Care Committee has been established to effectively help facilitate a cohesive statewide CoC network. It includes representation from governmental, homeless and/or formerly homeless individuals, public, and private entities. All seven local CoC regions have representation on the State CoC Committee.

The purpose of the State CoC Committee is to support the objectives of the Nebraska Commission on Housing and Homelessness (NCHH). The NCHH serves as an advisory body to NHAP, also. To accomplish this, the following objectives are observed:

1) Focus attention of the need of persons who are homeless and persons at risk of homelessness;

2) Propose solutions to the needs of persons who are homeless and persons at risk of homelessness;

3) Encourage and support continuity, coordination, and cooperation at the State level among the State agencies that deliver programs and services to persons who are homeless and persons at risk of homelessness;

4) Coordinate the development of a statewide comprehensive plan; and

5) Coordinate with the NCHH in developing recommendations for programs and/or services that involve housing persons who are homeless persons at risk of homelessness.

III. State Level Information

C. Veterans

Narrative Question:

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

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
C. Veterans

Nebraska addresses the needs of veterans and military families in all our behavioral health service activities, including PATH. The Nebraska Department of Health and Human Services Division of Behavioral Health (NDHHS-DBH) is sensitive to the distinctive needs of veterans and military families and expects PATH providers to outreach and extend services to veterans and their families. The DHHS-DBH housing administrator works long side the Nebraska Veterans Administration representative on the Nebraska Olmstead Committee on veteran housing and homeless issues, including with state and local housing agencies to support veterans and military families experiencing homelessness.

All Nebraska PATH providers coordinate and collaborate across systems to serve veterans and military families, including participation in coordinated entry systems in their Continuum of Care (CoC) and the List By-Name coordinated entry program coordinated by the Veterans Administration.

Ending homelessness among veterans is one goal of the Nebraska Commission on Housing and Homelessness state homeless plan "Opening Doors: 10 Year Plan to Prevent and End Homelessness in the State of Nebraska, 2015-2025." As of April 2022, the United States Department of Veterans Affairs has recognized the collective, cooperative effort among agencies across the CoC has made instances of homelessness among the veteran population rare, brief and non-recurring in the Nebraska Balance of State CoC (NE-500) and Lincoln CoC (NE-502). An end to homelessness means that every community will have a comprehensive response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and one-time experience.

As part of their active participation in their CoC, PATH providers assist veterans in accessing behavioral health services within the broader community including working with area Supportive Services for Veteran Families offices and HUD-Veterans Affairs Supportive Housing (HUD-VASH) programs in urban and rural Nebraska. HUD-VASH links and assists eligible veterans in obtaining needed housing and supports. PATH providers train staff on how to coordinate with the local Veterans Administration office to facilitate delivery of services in their Omaha city (Region 6), Lincoln city (Region 5), and Scotts Bluff County (Region 1) service areas where HUD-VASH is available.

Region 1 - Cirrus House, the PATH provider in western Nebraska's Panhandle area of the Balance of State CoC, provides training for their staff on how to better understand the military culture and collaborate with the programs available for eligible veterans. They have positive relationships with veteran's service agencies and when working with veterans they schedule appointments with appropriate veteran benefits staff and organizations. As a matter of fact there are currently three case managers at veterans organizations who were previous Cirrus House

employees and we have maintained positive working relationships with all of them. As previous employees they are intimately aware of the services we offer and we are able to make appropriate cross referrals and continue Cirrus House's active partnerships with area veterans service agencies in the multi-state area of Nebraska South Dakota and Wyoming. For example, Cirrus House and its CoC work with the Southwestern Wyoming Recovery Access Programs and the Black Hills VA Health Care for Homeless Veterans. In April of each year, they collaborate with the Nebraska, Wyoming and South Dakota state veteran's service agencies at a Stand Down event in Scottsbluff, Nebraska, providing supplies, services and referrals for other assistance to homeless Veterans.

In Region 5 - Lincoln, CenterPointe provides housing and support services to homeless veterans and their families through a HUD Permanent Supportive Housing grant and one Veterans Health Administration Grant. The HUD project provides 9 apartments in scattered site locations to veterans who are not eligible for VA benefits. Residential Contract provides 10 emergency housing beds in a congregate living facility. Effectiveness of these programs are measured though outcome measures that include utilization, movement to permanent housing and secured income. In FY2020, the 2 housing programs maintained a capacity greater than 90% and more than 92% of veterans participating in PSH or TIP moved to a permanent housing destination upon exit from the programs. In addition, CenterPointe is actively involved in the CoC's effort to end veteran's homelessness. A by-name list of veterans who are homeless is reviewed weekly with the goal of moving all veterans to permanent housing through coordinated entry.

In Region 6 – Omaha, the PATH provider, Community Alliance Rehabilitative Services, partners with the broader behavioral health community in both outreach and services to veterans and military families. They remain aware of the staggering statistics associated with suicide among veterans and is vigilant in working with veterans to access needed behavioral health services. They know with the impact of the pandemic, more individuals will need mental health services including veterans. If eligible for behavioral health services at the Veterans Administration, the case manager assists the veteran in connecting and gaining access. The case manager also coordinates transitions into the VA system (or out of the system) that may become necessary. There can be unique access issues at the Veterans Administration that staff can assist the eligible veteran in navigating these steps and processes. If the veteran is not eligible, needed behavioral health services are coordinated within the broader community. Community Alliance staff also work with Blue Valley Community Action Partnership with the Supportive Services for Veteran Families (SSVF) program as needed.

