

PROJECT NARRATIVE

SECTION A: EXECUTIVE SUMMARY

Florida will use its Federal Grant Year 2020-2021 Projects for Assistance in Transition from Homelessness (PATH) allocation of \$4,334,533 to implement twenty-three PATH projects throughout the state. The grant is managed by the Florida Department of Children and Families (Department), Office of Substance Abuse and Mental Health (SAMH). The Department contracts with private, not-for-profit intermediaries called Managing Entities (MEs) to manage substance use and mental health resources including block grants, other federal grants, and state general revenue funding. In partnership with regional Department SAMH offices and through specific contract language, the MEs ensure PATH funds are utilized as required by the grant and s. 521 et seq. of the Public Health Service Act, as amended. In addition, MEs assist PATH providers through collaborations with homeless Continuum of Care Lead Agencies to facilitate access to the Coordinated Entry system and other local resources to link people with safe and affordable housing. Each of the Department's six operational regions has at least two PATH projects.

Florida's PATH Program population of focus is individuals with serious mental illness, including those with co-occurring substance use disorders, who are homeless or at risk of homelessness. Approaches and services offered vary by provider; however, not every PATH provider delivers the full array of services. Each provider completes a local Intended Use Plan (IUP) that specifies the eligible services it offers. In the aggregate, providers offer all of the PATH-eligible activities during the course of the grant period. Many Florida PATH providers integrate their PATH project into their existing service array for this target population, and all work closely with the regional homeless Continuums of Care (CoC) for coordination and planning purposes. The primary goal is for participants to attain permanent housing, with a choice of mental health and substance use services and supports as an integral step in recovery. Presently, all of Florida's twenty-three PATH-funded projects are entering PATH participant data into the Homeless Management Information System (HMIS).

The Office of SAMH employs the State PATH Contact (SPC) who is responsible for grant management and the provision of technical assistance to the MEs and PATH providers. Collaboratively the SPC, MEs and regional SAMH staff work to ensure PATH grant and Department standards are met. In addition, the SPC is also the SOAR State Team Lead and facilitates SOAR trainings and communicates other relevant training opportunities including Motivational Interviewing, Housing First, and Permanent Supportive Housing offered through the Substance Abuse and Mental Health Administration (SAMHSA), Florida Supportive Housing Coalition, Florida Housing Coalition, and others. A small portion of the administrative costs will be utilized for the SPC to 1) travel to the various PATH projects for programmatic monitoring and technical assistance and 2) hold a Statewide PATH Summit and cover travel costs for PATH providers and MEs.

The table below gives an overview of providers receiving PATH funds in Federal Grant Year 2020-2021. The numbers of individuals to be contacted, enrolled, and those identified as literally homeless are projected. The IUPs contain more detail regarding each provider.

Table 1: Florida PATH Providers

Provider	PATH Funds	Match	Match Source	Service Area (County)	# of Contacts	# of Enrolled	% Literally Homeless
Apalachee	\$150,000	\$59,400	Cash	Leon	800	250	100%
Aspire	\$237,943	\$79,314	In-kind	Orange	250	175	5%
BayCare	\$233,000	\$78,000	Cash/ In-kind	Pasco	450	70	14%
Camillus	\$558,295	\$186,098	In-kind	Dade	200	100	60%
Chautauqua Healthcare Services	\$117,500	\$39,167	Cash/ In-kind	Walton/ Okaloosa	175	60	60%
Circles of Care	\$173,000	\$57,667	Cash/ In-kind	Brevard	50	40	80%
Community Assisted & Supported Living (CASL)	\$130,000	\$44,000	In-kind	Sarasota	175	50	80%
CASL	\$115,000	\$38,000	In-kind	Collier	150	70	80%
CASL	\$130,000	\$44,000	In-kind	Lee	150	70	80%
Directions for Living	\$403,000	\$135,000	In-kind	Pinellas	250	150	70%
Gracepoint	\$260,000	\$86,667	Cash/ In-kind	Hillsborough	480	180	70%
Guidance Care Center	\$170,000	\$57,750	In-kind	Monroe	146	170	23%
Henderson Behavioral Health	\$304,293	\$101,748	In-kind	Broward	0	115	100%
Love and Hope in Action	\$268,333	\$89,444	Cash	St. Lucie/ Martin/ Indian River	150	75	90%
Meridian Behavioral Healthcare	\$111,205	\$37,068	Cash	Alachua	554	283	100%
Mental Health Resource Center	\$251,550	\$229,136	Cash/ In-kind	Duval/Clay/ Nassau	400	150	75%
Mid FL Homeless Coalition	\$179,905	\$59,968	In-kind	Citrus/ Hernando/ Lake/Sumter/ Marion	70	35	80%

