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Projects for Assistance in Transition from Homelessness



Division of Mental Health and Substance Abuse Services

The FY 2006 Projects for Assistance in Transition from Homelessness (PATH Grant) draft grant application for the state of North Dakota is available for review. Comments should be submitted via e-mail, fax, or letter to the Division offices prior to May 26, 2006 using the contact information below.

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**LETTER OF DESIGNATION
GOVERNOR'S OFFICE**

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BUDGET INFORMATION

BUDGET{tc \11 "BUDGET} NARRATIVE

FEDERAL FUND EXPENDITURES

A. Personnel

Fund eight (8) PATH Coordinators who will work in the regional human service centers. The Federal portion of the salary for each Coordinator is \$22,500 per year.

B. Fringe Benefits

Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker's compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinators are employees of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

C. Travel

Travel costs will include the expenses for the PATH Coordinator to attend quarterly meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.37 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category will also cover the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for each Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinators need additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

H. Other

Each PATH Coordinator will have access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

SOURCES OF NON-FEDERAL CONTRIBUTIONS

The sources of the in-kind, non-Federal contributions will include the salaries and benefits of staff of the eight regional human service centers who will provide mental health and substance abuse treatment services to the target population and other center staff who will provide administrative support services to the eight PATH Coordinators housed in the centers (see Table 1, next page). The eight regional human service centers will also provide the PATH Coordinators with office space, telephone services, and office equipment as an in-kind contribution (see Table 2, next page).

Central office staff of the Division of Mental Health and Substance Abuse Services will provide administrative and supportive services to the PATH Project without compensation from PATH funds (see Table 3, Page 8). All salaries and other in-kind contributions are funded by North

Dakota General Funds.

In addition to the above-mentioned in-kind contributions, the State of North Dakota provides direct cash payments to the PATH program using General Fund dollars (see Table 4, Page 8). These dollars are used to augment the services of the PATH Coordinators, as they are employees of the State of North Dakota. Please refer to Table 5 (Page 8) for the total in-kind contributions provided by North Dakota to the PATH program.

Table 1. Staff In-kind Contributions: Human Service Centers (HSC) Staff

POSITION TITLE	SALARY & BENEFITS	X8*	% OF TIME DEVOTED TO PATH PROJECT	TOTAL CONTRIBUTION
Regional HSC Director	\$ 58,404	\$467,232	1%	\$ 4,672
HSC Business Manager	43,188	345,504	3%	10,365
Psychiatrist	130,000	1,040,000	3%	31,200
Clinical Psychologist	58,404	467,232	5%	23,361
Extended Care Administrator	43,188	345,504	15%	51,826
Vocational Rehab Counselor	35,244	281,952	5%	14,098
Addiction Counselor	39,024	312,192	15%	46,828
Secretary	22,176	177,408	25%	44,352
TOTAL				\$226,702

* Eight human service centers are involved in the PATH Project

Table 2. Other In-kind Contributions Provided by the Eight Regional Human Service Centers

CONTRIBUTION	COST	FACTOR	TOTAL CONTRIBUTION
Rent	\$2,823/year	X8	\$22,584
Telephone Services	700/year	X8	5,600
Data Processing	200/year	X8	1,600
Office Supplies	150/year	X8	1,200
TOTAL			\$30,984

* Includes the eight regional human service centers' contribution

Table 3. In-kind Contributions Provided by the Central Office

POSITION	SALARY & BENEFITS	% OF TIME DEVOTED TO PATH PROJECT	TOTAL CONTRIBUTION
State PATH Contact and Grant Writer	51,685	30%	15,506
Alternate State PATH Contact & Director, Division of Mental Health and Substance Abuse Services	78,603	3%	2,358
Mental Health Researcher	53,746	5%	2,687
Secretary	18,217	10%	1,822
TOTAL			\$22,373

Table 4. General Fund Contributions Provided to the PATH Program

HUMAN SERVICE CENTER	TOTAL GENERAL FUNDS
Northwest Human Service Center	\$0
North Central Human Service Center	3,664
Lake Region Human Service Center	9,799
Northeast Human Service Center	11,748
Southeast Human Service Center	12,433
South Central Human Service Center	7,994
West Central Human Service Center	16,344
Badlands Human Service Center	13,448
Central Office	0
TOTAL GENERAL FUNDS	\$84,955

Table 5. Total In-kind Contribution of Non-Federal Funds

CONTRIBUTION	AMOUNT
Human Service Center	\$226,702
Other HSC In-Kind	30,984
Central Office	22,373
General Fund	84,955
TOTAL	\$355,489

A. EXECUTIVE SUMMARY

1. **Organizations to receive funds:** The North Dakota Department of Human Services' eight regional human service centers will each receive \$36,875 to provide services for the target population. Located in the eight major cities of the State, they are:
 - Northwest HSC – Williston
 - North Central HSC – Minot
 - Lake Region HSC – Devils Lake
 - Northeast HSC – Grand Forks
 - Southeast HSC – Fargo
 - South Central HSC – Jamestown
 - West Central HSC – Bismarck
 - Badlands HSC – Dickinson.
2. **Service areas:** The eight regional human service centers and their surrounding catchment areas will be served by the PATH Project. This includes the entire State and the four Native American reservations.
3. **Services to be supported by PATH funds:** Eight regionally-based PATH Coordinators will provide persons who are homeless or at risk of becoming homeless and have a mental illness or a co-occurrence of mental illness and a substance abuse disorder with intensive case management services including therapy, skills training, supportive residential services, etc. and will coordinate obtaining other community mental health and addiction services from staff of the human service centers. The target population will be provided outreach services; screening for treatment services; housing services; and referrals for health, education, and entitlements.

PATH funds will also provide assistance to the target population in obtaining one-time rental assistance, security deposits, or representative payee services.

4. **Number of clients to be served:** Approximately 500 to 1,000 persons who are homeless and mentally ill will be provided services through PATH funds in FY 2006.

B. STATE-LEVEL INFORMATION

1. OPERATIONAL DEFINITIONS

The target population to be served with PATH funds in North Dakota encompasses individuals who are homeless or at risk of becoming homeless and also suffer from a serious mental illness or have a co-occurring mental illness and substance abuse disorder. Individuals who are only homeless will not be excluded from receiving services from PATH staff.

a. Homelessness

(I) An individual or family that lacks a fixed, regular, and adequate nighttime residence; or

(II) An individual or family that has a primary nighttime residence that is:

- a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
- an institution that provides a temporary residence for individuals intended to be institutionalized; or
- a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. The term does not include any individual imprisoned or otherwise detained under Act of the Congress or a state law.

b. Imminent risk of becoming homeless

Individuals who are at imminent risk of becoming homeless meet one or more of the following criteria:

- Are in a doubled-up living arrangement where the individual's name is not on the lease
- Live in a condemned building without a place to move
- Are in arrears in rent/utility payments
- Have received an eviction notice without a place to move
- Are living in temporary or transitional housing that carries time limits
- Are being discharged from a health care or criminal justice institution without a place to live

c. Serious mental illness

The definition of serious mental illness according to North Dakota Century Code 57-38-01 states, "Individuals with serious mental illness means a person who, as a result of a mental disorder, exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with the person's capacity to remain in the community without verified supportive treatment or services of a long-term or indefinite duration. This mental disability must be severe and persistent, resulting in a long-term limitation of the person's functional

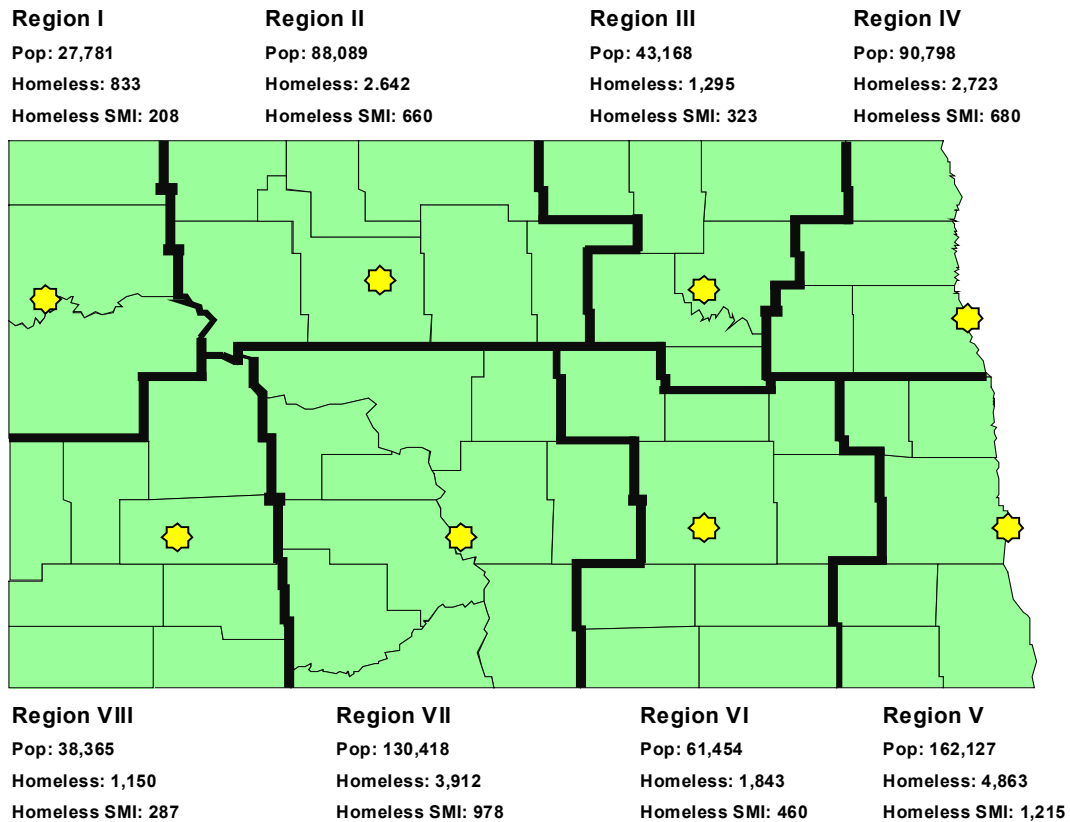
capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, and recreation.”

d. Co-occurrence of serious mental illness/substance abuse disorders

An individual with a major mental illness, as defined earlier, and who meets DSM-IV-TR criteria for alcoholism, drug addiction, or substance abuse is considered dual diagnosed (MI/SA). It is acknowledged that an individual with primary diagnosis of either a mental illness or a substance abuse problem requires specific treatment for each.

- 2. NUMBER OF HOMELESS INDIVIDUALS:** The most recent formal needs assessment identified a total of 4,389 homeless adults statewide. As can be seen in the chart below, estimations based on information obtained from the National Coalition for the Homeless and the National Resource Center on Homelessness and Mental Illness indicate a much higher number (19,261 homeless, 4,811 homeless SMI). These organizations estimate that as much as 3% of the US population is homeless on any given night and twenty to twenty-five percent of those individuals have a serious mental illness. Because of the apparent lack of continuity between estimates, North Dakota would welcome any technical assistance from the Center for Mental Health Services that would lead to a formal study of the estimate of prevalence of homelessness and mental illness.

Chart 1. Map of North Dakota: 2000 Census, Estimated Homeless ¹, and Estimated Homeless SMI ² by Region



¹ Estimation based on 3% of total population (National Coalition for the Homeless)
² Estimation based on 20% of total estimated homeless population (National Resource Center on Homelessness and Mental



Illness)

Denotes location of regional human service center (PATH Provider)

Using the information presented in Chart 1, we can see that the largest concentration of homeless persons is in Region V (Fargo). The Fargo region hosts nearly one-fifth of the homeless population of the state but fortunately has the largest number of agencies providing services to this population including an NIMH-funded medical clinic and Veterans Administration counselors.

3. **PATH FUND ALLOCATIONS:** The PATH Formula Grant funds will again be allocated equally to each of the eight regions within the state.
 - a. The needs assessment information indicates an adequate number of homeless persons residing in each region that could benefit by targeted case management services as provided under this grant. Although Region V (Fargo) has the largest concentration of the targeted population residing within its borders, the region also has more services available for this population and more organizations/agencies available to deliver needed services. In contrast, Region VIII is one of the more sparsely populated regions. The PATH Coordinator is the primary provider of services to those who are homeless in the region. By increasing the amount of PATH dollars to the larger urban areas, programming would actually be taken away from the rural areas that also have a dire need for this funding and programming.

Another reason for providing PATH funding and services statewide is to enhance the coordination of services to the target population located in the more remote rural areas of each region. The four Native American reservations in the State create an additional need for PATH Coordinators in all regions. For these reasons, a Coordinator, funded with PATH dollars, will be assigned to each of the eight regions.

- b. As mentioned before, all regions receive an equal allocation of PATH funds. This allows consumers in every region to access PATH services if needed. No preference is given in the awarding of PATH funds to entities with a demonstrated effectiveness in service to homeless veterans. All PATH Coordinators work with Veterans Administration personnel, as needed, to coordinate services for homeless veterans.

4. COORDINATION WITH STATE PLANS

The planning for activities of the PATH Formula Grant Program and those of the State Plan for Comprehensive Community Mental Health Services is coordinated at the Central Office. The staff members, being cognizant of the requirements of both programs, assure that PATH activities compliment those that are designed to provide outreach and services for homeless, seriously mentally ill individuals as outlined in the State Plan.