Community Alliance provides training for staff working within its homeless services including those that are PATH funded related to how to coordinate with the local Veterans Administration. A post COVID effort to renew our working relationship with the local Veterans Administration started last fall and is continuing. Homeless services staff also work with HUD's VASH program linking and assisting eligible veterans in obtaining needed housing. Case management staff work closely to transition case management responsibilities to the HUD VASH program case managers.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
D. Alignment with PATH Goals

The Nebraska PATH Program will target street outreach and case management as priority services serving the literally and chronically population of people experiencing homelessness, in areas of the state with the highest concentration of people who are experiencing homelessness. PATH providers leverage their outreach resources by collaborating with other public and private service providers in their Continuums of Care, including Veterans Administration Street Outreach, Nebraska Homeless Assistance Program, public school systems, religious organizations, soup kitchens, hospitals and law enforcement.

Nebraska PATH providers are active participants in their Continuums of Care (CoC) and the broader community. They are a recognized partner in providing a pathway out of homelessness and operate within their respective referral networks to connect PATH-assisted consumers to treatment services. PATH providers link individuals experiencing homelessness with support services and resources, assisting them to access housing, income and mainstream resources, as well address their individual goals to prevent future episodes of homelessness.

Nebraska PATH provider agencies employ peers in their array of services, peers who have various behavioral health and homeless lived experiences. This is helpful to better understand the culture of homelessness in general and the needs of people experiencing homelessness while struggling with a disabling condition such as a serious mental illness, substance use disorder or co-occurring condition.

All Nebraska PATH providers utilize the Homeless Management Information System (HMIS) and work with their local HMIS administrators who coordinate data and reporting services and training opportunities.

The CoCs have implemented common assessment and coordinated entry systems. The common assessment tool used across the state and by PATH providers is the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT). The PATH providers in the Balance of State and Lincoln Continuums of Care have implemented a coordinated entry referral and priority listing system, known as "All Doors Lead Home," utilizing a review protocol to prioritize the most vulnerable in the CoC, identify appropriate and available housing options, and offer housing as quickly as possible regardless of location of the housing or person experiencing homelessness. The PATH provider in the Omaha Metro Area Continuum of Care for the Homeless, Community Alliance, participates in a similar system, known as the Homeless Review Team, within its Metro Area Continuum of Care for the Homeless which consists of a weekly coordination meeting specifically focused on the individuals who identified as most vulnerable and have the highest needs on the VI-SPDAT.

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.

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
E. Alignment with State Comprehensive Mental Health Services Plan

The Nebraska Behavioral Health Services Act designates the Nebraska Department of Health and Human Services Division of Behavioral Health (DHHS-DBH) as the chief behavioral health authority for the State [§71- 806 (1)]. The DHHS-DBH is both the State Mental Health Authority (SMHA) and the State Substance Abuse Authority [or Single State Authority (SSA)]. Therefore, the DHHS-DBH is responsible for managing both the Community Mental Health Services Block Grant (CMHSBG) and the Substance Abuse Prevention and Treatment Block Grant (SAPTBG).

Behavioral health services funded through DHHS-DBH are available to provide a continuity of care for individuals who have been served through programs providing outreach and services for rural residents, older adults, and individuals who experience homelessness in frontier, rural and urban areas. Behavioral health services funded through the CMHSBG and the SAPTBG are identified below.

Community Mental Health Services Block Grant

Assertive Community Treatment	Day Support	Community Support
Professional Partner Wraparound	Medication Management	Psych Residential Treatment
Day Rehabilitation	Outpatient Psychotherapy	Supported Employment

Substance Abuse Prevention & Treatment Block Grant

Assessment/Evaluation	Intensive Outpatient	Recovery Support
Community Support	Opioid Treatment Program	Short Term Residential
Dual Residential	Outpatient Psychotherapy	Social Detox
Halfway House	Prevention/Synar activities	Therapeutic Community

In addition to the block grant prioritized services, the DHHS-DBH and DHHS Division of Medicaid and Long-Term Care provide an array of state funded behavioral health services, many of which benefit persons with serious mental illness experiencing homelessness that may not have been reached via PATH funded activities and services These behavioral health services include, but are not limited to, consumer- provided services, support services, inpatient and outpatient services, and residential and nonresidential services. These services are provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of adults and youth with such disorders.

Persons who are experiencing homelessness and have serious mental illness in Nebraska have specialized needs that may not be met by more traditional service delivery methods. PATH works with local area providers in areas with the highest rates of homelessness who provide outreach, engage, and meet the immediate needs of individuals experiencing homelessness and at

the same time assist consumers in developing self-sufficiency through referral and attainment of services. PATH funds support the outreach and engagement activities of local agencies across Nebraska, a geographically large area with 99.3% of its land area classified as rural based on population size in 2010, according to the U.S. Census Bureau. Note: the U.S. Census Bureau has not released an update from the 2020 at this time. And the National Center for Frontier Communities, using the state office of rural health definition of frontier, classified 39 of the 93 Nebraska counties as frontier based on 2010 census data. As of September 2021, 80 of Nebraska's 93 counties were designated as federal mental health professional shortage areas.

In addition to the PATH funds that support the Regional Behavioral Health Authorities in serving the population areas with the highest rates of homelessness, the Nebraska Homeless Assistance Program (NHAP) within the DHHS Division of Children and Family Services supports a network of shelter, supportive housing, and service providers. These providers plan for and provide a balance of emergency, transitional, and permanent housing and service resources to address the needs of people who are experiencing homelessness so they can make the critical transition from homelessness to jobs, independent living, and permanent housing. For more information on NHAP see the DHHS web site at: http://dhhs.ne.gov/Pages/Homeless-Assistance.aspx

The DHHS Division of Behavioral Health Strategic Plan 2022-2024 includes purposeful objectives and unique strategies that address a set of five distinct areas of focus setting a clear path forward for the continued delivery of behavioral health services with excellence. Transformation pillars within the plan are: 1. Enhance Behavioral Health INFLUENCE; 2. Implement an INTEGRATION Strategy; 3. Promote Stakeholder INCLUSION; 4. Drive INNOVATION and Improve Outcomes; and 5. Demonstrate and Drive VALUE. Services provided using Projects for Assistance in Transition from Homelessness (PATH) funds encompass the transformation pillars.

