

Business Plan for mental health/homeless activities (PATH) for 2009

PATH GOAL 1: Continue grant management and oversight

Action steps

1. Quarterly 2009-2012: Continue Quarterly Meetings with PATH Providers
2. March 2009-2012: Apply for Federal Grant each spring
3. June 2009-2012: Contract with each provider for upcoming year
4. December 2009-2012: Report to Feds on use of money for the past Federal year
5. 2009-2012 manage implementation and progress reporting of provider contracts, evaluate and pay claims on provider contracts.

PATH GOAL 2: Make improvements recommended by Federal site reviews following September 9-11 site review that can be made within current budget.

Objective A Improvements in PATH data reporting

Action Steps

- a) By March 2009, rework crosswalk between Service Point and Federal Report for accuracy and efficiency
- b) By June 2009, submit the reworked crosswalk to Feds as a best practice recommendation

Objective B Consider this population while transforming system for treating co-occurring disorders (MH and substance abuse)

Action steps

- a) January 2009- December 2012: Fold consideration into every meeting and plan formulation concerning improvement in the system of care for those with co-occurring disorders.

Objective C Improve links to primary health care and Federally Qualified Health Centers

Action steps

- a) January 2009- June 2009: Meet with PATH outreach workers and FQHCs in every PATH community to discuss improved links
- b) June 2009-December 2009: Commit those plans to paper in each community
- c) June 2009: Make those plans part of the scope of service expectations with each PATH contractor.

Objective D Explore funding options for training SSI/SSDI Benefits counseling (SOAR), including Federal SOAR grant and hospital funding

Action steps

- a) April 2009: MHDS Staff meet with Primary Health Care staff to determine history of applying for SOAR grant
- b) April 2009: MHDS Staff determine approximate numbers of PATH clients that could benefit from SOAR counseling
- c) May 2009: MHDS staff approach local social security office re their experience in benefit applications from homeless individuals and the special accommodations they have provided

- d) May 2009: MHDS staff writes up proposal of cost per individual to do SOAR counseling, and likely benefits to result.
- e) MHDS leadership approves approach to private hospitals, SAMHSA, or other possible funders to gauge interest in funding.

Objective E Increase Division participation with State Homelessness Council

Action Steps

- a) January 2009: Gene Gessow appoint Becky Flores to replace Allen Parks on the State Homelessness Council
- b) January 2009- December 2012: Becky Flores attend State Homelessness Council meetings, report PATH activities to State Homeless Council, serve on the State Homelessness Council policy and planning committee, and meet individually with Lyle Schwery, Iowa Finance Authority staffer to the Iowa Homeless Council, as necessary.

DEFERRED PATH GOALS (because they would take funds we don't have)

1. Statewide PATH outreach worker training
2. Identify case manager/point of entry to mainstream services for individual brought into system by PATH
3. Use Critical Time Intervention handoffs between PATH workers and case managers for bring that individual into mainstream services above
4. Implement and measure discharge planning from state hospitals, criminal justice system, and general hospitals to reduce incidence of homelessness following discharge
5. Increase supported housing options for this population (Shelter Plus, prison-built housing, ending discrimination in HUD/Section 8 housing, Tennessee model housing funding)
6. Implement SSI/SSDI Benefits counseling (SOAR)