Provider	PATH Funds	Match	Match Source	Service Area (County)	# of Contacts	# of Enrolled	% Literally Homeless
Park Place	\$87,057	\$29,469	In-kind	Osceola	70	30	
Stuart Marchman Act	\$203,245	\$67,748	In-kind	Volusia/ Flagler/ St. Johns/ Putnam	75	25	20%
Taskforce Fore Ending Homelessness	\$148,992	\$49,689	Cash/ In-kind	Broward	1,200	400	99%
The Lords Place	\$219,667	\$125,025	Cash/ In-kind	Palm Beach	100	50	80%
Tri-County Human Services	\$185,000	\$62,000	Cash/ In-kind	Polk/Hardee/ Highlands	250	75	60%
United Way of Suwannee Valley	\$139,095	\$46,365	Cash/ In-kind	Columbia/ Hamilton/ Lafayette/ Suwannee	48	23	60%
State Totals	\$4,776,080	\$1,802,723			6,193	2,646	68%

Florida PATH Budget Summary for Federal Grant Year 2020-2021

Federal Grant Year 2020-2021 Direct Services/Contractual: \$4,334,533

Total Federal Allocation: \$4,334,533
 Provider Match: \$1,802,723*
 Total Florida PATH Program: **\$6,137,256**

*Please note that some PATH providers voluntarily contribute more than the minimum amount of match required. Therefore, the total amount of the PATH allocation is larger than the federal allocation requirement.

The IUPs provide individual provider budget details and include more information regarding the allocation of funds.

SECTION B: STATE-LEVEL INFORMATION

Florida's Council on Homelessness 2019 Annual Report details data regarding the state's homeless population.¹ The report is based on information provided by the local Continuums of Care (CoCs) utilizing Point-In-Time Count data. In 2019, the CoCs reported that approximately 28,591 individuals were living in shelters or on the street, a decrease of 3 percent from 2018. Since 2015, homelessness in Florida has declined steadily by more than 20 percent (about 7,309 people). The following homeless subpopulation characteristics were reported (Note: because individuals may fall under multiple categories, the totals provided below include duplications):

- Veterans (8.3%)
- Adults 18 – 24 (5.7%)
- Over age 24 (77.4%)
- Substance Use Disorder (13.8%)
- Severely Mentally Ill (17.3%)
- HIV/AIDS (1.8%)
- Survivors of Domestic Violence (7.1%)

Although previous years reflect decreases in individuals who are homeless and reporting serious mental illness, the number has increased slightly (from 4,804 to 4,947) from 2018-2019. This is the target population, including those with co-occurring substance use disorders, served by Florida's PATH Program. The decrease from 2017 and years after may be explained by a change in the survey questions from the 2016 report to the current report. To determine the number of homeless individuals in Florida with a mental illness in 2016, individuals were asked to self-report the presence of a (any) mental illness whereas the revised survey asks individuals to self-report a severe mental illness. A similar change was found in the question related to substance use in Florida's homeless population, from self-report of any substance abuse in 2016 to chronic substance abuse in 2017, chronic substance misuse in 2018, and substance use disorder in 2019. In addition, use of electronic equipment and better understanding of the survey questions is also a potential reason for a more accurate representation of the characteristics of homeless individuals in the state.

Florida's Operational Definitions for PATH Programs

Individual Experiencing Homelessness – An individual experiencing homelessness means an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.

Imminent Risk of Becoming Homeless –The criteria commonly includes one or more of the following: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing

¹ See, <https://www.myflfamilies.com/service-programs/homelessness/docs/2019CouncilReport.pdf> , retrieved April 21, 2020

that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.