Partnerships and collaboration with public and private systems, as well as with individuals, families, and communities, are important components in systems of care surrounding each individual served. For example, other state agencies (e.g., State Probation through the Nebraska Supreme Court, the Nebraska Department of Correctional Services (NDCS), the Nebraska Department of Education Vocational Rehabilitation (NDE-VR), and the Nebraska Department of Veterans' Affairs) fund or support behavioral health services for specific populations. The DHHS-DBH also works closely with NDE-VR to provide Supported Employment services to individuals with serious mental illness and substance use disorders.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; 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.

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Nebraska – 2022 PATH Grant Application
III. State Level Information
F. Process for Providing Public Notice

The State PATH Contact posted a Notice of Intent to apply for Nebraska Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program on the Nebraska Department of Health and Human Services – Division of Behavioral Health public website for public comment on April 5, 2022. Public comment was invited in the period April 5 through April 15, 2022. The URL is https://dhhs.ne.gov/Behavioral%20Health%20Documents/Nebraska_PATH-FFY-2022-Grant-Application-Comment.pdf.

Please find a snippet of the posting displayed on the DBH website at the bottom, below the distributed Notice of Intent to apply.

A Notice of Intent to Apply for PATH grant program funds was distributed on the main DBH listserv which has 1,100 subscribers. The notice identified the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) has invited the State of Nebraska to apply for Federal Fiscal Year 2022 funding under the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program. A copy of the notice is below.

The public was invited to review and provide written comments regarding the Nebraska PATH Program Application.

- By the close of the comment period, the Nebraska State PATH Contact received no written comments or questions nor comments received via other formats, such as telephone calls.
- During the public comment period of April 5 through April 15, 2022, the Draft PATH 2022 Application on the DBH website was viewed by seven (7) unique users and recorded nine (9) total hits.

The final application to be submitted in WebBGAS will be posted to the DBH website from the date of its submission though the grant award period. The URL will be http://dhhs.ne.gov/Pages/Behavioral-Health.aspx and the document will be located in the General Documents section of the page.

This section was updated for inclusion in the final document submitted in WebBGAS as the application for Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program Fiscal Year 2022

The grant documentation review process was conducted and completed by the Nebraska SPC.

Notice of Intent to Apply
Nebraska Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program

The Division of Behavioral Health is sharing this information about the intent to apply for federal Fiscal Year 2022-2023 funding under the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program. The public is invited to review and provide written comments regarding the Nebraska PATH Program Application by 5:00 PM on April 15, 2022. At the close of the comment period all responses submitted to the posted Notice of Intent to Apply for the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program will be reviewed.

The goal of the PATH formula grants is to reduce or eliminate homelessness for individuals who are homeless or at imminent risk of becoming homeless and who have serious mental illnesses (SMIs) or co-occurring SMIs and substance use disorders. Through its services, PATH links a vulnerable population who experience persistent and pervasive health disparities to mainstream and other supportive services.

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) has invited the State of Nebraska to apply for federal Fiscal Year 2022 funding under the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program. The PATH Program is authorized under Section 521 of the Public Health Services Act, Title V, Part C, as amended. You are invited to send written comments regarding the Nebraska PATH Program Application via email or mail to John Trouba at john.trouba@nebraska.gov or John Trouba, Federal Aid Administrator, DHHS Division of Behavioral Health, PO Box 95026, Lincoln, NE 68509-5026, by 5:00 p.m. Friday, April 15, 2022.

It is the intent of the State of Nebraska to fund Regional Behavioral Health Authority PATH program grantees at 2021-2022 PATH levels if funding is available, all application elements are met, and the grantee has fulfilled all prior grant agreement requirements.

The PATH Program grant is intended to reduce or eliminate homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance use disorders or who are at imminent risk of becoming homeless. PATH funds are used to provide an array of allowable services, including street outreach, case management and services which are not supported by mainstream mental health programs.

The State of Nebraska is a minimum allotment state for the PATH Program grant. The maximum amount the State can receive is $300,000. As required by Statute, states must agree to make available, directly or through donations from public or private entities, non-federal contributions that are not less than $1 (in cash or in kind) for each $3 of federal funds. A maximum of 4% ($12,000) of the grant allotment can be used for state administrative expenses. At least $288,000

will be subgranted to Regional Behavioral Health Authorities for three local agencies who will provide street outreach, case management, screening, diagnostic and short-term treatment, and/or housing assistance services to homeless individuals with serious mental illness. The three local agencies providing PATH program services will provide $100,000 required match through private donations, agency revenue and/or in kind services.

PATH Provider	Geographic Service Area	Allocations	Matching Funds	Estimated # of Homeless Individuals to Contact	Estimated # of Homeless Individuals to Enroll in PATH
Region 1 (Cirrus House, Inc.)	Region 1 Behavioral Health Services	$22,666	$7,555.33	20	15
Region 5 (CenterPointe, Inc.)	Region V Systems Behavioral Health Services	$65,000	$27,084	120	90
Region 6 (Community Alliance Rehabilitation Services)	Region 6 Behavioral Health Services	$200,334	$83,472	200	170

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A draft of the Nebraska PATH Program Federal Fiscal Year 2022-2023 Application is available on the Nebraska Department of Health and Human Services – Division of Behavioral Health (NDHHS-DBH) website https://dhhs.ne.gov/Pages/Behavioral-Health.aspx and upon request from the NDHHS-DBH. Please contact John Trouba, State PATH Contact at the Division of Behavioral Health via email john.trouba@nebraska.gov or at (402) 471-7824 to obtain an electronic copy.
#END

Snippet of the posting on the DBH website displaying the application for public comment.

