2023-2025

23-1489A - Appendix A

Program Guide

Pinellas County Board of County Commissioners
Human Services Dept.
(Updated October 2023)

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Overview

Background

In August of 2016, Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Pinellas County a grant to provide mental health and substance abuse treatment services to individuals who have experienced homelessness and have serious mental illness (SMI), substance abuse disorder (SUD), serious emotional disturbance (SED), and/or co-occurring disorder (COD). The Cooperative Agreement to Benefit Homeless Individuals (CABHI) program is focused on formerly homeless individuals who have recently been housed in permanent housing or permanent supportive housing. CABHI's objective is to provide stabilizing behavioral health services to encourage client stability to support housing security.

Management Committee

Human Services | Operation PAR | WestCare Gulf Coast | Directions For Living

The Management Committee began meeting monthly in December 2017 as a way to discuss operational aspects of the program. Human Service leads the meetings and check progress toward the program's stated goals and objectives; identify any barriers and solutions identified in the implementation of the program; review budget modifications and carryover requests; outreach efforts; and reporting and evaluation outcomes.

Program Coordination Meetings

Human Services | Operation PAR | WestCare Gulf Coast | Directions For Living

The Program Coordination Meetings will meet weekly to review new client referrals, address any challenges with active clients as identified by the provider, and will meet monthly in person to review individual active clients. Human Services will lead the meetings and check progress toward the program's stated goals and objectives; identify any barriers and solutions identified in the implementation of the program. Program Coordination Committee will meet in person at least quarterly.

Contracted Services

DIRECTIONS FOR LIVING		OPERATION PAR		WESTCARE GULF COAST
Roles & Responsibilities: Clinical Service Provider for SMI, **Staff** 1 Counselor 1 Care Coordinator/Targeted Case Manager 1 Data Analyst		Roles & Responsibilities: Clinical Service Provider for SUD, COD clients Clinical Program Coordination Program Evaluation **Staff** 1 Counselor 2 Case Managers Grants/Program Liaison (15%)		Roles & Responsibilities: Clinical Service Provider for SMI, SED, COD clients Peer Recovery **Staff** 2 Counselors 1 Peer Recovery Specialists

Program Criteria & Referral

Program Criteria

Individual adult clients may be eligible to receive treatment services if:

- Client has a history of chronic homelessness
- Client is currently in permanent housing or permanent supportive housing
- Client scores 5 or above on the Vi-SPDAT housing assessment tool; or other identified intake assessment utilized by a housing provider that identifies a client's need related to chronic homelessness and behavioral health issues.
- Client self-reports or is known to have a mental health or substance abuse diagnosis *(Detailed clinical assessment will be completed by program staff to determine clinical diagnosis and eligibility).*
- Client is not currently receiving treatment services; or is receiving inadequate treatment services by another licensed behavioral health treatment provider.
- Eligible individual clients include adults and veterans (*note: veteran clients need only have experienced homelessness and are not required to have been identified as chronically homeless*).

Family or youth clients may be eligible to receive treatment services if:

- Families or youth experience homelessness
- Families or youth are linked to the Pinellas County Continuum of Care Coordinated Entry system *(note: family and youth clients, while encouraged to be placed in permanent housing, need only be connected to Pinellas County Coordinated Entry to receive CABHI services)*
- Families are considered eligible if one or more family members self-report or are known to have a mental health or substance abuse diagnosis *(Detailed clinical assessment will be completed by program staff to determine clinical diagnosis and eligibility)*
- Families or youth are not currently receiving treatment services; or are receiving inadequate treatment services by another licensed behavioral health treatment provider.

Clients that do not meet the criteria above may be directed to Pinellas County Human Services to review program eligibility.

Referral Process

If an organization identifies a client who may be eligible for the program, the referring entity shall complete the program referral form (Appendix A) for the Pinellas County's Cooperative Agreement to Benefit Homeless Individuals (CABHI) Program. Individuals who participate in educational sessions or learn about the program may also self-refer themselves by completing the program referral form and ROI.

Completed referrals may be submitted by:
EMAIL: CABHI@operpar.org

Upon receipt, a Program Coordinator from Operation PAR, will reach out to both the referring party and the client to schedule an intake screening. Once the client completes the intake screening, Operation PAR will email staffing information to the appropriate treatment provider. When needed, client staffing can be brought to the Coordination Meeting for discussion.

Release of Information

The Referral Form includes a Release of Information to be signed by the perspective client at the time of referral. The Release of Information legally allows the participating treatment providers to share Personal Identifiable Information (PII) and protected health information (PHI).

The perspective client must also complete a release for the Homeless Management Information System (HMIS) for the Pinellas County Continuum of Care. Clients can complete the **Informed Consent**, *a blanket release of information* ***OR*** the **Release of Information** *to limit PII/PHI shared as the client prefers* (See Appendix A).

Client Engagement & Intake Assessment

Within three (3) days of receipt of a client referral to CABHI Operation PAR will assess the referral for eligibility to begin outreach and engagement. When appropriate, the team will utilize the referring agency contact to help engage the clients. Operation PAR will complete the Intake Assessment and notify client of eligibility status.

Hard to Reach Clients

Every attempt to reach a client by phone or in-person will be made by the assigned Case Manager upon receipt of the referral. At times, there will be clients that program staff are having trouble connecting with, and at that time, staff will reach back out to the referring entity and individual for assistance in touching base with the client. Only after exhaustive attempts have been made by the program staff and referring entity will the client be listed as inactive from the list of active eligible clients.

Assignment of Clients

Within seven (7) days of completion of the intake assessment, client information will be presented to the program coordination committee for review and determination of the lead and/or secondary treatment provider. Once agreed upon by the committee, the full assessment and referral package will be securely delivered to the treatment organization(s) within 24 hours.

Self-Sufficiency Matrix

Following the client's first session, the client's primary counselor shall complete a Self-Sufficiency Matrix (Appendix C). A client's primary counselor will update the Self-Sufficiency Matrix for each assigned client every 90 days to assess client progress.

Coordination of Care

Treatment Services

While some clients may be assigned to multiple entities, there will only be one (1) lead/primary provider responsible for the client and will coordinate the treatment plan with the secondary provider, where applicable. Each month, the Program Coordination Committee will meet in person or via video conference to briefly review the active client list to identify any potential challenges or issues and discuss successes. Communication amongst providers is key to coordinating care and assisting with clients who are hard to reach.

Loss of Housing: Clients who lose their permanent housing during their enrollment in the CABHI program will still be eligible for CABHI services. The treatment provider should work with the Homeless Leadership Alliance's Coordinated Entry Program to assist the client with new housing opportunities.

Peer Recovery Services

WestCare Gulf Coast is the contract provider for peer recovery services for clients with Substance Use or Co-Occurring Disorders. All clients referred into the program with the SUD or COD diagnosis will be eligible to receive peer recovery services.

Discharge

Clients may be discharged from the CABHI program for various reasons. Each treatment agency will classify the discharge of a client according to its own Agency policies and procedures. Examples of discharge reasons include

clients who continuously do not attend scheduled appointments, those successfully completing their treatment plan, those who leave the County service area to name a few.

All discharges from the program will be reported on the Discharge Form (See Appendix C) to the CABHI Program Evaluator within 10 days of discharge.

Appendix A - Referral Form & Releases


CABHI Referral Form 7-24-2020.pdf


Multiparty release 3.19.18.pdf


HMIS Client Release of Information FY 201


HMIS Informed Consent FY 2019 202

All fields must be completed.

Cooperative Agreement to Benefit Homeless Individuals (CABHI)

Client Referral Information

Referring Agency Name and Address:	**Date of Referral:**

Client Name: _____ **Date of Birth:** _____

Gender: _____ **Veteran?** YES NO

Race: *Check all that apply.*
- ○ American Indian
- ○ Asian
- ○ Black/African-American
- ○ Native Hawaiian/Other Pacific Islander
- ○ White/Caucasian

Ethnicity:
- ○ Cuban
- ○ Mexican
- ○ Non-Hispanic/Non-Latino
- ○ Other Hispanic
- ○ Puerto Rican

Is the client currently receiving services for any of the following? *Circle all that apply.*

Substance Abuse Mental Health Co-occuring Disorders Serious Emotion Disturbance

Does the client have a VI-SPDAT score? YES NO **If Yes, score** _____

Is the client currently permanently housed? YES NO

Has the client been referred to or through the "Coordinated Entry" process? YES NO

Is the referring agency a Tele-Health Node? YES NO

Reason for referral:

Person Making the Referral:	**Email:** **Phone:**
Signature:	**Date:**

EMAIL FORM AND ROI TO: CABHI@OPERPAR.ORG

Appendix B – Self- Sufficiency Matrix

CABHI Resiliency Factors Matrix **Participant Name:**_____ **DOB** ___ / _____ / ___
Assessment Date___/_____/_____

Circle one: Initial Interim Exit

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized, affordable housing.	Household is safe, adequate, unsubsidized, affordable housing.		
Meaningful Activity	No job/no academic/vocational or community involvement	Temporary, part-time or seasonal; sporadic activity	Employed; inadequate pay; few or no benefits.	Employed full time or has meaningful daily activities	Maintains employment or daily activities with adequate income and benefits.		
Life Skills/Food Access	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
Family/Social Relations	Minimal or no support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.		
Transportation	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or few social skills and/or lacks motivation to become involved.	Has skills but lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community on a regular basis		

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to untreated psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.		
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems are severe and/or residential contemplation or precontemplation stage of change, hospitalization may be necessary.	Meets criteria for dependence; use results in avoidance or neglect of essential life activities; contemplation or precontemplation stage of change.	Use within last 90 days; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one Month; preparation or action stage of change.	Client has used during last 90 days, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent use; active stage of change.	No drug use/alcohol abuse in last 90 to 180 days; maintenance stage of change.		
Safety Risks / Suicidality	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however, future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.		
Harm Reduction	In Crisis; unsafe with self/others; ongoing high-risk behavior(s), risk of significant legal, health, social, occupational consequences.	Vulnerable; has taken steps in other domains to reduce risk, is engaged in treatment; has developed rapport with program staff.	Safe; in housing, mental health and/or substance use treatment underway; building family/social network, pursuing physical healthcare.	Building Capacity; scores 4 in four or more areas on this matrix.	Empowered; scores 4 in six or more domain areas.		

Appendix C - CABHI Discharge Data Sheet

To Be Completed By Agency Discharging the Client

Client Name:_____Agency delivering services:_____

Admission date:_____ Discharge date:_____

Discharge

Discharge outcome (i.e, successful, unsuccessful, administrative, etc.):_____

Reason for Discharge Outcome:_____

Treatment Plan

How many objectives were in the client's treatment plan?_____

How many objectives were met.?_____

Sessions

Number of sessions received by client:_____

Number of Sessions that were conducted using the following service type:

In Person Face-to-Face:_____

Tele-Health:_____

Types of services received (Check all that apply):

SMI_____ SUD_____ SED_____ COD_____

Drug Screens

If client was drug screened, how many screens did they receive?_____

How many were positive?_____

Name of Person Completing the form:_____

Phone number of person completing this form:_____

Email of person com

Reporting Metrics

Signature page for all providers and County

pleting this form:_____