The delivery of services for PATH activities and the implementation of activities to enhance State Plan requirements occur at the regional human service centers. The human service centers are umbrella agencies delivering a wide variety of services; i.e., mental health and addiction services, vocational rehabilitation, and services for special populations such as the developmentally disabled and the aged. In North Dakota, the regional human service centers are the logical place for the delivery of programs/services to assist the target

population.

5. BLOCK GRANT FUND DESIGNATION

Currently, neither mental health block grant nor substance abuse block grant funding is specifically earmarked for the PATH population. However, as you can see by the budget information, State General Funds are used to provide services to the PATH population.

6. STATE PROGRAMMATIC AND FINANCIAL OVERSIGHT: The PATH program oversight consists of two components: financial and programmatic. The Department of Human Services' Division of Fiscal Administration supervises the financial component. It is that entity's responsibility to ensure that funds are distributed to the human service centers and that funds are expended in the manner described in the grant application. State audits are conducted annually on Federal grant funds.

Table 6. Implementation Plan - August 1, 2006 to July 31, 2007

Task	Barriers to Implementation	Strategies to Overcome Barriers	Time Frames	Responsible Party
1) Designate & divide PATH funding to each HSC	1) None	1) None	1) 8/1/06 to 7/31/07	1) a.DHS Chief Fiscal Officer b. PATH State Contact
2) Retain PATH Coordinators in all 8 regional HSCs	2) None	2) None	2) 8/1/06 to 7/31/07	2) Extended care coordinators in regional HSCs
3) Provide training to PATH Coordinators & other staff who work with this population	3) None	3) None	3) At quarterly meetings of the ND Coalition for Homeless People	3) PATH State Contact with assistance from expert consultants
4) Provide targeted case management services to homeless population	4) Getting homeless persons interested in MH/SA programs/ treatments	4) Meet basic needs of the homeless; e.g., food, housing, etc.	4) Ongoing	4) PATH Coordinators
5) Provide needed services available at regional HSCs, county social service board, Job Service of ND, addiction services, etc.	5) Coordinating efforts	5) Utilizing the ND & regional coalitions for the homeless	5) Ongoing	5) PATH Coordinators, regional HSC staff, and staff of other agencies that work with the homeless
6) Complete an evaluation of success of meeting	6) None	6) None	6) Quarterly & annually	6) PATH Coordinators & PATH State Contact

the needs of the homeless (Reports & on-site visits)				
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The State PATH Contact assumes primary responsibility for the general oversight of a PATH program's activities. This position will provide supervision and oversight of the PATH program and its activities by:

- Conducting quarterly meetings with the eight PATH Coordinators to share program-related information and to provide assistance as needed and requested.
- Conduct quarterly meeting with the eight Extended Care Coordinators to share program-related information and to provide assistance as needed and requested. The Extended Care Coordinators are the direct supervisors of the PATH Coordinators.
- Conducting conference calls as needed to discuss issues and concerns on homelessness.
- Conducting annual and as needed on-site visits to observe PATH program activities in the regions. This will include Coordinator shadowing, chart review, and staff interviews.
- Encouraging Coordinators' involvement in regional and state coalitions for homeless people.
- Perform biennial human service center licensure visits to review all clinical programs including the PATH program.

Following a site visit by CMHS staff/contractors this spring, the PATH Program will work closely with CMHS to implement a more formal quality assurance program.

7. TRAINING OF PATH PROVIDERS

State General Funds are used to provide training to the PATH Coordinators. Because the PATH Coordinators are regular Department of Human Services' employees, they have the same opportunity as other human service center employees to participate in inservice training, workshops, and other conferences. PATH Coordinators are encouraged to attend the annual Clinical Forum on Mental Health Conference. This multi-day conference focuses on evidence-based practice and mental health recovery. Registration and lodging stipends are provided to the regional human service centers to encourage attendance by their clinicians, including the PATH Coordinators. The State PATH Contact will be developing a new PATH Coordinator orientation packet and training.

8. SOURCES OF MATCHING NON-FEDERAL CONTRIBUTIONS

The sources of the in-kind, non-Federal contributions will include the salaries and benefits of staff of the eight regional human service centers who will provide mental health and substance abuse treatment services to the target population and other center staff who will provide administrative support services to the eight PATH Coordinators housed in the centers (see Table 1, Page 7). The eight regional human service centers will also provide the PATH Coordinators with office space, telephone services, and office equipment as an in-kind contribution (see Table 2, Page 7).

Central office staff of the Division of Mental Health and Substance Abuse Services will

provide administrative and supportive services to the PATH Project without compensation from PATH funds (see Table 3, Page 8). All salaries and other in-kind contributions are funded by North Dakota General Funds.

In addition to the above-mentioned in-kind contributions, the State of North Dakota provides direct cash payments to the PATH program using General Fund dollars. These dollars are used to augment the services of the PATH Coordinators as they are employees of the State of North Dakota. Please refer to Table 5 (Page 8) for the total in-kind contributions provided by North Dakota to the PATH program.

Because the in-kind contributions are included in the Department of Human Services' biennial budget, state match is available at the beginning of each PATH grant period.

9. OPPORTUNITIES FOR PUBLIC COMMENT

The Division of Mental Health & Substance Abuse Services accepts public comments on the proposed activities described in the PATH Formula Grant Application through the following initiatives:

- Copies of the application are made available to members of the North Dakota Coalition for Homeless People for their review and comments. The Coalition consists of a wide cadre of providers involved with services to homeless individuals including the regional human service centers, local housing agencies, homeless shelters, and various state agencies.
- Copies of the application are made available regionally through the eight human service centers for review and comments from the public.
- Copies of the application are made available to the North Dakota Mental Health Planning Council, a 27-member Governor-appointed board consisting of key state agencies, advocacy groups, family members of adults diagnosed with a serious mental illness, parents of children diagnosed with a serious emotional disturbance, and adult mental health consumers. Throughout the year, the Council is updated by Division staff members about PATH and other homeless activities. Because the Council oversees the allocation and adequacy of the community-based public mental health system in North Dakota, they are involved in the overall planning process for the PATH program.
- The draft application is placed on the Department's website. The website can be accessed at <http://www.nd.gov/humanservices/>.
- A public notice is submitted to the 53 official county newspapers in North Dakota announcing the availability of the draft PATH application for review and comment.

In addition to these activities, the regional human service centers include consumers in all aspects of their service system planning. Consumers are represented on the Human Service Center Advisory Councils and are invited to attend regional planning meetings. Recognizing that at times it is difficult to obtain consumer involvement, the Department of Human Services is continually reworking activities to ensure consumer participation in planning and implementing the system of care.

10. MENTAL HEALTH TRANSFORMATION

The North Dakota Department of Human Services continues to be committed to ongoing mental health services transformation ultimately leading to a stronger system of care statewide. Though no PATH funds are earmarked for the six transformation goal activities, the Department – including the PATH Program – is working with stakeholders to address these issues. The North Dakota Mental Health Planning Council, which remains deeply involved with the overall PATH program planning – has adopted the six goals as their strategic planning goals. The Division of Mental Health and Substance Abuse Services and the PATH Program will continue to strive for achievement of the goals for mental health transformation across the state.

C. LOCAL PROVIDER INFORMATION

Local providers for PATH supported activities are the eight regional human service centers, which provide supervision and administrative action for the PATH Coordinators. As you will notice from the narrative below, the services offered by each PATH Coordinator is the same. The overall program was designed so similar services are offered throughout the state, ensuring that consumers had similar access to PATH services regardless of which region they resided in.

Some areas in North Dakota lack private providers that can provide PATH services. Placing the PATH program within the regional human service centers has been the only viable alternative. The regional human service centers are major umbrella agencies providing an array of human services including community-based services for persons with serious mental illnesses, alcohol and drug programs, vocational rehabilitation services, specialized services to children, families, and the elderly as well as to persons with developmental disabilities. The centers could be described as “one stop shopping,” offering a variety of human services.

Each PATH Coordinator carries a caseload of between 5 and 35 persons who are homeless and have a mental illness and provides them with intensive and aggressive case management services. PATH Coordinators also are responsible for serving other homeless persons within their regional service area with outreach services. These additional individuals may require only limited services as they are referred to other agencies.

Individuals with mental illness are referred to staff of the human service center for treatment and training as needed by the individual.

Regional human service center staff have compiled and updated lists of affordable housing available in their region. The lists contain the names of regional landlords who are willing to rent to individuals with serious mental illnesses. These landlords have been provided education/awareness on various mental illnesses and have been assured that mental health professionals will be available to work with their tenants who have a serious mental illness. The housing lists also contain information regarding available housing coordinated through county housing authorities. PATH Coordinators provide supportive services to persons who are PHMI in the consumer’s place of residence.

Resources and programs available to PATH eligible clients and not funded by PATH monies include mental health services that are available at the eight regional human service centers.

The mental health services consist of psychological evaluations and assessments; individual or group therapy; crisis intervention; daily living skills training delivered where the client resides; vocational counseling or work skills development; and medication monitoring. Community residential services are also provided through the human service centers and include crisis residential housing, transitional housing, or supported apartment living. Social and recreational skills development is provided through the human service center funded psychological rehabilitation centers. Psychiatric hospitalization is provided in psychiatric units of regional hospitals and is funded by the state. Long-term psychiatric hospitalization and treatment is provided at the North Dakota State Hospital as well as inpatient treatment for chemical dependency. Outpatient treatment for addiction problems for this population is obtained at the regional human service centers.

Member organizations of the regional and state coalitions for homeless persons provide a variety of supportive services for the homeless. Emergency shelters and accompanying services are operated by church affiliated non-profit groups or other charitable organizations. Currently there are over 500 transitional and emergency beds available statewide. Each region has locally sponsored food banks, thrift shops, and emergency fund services that can be accessed to meet immediate needs for homeless persons for shelter, food, clothing, or money.

County social service boards provide access to services related to economic assistance, medical assistance, and other entitlements; i.e., food stamps, fuel assistance, general welfare, etc. Public health units are accessed to provide health assessments and referrals to private clinics. The public health units are willing to provide services pro bono.

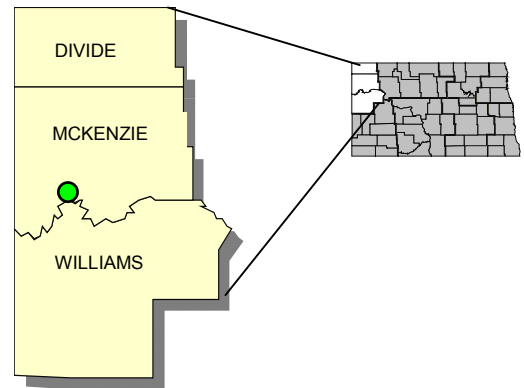
The regional coalitions for homeless persons have expedited the coordination of services between agencies and improved services for the homeless. The major gap that exists among local agencies is financial in nature. The limited fiscal resources available to accommodate the requests for transportation or travel costs for transient families and adults continue to be an issue. In the past, gaps in services that have been identified included: case management, referral for treatment, transportation, and interagency coordination.

In order to address the gaps such as transportation in North Dakota, PATH Coordinators have devised various means of accommodating consumers. For instance, PATH Coordinators themselves have provided transportation when there has been no other source. The use of the Community Supportive Care Program is used when available. Transportation, as well as the other gaps mentioned above, continues to be a major problem and, at times, a barrier to delivery of services. Transportation is one of the major goals of the ongoing Continuum of Care planning process.

LOCAL PROVIDER INFORMATION

REGION I

- 1. PATH PROVIDER:** Northwest Human Service Center (NWHSC) – Williston: NWHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency. NWHSC serves the major city, Williston, and a three-county area including the Trenton Indian Service Area and residents of northeast Montana. The population base is approximately 27,781 persons, which does not include northeast Montana.



Consumers are served in the community through a linked spectrum of rehabilitation services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.

2. BUDGET:

PERSONNEL	NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
PATH Coordinator Salary	1.0	\$22,500	\$22,500	
Fringe Benefits @ 35%		\$7,875	\$7,875	
Total Personnel				\$30,375
TRAVEL				
Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
Total Travel				\$2,500

OTHER				
One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
Total Other				\$4,000
TOTAL				\$36,875

Personnel: PATH funds are used for salary for one PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region I. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker’s compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for the Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Projected number of enrolled clients who will receive PATH funded services:

Projected 100 enrolled clients for 2005. 40% projected to be literally homeless.

b. PATH-funded services:

The following PATH services are provided by the Region I PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by

providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most

regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Community organizations that provide key services to PATH eligible clients:

The PATH Case Manager works closely with local service providers to ensure service coordination and availability for PATH eligible clients. Networking and service coordination also takes place at the monthly local coalition meetings.

The Region I Community Action Agency (CAA) plays a critical role in preventing homelessness through the provision of emergency financial assistance. Prevention services offered by CAA Region I are as follows:

- ✓ Energy Share of North Dakota is a cooperative effort of North Dakota CAAs, utility companies, and private donors to assist eligible households with preventing electrical shutoffs. Assistance is provided in emergency situations and when all other resources have been exhausted.
- ✓ Emergency Services consist of funds provided to income eligible individuals and families needing assistance with first month or past due rent, mortgage assistance, utilities, security and utility deposits, utility disconnect notices, prescriptions, medical needs and transportation.
- ✓ CAA has the only adult homeless shelter in the region. There are three rooms available at a local hotel. The length of stay is a maximum of four weeks. Case management by either the self-reliance case-manager at CAA or the local PATH Coordinator is an eligibility requirement.
- ✓ CAA provides low-income housing to individuals and families and is involved in various community housing project development.
- ✓ Region I Community Action Agencies (CAAs) provide programs and services that empower individuals and families to become self-sufficient. The Self-Reliance Program, a comprehensive one-on-one mentorship program aimed at assisting persons who are homeless with the transition to permanent employment and living arrangements. Clients and Certified Family Development Specialists collaborate to:
 - Identify and overcome barriers
 - Meet basic needs
 - Improve decision-making
 - Identify skills and values
 - Explore career choices
 - Gain employment seeking skills
 - Establish short- and long-term goals

- ✓ CAA Region I provides budget and money management counseling, a program that assists individuals and families to stabilize and improve their financial situation. Counseling consists of financial analysis, debt management, information and referral.
- ✓ CAA also offers representative payee services to handle finances of participating recipients of Social Security and Supplemental Security Income. Clients are assisted in making intelligent spending choices on limited incomes.
- ✓ The CAA also administers the Shelter Plus Care program, which provides permanent housing for people who are homeless and disabled and have supportive services in place.
- ✓ Community Action Programs in Regions I offers the Job Club/Employment Development Program. This program provides support for people seeking employment. Topics include self-esteem, assertiveness, career development, goal exploration, job search, resume writing, interviewing skills, and maintaining employment.