Behavioral Health

As the designated single state mental health and substance use authority, the Division administers, provides funding and oversight for a community-based prevention, treatment and recovery support system. The Division is charged to plan, organize, coordinate and budget for a statewide system of care for individuals and families that need public mental health and substance use disorder services.

The Office of Consumer Affairs advocates for consumers of behavioral health services. The office has a variety of advocacy services, including Peer Support Specialist Core Curriculum and Certification.

The Division supports the Nebraska System of Care for Youth, Behavioral Health Network of Care, and the Nebraska Family Helpline.

Sheri Dawson, Director

The Division of Behavioral Health's mission is to provide leadership and resources for a system of care that promotes and facilitates resilience and recovery for Nebraskans.

DHHS Behavioral Health Strategic Plan 2022-2024

The *DHHS Behavioral Health Strategic Plan 2022-2024 Influence - Integration - Inclusion - Innovation - Value* is now available.

988 is coming in July 2022

988 is a national effort, organized at the state level to meet the growing need for crisis intervention and save lives. Learn more.

Opioid Settlement Remediation Advisory Committee

Nebraska's fight against the national opioid epidemic. Learn more.

Suicide Lifeline	Treatment and Recovery	Prevention and Promotion
Nebraska Family Helpline	Consumer Advocacy / Consumer Affairs	Public Participation and State Committees
Psychiatric Hospitals	Prescription Assistance	Rules, Regulations and

Psychiatric Hospitals

Prescription Assistance Program

Rules, Regulations and Guidance

Network of Care

Training for Professionals and Practitioners

988 Planning

Opioid Settlement Remediation Advisory Committee

Continuum of Care Manual

View the Continuum of Care Manual, which replaced the LimeBook on November 1. For all services funded by the Division of Behavioral Health on and after 11/1/2021, service delivery must meet the definitions as identified in the Continuum of Care manual. The new Continuum of Care Manual includes updated service definitions, guidance on telehealth service provisions, and prevention information. The utilization management guidelines and billing processes have not changed.

General Documents

Name	Modified
April 4, 2022 - Meeting Minutes	3 days ago
988 Fact Sheet	April 7
JAC_April_14_2022_Agenda.pdf	April 7
Nebraska_PATH-FFY-2022-Grant-Application-Comment	April 5
MHBoardTraining	April 1
2.22.22 Taskforce Agenda FINAL	March 25

#END

III. State Level Information

G. Programmatic and Financial Oversight

Narrative Question:

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

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Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
G. Programmatic and Financial Oversight

Nebraska has six established behavioral health regions which together cover the entire state. Each region is created by Interlocal Agreement and established as a Regional Behavioral Health Authority, statutorily responsible for providing direct oversight of the local supported behavioral health services network of providers. Programmatic and financial oversight takes place through monthly and/or quarterly conference calls or meetings and quarterly reports from the Regions, financial audits, and contract compliance provisions that are reported to the State. The Nebraska Department of Health and Human Services-Division of Behavioral Health (NDHHS-DBH) contracts with three of the behavioral health regions (1, 5, and 6) to provide PATH services. The Regions subcontract with a provider in their respective region to carry out the services. The Regions and NDHHS-DBH State PATH Contact separately conduct provider site visits to review programmatic activity. In addition, calls are conducted and electronic messages are exchanged with the State PATH Contact, the Regional Behavioral Health Authority PATH contacts, and the PATH providers to collaborate and coordinate information.

State level activities include reviews of quarterly activity reports and monthly billing documents, technical assistance, and contract compliance provisions with the Regions. All PATH Providers are also enrolled in the public mental health and substance abuse network provider system and, therefore, must meet system and network management enrollment criteria.

The State PATH Contact will resume annual onsite visits to all PATH providers in 2022, following suspension of travel and use of remote site visits in 2021. The PATH provider site visits include a review of client records, personal interviews with at least one consumer who is benefiting from PATH services, discussions with PATH staff, as well as a tour of the facilities, operations, and in the field street outreach activity.

III. State Level Information

H. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds 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, data driven or other means).

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Nebraska – 2022 PATH Grant Application
III. State Level Information
H. Selection of PATH Local-Area Providers

Nebraska proposes to continue funding the three Regions in the same amount as it did previously in the FY2021 project period. The PATH funds are allocated to the Regions as follows:

- Region 1 $ 22,666
- Region 5 $ 65,000
- Region 6 $ 200,334

According to the Census Bureau's Population Estimates Program (PEP), which produces estimates of the population on an annual basis, Nebraska's 2020 population is 1,961,504. The five counties that comprise Region 6 Behavioral Health Region (Omaha) have a total population of 859,760, (43.8%) and the sixteen counties that comprise Region 5 Behavioral Health Region (Lincoln) have a total population of 482,715 (24.6%). Combined, these two regions constitute sixty-eight percent of the State population and have the largest population of people experiencing homelessness in Nebraska. The population of the balance of state is 619,029 (31.6%).

In each of the three PATH providers' local area are military installations. Both federal and state military installations are located in Omaha (Region 6), including the U.S. Air Force Offutt Air Force Base, the host base for the 55th Wing and US Strategic Air Command, supporting more than 50 mission partners including the 557th Weather Wing, the 595th Command & Control Group, as well as 44,000 family members and retirees in the local area. In addition, Omaha installation of the Nebraska Air National Guard 170th Group and Nebraska Army National Guard.