Serious Mental Illness – An individual 18 years of age or older with a diagnosable mental health disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

Co-occurring Serious Mental Illness and Substance Use Disorder - An individual who has at least one serious mental health disorder and a substance use disorder, where the mental health disorder and substance use disorder can be diagnosed independently of each other.

Collaboration

Strong partnerships and collaboration at the state and local levels are critical to effectively serving individuals with mental health or co-occurring disorders who are homeless or at risk of or experiencing homelessness. The Office of SAMH works collaboratively with the Florida Housing Finance Corporation (FHFC) through data sharing activities, legislative supports, and membership on the Florida Executive Council on Homelessness. The SPC is working to strengthen FHFC and ME collaboration to more effectively link individuals served in the ME provider networks with affordable housing units through FHFC. In addition, the Department's Office on Homelessness is operated administratively within the Department's Economic Self Sufficiency Office. The SPC and the Office on Homelessness work closely to coordinate efforts. The SPC participates on the Florida Council on Homelessness Executive and Affordable Housing Committees. In collaboration with the members and state agency partners of the Florida's Council on Homelessness, the SPC provides input in the development of the Annual Report which issues recommendations for reducing homelessness in the state to the Governor and the Legislature. Furthermore, through collaborations with CoC Lead Agencies, MEs and PATH providers work to identify eligible individuals and expedite access to the Coordinated Entry system, supportive services and other local resources for the provision of safe, stable, and independent community-based affordable housing.

Veterans

Florida's 2019 Point-In-Time Count identified 2,384 homeless veterans. Effectively ending homelessness among veterans has been a high priority for Florida. Although Florida did not meet its goal of ending veteran homelessness by 2016, there has been a steady and rapid decline in veteran homelessness. From 2015 to 2019, veteran homelessness decreased by almost 40 percent.² To date, three Florida CoC communities have been certified by the United States Interagency Council on Homelessness as having effectively ended veteran homelessness in their communities. Many PATH providers offer details regarding collaboration with the local CoCs and the provision of housing and behavioral health services to veterans in their IUPs.

Alignment with PATH Goals

Florida's PATH projects place great emphasis on street outreach and case management activities to engage individuals experiencing homelessness who are not connected with mainstream services. When street outreach is not provided directly by PATH staff, the projects partner with

² Publications. (n.d.). Retrieved March 4, 2020, from <https://www.myflfamilies.com/service-programs/homelessness/publications.shtml>

existing homeless outreach teams in the community. Additionally, PATH projects partner with local community organizations that provide key services (i.e., outreach, primary health care, employment support, etc.) to PATH eligible individuals. The primary goal is to attain permanent housing with needed behavioral health supports (if desired by the PATH participant) as an integral step in recovery. Each provider details strategies to accomplish this in their IUP.

Alignment with the State Comprehensive Mental Health Services Plan

The Office of SAMH is responsible for developing a Triennial State and Regional Master Plan which outlines the statewide priorities and regional goals based on identified needs, trends, and conditions. The plan focuses on expanding access to recovery-oriented systems of care (ROSC) through community-based services and supports for persons with behavioral health disorders, including care coordination, peer support, and housing. In addition, MEs complete triennial community needs assessments which evaluate community services, needs, and gaps. In 2019, all seven MEs identified housing as one of the top three priorities. The following SAMH initiatives aim to meet these priorities over the next three years:

- Increase the use of care coordination practices for high risk/high utilizer populations;
- Promote peer support services; and
- Increase access to community-based stable housing.

The IUPs represent each providers' approach to delivering services that are consistent with the Triennial Plan. PATH projects link participants to non-Department-funded supports to ensure a successful transition from homelessness to self-efficacy.

Process for Providing Public Notice

Section 394.75, F.S., requires the Department to develop plans for public input at the state and local levels. The Department must ensure that public input and comment are solicited and factored into the development of those plans. Additionally, s. 394.75, F.S., requires the plan to address the development of independent housing units, the development of supported employment services, and the provision of treatment services for individuals with a co-occurring mental health and substance use disorder. To obtain additional public input, SAMH solicited feedback from members of Florida's Behavioral Health Block Grants Planning Council on the FY2020-2021 PATH application documents. The Department's integrated planning approach ensures that the needs of Floridians who are homeless or at risk of homelessness are included when developing region-specific strategic plans. Local providers and consumers collaborate when making decisions and changing policies, as outlined in the IUPs.