Other agencies that provide emergency and other important services are as follows:

- ✓ Tri State HELP HOPWA program also offers short-term rent, mortgage, and utility payments to people living with HIV/AIDS to prevent homelessness among this population throughout the state.
- ✓ Williams County Social Services provide prevention services such as emergency financial assistance, childcare assistance, counseling, and information and referral. Williams County Office of Social Services also administers many programs that help eligible people with healthcare costs. They can provide cash supplements for basic healthcare to income-eligible seniors and disabled adults. They also help the elderly and disabled pay for in-home services so they can continue to live independently in the community.
- ✓ The Salvation Army "fills in the cracks" on an emergency basis. The local Salvation Army provides a range of prevention services to people who are homeless or at risk of homelessness. Services include emergency rent assistance (including back rent), food pantries, furniture and clothing referrals, overnight stays, first time rent and deposits, assistance with medications, and transportation. These services alleviate a number of possible evictions, allowing people who are at-risk of homelessness to stay in their homes.
- ✓ Williston Basin Resource Coalition provides funding for rental and utility deposits or assistance with back payments as well as transportation needs and information and referral.

- ✓ Northwest Human Service Center provides case management to help people who are seriously mentally ill and/or chemically dependent to live in their own apartments. The PATH Coordinator is part of the Extended Care team, which provides these services in Region one. Case aide services and supportive living services are also provided.
- ✓ The Rent Hotline is a statewide informational service for tenants or landlords in need of information on their rights and responsibilities as tenants or landlords. Basic questions on landlord and tenants rights are answered through the telephone hotline. Callers are recommended to contact an attorney if issues would require legal action.
- ✓ Regions I has an twenty-four hour Crisis Help Line that provides information, referrals, and support and is available to anyone in need.
- ✓ In Region I, the Native American Resource Center provides counseling and referrals to Native American people living in the Trenton Indian Service Area.
- ✓ North Dakota Association of the Disabled provides services and support to persons with disabilities in Region I. Services include medication monitoring, independent living counselors (case aides), cost of medication and handicap accessibility items, as well as general support, advocacy, information and referrals. NDAD also provides three units of permanent supportive housing for people who are homeless with chronic substance abuse disorders.
- ✓ In Region I, Mercy Medical Center provides in-patient and outpatient treatment programs for people with substance abuse disorders. Community Charity Applications are available for those who have no way to pay for medical expenses at Mercy Hospital, Craven Hagen Clinic and Trinity Community Clinic.
- ✓ Case management services are provided by the Region I PATH Coordinator, the Human Service Center and the Region I Community Action Agency. Every person identified by the service delivery system as homeless is assigned a case manager. Every shelter, transitional housing and permanent supportive housing program provides case management services either on-site or through a partnership with another local service provider.
- ✓ The North Dakota Mental Health Association provides a statewide support system for the mentally ill homeless. It provides a toll-free HELP LINE, as well as educational programs and advocacy. Tri-County Mental Health Association is active in the above services in Region I.
- ✓ Job Service North Dakota in Williston has a “One Stop” center. The programs administered include Employment Service, Job Insurance, Welfare-to-Work, veteran’s services, Senior Community Services Employment Program (SCSEP), and Workforce Investment Act Title I. Services offered in each region include basic skills, remedial education, job search self-help (via resource areas containing computer/internet workstations to access resume writing software,

job openings, self-assessment tools and labor market information); job interviewing; job seeker workshops; job keeping skills; vocational training; testing; job placement; filing for unemployment insurance benefits; and referrals to community resources. Job Service also assists with vehicle repairs so people can get to work and continue paying their bills.

- ✓ North Dakota Vocational Rehabilitation. Vocational Rehabilitation in Region I is mandated to help eligible individuals with disabilities either obtain or maintain employment which is within their capabilities and as such provides services within six broad groupings: evaluation, restoration, training, employment, accommodation, and vocational guidance and counseling. The Supportive Employment and Job Coach Program, is also administered by the Williston Vocational Rehabilitation office this program places persons with developmental disabilities or chronic mental illness in employment situations with a job coach. Vocational Rehabilitation may also provide emergency services such as money for rent, deposits, utility bills, or money for a bus ticket.
- ✓ Western Sunrise Inc. a consumer run non-profit agency has transitional employment, recreational and peer support programs for persons with serious mental illness.
- ✓ In Region I, the Mercy Rider Program provides cab tickets for homeless and low-income individuals. The Region I senior bus provides transportation for seniors at \$2 a ride. The Region I senior bus will also provide transportation to individual with a disability for \$1.50 a ride from 7am to 3pm.
- ✓ Several agencies in Region I provide healthcare services to people in need. The Good Samaritan Centers in Crosby and Noonan, the Good Shepard Home in Waterford City and Bethel Lutheran Home in Williston are twenty-four hour nursing facilities that provides skilled nursing care, activities, and transportation to anyone in need. Medcenter One operates McKenzie County Clinic for residents of Williams and McKenzie County. Tioga Medical Center Clinic serves Williams and Burke Counties with satellite clinics in Ray, Powers Lake, and Wildrose. The Crosby Clinic serves Divide and Burke County with satellite offices in Columbus, Lignite, and Bowbells. Craven-Hagan Clinic and Trinity Western Dakota Clinic are located in Williston and serve individuals from Williams, McKenzie and Divide County. Trenton Community Clinic works to meet the needs of Native American people living in the Trenton Indian Service Area. Upper Missouri District Health Unit serves Williams, McKenzie, Mountrail and Divide Counties.
- ✓ In Region I, NWHSC provides meal coupons to people who are in the shelter or who are chronically homeless. These coupons entitle them to a meal at one of two local restaurants.
- ✓ The Family Crisis Shelter provides emergency shelter and supportive services to victims of domestic violence. The Crisis Shelter also has a 24-hour hotline to assist victims of Domestic Violence with locating needed services.

- ✓ The Family Recovery Home provides long-term residential low impact treatment to people with chronic substance abuse disorders. They also provide supportive services to families in their recovery process; this includes rental and deposit assistance.
- ✓ St. Joseph's Church: The local Catholic Church has food pantry and also provides money for deposits, rent, transportation and an array of different needs.
- ✓ Low Income Housing Providers including the following: Williston Housing Authority, Williston Village Valley Rental, Riverview Apartments and West View Apartments all provide low-income housing. Williston Housing Authority has 32 Section 8 vouchers available for disabled and low-income individuals.

d. Gaps in the current service system:

Healthcare for homeless individuals and medication for those in need: Adequate health care is a big obstacle for homeless people in Region I. A Free Clinic is a great need in our community for both homeless and low-income people. There are some programs available to help with medication through NDAD and charity care for medical services is available through both Trinity Community Clinic and Mercy Hospital. These programs do not always adequately fulfill the many healthcare needs of people. NWHSC has been involved in the Community Health Assessment Process with other health partners and the Health District. A group of these partners have met informally to discuss the healthcare needs of homeless and low-income individuals and families.

Transportation: There is no public transportation in Region I. The Mercy Rider program provides cab tickets to local agencies to assist with transportation. The Williston Senior bus provides limited transportation during daytime hours for elderly and individuals with disabilities. There continues to be a gap in getting adequate transportation in the evening and for individuals to get transportation to work. Funding sources to provide better transportation for the public continue to be sought out by agencies and groups within Region I.

Permanent Supportive Housing: for homeless people with a severe mental illness (SMI) and those SMI at risk of homelessness. In response to this gap NWHSC and Community Action have applied and received HUD 811 funds to build an 8-plex-apartment complex that will have supportive services. Community Action is the project sponsor and the projected construction completion date is November of 2007.

Intensive Case management for homeless substance abusers: There continues to be a great need for intensive case management for people with chronic addiction related diagnosis.

Emergency and Transitional Housing for Families: There is only one option for families that are homeless for shelter in Region I. This option involves the pooling of funding

from many agencies for a short-term hotel stay for the family. There is a great need for transitional housing for families. Many of these families have poor rental and credit histories and have a very hard time finding and maintaining housing. It has been difficult in Region I to find an agency that has the capacity to fund and maintain a project to meet the above needs.

e. Services available for clients who have both a serious mental illness and substance use disorder:

Additional addiction related services are available for people who have co-occurring disorders including outpatient, inpatient and relapse prevention programs. Our partnership with Mercy Recovery allows us to access all levels of addiction treatment locally without regard for payment source and allows us to keep mental health case management in place to focus on harm reduction NWHSC also now has a low-intensity addiction program that involves some individual and group therapies geared towards people with chronic addiction issues as well as those who have co-occurring disorders.

f. Strategies for making suitable housing available to PATH clients:

Successful engagement is the key in finding appropriate housing options for PATH clients. Although successful engagement takes time and sometimes we need to move clients quickly to a different housing arrangement. Building positive relationships with local landlords and low-income property managers plays a very important role in moving clients to appropriate permanent housing. Education also plays an important role in this process. We educate the client on what kind of housing is available to them, and they educate us to what they perceive their needs to be. The following housing options are available in Region one:

- NDAD Supportive Housing: Permanent Supportive Housing for People with Chronic Substance abuse disorders. Administering Agency is North Dakota Association for the Disabled.
- Northwest Human Service Center has four crisis residential beds available in the community. Two are for SMI, two are for people with chemical dependency issues.
- Shelter Plus Care: Housing for People who are homeless and have a disability. This program is administered by Community Action Region 7.
- Family Crisis Shelter: Provides emergency housing to clients who may be victims of domestic violence.
- Community Action Shelter: Adult Shelter, three beds administered by Community Action Region one.
- There is a variety of low income housing options available in Region one subsidized by either HUD or USDA. To include; Williston Housing Authority, Community Action, Village Valley Rental, and Riverview Apartments.
- Fair Market Housing is available if the person has an income to pay for rent. This availability is limited due to a housing shortage in Williston at this time.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD

**CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING,
COORDINATING OR ASSESSMENT ACTIVITIES:**

The PATH Coordinator is a part of the North Dakota statewide Continuum of Care Process as well as the leader in the regional process. PATH Coordinator is the regional contact for all information needed for the statewide COC plan. PATH Coordinator has been Involved in the following NDCHP COC subcommittees; Gaps and Needs Analysis, Funding and Project Prioritization. The PATH case manager has also served as treasurer of the Williston Basin Resource Coalition, a group who addresses the needs of low income and homeless residents. The homeless coalition (WBRC) meets monthly. Providers give updates on services and assist in developing and expanding the COC process, action plan and vision. Involvement in the COC process has brought much needed housing and support services to Region I. The coordination has also assisted us in educating the public regarding homeless issues. There is a high level of coordination needed to have a successful continuum in our communities; this takes a great deal of time and organization by all parties involved.

- 5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:**

All efforts are made to ensure that no PATH client is made to feel uncomfortable based on gender, race/ethnicity, sexual orientation, religion, disability or other personal characteristics. Staff has attended cultural competency trainings and uses the skills learned there in their interactions with consumers. There is one PATH staff person for Region One and they are white. Region One PATH Consumer Demographics (Small Sample from Quarter one and two of FY 2006) White: 95% and Native American 5%

- 6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:**

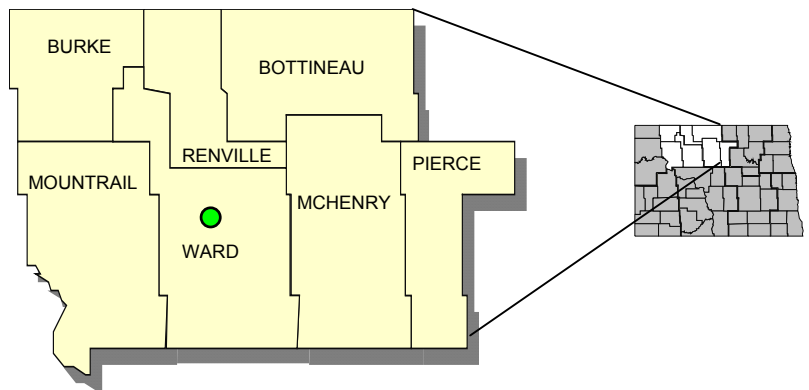
Homeless consumers and their families are asked to become involved in the CoC process on a local and statewide level. Consumers have been active in the local and statewide COC process, bringing issues to the forefront and advocating for needed services. The PATH grant is distributed to homeless providers for display. Agencies are encouraged to discuss and display the grant with their consumers and board of directors. PATH consumers hold board member positions on the consumer run non- profit organization Western Sunrise Inc.