In the Lincoln (Region 5) area, military bases include the Nebraska Air National Guard 155th Air Refueling Wing and Nebraska Army National Guard. The Scottsbluff (Region 1) area is home to units of the Nebraska Army National Guard. PATH providers are cognizant of the statistics associated with suicide among veterans and are vigilant in working with veterans who are experiencing homelessness to access needed behavioral health services.

According to the 2021 Point in Time (PIT) summary count data (the latest available), Region 6 and Region 5 account for seventy-nine percent of the adults who are experiencing homelessness. As the state population continues to increase, these two regions continue to represent a greater share of the state population as it becomes more metropolitan-based. Among the adult population identified experiencing homelessness in Nebraska, thirty-seven percent were identified as having a Serious Mental Illness (SMI), of which eighty-six percent live in Region 6 and Region 5. In addition, Region 6 and Region 5 account for ninety-one percent of veterans who are experiencing homelessness. The geographic distribution of individuals experiencing homelessness is consistent year-to-year, therefore, Region 6 and Region 5 receive the largest portion of the PATH funds. The remainder of the funds is allocated to the Scottsbluff area (Region 1) in western Nebraska, part of the Balance of State Continuum of Care.

III. State Level Information

I. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness 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.

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Nebraska – 2022 PATH Grant Application
III. State Level Information
I. Homelessness - Location of Individuals with Serious Mental Illness who are Experiencing Homelessness

Nebraska has PATH providers located in three cities: Scottsbluff – Region 1 Behavioral Health Authority (Region 1), Lincoln – Region 5 Behavioral Health Authority (Region 5), and Omaha – Region 6 Behavioral Health Authority (Region 6). Nationally, it is estimated that 35%-45% of persons who are experiencing homelessness may have a Serious Mental Illness (SMI), and 45% may have a co-existing substance use disorder.

The chronically homeless population has higher rates of behavioral health needs. According to the Office of National Drug Control Policy, approximately 30 percent of the chronically homeless population has a SMI and around two-thirds have a primary substance use disorder or other chronic health condition. According to estimates reported in the 2011 SAMHSA factsheet "Current Statistics on Prevalence and Characteristics of People Experiencing Homelessness in the United States," 45% of Veterans who are experiencing homelessness experience mental illness. (This estimate is used in the table below.)

Each regional CoC addresses community-level planning, identify service gaps, and plan and prioritize new and renewal CoC projects within their respective regions. Each regional CoC collects, reports and submits information and project applications to the U.S. Department of Housing and Urban Development (HUD).

The 2022 Point-in-Time (PIT) Count was conducted and data was collected by the Continuums of Care (CoC) in Nebraska on January 25, 2022. The HUD data submission deadline for the 2022 PIT count is at the end of April, therefore, 2022 PIT are not yet available and 2021 PIT counts are reported in this grant application.

There are three reporting CoC in Nebraska which encompass the entire geographic area of the state, including NE-500-Balance of State CoC, NE-501-Omaha CoC, and NE-502-Lincoln CoC. The Balance of State CoC is the HUD recognized consolidation of five distinct regional CoCs (Regions 1, 2, 3, 4 and 5).

According to the 2021 PIT count, across the state, the total number of adults experiencing homelessness in Nebraska decreased by 17% between 2020 (1,941 total) and 2021 (1,609 total). The number of adults experiencing homelessness who also have a SMI increased by 182% between 2020 and 2021. (This is a result of the NE-501-Omaha CoC 2021 PIT count identified an increase of 1049% due to the NE-501-Omaha CoC 2020 PIT count of only 37 individuals at the time when the initial pandemic impacts affected both PIT operations and behavior of the individuals at risk of and experiencing homelessness.) The number of veterans experiencing homelessness decreased by 16%, between the 2020 and 2021 PIT counts.

The NE-501 Omaha CoC continues to report the largest number of adults experiencing homelessness (1,027, 64% of the state total), number of veterans experiencing homelessness (104, 81% of the state total), adults experiencing homelessness who also have a SMI (425, 71%

of the state total), and veterans experiencing homelessness who also have a SMI (47, 80% of the state total). The Omaha CoC 2021 PIT count of adults experiencing homelessness decreased between 2020 and 2021 and so did the count of both veterans experiencing homelessness and veterans experiencing homelessness who also have an SMI.

The NE-502 Lincoln CoC 2021 PIT count reported a decrease in the number of adults experiencing homelessness and adults experiencing homelessness who also have an SMI. The counts of both veterans experiencing homelessness and veterans experiencing homelessness who also have a SMI did not change from 2020 PIT counts.

The NE-500 Balance of State CoC 2021 PIT count reported a 50% decrease in the number of veterans experiencing homelessness who also have a SMI. The count reported a decrease in the number of adults experiencing homelessness (-18%). However, the number of adults experiencing homelessness who also have a SMI increase 20% compared to the 2020 PIT count.

Nebraska PATH providers utilize the Homeless Management Information System (HMIS) to collect, utilize and report PATH service activities and in their internal data evaluation and reporting activities. There are two HMIS Administrators serving the Nebraska PATH providers. The HMIS Administrator for two PATH providers, Region 1 (Cirrus House) and Region 5 (CenterPointe), is the University of Nebraska-Lincoln Center on Children, Family, and the Law which is located in Lincoln, Nebraska. The HMIS Administrator for Region 6 (Community Alliance) is the Institute for Community Alliances in Council Bluffs, Iowa. Both HMIS Administrators provide new user training and assistance for PATH HMIS users. Region 6 use of Clarity by BitFocus is supported by the Institutes for Community Alliances. Regions 1 and 5 use of Clarity by BitFocus is supported by the University of Nebraska – Lincoln Center on Children, Family and the Law.