Programmatic and Financial Oversight

SAMH regional offices assign contract managers who are responsible for the management and oversight of ME contracts. Monitoring activities involve review of programmatic components and financial considerations. In addition to regional contract management, the SPC provides technical assistance to PATH providers. The SPC is available to conduct site visits with the MEs, using the SPC handbook and can provide technical assistance when issues require immediate attention. In addition, the SPC participates in reviews of ME expenditures to ensure that they are on track to utilize the grant funds.

Selection of PATH Local-Area Providers

PATH funds are allocated to the MEs via contract; the MEs then subcontract directly with PATH providers. Allocations are based on each area’s percentage of Florida’s homeless population as determined by the annual CoC Point-In-Time Counts. The MEs select local service providers based on their experience with the target population, veterans, and ability to provide the array of PATH services.

Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

The directory and corresponding map below indicate the location of all PATH-funded providers. The number of individuals who are literally homeless with serious mental illnesses (LHISMI) in the areas is based on information obtained from Florida’s 2019 CoC Homeless Populations and Subpopulations data report.³

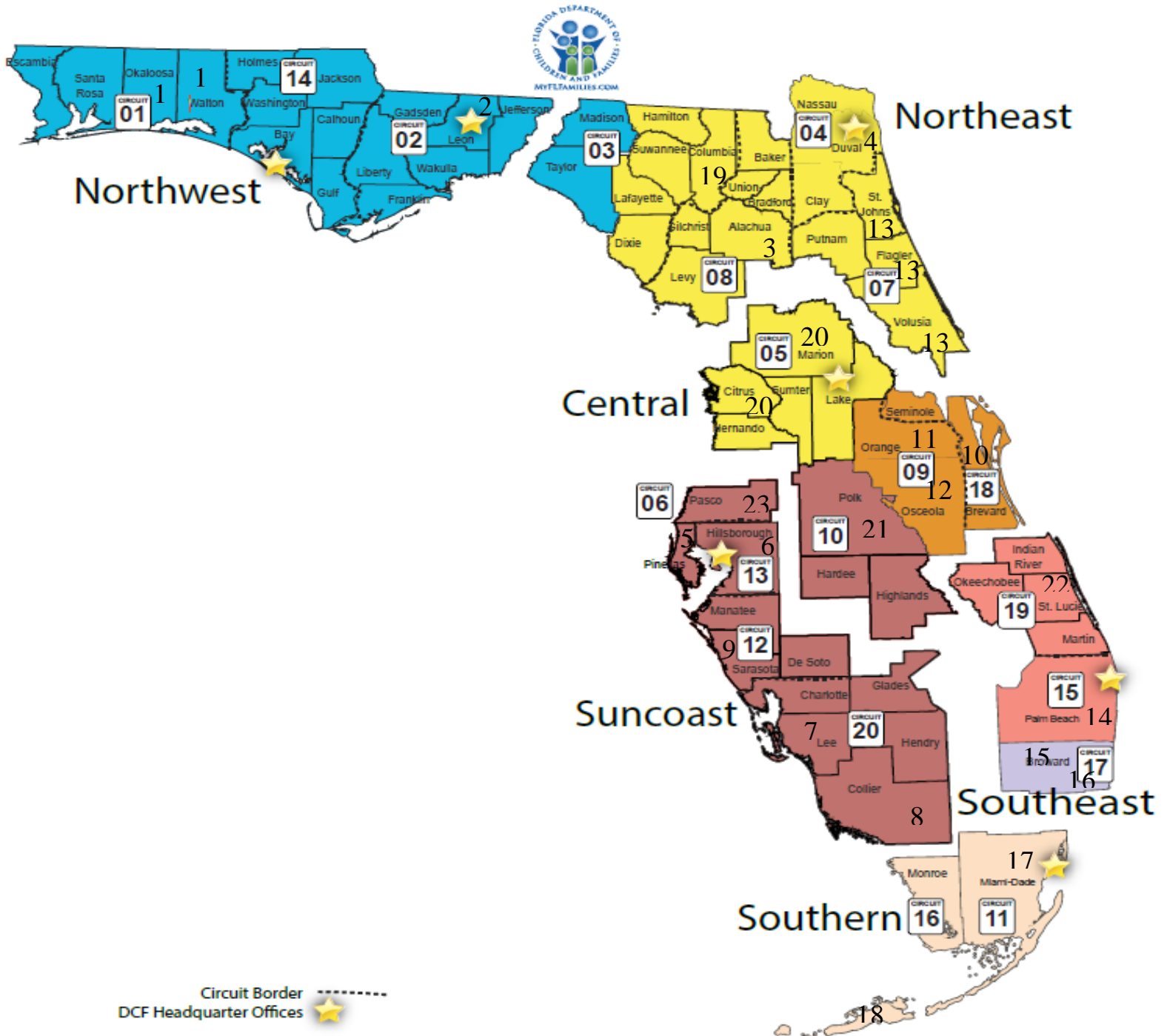
Table 2: Location of PATH Providers in Relation to Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Provider	City, County	# LHISMI
1. Chautauqua Healthcare Services	DeFuniak Springs, Okaloosa/Walton County	72
2. Apalachee Center	Tallahassee, Leon County	142
3. Meridian Behavioral Healthcare	Gainesville, Alachua County	250
4. Mental Health Resource Center	Jacksonville, Duval County	174**
5. Directions for Living	Clearwater, Pinellas County	676
6. Gracepoint	Tampa, Hillsborough County	298
7. CASL	Ft. Myers/Lee County	778.*
8. CASL	Naples/Collier	90
9. CASL	Sarasota/Sarasota County	177
10. Circles of Care	Melbourne, Brevard County	162
11. Aspire Health Partners	Orlando, Orange County	185*
12. Park Place	Kissimmee, Osceola County	
13. Stuart Marchman Act Behavioral	Daytona Beach, Volusia/St. Johns/Flagler County	111/90*
14. The Lords Place	West Palm Beach, Palm Beach County	216
15. Henderson Behavioral Health	Ft. Lauderdale, Broward County	611*
16. Taskforce Fore Ending Homelessness	Ft. Lauderdale, Broward County	
17. Camillus	Miami, Dade County	667
18. Guidance / Care Center	Key West, Monroe County	93
19. United Way of Suwannee Valley	Lake City, Columbia County	52**
20. Mid Florida Homeless Coalition	Ocala, Marion County/ Inverness, Citrus County	61*
21. Tri-County Human Services	Lakeland, Polk County	99
22. Love, Hope In Action	Ft. Pierce, St. Lucie County	145**
23. BayCare Behavioral Health	New Port Richey, Pasco County	120