REGION II

1. North Central Human Service Center (NCHSC)– Minot: NCHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency.

NCHSC serves the major city of Minot, the Minot Air Force Base, and the seven county area including the Fort Berthold Reservation. It has a population base of approximately 88,089

persons. Consumers are served in the community through a linked spectrum of rehabilitation services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.



2. **BUDGET:**

PERSONNEL		NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
	PATH Coordinator	1.0	\$22,500	\$22,500	
	Fringe Benefits @ 35%		\$7,875	\$7,875	
	Total Personnel				\$30,375
TRAVEL					
	Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
	Total Travel				\$2,500
OTHER					
	One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
	Total Other				\$4,000
TOTAL					\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region II. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker's compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for the Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with

providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Projected number of enrolled clients who will receive PATH funded services:

We project our enrolled clients who will receive PATH funded services will reach between 50 to 70 individuals of which at least 10-15 will literally be homeless.

b. PATH-funded services:

The following PATH services are provided by the Region II PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings,

daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Community organizations that provide key services to PATH eligible clients:

AREA SOUP KITCHENS AND FOOD PANTRIES serve the low-income and homeless population in Region 2. The food pantries are in three locations in Minot for easy access by the community. The soup kitchens serve hot meals seven days a week plus one evening meal on Wednesdays. In addition, a separate church provides an evening meal once a month to the Native American community. Area churches are another means of contact with homeless individuals. Coordination by the PATH coordinator with church leaders has resulted in a seamless process of integrating individuals to a one stop processing for services.

CITY AND COUNTY HEALTH CLINIC serves the low to very low-income individuals and families in Region 2 that have limited or no insurance coverage. They provide screenings and other needed medical health services. This service is crucial to the participants who have not yet accessed Medicaid or other health care alternatives. Participants will have a much higher rate of success in achieving self-sufficiency if health issues have been addressed as part of the process of independence.

COMMUNITY ACTION OPPORTUNITIES is a non-profit organization originally established under the Economic Opportunity Act of 1964 to fight America's war on poverty. The Minot office was established in 1975. Community Action Opportunities, Inc. offers a number of programs to assist low-income individuals in becoming economically and socially self-sufficient. They also offer programs in housing, emergency services, energy conservation and youth programs. Their participation in the program as the participant moves toward permanent housing will be important. They have funding available to assist

with down payments, energy costs and home ownership.

DEPARTMENT OF VETERAN'S AFFAIRS, HEALTH CARE FOR HOMELESS VETERANS OUTREACH CASE MANAGER

conducts outreach in the Health Care for Homeless Veterans (HCHV) Program to Homeless Chronically Mentally Ill (HCMI) veterans, through regularly scheduled visits to homeless shelters, food banks, jails, religious organizations and other formal and informal sites frequented by the homeless. The objectives of treatment in the HCMI program are to return the homeless.

This has included several trips to Regional Reservations with the Homeless Veteran Representative from the Veterans Administration to provide in-services and assistance. These trips have been attributed to a close working relationship between the Path Coordinator and the Homeless Veteran representative, as well as the Path Coordinators relationship with the reservation systems.

INDEPENDENCE, INC. has been a part of the community since 1996. They have been active members of the Minot Area Homeless Coalition for the past three years. They work with homeless individuals to help promote independent living skills. They help assist individuals in applying for Social Security Disability benefits and help with organizational skills. They assist in employment opportunities. They will provide additional job training skills and skills in daily living for people with disabilities.

JOB SERVICES OF NORTH DAKOTA is available to individuals seeking employment. They can register on their own at the local library or in the PATH coordinator's office to establish an appointment for an assessment to see what job would suit their skills. The Job Services of North Dakota has been a part of the community since 1939. Job Services and RSI frequently work together to train and find suitable job placements for people who are disabled and/or homeless.

MINOT AREA HOME COALITION (MAHC) has been an integrated part of the community since 1989 with an initial group of individuals coming together with a common concern of homeless with our region. Today, the MAHC is 47 members strong and serve as the central advocate for the issues pertaining to homeless. Membership reflects individuals from service agencies, church leaders, business leaders, and former homeless individuals united together in a common cause. MAHC serves as the final prevention to homeless when all other agencies can't meet the needs. It can be temporary stays at a local motel with food vouchers or financial assistance to keep a family in their home. Great effort is expended to collaborate between supporting agencies rather than one agency drain their financial resources.

Funding for MAHC has been support by the generosity of concerned citizens with the community. In the beginning of the year, the local FEMA board authorized MAHC a \$2,000 dollar grant. United Way accepted the Coalition under their umbrella as a local member and has started monthly payments to MAHC of \$880.00 dollars for a total sum of \$10,560 dollars for the next year. Last year, we provided over \$25,000 dollars in direct support to prevent homelessness in our region.

MAHC, effective February 2005, hired a fulltime Coalition Director who will be the hub for

addressing issues surrounding the homeless for the greater Minot area. The Path Coordinator will continue to work hand in hand with the director to better serve the cliental in Region II. The Director has also become involved at the state level with the CoC and the North Dakota Homeless Coalition.

MAHC was proactive in seeking funding for a Men's Transitional Home. Through the Continuum of Care process it was approved for \$309,000 dollars from HUD and addition \$150,000 dollars from the Bremer Foundation to start our project. The facility opened September 1, 2003 and it has provided services for 39 men so far. There continues to be a 2-4-person waiting list consistently for openings. However the transitional program, as we know it will close in mid 2007 due to lack of funding by the MAHC

MINOT HOUSING AUTHORITY (MHA) has been a part of the community for 33 years. The mission of MHA is to provide quality, affordable housing opportunities and promote maximum independence in our community's lower income families, elderly, and persons with disabilities. MHA provides assistance for low to very low-income individuals and families in the community. MHA owns 259 units of public housing and administers over 750 Section 8 Housing Choice Vouchers. MHA administers a \$388,000 capital fund program and is in the process of modernizing and/or remodeling public housing units almost all of the time. In addition, MHA manages an 81 unit high-rise building for people who are elderly and/or disabled.

MINOT POLICE DEPARTMENT is often the first contact for people who are homeless. They notify the PATH case manager through telephone call for help to arrange emergency shelter. Clients are referred to appropriate service providers. They have been active participants in the Homeless Coalition since its inception.

MINOT PUBLIC SCHOOLS, ADULT LEARNING CENTER (ALC) homeless children and youth program began in 1990. The program serves from Head-Start age to graduation. The Adult Learning Center has a program that serves educational and employability services from the age of 16+. ALC has been a member of the Minot Area Homeless Coalition since 1989. Homeless families that have not sought help are sometimes identified through the Homeless Services Coordinator of the ALC, through her contact with the children in school.

The ALC also provides GED training for adults. In addition, ALC provides education to inmates at the city jail and in some of the treatment facilities throughout the community. This service puts the Coordinator in contact with individuals who may have nowhere to go on discharge, and have no resources to find accommodation.

NORTH CENTRAL HUMAN SERVICE CENTER has a regional PATH Coordinator who specializes in dealing with the homeless population. The Service Center provides case management as well as referrals to community agencies and services. The PATH Coordinator has been established in the community as the primary resource for people who are homeless and need assistance. Churches, local law enforcement and other organizations approached by people who are homeless refer these individuals to the PATH Coordinator for immediate assistance.

The coordinator is essential in the community for outreach and primary identification of the participants. NCHSC also provides psychiatric assessment, treatment and medication monitoring on an as needed basis. Many of the participants are mentally ill or dually diagnosed and need to access this service on a regular basis. Region 2 has a twenty-four hour **Crisis Help Line** that provides information, referrals, and support and is available to anyone in need.

NORTH DAKOTA ASSOCIATION of the DISABLED provides services and support to persons with disabilities in Region one. Services include medication monitoring, independent living counselors (case aides), cost of medication and handicap accessibility items, as well as general support, advocacy, information and referrals.

REHAB SERVICES, INC. (RSI) The mission of Rehab Services, Inc. is “To provide consumer-driven holistic programming for persons with unique needs – addressing employment, independent living, housing and community support services.” RSI currently has 40 employees and operates on an annual budget of approximately \$750,000 per year. Its Supported Employment programming has consistently been at a 100% placement rate for the past 6 years and RSI has experience in the management of 24-hour residential programming for individuals receiving addiction treatment services.

RSI also works closely with Vocational Rehabilitation, North Central Human Service Center, Social Security and Social Services to provide services for the individuals it serves. In addition, Rehab Services is the federal grantee providing Benefits Planning, Assistance & Outreach services to individuals involved in the program that are receiving SSI and SSDI.

SALVATION ARMY has been in the Minot area since 1890. They work with homeless people by providing vouchers for motels, meals, food and clothing. They provide transportation assistance to the people who request it. The Salvation Army also has a program to help prevent homelessness by paying rent and utilities.

WARD COUNTY SOCIAL SERVICES provides needed services such as food stamps, Medicaid, transportation and general assistance. Ward County staff has been members of the Minot Homeless Coalition since 1989. County assistance is often the only source of income for people who are homeless and it will continue to be a significant resource for the participants in the project. This assistance will provide much needed funding to be used for health care, transportation and food until the participant can become self-sufficient.

THREE AFFILIATED TRIBAL SOCIAL SERVICES provides therapeutic assistance to tribal members as well as having a Social Worker assigned to deal with homeless and transitional individuals. Program has funds to help with transportation and some housing assistance. Invitations and encouragement are given to the Homeless Coordinator for the tribe to become a part of the MAHC and the CoC.

FIRST COMMITTEE BOTTINEAU provides monetary assistance to individuals unable to pay rent, utilities or purchase medications as well as providing assistance to those

individuals unable to keep walks cleared or grass cut. A committee member has attended Minot Area Homeless Coalition Meetings.

d. Gaps in the current service system:

Transition/Permanent Supportive Housing for homeless people with a severe mental illness (SMI/CD) and those at risk of homelessness. On February 1st, 2003, the YWCA closed their doors to women and children for immediate and transitional housing. MAHC has been able to receive increased funding in the community with a special grant of \$2,500 being maintained by the YWCA. In 2006 the YWCA is planning to open a Women's residential program in Minot, the tentative date is set for June. No person has been denied services but it has tasked resources to provide accommodations. At times it has been necessary to contact other organizations within North Dakota for help. **As a result of the North Dakota Coalition for Homeless People and the Continuum of Care, an open dialog is maintained to support each other throughout the state.**

e. Services available for clients who have both a serious mental illness and substance use disorder:

A comprehensive program is established at North Central Human Service Center to provide services through our Chemical Abuse Program, Extended Care Unit, and Regional Intervention Services. Chemical Abuse provides evaluations, intervention, primary treatment, aftercare, residential programs, consultation and referral, and education to address the problems of alcoholism and drug abuse. Residential treatment is provided along with day treatment for adults and a specialized residential program for addicted women with children.

The Extended Care Unit provides services to individuals with serious and persistent mental illness to prevent hospitalizations and promote community living. Some specific programs that promote psychosocial skills and community living include: Harmony Center, Community Companions, and Transitional Living/Supportive Living Program. Regional Intervention Services provides emergency screening, evaluation, and consultation services for adults who present themselves in an emotional or addictive crisis state and may be at risk for hospitalization at the State Hospital.

f. Making housing available:

In order to be effective in the community, it is imperative that the PATH coordinator remains closely connected to the Minot Area Homeless Coalition in his daily routine. Successful engagement is the key in finding appropriate housing options for PATH clients. Although successful engagement takes time and sometimes we need to move quickly to a different housing arrangement. Building positive relationships with local landlords and low-income property managers plays a very important role in moving clients to appropriate permanent housing. Education also plays an important role in this process. We educate the client on what kind of housing is available to them, and they educate us to what they perceive their

needs to be. If the lines of communication are not always on target it is difficult to meet a clients housing needs.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

The PATH Coordinator is a part of the ND statewide CoC Process as well as the leader in the regional process. I am involved in numerous sub-committees on the local and statewide level. I have also become involved homeless committees in outreach areas such as Bottineau and New Town. The Minot Area Homeless Coalition serves as the focal point in the community for guidance and direction pertaining to homeless issues. I have encouraged individuals from outlying areas to become involved with the Minot Homeless Coalition and CoC to access the network and agencies that can help them better serve their cliental. Members from the Coalition serve as public speakers in the region to promote educational awareness and advocacy on homeless issues.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:

The client population served in Region II is widely diverse with ages ranging from newborn to the elderly. It encompasses individuals from within two reservation boundaries.

All efforts are made by the PATH Coordinator to ensure that no PATH client is made to feel uncomfortable and that the policy of the North Dakota Department of Human Services to not discriminate or deny services based on age, gender, or racial/ethnic differences is followed absolutely. PATH clients are provided with information regarding their rights and are not denied services they qualify to receive. The Minot Area Homeless Coalition is composed of consumers as well as individuals from a diversity of organizations in Region II. This provides a broad base of knowledge and experience in working with diverse populations with diverse needs. The PATH Coordinator from Region II is a key member of this Coalition and is highly involved as a part of the North Dakota state Continuum of Care process.

NCHSC provides monthly in-services to staff that cover a variety of topics. Subject matter of the in-services includes training regarding treatment modalities, medications as well as presentations from other providers in the Region regarding the services they offer, which may benefit Region II consumers. The PATH Coordinator is also offered the opportunity to attend workshops and trainings relating to this position, which are sponsored by providers from Region II and other sources across the State. The current Region II Path Coordinator has completed numerous trainings regarding cultural competences given by the Council Lodge Institute, State Of North Dakota/Dept of Corrections, he will also attend new trainings as they become available.