The 2021 and 2020 PIT reports published by the two Nebraska Homeless Management Information System (HMIS) Administrators serving the state are reported in the table below.

SUMMARY OF HOMELESS POPULATIONS – PIT COUNT 2021 & 2020

Continuum of Care	Total Adults		Total Adults with SMI		Of Total Adults / # Of Veterans		# Of Veterans With SMI *Estimate**	
	2021	**2020**	**2021**	**2020**	**2021**	**2020**	**2021**	**2020**
NE-502 Lincoln CoC (CoC Region 6)	249	327	92	107	14	14	7	7
NE-501 Omaha CoC (CoC Region 7)	1,027	1,210	425	37**	425	118	47	54
NE-500 Balance of State CoC (CoC Regions 1-5)	333	404	83	69	83	21	5	10
TOTAL	1,609	**1,941**	**600**	**213**	**600**	**153**	**59**	**71**

* "# of Veterans with SMI" is estimated based on SAMHSA 2011 factsheet "Current Statistics on Prevalence and Characteristics of People Experiencing Homelessness in the United States," that states 45% of veterans experiencing homelessness are also experiencing a mental illness.
** The 2020 PIT count in NE-501 Omaha CoC occurred early in the pandemic which affected survey activity and the count of Other Homeless Subpopulations Total Adults with SMI which was reported at 37 individuals.

III. State Level Information

J. 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.

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III. State Level Information
J. Matching Funds

The sources of the required PATH match contributions are provided by each PATH Provider. These sources are identified for each PATH Provider, as well as assurances that these match contributions will be available at the beginning of the grant period.

Copies of the letters of assurance are included in each respective PATH Provider Intended Use Plan, also.

Region 1 - Cirrus House, Inc. is utilizing donations to the agency and in-kind agency services for the PATH match contribution.

Region V - CenterPointe, Inc. is utilizing agency general funds for the PATH match contribution.

Region 6 - Community Alliance Rehabilitation Services is utilizing non-federal funds supporting services from Region 6 Behavioral Healthcare as the source of the PATH match contribution.

Region 1 - Cirrus House, Inc. Letter of Assurance of Matching Funds

Cirrus House, Inc.
Work! It's What We Do.
Advocacy Employment Housing Education
1509 1st Avenue Scottsbluff, NE 69361 308-635-1488
www.CirrusHouseInc.com Fax: 308-635-1271

PATH CASH MATCH 2023

Cirrus House Inc. understands the project requires a cash match. To meet this requirement, Cirrus House Inc. commits to obligate $7,555.00 or more of agency donations to cover the non-federal cash match requirement of the project. Cirrus House Inc. assures these funds will be available at the beginning of the grant period. We have established relationships with local foundations who are willing to provide matching funds.

Brent L. Anderson, Executive Director

Region 5 - CenterPointe, Inc. Letter of Assurance of Matching Funds

CenterPointe

healthy minds, strong communities

March 22, 2022

John Trouba
Fiscal and Federal Performance Team
DHHS-Division of Behavioral Health
301 Centennial Mall-South, 3rd Floor
PO Box 95026
Lincoln, NE 68509-5026

Re: PATH Cash Match

Dear Mr. Trouba:

Enclosed is CenterPointe's 2022 PATH Project Intended Use Plan. CenterPointe understands the project requires a cash match. Because of this, CenterPointe Inc. commits to obligate $ $27,084 of the agencies general funds to cover the non-federal cash match requirement of the project. CenterPointe assures these funds will be available at the beginning of the grant period.

Please let me know if you need additional information.

Sincerely,

Topher Hansen
Chief Executive Officer

Campus for Hope
1490 N. 16th St.
Omaha, NE 68102
p: 402.827.0570

Administrative Offices
2633 P St.
Lincoln, NE 68503
p: 402.475.8717
www.centerpointe.org

Community Services Fund of Nebraska

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Region 6 – Community Alliance Rehabilitation Services Letter of Assurance of Matching Funds

Due to the timing of the PATH grant application this year (April 25, 2022), Community Alliance Rehabilitation Services and Region 6 Behavioral Healthcare is providing the following Letter of Assurance of Matching Funds, however, final approval of matching funds requires Region 6 Behavioral Healthcare Governing Board approval which is scheduled for their regular quarterly meeting in June 2022.

Region 6 Behavioral Healthcare

4715 South 132nd Street, Omaha, NE 68137-1701 • Phone: 402-444-6573 • FAX: 402-444-7722 • www.regionsix.com

March 21, 2022

Carole Boye
Chief Executive Officer
Community Alliance Rehabilitation Services
4001 Leavenworth Street
Omaha, NE 68105

RE: Letter of Assurance of Non-Federal Match of PATH Funds

Dear Carole:

This letter is to document non-federal funding provided by Region 6 Behavioral Healthcare, the local mental health authority, to Community Alliance Rehabilitation Services for the provision of Recovery Support services. Recovery Support services are intended to promote successful independent community living by assisting individuals in achieving behavioral health goals, supporting recovery, and connecting the individual to services aiding the goals. This includes linking individuals to community resources, helping to identify and problem solves barriers that PATH limit independent living, and build on strengths and interests that support wellbeing.

Community Alliance provides these services to individuals who are who are homeless and have a serious mental illness for purposes of assisting eligible individuals in obtaining and maintaining the housing, behavioral health, and other resources needed to continue their transition from homelessness and achieve personal and community stability. The services are intended to be closely coordinated with PATH funded outreach, mental health, and initial case management services including longer term assistance and supports. Referrals for recovery support services are received from the PATH funded services.