³ Publications. (n.d.). Retrieved March 24, 2020, from <https://www.myflfamilies.com/service-programs/homelessness/publications.shtml>

*These providers are located within the same or multiple CoCs; the number reflects the combined total of LHSIMI in the area.

**CoC involves additional counties not covered by the provider; the number reflects the total of LHSIMI in the area.



Matching Funds

SAMHSA requires that all participating PATH providers generate a non-federal contribution of not less than \$1 for each \$3 of federal PATH funds received. These funds must be available throughout the life of the grant period. Matching in-kind funds may be used only to support PATH-eligible services. This match requirement is embedded in the providers' contract documents and verified through financial monitoring of PATH providers by the MEs. PATH providers utilize a variety of match sources including state general revenue, private donations, county funding, non-federal grants, city funding, and fees to meet the match requirement. Each provider's source of match is specified in the IUPs, alongside a detailed description of how matching funds will be used.

Other Designated Funding Serving People Experiencing Homelessness

Budget support for Florida's publicly funded community mental health system comes from three sources: (a) state general revenue, (b) federal mental health block grant, and (c) federal grants trust fund. The Department uses these funds to contract with MEs for a broad array of integrated services and supports. These blended funds are made available to MEs to purchase services during the fiscal year to fill unmet needs in their specific regions. PATH funding falls within the federal grants trust fund category. All appropriated funds serve people with serious mental illnesses and/or substance use disorder; as such, individuals who are homeless or at imminent risk of homelessness with a serious mental illness and/or substance use disorder fall into the state's eligibility category. Additionally, the Office of SAMH is funding Transitional Vouchers for individuals with a serious mental illness to purchase needed services, supports, and time limited housing related expenses. Eligibility is limited to individuals who are homeless, enrolled in care coordination, or moving from a Florida Assertive Community Treatment team to a lower level of care.