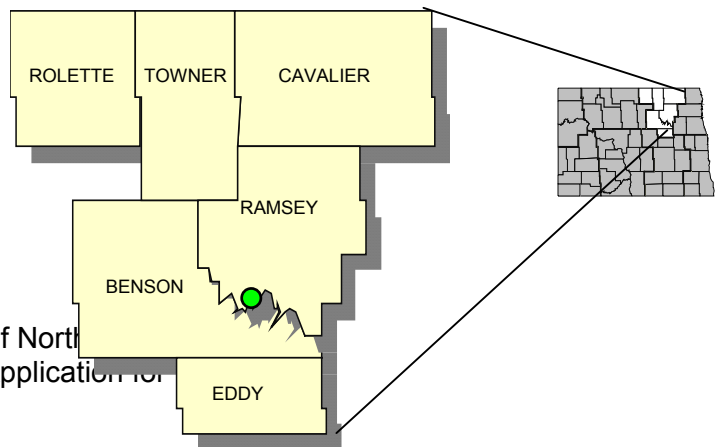
6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:

Homeless consumers and their families are asked to become involved in the Minot Area Homeless Coalition and the CoC process. Several consumers have become members and periodically participate in Coalition meetings and are involved in the program planning and implementation efforts of this group. The PATH grant is distributed to homeless providers for display and to be shared with consumers to obtain their input and feedback. NCHSC's Advisory Council meets monthly and is composed of community leaders from throughout the region, providers, as well as consumers. The Council oversees the planning, and implementation of Center programs and also evaluates the effectiveness of services offered. Periodic Regional Stakeholders meetings are held at NCHSC to assure better coordination and planning of services provided to individuals who have experienced mental health and substance abuse problems.

Consumers through the administration of the MHSIP consumer satisfaction and outcome survey evaluate PATH services. Consumers are randomly selected and asked to complete an additional satisfaction survey on a monthly basis and at the time they exit services. NCHSC's Quality Assurance Committee utilizes this survey information to develop and revise policies and procedures and to evaluate the quality and outcome of services consumers receive. Information obtained from the survey is also utilized in the Center's program planning and implementation process.

REGION III

1. Lake Region Human Service Center (LRHSC) – Devils Lake: LRHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency. LRHSC serves the major city



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of Devils Lake and a six-county area including the Fort Totten and Turtle Mountain Indian Reservations. The area has a population base of approximately 43,168 persons. Consumers are served in the community through a linked spectrum of rehabilitation services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.

2. BUDGET:

PERSONNEL		NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
	PATH Coordinator	1.0	\$22,500	\$22,500	
	Fringe Benefits @ 35%		\$7,875	\$7,875	
	Total Personnel				\$30,375
TRAVEL					
	Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
	Total Travel				\$2,500
OTHER					
	One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
	Total Other				\$4,000
TOTAL					\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region III. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker’s compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend

meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Clients to be served:

We are anticipating serving 135 to 140 clients with PATH-funded services during the FY 2006. Of those, approximately 5% will be literally homeless and 95 % will be at risk of becoming homeless. The services that we anticipate providing with the PATH funds are as follows: one-time rent assistance, one-time security deposits, one-time medication payments; or representative payee services to maintain persons who are homeless and mentally ill in the community. We will also do referrals to community resources for mental health and/or substance abuse treatments; referrals to local health care providers; etc.

b. PATH-funded services:

The following PATH services are provided by the Region III PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are

provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Existing programs providing services to PATH consumers:

The following organizations work with the PATH program in Region III to coordinate efforts to provide a continuum of services to help the homeless person:

Dakota Prairie Community Action Program provides assistance with the emergency shelter (one night during the week or possibly a weekend), deposit assistance, utility deposit assistance, bus tickets, food baskets, monthly food commodities, food and clothing pantry, bedding and some cooking supplies. They also will provide one-time assistance with medications if the person cannot afford them.

Father Gerald Crisis Fund, through the local Catholic Church, may provide assistance for partial payments for rent or deposits or utility bills. They may also provide occasional assistance with medications.

The Salvation Army provides a minimal amount of assistance for this population in our region.

The Freedom Center, a psychosocial rehabilitation center, provides leisure and recreational opportunities, as well as a one hot meal seven days a week, for the seriously mentally ill clients in Region III.

Our County Social Services provide entitlement benefits and the PATH Coordinator works with various Housing Authorities and landlords in Region III to assist people in securing affordable housing.

There are mental health and substance abuse treatments available at LRHSC for persons who have either or both problems. There are also several private providers within the Region. North Dakota State Hospital is also available to provide both mental health and substance abuse treatment.

For Emergency Shelter, we use our Crisis Line System, in cooperation with the local Law Enforcement personnel, and Dakota Prairie Community Action Agency. For domestic violence situations, we have a local SAAF shelter both in Devils Lake, and the Rolla, ND area. DPCA also has one transitional facility which can house one family for a limited amount of time. Prairie Heights, a supportive housing program for the Seriously Mentally Ill, has 21 single apartments, and 24/7 staffing. Prairie Heights is a HUD-COC project, done in cooperation with the local Independent Order of Odd Fellows fraternity.

d. Gaps in the current service system:

The identified gaps in services in Region III are lack of transportation; limited hours of operation of the public transportation providers; high rates of unemployment with increasing numbers of unemployed persons; no emergency shelters available; and there is a definite limit in available housing for persons with any kind of criminal history.

e. Services available for clients who have both a serious mental illness and substance use disorder:

Referrals to the PATH Coordinator come through the Lake Region Human Service Center and other organizations in Region III as well as from collateral sources. The PATH person then does an intake, makes a determination of needed services and refers the client to the appropriate sources. These services, such as medical, psychiatric, psychological and counseling are provided through the North Dakota State Hospital, Human Service Center or other available community resources. The PATH Coordinator may also assist the client with technical assistance for housing, referrals to Vocational Rehabilitation, Social Security and Social Services, as is needed. When

the client gets their home, the PATH person may help them find needed items for the home. If there is a need for supportive services, for employment or maintenance in the community, referrals are also made for these services.

f. Making housing available:

Strategies for making suitable housing available to PATH clients in Region III include:

- Emergency Shelter, we use our Crisis Line system, the client calls the crisis line worker (24 hour), the worker does an intake sheet, sets up a one-night stay in a local motel, and then calls the client back. The client, in turn, goes to the Law Enforcement Center for an ID check and then goes to the motel for the night. The funding for this is provided by Dakota Prairie Community Action Agency (DPCCA)
- Domestic Violence/Abuse, the client would be referred to the SAAF shelter. The funding for this is provided by Safe alternatives for Abused families
- Transitional Housing, this facility can house 1 family and is funded through DPCCA
- Supportive Housing, Prairie Heights, will open on August 1st, 2005 and is a HUD-COC based project, owned by the International Order of Odd Fellows

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

The PATH position in Region III is currently empty, although active recruitment is occurring. The previous PATH Coordinator was very active in the COC program. There have been meetings of the group held locally several times and we are anticipating with the hiring of a new PATH Coordinator, that person will also be active in the COC and Homeless Coalition.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:

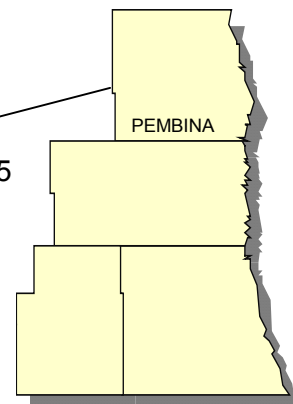
Region III encompasses six counties, as well as two Native American reservations. We include the Spirit Lake Nation, near Devils Lake, and the Turtle Mountain Band of Chippewa, near Rolla. Approximately 40-50 % of our clients are Native American. The staff of LRHSC are hired on basis of education and abilities, however, all are offered workshops/training on cultural competency. Workshops on tribal traditions and cultural issues have been offered several times by the Native American Technical Institute. LRHSC does provide outreach services to all six counties and both reservations.

6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:

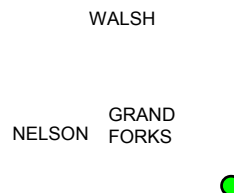
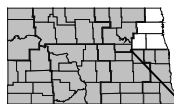
Consumers, as well as their families/guardians, are highly encouraged to participate in regional stakeholders meetings held on a regular basis to provide input into how the services are, or should be, delivered as well as what services are needed. They are also encouraged to participate in regular consumer surveys sent from this agency. The consumers also are encouraged to participate in the monthly meetings held at the Freedom Center (as one example) to help plan the month's activities and schedule. Any mental health or substance abuse treatment consumer is welcome to participate in these discussion groups to provide input and assist with planning.

REGION IV

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1. Northeast Human Service Center (NEHSC)– Grand Forks: NEHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency. NEHSC serves the major city of Grand Forks, the Grand Forks Air Force Base, and a four-county area. The population base is approximately 90,798



persons which does not include northwest Minnesota residents. Consumers are served in the community through a linked spectrum of rehabilitation services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.

2. **BUDGET:**

PERSONNEL		NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
	PATH Coordinator	1.0	\$22,500	\$22,500	
	Fringe Benefits @ 35%		\$7,875	\$7,875	
	Total Personnel				\$30,375
TRAVEL					
	Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
	Total Travel				\$2,500
OTHER					
	One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
	Total Other				\$4,000
TOTAL					\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region IV. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker's compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Clients to be served:

This year NEHSC will keep the projected number of people being assisted even with that of 2003 (134 persons), given that the PATH funding is no longer funding representative payee services. 50% of the persons served are projected to be "literally homeless."

b. PATH-funded services:

The following PATH services are provided by the Region IV PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH

Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available from trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Existing programs providing services to PATH consumers:

Grand Forks Public Health: The Health Department serves as a key health agency responsible for health promotion and disease prevention services for the City and

County of Grand Forks, North Dakota. The Department has four divisions: Administrative, Environmental Health, Nursing, and Nutrition. The Programs and Services include community needs assessment, health policy development, health protection, and health promotion. These services are provided free, on a donation basis, or at minimal cost depending on the service desired. **Altru Health System** provides hospital and clinic services to citizens of the surrounding area. **Third Street Clinic** is a non-profit organization that provides health care for persons who cannot access treatment through other agencies and do not have the resources to purchase their own medical care. The **Grand Forks Housing Authority** offers housing assistance to eligible individuals.

The **Northland's Rescue Mission** provides emergency shelter for homeless men and women 18 years of age and older. **Prairie Harvest Foundation (PHF)** offers supportive residential services, representative payee services, employment programs, a support group and several other supportive programs for persons with serious mental illness. PHF also has a supervised living facility (Harvest Homes) and now operates two lodges for individuals with SMI. The lodge residents live and work together in the community. PHF also operates a Safe Home for children. **Community Violence Intervention Center** may provide housing and domestic violence related services to persons who are experiencing domestic violence. The **Red River Valley Community Action** provides various services to homeless individuals including security deposits. They also operate a shelter for homeless women and children. **St Vincent De Paul** may provide rental assistance for those behind on rent, food baskets and other emergency assistance. They also have a 2 unit transitional living facility for families. The **Salvation Army** provides rental and security monies, a food cupboard and operates a 4 unit transitional living facility for persons who are formerly homeless.

The local **Job Service** provides an array of employment related services. Vocational Rehabilitation and Consulting also provides an array of services to those who have disabilities. The community also has employment programs for Native Americans, Veterans and Migrant Workers.

Northeast Human Service is the facility that provides mental health and substance abuse services to the PATH eligible persons. There are other private providers of services in the community, however persons must have financial resources.

The local United Way also has a directory available of all the human service agencies in the area. This can be obtained by calling them at (701) 775-8661.

The PATH worker is knowledgeable regarding the above services and how to access them. PATH clients are assisted in accessing these services as needed.

d. Gaps in the current service system:

According to the 2003 Housing Gaps Analysis Chart from the ND Continuum of Care (updated Gaps Analysis not available at the time of this questionnaire) there still remains an unmet need/gap in Permanent Supportive Housing (216), transitional housing (117)

and in emergency shelter (73). For persons in families with children, the numbers are as follows: permanent supportive housing (221), transitional housing (89) and emergency shelter (73). The analysis found that 191 persons with serious mental illness were homeless, 25 with chronic substance abuse, 45 Veterans, 8 persons with HIV/AIDS, 118 victims of domestic violence and 144 youth. One could deduce from this that there is still a need for a continuum of housing and support services across the state.