Region 6 has funded the above-described recovery support services and previously named homeless transition services from non-federal sources for a number of years and anticipates continuing such funding. Region 6 funding for these services in FY 2022-2023 (October 1, 2022 to September 30, 2023) is allocated in the amount of $311,083. This provides an excess of a dollar-for-dollar match of PATH funds, surpassing the required match of $83,473. This letter of assurance is being provided based on the Region 6 allocation plan and is subject to final approval from the Regional Governing Board and Nebraska Division of Behavioral Health Services, anticipated in June, 2022.

We appreciate the opportunity to leverage Region 6 funding with federal PATH funds to enhance the impact of our collective efforts to assist individuals with serious mental illness who are experiencing homelessness.

Sincerely,

Taren Petersen
Director of Network Services

Cass • Dodge • Douglas • Sarpy • Washington

III. State Level Information

K. Other Designated Fundings

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.

FY 2022 PATH FOA Catalog No.: 93.150 FOA No.: SM-21-F2 Approved: 02/23/2022

Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
K. Other Designated Funding

The Nebraska Department of Health and Human Services (NDHHS) does not have funds designated specifically for serving people who experience homelessness and have serious mental illnesses.

No Community Mental Health Services Block Grant or Substance Abuse Prevention and Treatment Block Grant funds are designated specifically for serving people who are experiencing homelessness and have a serious mental illness. However, as identified in Section E. Alignment with State Comprehensive Mental Health Services Plan, PATH engaged and enrollment consumers may benefit from behavioral health services including, but are not limited to, consumer-provided services, support services, inpatient and outpatient services, and residential and nonresidential services. These services are provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of adults and youth with such disorders.

NDHHS does have dedicated funding for adults with a serious mental illness who are extremely low income through the NDHHS Division of Behavioral Health Nebraska Housing Assistance Program (HAP). The purpose of the HAP program is to address housing needs of people with behavioral health disorders. This includes the use of rental assistance, other housing-related assistance, facilitation of community integration and a housing first approach as strategies to prevent homelessness as well as sustain stable housing. Stable affordable housing is often the biggest barrier for individuals attempting to transition to independent living. The program is a recovery support service designed to be person centered, recovery oriented, and focused on a positive outcome of promoting independent housing and living for individuals in the program.

III. State Level Information

L. Data

Narrative Question:

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

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Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
L. Data

Nebraska PATH providers fully utilize the Homeless Management Information System (HMIS) to collect, utilize and report PATH service activities and in their internal data evaluation and reporting activities. There are two HMIS Administrators serving the Nebraska PATH providers. The HMIS Administrator for two PATH providers, Region 1 (Cirrus House) and Region 5 (CenterPointe), is the University of Nebraska-Lincoln Center on Children, Family, and the Law which is located in Lincoln, Nebraska. The HMIS Administrator for Region 6 (Community Alliance) is the Institute for Community Alliances in Council Bluffs, Iowa. Both HMIS Administrators provide new user training and assistance for PATH HMIS users. Region 6 use of Clarity by BitFocus is supported by the Institutes for Community Alliances. Regions 1 and 5 use of Clarity by BitFocus is supported by the University of Nebraska – Lincoln Center on Children, Family and the Law.

NDHHS-DBH continues to communicate with the PATH providers and the Nebraska HMIS administrators to assist and evaluate Nebraska's current status and inclusion of the PATH program in the data collection and reporting activities. And, NDHHS-DBH participates in statewide groups which facilitate statewide use and discussion of shared data and performance metrics, such as the Nebraska Commission on Housing and Homelessness's State Continuum of Care Committee and HMIS Committee (the advisory body to the Nebraska Homeless Assistance Program) and Balance of State Subcommittee (the subcommittee works with the Balance of State CoC All Doors Lead Home Coordinated Entry program).

The Nebraska State PATH Contact and PATH providers participate in webinars topical to data, data reporting, and HMIS issues when sponsored by SAMHSA and/or HUD.

In 2021-2022, PATH providers participated in SAMHSA's Homeless and Housing Resources Network (HHRN) PATH HMIS Learning Communities focusing on PATH and HMIS data collection workflow and decision points and webinars pertaining to HMIS PATH Project Setup, PATH PDX and the PATH Annual Report.

Upon referral to community-based treatment and recovery support services, consumer-level data are reported in the Division of Behavioral Health Centralized Data System (CDS). In the CDS, PATH is formally listed as one of the referrals sources. Being a distinct referral source offers an opportunity to account for types of services subsequently attained by those PATH consumer referrals. CDS collects consumer level information that are reported in Treatment Episode Date Set (TEDS) to SAMHSA. TEDS data are pertain to MH and SU Disorders services funded by DBH, either directly or through regional contracts.

III. State Level Information

M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

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Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
M. SSI/SSDI Outreach, Access and Recovery (SOAR)

The SSI/SSDI Outreach, Access and Recovery (SOAR) effort in Nebraska is a statewide initiative. The goal is to increase access to disability income benefits administered by the Social Security Administration for eligible adults who are experiencing homelessness, or who are at risk of homelessness, and have a mental illness and/or a co-occurring substance use disorder.

In Nebraska, each Continuum of Care (CoC) region is given the opportunity to select one community agency to be eligible to receive a small amount of Nebraska Homeless Assistance Program grant funding for SOAR activities. Two of the three Nebraska PATH providers are among the community agencies selected by their CoC to lead the SOAR efforts in their region. Each of the three Nebraska PATH providers have staff who are trained in and provide SOAR services. PATH providers outreach hundreds of persons who are literally homeless and assist many of them obtain mainstream services. Within the CoC, if a provider does not have staff trained in SOAR, they make referrals to SOAR services available at collaborating CoC agencies.