Data

All of Florida's twenty-three PATH projects are participating in and entering data for PATH-enrolled individuals into HMIS. The State hosts several different vendors and systems with varying capabilities, and some providers continue to track data in a secondary system because they are not yet able to extract all required data fields for PATH annual reports from the HMIS system. The providers are informed that PATH funds may be utilized in their individual budgets for HMIS data migration purposes. The CoC Lead Agencies provide on-going training and technical assistance for HMIS users in their respective areas. If needed, the various software providers of HMIS also provide technical assistance. The U.S. Department of Housing and Urban Development provides training annually on updates to requirements for the software to capture data elements as needed. The Department does not provide HMIS training because there are multiple providers using different platforms for the software.

SSI/SSDI Outreach, Access and Recovery (SOAR)

The SPC is also the SOAR State Team Lead. The SPC and MEs connect PATH providers and other community organizations to the SOAR online courses to assist staff in completing effective SSI/SSDI applications for benefit acquisition. The SPC provides technical assistance to SOAR-trained PATH staff, facilitates quarterly SOAR Steering Committee calls, and communicates training and technical assistance webinars to PATH providers via Policy Research Associates, the federally contracted SOAR technical assistance provider.

The Department requires all subcontracted providers to: 1) employ or have access to case managers trained in and using the SOAR model, 2) enter data in the SOAR Online Application Tracking (OAT) system, and 3) attain 65% approvals on submitted applications, among other requirements. The MEs have a designated SOAR Local Lead (SLL) and are also available to provide technical assistance in collaboration with the SOAR Technical Assistance Center. The ME SLL identifies other local team leads and trainers available in the region to assist as needed. MEs are contractually required within their geographic regions to ensure all PATH and behavioral health providers implement the SOAR process or have agreements with other appropriate community organizations for referral.

The SPC held a Housing and Employment preconference workshop at the 2019 Behavioral Health Conference; the largest behavioral health conference in the Southeast. The conference is attended by more than 1,400 professionals, executives, exhibitors, and volunteers each year. During this preconference workshop, a SOAR session was facilitated by the SOAR Local Lead from the Department's Southern Regional Office. The aim is to continually expand the use of SOAR by educating behavioral health providers, other state agencies, Medicaid managed care organizations, stakeholders, and the community of its benefits in terms of treatment and recovery, as well as cost reimbursements for service providers.

PATH Eligibility and Enrollment

As noted earlier, Florida PATH projects emphasizes street outreach and case management activities to engage individuals who are homeless and are not already connected with mainstream services. In addition, some PATH providers receive referrals from local homeless shelters, law enforcement, correctional institutions, and other community organizations.

Individuals who are eligible for PATH are those who are considered literally homeless or at risk of homelessness and have a serious mental illness or a co-occurring mental health and substance use disorder. During outreach, eligibility may be assessed through observation and conversation indicating the individual meets the criteria. Once connected to a PATH provider, a clinical assessment is conducted to determine PATH eligibility.

An individual becomes enrolled in the PATH Program when both the eligible individual and the PATH provider formally agree to engage in services and the provider has created a PATH record for the individual. Once enrolled, information gathered is completed and entered into the HMIS system to aid in the utilization of coordinated entry. Staff trained in the VI-SPDAT may conduct the survey to determine risk and prioritization when assisting PATH enrolled individuals. Additionally, case management services are provided to assist the individual with referrals for primary health care, income assistance, medical and dental services, employment assistance, housing, and mental health and substance use services. Case managers may transport and accompany individuals to appointments if requested by the individual. With consent from the individual, PATH staff may share information with family members, significant others, or other provider agencies to ensure coordinated care is provided. The IUPs contain more detail regarding each provider's eligibility and enrollment process.