There is currently a great need for additional services for children and families who have been affected by methamphetamine use. In Region 4 over the past year there has been an influx of SMI clients, thus placing a strain on the crisis residential and transitional housing programs. We continue to need more supported residential settings for persons with Mental Illness. There continues to be difficulty in finding housing for those who have poor credit or landlord history. It can also be difficult to find housing for those with large families. Affordable housing is also an issue for those who do not qualify for housing assistance. The waiting list for housing assistance is long at times. It also remains difficult to find permanent housing for persons with felony convictions or those who are registered sex offenders. The ND Association for the Disabled is also reporting that they have had to cut the direct services that they offer to persons with disabilities due to declining funding. These services include assisting persons with paying for medication and other health related items. There does tend to be somewhat of a waiting period to access mental health and substance abuse services due to the high number of requests for services and the limited availability of chemical dependency treatment slots, availability of psychiatrist, etc.

e. Strategies for co-occurring disorders

Centre Inc provides crisis residential services to SMI and chemically dependent individuals, some of whom may be homeless. In conjunction with the local human service center, they also operate an adolescent residential program for youth who are chemically dependent. The **STEP** program currently offers residential and treatment services for women who are chemically dependent and their children. The PATH worker continues to attend bi-monthly staffings at the largest homeless shelter in Region 4. Persons with dual diagnosis are linked to needed services in much the same way the persons with only SMI are. The Regional Human Service Center does offer addiction treatment services to persons who are homeless. These services include: evaluations, primary day treatment, evening programming, relapse groups, relapse group for chronic substance abusers, residential treatment and a residential treatment facility for youth with chemical addictions. The chemical dependency unit also has case managers available to work with persons with dual diagnosis. The client generally is assigned to work with the unit that would best treat their primary diagnosis. There are private providers of mental health and substance abuse services in the region, however it is unlikely that PATH eligible persons have the financial resources to access these services.

f. Making housing available:

Region 4 has a vast array of suitable housing and support services available to PATH eligible clients. There are three emergency shelters that serve men, women, and women and children. There is an array of treatment settings such as Centre Inc, a crisis

residential setting for persons with chemical dependency and/or mental illness and Duane R. Dornheim, a transitional living center for persons with SMI. There are two lodges operated by Prairie Harvest for persons with SMI. They also operate a 12 plex supported residential setting for persons with SMI. There is private and public housing within the community and housing assistance is available from approximately three agencies. (Grand Forks Housing Authority, Metro Plains, Insignia Management) There are two halfway houses for persons in recovery from chemical dependency. The Salvation Army has a four plex transitional living facility for women and children and St Vincent DePaul operates a two unit transitional living facility for families. The Community Violence Intervention Center operates a transitional living program for women and children from domestic violence, some, of which are PATH eligible. The local Community Action also received COC funding to build permanent supportive housing for homeless families.

The PATH worker continues to work with individuals to determine their desires in terms of housing, to assess the persons ability to reside in a particular setting and to locate those places. Please see above for information regarding housing options.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

Currently the Region 4 PATH Coordinator is an active part of the North Dakota Continuum of Care Development Committee. (NDCOCCDC). She chairs the discharge committee for the NDCOCCDC. This committee works to ensure that persons being discharged from facilities and jails are not placed in settings that immediately result in the person being homeless. The PATH worker is also involved in completing the gaps analysis required by the Continuum. She also attends monthly meetings on a local basis to discuss COC and homeless issues, emergency assistance expenditures and to network with various service providers in the community. She also participates in the annual point-in-time survey of homeless persons and is currently a member of the NDCOC prioritization committee that reviews the COC applicants and ranks them according to priority.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:

On January 25, 2006, the North Dakota Coalition for Homeless People (NDCHP) conducted a statewide survey and count of people who are homeless in North Dakota. The status of homelessness in North Dakota communities is a growing concern because of the high demand for emergency shelter and services. Homeless providers in North Dakota continually find their local emergency shelters filled.

The results of the January 2006 statewide survey reveals statistics that are similar to the same survey conducted in January 2005. The 2006 statewide survey shows that roughly 700 people are homeless in North Dakota on any given night - one fourth are children,

including infants to teens under the age of 18. The majority of North Dakota's homeless population continues to be single individuals. However, the number of persons in families with children is nearly 40%, up 4% from 2005. One half of the homeless people surveyed in North Dakota indicate they have a history of substance abuse. Mental illness impacts more than one third. Medical problems also impacts nearly one third. Many of the homeless surveyed have more than one of these major problems. More than 60% of respondents indicate they can't afford rent, a 10% increase from 2005, and 52% indicate they are unemployed, an 11% increase from 2005. Forty-two percent reported having income from a job. Of the survey respondents who indicated their race, 55% were white, 33% were American Indian, 5% were Black, and 2% indicated other. Only 13% do not have at least a high school diploma or GED. Most homeless people are in and out of the system. The statewide survey showed that the average homeless person in North Dakota has been homeless for an average of 182 days. However, within North Dakota's homeless population is a subpopulation of nearly 200 individuals and persons in families who experience homelessness repeatedly or for a long time, and have prevalent disabilities. The median length of time homeless for this group of "long-term homeless" is two years. Twenty-seven percent of all homeless staying in emergency shelters are long-term homeless. Long-term homeless adults are significantly more likely to have a mental illness, to have a history of substance abuse, and to have medical problems. Traditional homeless programs often do not provide the resources they need to help them out of their homelessness. Living on the streets, under bridges, in cars or abandoned buildings becomes a way of life for approximately 11% of the long-term homeless in North Dakota. The statewide survey showed that the long-term homeless are twice as likely to report living in an unsheltered location than the total homeless population. It is known that the unsheltered homeless often find shelters intolerable because of overcrowding, or feel vulnerable and threatened by fellow residents, or the shelters themselves can not serve them because their symptoms are too disruptive.

Based on the numbers of homeless and the frequency of homelessness revealed by the 2006 statewide survey, the NDCHP can estimate that more than 5,000 people in North Dakota experience homelessness at least once over the course of a year. The primary cause of homelessness is a lack of affordable housing. Substance abuse, mental illness, and medical problems are secondary causes. NDCHP's annual survey is conducted not only to determine the magnitude of homelessness, but to assess the need for housing and services. One half of North Dakota's homeless people utilized services that provide for basic needs - emergency shelter, food and The PATH worker is located in the City of Grand Forks, the largest city in the four county region included under this PATH location program.

The PATH worker is located in the City of Grand Forks, the largest city in the four county region included under this PATH location program.

Currently the PATH Coordinator in Region 4 is a Licensed Social Worker who received training regarding cultural issues during her formal university training. She has also attended numerous workshops throughout the state regarding cultural, gender related and racial issues.

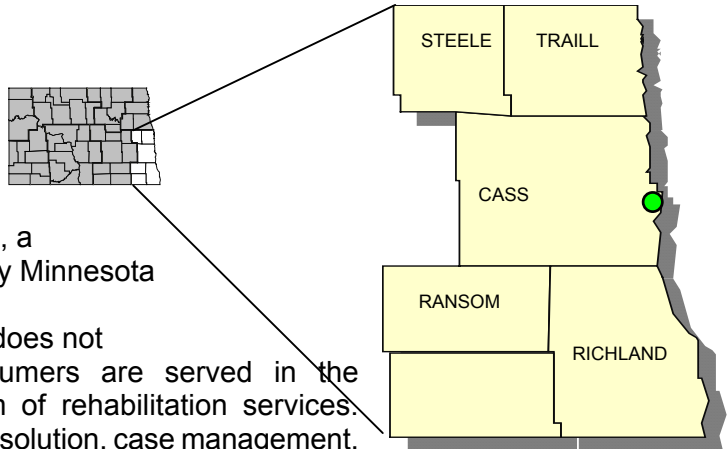
6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE

**INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING,
IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:**

Homeless consumers, their family members and other community members are given an opportunity to respond to the PATH grant application through notice in the local newspaper. Homeless consumers are involved on an on-going basis regarding the PATH services and are surveyed by the Host agency regarding their satisfaction with the services offered. The majority of the clients seen by the PATH worker do not have involved family members and often times decline to contact their families. Currently the provider agency does not employ PATH eligible persons. Because of the states limited allocation, the entire state has only 8 PATH providers, all whom are trained professionals. No PATH eligible persons serve on the governing or formal advisory board at this time in Region 4.

REGION V

1. Southeast Human Service Center (SEHSC)– Fargo: SEHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency. Serves the major city of Fargo, a six-county area, and residents of nearby Minnesota counties. It has a population base of approximately 162,127 persons which does not include Minnesota residents. Consumers are served in the community through a linked spectrum of rehabilitation services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.



2. BUDGET:

SARGENT

PERSONNEL		NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
	PATH Coordinator	1.0	\$22,500	\$22,500	
	Fringe Benefits @ 35%		\$7,875	\$7,875	
	Total Personnel				\$30,375
TRAVEL					
	Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
	Total Travel				\$2,500
OTHER					
	One-time financial assistance for the following: rental payments, security deposits, representative payee services,		\$4,000	\$4,000	

or medications				
Total Other				\$4,000
TOTAL				\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region V. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker’s compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Clients to be served:

The projected number of homeless people that the PATH position will serve in FY 2007 is 160. The percentage of this number that will meet the HUD definition of homeless (staying in a shelter or on the streets, etc.) figured to be approximately 90-95%.

b. PATH-funded services:

The following PATH services are provided by the Region V PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services

are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to

designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Existing programs providing services to PATH consumers:

There are many organizations in the Fargo/Moorhead area that provide services to the homeless of this region. Family Health Care, Homeless Health Care, YWCA (Fargo), Churches United for the Homeless (Moorhead), Sister's Path, New Life Center (Fargo), Churches United for the Homeless (Moorhead), Dorothy Day House (Moorhead), Center Inc., Southeast Community Action Agency, Fargo Housing Authority, VA Medical Center, Cass County Social Services, Regional Social Services, Share House, Meritcare Hospital, Prairie at St. John's, Rape and Abuse Crisis Center, Youthworks, Presentation Sisters, local churches, St. Vincent De Paul, Freedom Resource Center, Catholic Family Services, Luthern Social Services, Fargo/Cass Public Health, North Dakota Housing and Finance, Cass County Housing Authority, and Salvation Army.

d. Gaps in the current service system:

There are gaps in the current service system that serves the homeless population. The first is a need for a shelter that allows for intoxicated men and women, a "wet-house". This would provide a safe environment for vulnerable homeless. Another gap in services is the extensive waiting time for housing programs and vouchers. Also another gap is affordable housing options for those that do not qualify for housing due to criminal background (sex-offenders, some felonies, etc.) If a person is homeless, it is much harder for them to stay connected to services.

e. Strategies for co-occurring disorders:

Services available for individuals with a chemical dependency diagnosis and also a mental illness (dual diagnosis) are provided by Southeast Human Service Center. Psychiatry, case management, and also chemical addiction treatment are all available. Off Main, a satellite of Southeast Human Service Center is specialized in treatment of dual diagnosed individuals.

f. Making housing available:

Housing options that are utilized to house the homeless vary because of individual need. Traditional housing such as Section 8 vouchers and scattered site buildings are offered by Fargo Housing Authority, Cass County Housing, Clay County Housing (Minnesota), Moorhead Public Housing (Moorhead), and North Dakota Housing and Finance. Shelter Plus Care programs are utilized, especially if on-going treatment will be required once they are no longer homeless. Those people with income or those that would not qualify for subsidized housing due to criminal background, there are landlords that do not complete background checks and also provide affordable housing.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

The PATH position at Southeast Human Service Center is actively involved in the Continuum of Care and North Dakota Coalition for Homeless Persons and is a member of the following subcommittees: Minority Outreach; Funding Work, and is the chair of Public Awareness. The PATH position is also involved in the Fargo/Moorhead Homeless Coalition for the Homeless.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:

a) According to the 2005 Point-In-Time Survey performed by the ND Coalition for Homeless People, there were 655 persons who were homeless on the night of January 26, 2005 in the state of North Dakota. 249 were homeless in Region 5. Of these 47 were individuals under the age of 18. 45% were male and 55% female. The average age was 37.7 years old. There were 55 persons interviewed in Region 5 who qualified as chronically homeless.

b) The PATH Coordinator is located in Fargo, the largest city in the region and state.

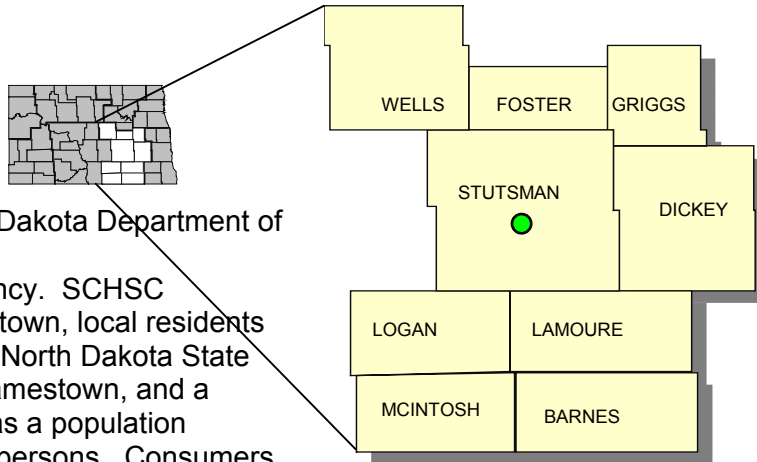
c) The PATH Coordinator in Region 5 is a Licensed Social Worker who has received training regarding cultural issues by attending numerous workshops regarding cultural, gender related, and racial issues.

6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:

Individuals working with the PATH case manager are involved in creating their treatment plan for Southeast Human Service Center whenever possible. At this time individuals or families are not involved at the organizational level. The plan is to continue to try to involve individuals both who are or were previously homeless in the planning and advancement of homeless issues.

REGION VI

1. South Central Human Service Center (SCHSC)– Jamestown: NEHSC is a regional human service center and a part of the North Dakota Department of Human



Services: a governmental agency. SCHSC serves the major city of Jamestown, local residents who are former patients of the North Dakota State Hospital, which is located in Jamestown, and a nine-county area. The area has a population base of approximately 61,454 persons. Consumers are served in the community through a linked spectrum of rehabilitation services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.

2. BUDGET:

PERSONNEL	NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
PATH Coordinator	1.0	\$22,500	\$22,500	
Fringe Benefits @ 35%		\$7,875	\$7,875	
Total Personnel				\$30,375
TRAVEL				
Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
Total Travel				\$2,500

OTHER					
	One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
	Total Other				\$4,000
TOTAL					\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region VI. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker's compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Clients to be served:

The projected number of clients who will receive Path-Funded services in FY 2006 will be around 120-130 clients. The percentage of clients to be served that will be literally homeless will be between 10-18%.

b. PATH-funded services:

The following PATH services are provided by the Region VI PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provide referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and

obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Existing programs providing services to PATH consumers:

Community agencies that provide services to our Path-eligible clients include the Salvation Army, the local police department and sheriff's departments, the local Safe Shelter and the abused persons outreach center, the Veterans Services officer and Veterans homeless outreach worker, the county Social Services offices, the County Housing Authorities, the North Dakota Job Service, the Central Valley Health Unit and City County Health Unit in Valley City, ND, Easter Seals Goodwill Inc., The South Central Human Services Center, the American Red Cross, the local and regional churches, the Senior Citizen Centers and the North Dakota State Hospital and Progress Enterprises and Alpha, INC. A majority of the above-listed agencies and support systems have become members of the local homeless coalition or have pledged their support and backing for the coalition. This has resulted in a more efficient working relationship between the supporting agencies and has eliminated some of the barriers that were causing delays and confusion in obtaining and delivering services for our homeless clients.

d. Gaps in the current service system:

The gaps that exist in the current service systems include the lack of any transitional shelter or long-term shelter in our region. Valley City, ND doesn't have any emergency shelter accessible in their city, with the result being that any homeless clients who end up there are sent on to Jamestown, ND, where a local motel is used for one or two night lodging, or further east to Fargo, ND, where homeless clients are lodged in one of four homeless shelters within their city limits. There is a need for additional structured residential facilities for the dually diagnosed population, for the SMI clientele and for the Chemically dependent population. The Chemically dependent clients and ex-felons often face another huge hurdle in not qualifying for Federal or State Housing Assistance under the HUD guidelines.

e. Strategies for co-occurring disorders:

A majority of the services accessed for the dually diagnosed clients in Region VI are provided by the South Central Human Services Center and the North Dakota State Hospital. The Human Services Center has licensed Addiction Counselors available to help diagnose and determine the appropriate level of treatment needed for the client. Clients can be placed in social detoxification at the Crisis Residential Unit, which is contracted through Progress Enterprises, or if necessary, placed at the North Dakota State Hospital for medical detoxification. After detoxification, there are a number of treatment options available for the client within the region. A client can be placed in

the Day Treatment Program, Individual Counseling, the Residential Adolescent Treatment Program and Relapse Program, all accessible through the Human Services Center. If it is determined that a client is in need of an intensive inpatient treatment program, the North Dakota State Hospital is available upon referral. Extended Care Case Managers also work with the dually diagnosed clients upon proper referral. Outside private treatment facilities are also utilized if requested and appropriate.

f. Making housing available:

The PATH Coordinator works closely with the local county housing agencies and the North Dakota Housing Finance Agency and maintains regular contact with most of the regular rental agencies and local landlords to help locate safe affordable housing for our clients. The Statewide Shelter Plus Care Program has been utilized and is available for eligible cooperative clients. The PATH Coordinator keeps an updated list of available housing openings within the area and encourages and assists PATH clients to apply for state and federal housing assistance as soon as possible so they can obtain financial assistance for housing. The PATH Coordinator tries to maintain weekly contact with most of the local rental agencies in order to keep a good working relationship with them and the clients that utilize their apartments.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

The PATH Coordinator is an active member of the North Dakota Coalition for the Homeless, the leading agency within the state for dealing with the plight of the homeless. As the PATH Coordinator, I serve on two committees within the state coalition. I am a very active member of the South Central Homeless Coalition, INC., which consists of 30 members from the local surrounding area. Our local coalition has achieved state recognition of a local non-profit corporation and is in the process of attaining federal recognition of its 501c3 status for tax purposes. As the PATH Coordinator, I have been involved in several committees in applying for a start up capital grant from the Volunteers of America, Dakota Branch and in helping with the grant proposal submission to the above agency. We are proposing a professional market study for the City of Jamestown, ND and possibly Valley City, ND and have requested matching funds from Eastern Dakota Housing Alliance to assist us in this venture. The local Salvation Army has been operating as the local clearinghouse for the homeless and has been accepting referrals from all the local service providers. The Salvation Army has also received a couple of small rental assistance grants which they have utilized to assist local residents in avoiding late payments of rents and evictions, leading directly to homelessness.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC

TRAINING IN CULTURAL COMPETENCE:

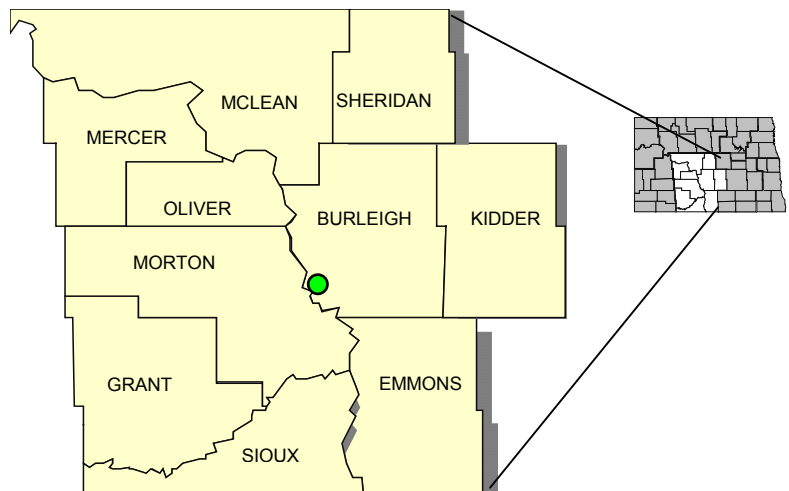
The population statistics from FY 2005 shows a client population base that is predominantly white, almost 70% male, with an age range between 18 and 65 years of age. Two thirds of the population carry a co-occurring substance abuse disorder. Veterans comprise about 7.5% of this population. The PATH Coordinator has worked with a wide variety of different age groups of clients of various ethnic/racial backgrounds and worked with Native Americans from several reservations during the course of his working experiences as well as within the educational environment. This PATH Coordinator grew up next to a reservation in North Central North Dakota and worked on the reservation in a variety of jobs, which included being a tracker for delinquent Native American youth. I have completed the Cultural Competency Training Class conducted by the Native American Training Institute that was offered to us as a course of study. I will continue to educate myself with the training opportunities when they are made available and will take the course updates that the Native American Training Institute offers if I can.

6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:

The Advisory Council for the South Central Human Services Center is composed of community leaders, private citizens, consumers and mental providers. This council helps oversee the planning, implementation and evaluation of the Center's programs and services, which includes the PATH Coordinator's direct services to the homeless clients in this region. The Point in Time Survey, which is administered by the Continuum of Care Coordinator, is used to help determine the scope and types of Services that the PATH Coordinator is delivering to the homeless consumers within the region. Homeless consumers are invited to join the North Dakota Coalition for the Homeless, and their membership dues sponsored if they decide to remain as members of the Coalition. Homeless consumers have been transported to our quarterly Coalition meetings and have spoken freely and their opinions and feedback has been given serious consideration when policy and procedure decisions are made by the Coalition. On the local level, we have extended open invitations to any consumers, past or present to attend our meetings and provide us with welcome comments and criticisms of our local coalition functionings. The regional Human Services Center continues to work closely with the Progress Community Center to provide a local thrift store, which has a strong consumer involvement and usage. This thrift store charges nothing for its items of clothing, dishes, and other basic supplies which are used to help provide for the needs of the homeless and the transient population. The PATH Coordinator has a used furniture program that is intended to help the homeless population get settled in by providing some of the basic necessities for apartments at no cost to the client.

REGION VII

1. West Central Human Service Center (WCHSC)– Bismarck: WCHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency. WCHSC serves the major cities of Bismarck and Mandan and a ten county area including the Standing Rock Indian Reservation. It has a population base of approximately 130,418.



Consumers are served in the through a linked spectrum of rehab services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.

2. BUDGET:

	PERSONNEL	NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
	PATH Coordinator	1.0	\$22,500	\$22,500	
	Fringe Benefits @ 35%		\$7,875	\$7,875	

Total Personnel				\$30,375
TRAVEL				
Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
Total Travel				\$2,500
OTHER				
One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
Total Other				\$4,000
TOTAL				\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region VII. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker's compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Clients to be served:

This Path Coordinator will serve approximately 95 individuals in the year of 2006. This will include approximately 40% of which will be literally homeless and living on the street. The increase in numbers will be partially due to my re involvement with the Department of Corrections in regards to releases from the penitentiary.

b. PATH-funded services:

The following PATH services are provided by the Region VII PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living

arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Existing programs providing services to PATH consumers:

This Path Coordinator works closely with the local hospitals as well as the housing agencies. They call me when they have an individual that is homeless and may require some mental health services. The housing agencies request that I become involved with clients that meet the criteria for the Shelter plus Care, and write the Care Plan required for that program. The Alcohol and Drug Unit at WCHSC also request my involvement in clients that suffer addiction issues as well as SMI. This includes assistance with obtaining housing and other services in the community, which they may benefit from. I attend weekly staffings at Ruth Meiers Hospitality House (homeless shelter for men) where all residents are discussed, and if mental health issues are needed this is discussed with proper referrals made. Transportation is provided to individuals who want to go to appointments, or job service agencies to seek employment.

d. Gaps in the current service system:

The major gap in the current system is the lack of a homeless shelter for women and women and children. They are currently housed at local motels until housing can be sought, or they may be sent to a community, which has a shelter for women and children. A facility is in the process of being started in Bismarck. The name of the organization is Welcome House, Inc., and will do transitional housing for homeless women and children. This facility should be up and running in two months. PATH monies is sometimes used to assist in the paying for temporary shelter at a local motel. On occasion Path monies will be used for assistance in helping for the deposit or the rent to assist families in establishing a permanent residence.

e. Strategies for co-occurring disorders:

As indicated earlier this coordinator works closely with the addiction unit here at WCHSC in regards to dual diagnosed individuals. This includes assistance with finding housing, employment, and other services. They receive the same services as any other Path eligible client would receive.

f. Making housing available:

My first choice in housing is Shelter plus Care due to the fact a care plan is required. This ensures the client will be following a care plan and working towards independent living. We have two Shelter plus Care projects in the Bismarck. One is through Community Action, Inc., and the other one is through Burleigh County Housing. We also utilize Aid, Inc. for some deposit money, partial payment of rent. Salvation Army also provides these services. Community Action on occasion will also provide this service on a limited basis.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

The Path Coordinator from region VII is very involved with the Continuum of Care program. He attends all CoC meetings and serves on the Development Committee of the CoC. The North Dakota Coalition for Homeless People, Inc. is the lead agency for the CoC. The Region VII Path Coordinator is a member of the Coalition. He also is very involved with the Homeless Coalition at the local level. He sits on the FEMA Board regarding the distribution of State-Set-Aside monies for the state of North Dakota and local counties. The Path Coordinator is involved on a daily basis with agencies in the community which are members of the CoC.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:

There are no age barriers in any of the programs, which the PATH Program is involved with. It is the policy of the North Dakota Department of Human Services to not discriminate or deny services to due to age, gender, racial/ethnic differences. It also is the policy to not turn away services to anyone if they qualify. We work with individuals of all ages as well as male or female. There continues to be an increase in the number of children that are being served in Region VII. This is due to increased awareness and the adding staff at the local school to deal directly with homeless children as well as potential homeless. These positions are funded through the local school district. These two individuals work closely with the PATH Coordinator. In working with other agencies in the community who deal with the homeless population, it is clear that they do not discriminate or deny services to individuals that qualify for programming. Some of the agencies in the community have hired and currently employ individuals they have served in the past. These individuals are also utilized to represent the homeless population in meetings that focus on planning and

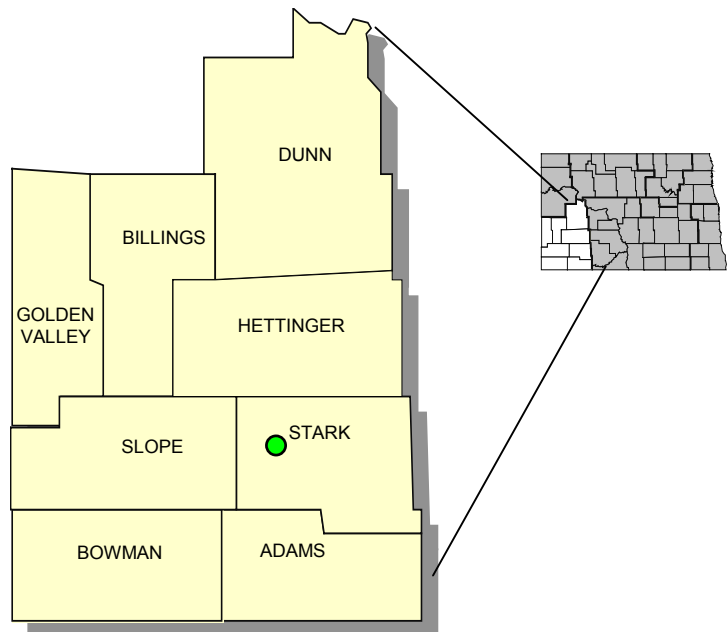
distribution of services. In-services are held at WCHSC at least once monthly, and the topics of the in-services vary on all populations of individuals served. They range from types of mental illness's, different cultures, specific gender issues, treatment approaches, services provided, etc.

6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:

When the opportunity arises to have family involvement in the process of working with a SMI homeless individual it is encouraged and implemented. In regards to utilizing former PATH eligible individuals to evaluate, plan, or implement programs happens when they are asked to rate the services they received, and make comments on how services could be better provided. Homeless and former homeless individuals are asked to participate on local and state homeless coalitions. A homeless male is on the FEMA Board regarding State Set-Aside monies. His input is very valuable and respected.

REGION VIII

1. Badlands Human Service Center (BHSC)– Dickinson: BHSC is a regional human service center and a part of the North Dakota Department of Human Services: a governmental agency. BHSC serves the major city of Dickinson and an eight county area. It has a population base of approximately 38,365. Consumers are served through a linked spectrum of rehab services. These include: Crisis stabilization and resolution, case management, psychiatric/medical management including medication management and other health services, social services, residential services and supports, vocational and educational services and supported employment, social and leisure activities, counseling, psychological services, and addiction treatment.



2. BUDGET:

PERSONNEL		NUMBER OF FTES	PATH-FUNDED	SUBTOTAL	TOTAL
	PATH Coordinator	1.0	\$22,500	\$22,500	
	Fringe Benefits @ 35%		\$7,875	\$7,875	
	Total Personnel				\$30,375
TRAVEL					
	Travel for PATH Coordinator within the region including expenses to attend any required meetings and training sessions		\$2,500	\$2,500	
	Total Travel				\$2,500
OTHER					
	One-time financial assistance for the following: rental payments, security deposits, representative payee services, or medications		\$4,000	\$4,000	
	Total Other				\$4,000
TOTAL					\$36,875

Personnel: PATH funds are used for salary for the PATH Coordinator. This position, a mental illness case manager, provides PATH services throughout Region VIII. The Federal portion of the salary for the Coordinator is \$22,500 per year.

Fringe Benefits: Computed at 35 percent of the salary, fringe benefits include the cost of health insurance, worker’s compensation, Social Security/Medicare, retirement, and unemployment insurance. The Federal portion of the benefits for each Coordinator is \$7,875 per year. As the PATH Coordinator is an employee of the North Dakota Department of Human Services, the 35 percent fringe benefit costs are the same as other employees of the Department.

Travel: Travel costs include the expenses for the PATH Coordinator to attend meetings scheduled for all Coordinators and to attend meetings of the North Dakota Coalition for Homeless People. Costs include travel at \$0.375 per mile, per diem of \$25 per day, and lodging at \$50 per day plus tax. This category also covers the travel costs associated with providing services to homeless persons within the region. The estimated travel costs for the Coordinator is \$2,500 for the year. At this time, the \$2,500 travel allowance is sufficient to cover costs associated with outreach travel by the PATH Coordinators. If the PATH Coordinator needs additional funding for travel, North Dakota will provide General Fund dollars to cover these costs.

Other: The PATH Coordinator has access to \$4,000 to cover the costs associated with providing one-time rent assistance, one-time security deposits, or representative payee services to maintain persons who are homeless and mentally ill in the community.

3. DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO ELIGIBLE PATH CLIENTS

a. Clients to be served:

The projected number of clients who will receive PATH funds is 100. The projected percentage worked with that is "literally" homeless would be 40%.

b. PATH-funded services:

The following PATH services are provided by the Region VIII PATH Coordinator:

Outreach Services: Defined as meeting the immediate needs of homeless persons by providing food, shelter, clothing, transportation, financial assistance, or assisting persons who are PHMI in obtaining benefits and entitlements. Referrals for services are included in outreach services. The PATH Coordinator usually provides this service.

Screening/Diagnostic Treatment Services: Defined as an initial mental health assessment completed by the Coordinator or an in-depth psychological/ psychiatric evaluation to diagnose a mental illness and to develop a treatment plan. A mental health professional of the human service center's staff completes the latter.

Habilitation/Rehabilitation Services: Defined as those services or activities that assist people in obtaining meaningful work. This service is often coordinated by the PATH Coordinator and provided by vocational rehabilitation staff, Job Service - North Dakota staff, or contracted agencies providing job training and supported/extended employment services.

Community Mental Health Services: Therapy and case management services are provided by the PATH Coordinator while other community-based services are provided by human service center staff, i.e., partial care/day treatment, medication monitoring, etc.

Alcohol and Drug Treatment Services: Outpatient programs are provided by staff of the regional human service center or via contract with outside providers while inpatient treatment is provided at the North Dakota State Hospital. Specialized services for those persons who are MI/SA are available with trained staff.

Staff Training: Defined as any inservice or educational program that is conducted to inform and educate professionals on homeless issues and concerns. The PATH Coordinator and members of the homeless coalitions provide this service.

Case Management Services: Defined as those services provided by case managers and include therapy, skills building training, supportive services in residential settings, daily living skills training/supervision, etc.

Supportive and Supervisory Service in Residential Settings: Defined as those services provided to clients that ensure their ability to maintain the most independent living arrangements possible. Services include daily living skills training provided by case management in the client's residence.

Referrals for Primary Health Services, Job Training, Educational Services, and Housing Services: The PATH Coordinator as well as other professionals working with the homeless provides referral services for the above listed services. Referrals for health services are normally coordinated through public health units, medical clinics providing services pro bono or social service agencies responsible for financing health care.

Housing Services: The PATH Coordinator assists the homeless in applying for and obtaining the type of housing desired. Emergency shelters are available in most regions of the state assuring homeless persons temporary housing until more permanent arrangements are available. The PATH Coordinator has access to designated PATH funds to provide for one-time rental payments or security deposits to assist homeless people in obtaining housing. The PATH Coordinator and other coalition members assist homeless people in obtaining donated household items and furniture to furnish their apartments/homes.

c. Existing programs providing services to PATH consumers:

Great Plains Clinic, Dickinson Clinic, and St. Joseph's Hospital provide medical care in Dickinson. There are medical services in Richardton, Mott, Hettinger, Bowman, Killdeer and Beach. Dickinson and Hettinger have the most complete services. Badlands Human Service Center has outreach in Bowman and Beach. St. Joseph's Hospital provides most of the care for homeless people especially for the people that are not eligible for medical assistance. Staff from St. Joseph's Hospital makes referrals to the PATH coordinator. Mental health services are provided by St. Joseph's Hospital and Badlands Human Service Center. Badlands also provided addiction treatment for the Region. Hettinger has a hospital and clinics. Richardton has a clinic, small hospital and a swing bed. Killdeer and Beach have clinics. Bowman has a small hospital and clinic services. Badlands Human Service Center provides addiction treatment. Stark County Housing Authority has housing vouchers for all the counties in the Region and some income-based housing in the rural areas. Each of the eight counties in the region has income-based housing. Garsten Perennial Management manages the majority of the income-based units in Dickinson. Rehabilitation Consulting and Services helps people train and find jobs. A supported employment program is also a part of the services offered. Job Service North Dakota can also assist people with employment. Social opportunities are available from the Prairie Rose Activity Center. One meal a day is served at the Prairie Rose Activity Center. The churches in the area offer religious and social opportunities. The Welcome Wagon Soup Kitchen is open on Thursday evenings. This is a place to get a meal and a place

to socialize. Community Action Partnership manages a homeless shelter. Some medical services, payee services, deposit assistance, energy share assistance and budget training can be access through Community Action Partnership. The county social service agencies offer help such as food stamps, medical assistance, etc. The Salvation Army fills in with assistance when no other funds are available. This help can be for medication, transportation, utility bills and special situations that come up. By working together, the agencies can stretch limited dollars farther. Domestic Violence and Rape Crisis Center has shelter for families and women in transition.

d. Gaps in the current service system:

Gaps in the service system include medication assistance when the person is not eligible for Medicaid, Medicare, and for medications not covered by patient assistance programs. Permanent supportive housing is limited. More is needed because there is a waiting list for the service now. Transitional supportive housing is limited to 6 beds and one crisis bed. Affordable transportation for people who live in rural areas to access services in service centers is limited. People who have exhausted all resources in the community and cannot find needed housing. (i.e. The lady that had a voucher but could not find a place to live because of past history.) People who don't meet service categories but need services to live in the community.

e. Strategies for co-occurring disorders:

Out patient care is provided by Badlands Human Service Center through group therapy, individual therapy and the RIS Program (Regional Intervention Services). Individuals can stay at the local hospital and attend day programming at Badlands Human Service Center. Psychiatric services are available through Badlands Human Service Center and St. Joseph's Hospital. Sometimes out-of-region services are accessed. St. Joseph's Hospital has inpatient services for psychiatric disorders. People in the prison systems have services available to them either in-house or through local service agencies.

f. Making housing available:

Housing for PATH clients can be accessed in the Dickinson Community by working with Garstein Perennial Management, Bauer Property Management, California Management Company, West Plains Reality, and numerous small property owners in the community. Stark County Housing Authority manages properties in the rural areas as well as Dickinson. Housing can be accessed in the more rural areas but transportation becomes an issue if the client is not MA eligible and has no money. Most housing is single-family units with one bedroom.

4. DESCRIBE THE PARTICIPATION OF PATH LOCAL PROVIDERS IN THE HUD CONTINUUM OF CARE PROGRAM AND ANY OTHER LOCAL PLANNING, COORDINATING OR ASSESSMENT ACTIVITIES:

The PATH Coordinator is an active member of the North Dakota Coalition for Homeless People. The North Dakota Coalition for Homeless People is the lead agency that writes the

Continuum of Care. She serves on the Membership Committee of the Coalition and the Discharge Planning Committee. She is a member of the CoC Development Committee and serves on the Monitoring and Evaluation Sub-committee. She is the regional contact person for the Coalition. She also participates in other sub-committees when the regional representative cannot participate in the meetings. Locally, the PATH coordinator gives presentations to schools, churches and organizations about homelessness in the area. She serves as a consultant for Dickinson State University for the activities held there that relate to homelessness. She participates in local organizations and groups that deal with issues related to homelessness. She is an active member of The Southwest Homeless Coalition. The PATH coordinator is part of an interagency group that developed a tenant education program for the region. The Southwest Homeless Coalition hosts the North Dakota Coalition for Homeless People for quarterly meetings. Local politicians are invited to the meeting. Local Coalition members attend the meeting. The Southwest Homeless Coalition supports agencies that complete the point-in-time surveys in Region 8. A sub-committee of the Southwest Homeless Coalition designed a discharge checklist for staff and prisoners to use for discharge planning of prisoners at the Dakota Women's Correctional Rehabilitation Center.

5. DESCRIBE THE DEMOGRAPHICS OF THE PROPOSED SERVICE AREA. DESCRIBE HOW STAFF PROVIDING SERVICES TO THE TARGET POPULATION WILL BE SENSITIVE TO AGE, GENDER, AND RACIAL/ETHNIC DIFFERENCES OF CLIENTS. INDICATE THE EXTENT TO WHICH STAFF (A) ARE REPRESENTATIVE OF THE RACIAL/ETHNIC DIVERSITY OF THE CLIENTS, AND (B) RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE:

Most PATH eligible clients are between the ages of 18-49. A limited amount of people is between the ages of 50-64. Forty-four percent are male. Ninety-five percent are white and 2% are American Indian and 2% are African American. Thirty-seven percent of the individuals worked with have a diagnosis of Affective Disorders. The other mental illnesses that individuals have are divided among Schizophrenia and Related Disorders, Other psychotic Disorders, Personality Disorders, and Other Serious Mental Illnesses. Twenty-two percent have co-occurring substance abuse. One person was a veteran. The majority of the people live outside or in a short-term shelter. A small number comes from institutions or jail. Thirty-four percent were homeless for 31-90 days. Twenty-seven percent were homeless for less than 30 days. The rest were homeless for a long period of time. The staff person working with the PATH eligible client is female, white and over 50. The PATH coordinator spent six months in Fort Yates, ND, as a VISTA volunteer, taught in a resource room in New Town, ND, and worked as a tutor with adolescents on the Mental Health and Chemical Dependency Units at St. Joseph's Hospital, Minot, ND. She has taught special education, worked as a case manager for individuals with developmental disabilities, and worked in the Supported Employment Program with people with developmental disabilities, severe mental illness, traumatic brain injuries, and other disabilities. Her experiences have made her sensitive to the differences of clients and to the differences in cultural backgrounds. All populations are offered the same services regardless of any differences that may occur. Staff participated in the Killdeer Study Circle and a Poverty Simulation that was held at the Killdeer High School, Killdeer, ND. This

simulation covered information to help the attendees understand the difference in values of people with different social-economic status. She attended “The Legal Process Regarding Victims and Offenders of Domestic Violence” training and the Tenant Education training at the local Job Service.

6. DESCRIBE HOW HOMELESS CONSUMERS AND THEIR FAMILY MEMBERS WILL BE INVOLVED AT THE ORGANIZATIONAL LEVEL IN THE PLANNING, IMPLEMENTATION, AND EVALUATION OF PATH-FUNDED SERVICES:

PATH-eligible clients can enter the continuum of care at any agency in this region. The first contact person helps the client sort out the services the person will need to live in the community. The initial contact then helps the client make contact with appropriate agencies. The amount of help given a client depends on need. Some individuals will need to be assisted to contact all agencies, while others may only need addresses and the name of a contact person. Family members are involved whenever the situation warrants it and as often as possible. Clients are encouraged to participate in organizations that deal with homeless issues. The Prairie Rose Activity Center is a client driven service and is utilized by PATH eligible clients. Some people who were PATH eligible now volunteer at the Center. Former homeless people are members of the Southwest Homeless Coalition and the Salvation Army Unit. Family members of people who are PATH eligible serve on the various agencies that deal with homelessness. People who were PATH eligible clients work at Badlands Human Service Center.

**ASSURANCES: Non-Construction Programs
CERTIFICATES
AGREEMENTS
DISCLOSURE OF LOBBYING ACTIVITIES**

These documents have been removed from the draft version and are not subject to modification.