SOAR is a strategy that helps PATH providers increase access to mainstream benefits for people who are experiencing homelessness or at risk of homelessness, and who have mental illness, co-occurring mental health and substance use disorders and/or other serious health conditions. SOAR is designed to serve individuals who are able to apply for benefits as an adult under Social Security Administration rules. Accessing these benefits is often a critical step in recovery.

- Cirrus House operates a SOAR program that partners with the PATH outreach worker(s) to coordinate efforts and assist eligible individuals with their SOAR application. They have staff members trained in SOAR but refer all PATH clients in need of SOAR to the local Continuum of Care SOAR administrator for service assignment.
- CenterPointe operates a SOAR program that partners with the PATH outreach worker(s) to coordinate efforts and assist eligible individuals with their SOAR application. They have two FTE dedicated SOAR staff and one additional staff member trained in SOAR. CenterPointe leads the Lincoln CoC SOAR effort. CenterPointe is the liaison who provides statewide SOAR data to PRA through their Online Application Tracking (OAT) system.
- Community Alliance operates a SOAR program that partners with the PATH outreach worker(s) to coordinate efforts and assist eligible individuals with their SOAR application. They have 8 FTE dedicated staff specifically focused on providing SOAR services including for individuals who are homeless and have a serious mental illness. Community Alliance leads the MACCH (Omaha metropolitan area) CoC SOAR effort.

Nebraska PATH providers participate in their respective CoC and are successfully implementing processes with established common assessment and Coordinated Entry systems. Coordinated Entry identifies those most in need of permanent supported housing which allows delivery of services to be on a prioritized basis, including SOAR services.

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

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Footnotes:

Nebraska – 2022 PATH Grant Application
III. State Level Information
N. PATH Eligibility and Enrollment

The PATH Program reaches the areas in the state in which the greatest number of individuals who are experiencing homelessness with a need for mental health, substance use disorder, and housing services are located. Outreach service to the most vulnerable experiencing homelessness is a prioritized activity. Outreach is activity to establish a trusting relationship that respects the autonomy of the individual and meets the individual where they are.

Describe How PATH Eligibility is Determined: PATH eligibility includes the two conditions of 1) experiencing homelessness and 2) a Serious Mental Illness. PATH eligibility is determined after a deliberate clinical assessment is completed which includes homeless status and determination of Serious Mental Illness (SMI), prior to enrollment in the PATH program. (Please see Section A. State Operational Definitions)

PATH eligibility determination usually happens over time during outreach activities and engagement. It is during outreach when the Outreach Worker contacts an individual who is potentially PATH eligible. Contacts may occur in a street outreach setting or at an emergency shelter or hospital or drop-in center. It is at first contact that an Outreach Worker identifies if an individual is experiencing homelessness. Whether at first contact or later during continued outreach, an Outreach Worker will identify where an individual generally resides by asking "Where did you stay last night" and the response determines PATH project set-up for project entry reporting.

Engagement of individual by the PATH program occurs at the point at which an interactive client relationship results in clinical client assessment to confirm SMI or beginning of a case plan if SMI has previously been established. This includes obtaining all necessary consent forms from the consumer. PATH providers follow a data collection workflow process which record contacts with outreached individuals from first contact to engagement and enrollment and through project exit.

In addition to documenting that an individual is experiencing homelessness and has a Serious Mental Illness, the PATH provider will have collected information to record all HMIS Universal Data Elements required at the point of engagement.

Describe when Enrollment Occurs: Enrollment into the PATH program occurs when the individual is found to be PATH-eligible and he/she agrees to engage in services. It is at this time that PATH funded services and referrals begin.

PATH funded services may include Re-engagement, Screening, Clinical Assessment, Community Mental Health, Case Management, and housing-related supportive services. PATH funded referrals may include: Community Mental Health, Substance Use Treatment, Housing

Services, Primary Health/Dental Services, Job Training, Educational Services, Permanent Housing, Temporary Housing, Income Assistance, Employment Assistance, and Medical Insurance.

Describe How Eligibility is Documented:

PATH programs begin collecting client data from their first contact. PATH programs utilize the Homeless Management Information System (HMIS) to document the person's living situation or self-certification of experiencing homelessness and diagnosis of a Serious Mental Illness. They use HMIS to collect demographic data, store case management information in the form of "encounters" which support their contact and engagement data collection, manage caseloads, generate homeless certification, and track performance. This data collection includes all universal data elements as well as all program specific data elements (used to generate the Annual PATH Report).

Upon referral to community-based treatment and recovery support services, consumer-level data are reported in the Division of Behavioral Health Centralized Data System (CDS). In the CDS, PATH is formally listed as one of the referrals sources. Being a distinct referral source offers an opportunity to account for types of services subsequently attained by those PATH consumer referrals. CDS collects consumer level information that are reported in Treatment Episode Date Set (TEDS) to SAMHSA. TEDS data are pertain to MH and SU Disorders services funded by DBH, either directly or through regional contracts.

PATH Reported Activities

Charitable Choice for PATH

Does your state use PATH funds to fund religiously-affiliated providers to provide substance use treatment services? Yes ○ No ◉
If "Yes" is selected please list providers in text box below and complete the rest of the table

Expenditure Period Start Date: Expenditure Period End Date:

Notice to Program Beneficiaries - Check all that apply

- ☐ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☐ [ ] Enter total number of referrals necessitated by religious objection to other substance abuse providers (\"alternative providers\"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

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Footnotes: