Housing First Pilot Proposal

Submitted to the Kansas Department of Aging and Disability Services by the City of Lawrence and Douglas County

Background

The City of Lawrence and Douglas County have been invited to develop a pilot "Housing First" project proposal for the Kansas Department of Aging and Disability Services (KDADS) for consideration of funding with $500,000 in one-time discretionary departmental funding and the possibility of additional blended funding if appropriate. This opportunity is associated with the State of Kansas' receipt of American Rescue Plan (ARP) funding to address community challenges to providing critical supportive services for vulnerable populations that the COVID-19 pandemic exacerbated.

Housing insecurity and homelessness have challenged the Lawrence/Douglas County community for decades. Before the COVID-19 pandemic the community lacked affordable housing and faced substantial challenges in engaging landlords to offer fair market rental rates for federal housing vouchers and rentals for chronically homeless and/or individuals with behavioral health challenges. The result has been widespread and persistent community homelessness, especially associated with behavioral health challenges, which have put significant pressures on human service providers and first responders to meet the needs of this population.

Douglas County's efforts to provide a comprehensive continuum of behavioral health services have resulted in a collaborative, multi-disciplinary coalition of health service agencies to expand behavioral health services to individuals with complex conditions. This work includes Transitions, a new transitional home operated by Bert Nash, and The Cottages at Green Lake, 10 new units of permanent supportive housing with the Lawrence Douglas County Housing Authority. Still, the need for additional supportive housing remains urgent.

Housing First for Douglas County

The City of Lawrence and Douglas County are requesting $500,000 from KDADS to pilot a Housing First program in Douglas County through a collaborative multi-disciplinary, multi-agency approach that includes the core components of the Housing First model. These components include, but are not limited to: 1) rapid rehousing 2) treatment engagement, and 3) support services. This proposal is focused on serving chronically homeless individuals with an offering of services and housing that are adaptable to the complex needs of the individuals served. These individuals may or may not be current clients of Douglas County's specialty court dockets, clients on Assisted Outpatient Treatment (AOT) orders, and individuals identified through the Built for Zero by-name list.

Funding

New Resources - KDADS has indicated the availability of up to $500,000 in discretionary, one-time pilot program funding to support this effort. This funding will be paired with additional funding to support three years of salary and benefits for a project manager position that would be responsible for managing this pilot initiative and any additional related projects that receive funding through the State, City, or County from the American Rescue Plan (ARP). This project manager position will be employed by

the City of Lawrence, managing a scope of work that is defined and managed by KDADS in close consultation with the City, County and a steering committee of community stakeholder agencies.

Douglas County is positioned to administer and provide oversight of a Housing First pilot project utilizing a one-time allocation of $500,000. In consultation with the City of Lawrence and community stakeholders, the following is proposed to utilize these funds:

- PART 1: ACT Program Seed Funding - $250,000 seed funding for an Assertive Community Treatment (ACT) program for Douglas County with community behavioral health and health partners, including but not limited to Bert Nash Community Mental Health Center, DCCCA, and Heartland Community Health Center to serve up to 40 individuals identified through the Built for Zero (BFZ) by-name list (HMIS), behavioral health court docket, and/or clients on assisted outpatient treatment (AOT) orders. Using a person-centered care approach, this program will offer a menu of services, including psychiatry, psychiatric nursing, primary care, employment specialist, substance use disorder (SUD) treatment specialist, and peer support.

- PART 2: Douglas County Housing Voucher Program **-** $200,000 seed funding for a locally managed supportive housing voucher program that helps eligible individuals obtain safe and affordable housing and support their housing stability integration into the community to promote long-term recovery and independence (model after Georgia Housing Voucher Program and Bridge Funding program). The voucher program will ideally be managed by the Kansas Balance of State Continuum of Care (CoC) Kansas Statewide Homeless Coalition as the collaborative applicant, with administrative support from a new CoC Regional Coordinator funded by Douglas County.
    - This initial funding would serve up to 17 individuals and 5 families at a cost of $7,308 per individual and $14,858 per family for up to 12 months. Referrals will be made through the Kansas Balance of State Eastern Region coordinated entry system (CES) using the homeless management information system (HMIS)
    - The amount of subsidy needed per household is based on the HUD assessed Fair Market rent for the region ($756/month for a 1BR and $1,360/month for a 3BR),[1] and an average household income based on Social Security SSI income ($794/month).[2]
    - The assessed level of housing assistance is also based on the average household obtaining a minimum income level equivalent to SSI by the 6th month of rent. The proposed Housing First model presented here will therefore pay 100% of deposits, first month's rent, and the subsequent 5 months of rent. On average, households are assessed as being able to begin paying at least $238/month of household income starting in month 6.
    - Approximately $25,000 will be reserved to support landlord mitigation efforts (damage deposits and other offerings) and property management supports as designated as needed. This can be informed and supported in partnership with the Lawrence Douglas County Housing Authority and newly created Landlord Liaison position.

[1] FY 2021 Fair Market Rent Documentation System: https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn (Site Accessed June 2021).
[2] Social Security. "SSI Payment Amounts for 2021," https://www.ssa.gov/oact/cola/SSI.html (Site Accessed June 2021)

- Part 3: Bridge and Barrier Reduction Funding – $25,000. Additional expenses are anticipated to support this program to facilitate transition to permanent housing, including but not limited to legal services, medical needs, and needed household goods.

This funding proposal aims to provide wrap-around behavioral health services to approximately 25% of Douglas County's chronically homeless population and 15% of this population with necessary supportive housing assistance.

The City and County expect this program will improve behavioral health outcomes for individuals by reducing rates of hospitalization, mortality, substance use, homelessness, and involvement with the criminal justice system. The City and County are committed to a collaborative, multi-agency approach designed to meet the unique needs of individuals that tend to require services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care).

Existing/future committed funding – Douglas County will leverage existing budget support for services and programs that position the Lawrence/Douglas County community to support this pilot project as it evolves. These include contractual agreements with Bert Nash Community Mental Health Center, DCCCA, Heartland Community Health, Heartland RADAC, LMH Health, Artists Helping the Homeless, and the Lawrence Community Shelter.

Similarly, the City of Lawrence will leverage existing and committed future funding for homeless outreach services, emergency sheltering, rapid rehousing, and other public safety response programs to support this initiative. Partner agencies include Bert Nash Community Mental Health, Lawrence Douglas County Housing Authority, Lawrence Community Shelter, Lawrence Family Promise and Lawrence Douglas County Fire/Medical.

<u>Sustaining and scaling Housing First in Lawrence/Douglas County</u>

To support these efforts on an ongoing basis and inform short and long-term strategies and investments, the city and county will commission a consultant-led needs assessment and planning framework for short and long-term investments. The experience and expertise of these two organizations will be instrumental to the leadership of the city, county, and community agencies and stakeholders in understanding the unique needs of our homeless and housing insecure.

The City of Lawrence and Douglas County would like to acknowledge and complement the Bert Nash Community Mental Health Center's efforts to develop a high fidelity ACT Team that ensures fidelity to the evidence-based practice of Housing First. A copy of Bert Nash's program proposal is attached for reference.

The City of Lawrence and Douglas County, KS
Housing First Pilot Proposal

I. Introduction:

Relative to the population size, the City of Lawrence and Douglas County, Kansas historically and currently exhibit a high number of households experiencing homelessness and a serious mental health and/or substance use disorder. At the same time, the region is experiencing a specifically challenging housing market, with a very low supply of housing stock that is affordable to and accessible by the population of persons without housing. For the region to make significant progress in reducing the number of households without housing, and to improve the quality of life for those households and the general community, the network of mental health and social service providers, in partnership with City and County leadership, are seeking funds to implement Housing First services based on the Pathways fidelity model supported by an Assertive Community Treatment Team.[1] The following proposal outlines the assessed cost of launching and implementing this program to the degree necessary to adequately serve the number of households assessed as qualifying for this intervention.

During the winter of 2021 the network of local service providers documented over 371 households who were without housing, either living outdoors, living in a shelter, or utilizing one of the local winter hotel-based shelter programs. There are presently over 180 households on the Douglas County, KS region's Coordinated Entry list, and over 120 households have been referred to the region's Rapid Rehousing programs. The City of Lawrence Parks & Rec and local homeless outreach providers have documented over 180 households currently living outdoors and camping throughout the community. Of these households, approximately 150 are assessed as experiencing chronic homelessness and a serious mental illness and/or substance use disorder.

The City of Lawrence and Douglas County, KS community is currently in the process of implementing the Built for Zero initiative, which the community has adopted in order to achieve the goal of eliminating chronic homelessness within the community by the end of 2023. To achieve this goal, Housing First has been identified as a primary service model to implement in serving the target population of households experiencing chronic homelessness. When operated with high fidelity to Housing First Best Practices, approximately 80%+ of households on average retain housing beyond 12 months.[2]

The Pathways Housing First model is a consumer-driven approach that provides immediate access to permanent housing for people with mental health (addiction, physical health) issues who have experienced homelessness, *without requiring psychiatric treatment or sobriety as*

[1]

[2] Aubry, T., Bourque, J., Goering, P. *et al.* A randomized controlled trial of the effectiveness of Housing First in a small Canadian City. *BMC Public Health* **19,** 1154 (2019). https://doi.org/10.1186/s12889-019-7492-8

determinants of "housing readiness".[3] Considering the target population and the number of identified households who meet the criteria, **the Housing First program proposed here seeks sufficient funding to serve up to 160 households within the first year of operation,** the total number of households identified as experiencing chronic homelessness and a serious mental illness and/or substance use disorder.

To implement the Housing First program, this proposal seeks funds to provide adequate housing support and supportive services for the population. Housing supports will be provided by means of funds to subsidize rent or engage in master leasing on behalf of the housing first program to help ensure housing placement for program participants. Participating households will be assisted with applying for traditional US Housing and Urban Development (HUD) housing choice vouchers or other HUD subsidies. Otherwise, for households who cannot obtain a HUD subsidy, the Housing First program will continue to provide the required subsidy until the household is able to obtain sufficient employment or other means for independently maintaining the cost of housing in an affordable and sustainable way.

Housing First standards advise utilizing evidence-based supportive service models in the delivery of support. The community of providers, in alignment with Housing First standards and State of Kansas benchmarks for this RFP, have identified the evidence-based practice of an Assertive Community Treatment (ACT) team as the most effective delivery model for providing ongoing supportive service for the target population. ACT teams provide fully integrated, community-based, wrap-around services that include, at a minimum: psychiatric medical services, physical medical care, case management and outreach, substance use disorder (SUD) treatment, and employment/vocational support.

The ACT team will serve as the primary service provider for all housing first participating households until the given household is graduated from the Housing First program.

II. Operational Alignments and Leveraging

Administrative and operational efficiency in the form of key alignments and leveraging of existing resources and mutual efforts will be a key factor in realizing sufficient housing resources to serve the target population and for sustaining an ACT team. Areas of efficiency that can be easily implemented from the outset are: all finances generated by the ACT team stay with the team to fund the ongoing expenses of the team (Medicaid and Medicare revenue generated by the team stays with the team); minimize administrative overhead costs by retaining all administrative duties/functions within a single organization; align the program with existing initiatives and leverage existing services when this can be achieved without diminishing existing services and resources.

[3] Tsemberis, Sam. "Pathways Housing First: A Person-Centered Approach to Ending Homelessness," (Training PowerPoint, Chapter 1).

Operating and sustaining an ACT team is also a quality standard of the Certified Community Behavioral Health Clinic (CCBHC) model of care that is currently being implemented across the state and is therefore a strategic initiative that Bert Nash Community Mental Health Center has been pursuing while seeking CCBHC licensure. Additionally, the CCBHC model involves an enhanced reimbursement schema that will assist in realizing a self-sustaining operational model for an ACT team. The proposal to stand up an ACT team should therefore be aligned with the CCBHC process to avoid duplicating services and creating unnecessary conflict in managing and allocating resources, as well as to provide a more sustainable operational model for the team. This proposal is therefore based on an operational model in which the team is housed at Bert Nash with the Bert Nash CMHC as the program administrator. Aligning the ACT team with CMHC services is also a more natural fit with the ACT service model given that: "ACT services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of the treatment, rehabilitation, and support services clients need to achieve their goals"[4]

Resources sufficient to provide Housing First placement for the target population are substantial and should be intentionally aligned and coordinated with and leverage the overall community effort, plan, and allocated resources to realize additional affordable housing stock. The level of housing resources delineated here is the assessed level of funding required to provide rental subsidies for the target population (160 households). However, it is understood that this level of funding would or could be offset if housing obtained through other processes within the overall community plan were explicitly made available to serve the target population.

To further realize substantial efficiency through leveraging of existing resources, the Bert Nash CMHC will provide the Electronic Health Record and Homeless Management Information System (HMIS) access, reassign one current IPS Supported Employment/SOAR provider, one Integrated Dual Diagnosis Provider, two Homeless Outreach Providers, and two LCSW providers to the project. These providers are already employed and working with the target population. Realigning them with the ACT team therefore poses negligible change in service availability, access, or capacity. Bert Nash CMHC will also contribute HOT flex funding (if HOT expansion is funded).

III. Training and Evaluation:

To ensure fidelity to the evidence-based practice of Housing First, all providers associated with this proposal, including all ACT team members, will receive training in the Pathways Housing First program and associated fidelity standards. The program administration, in partnership

[4] Allness, Deborah M.S.S.W; Knoedler William M.D. "National Program Standards for ACT Teams," revised 2003. (Site Accessed July 2021: Standards 2003.vp:CorelVentura 7.0 (oceact.org)

with the State of Kansas, City of Lawrence, and Douglas County will retain training through a contract with Pathways or through a Pathways approved training provider.

Program evaluation will be provided through the anticipated State of Kansas Housing First Fidelity review process/team. If the state fidelity review process has not been initiated by the end of year two of this program, the program administrator, City of Lawrence, Douglas County, and the State of Kansas will seek to partner with Pathways and the University system of Kansas to implement a fidelity review process/team.

To effectively function as an integrated team, it is essential that Bert Nash ACT Team members receive the training they need to be successful. The ACT Team leader will work with a representative from one of Missouri's 23 ACT Teams[5] to lead a four-part series of intensive training workshops on the ACT model for ACT Team members, based on SAMHSA's *Training Frontline Staff* multimedia toolkit. The ACT Team leader will also develop training for all key stakeholders, including consumers, families, mental health authorities, and team members from key Douglas County community organizations. After Bert Nash ACT Team members have been trained, at least three ACT Team members will visit one of Missouri's high-fidelity ACT Teams for a 24-hour period so that they can witness the model in action.

Once up and running, the ACT Team will be evaluated through both a process and an outcomes evaluation conducted by an external evaluator (most likely an ACT Team leader from one of Missouri's high-fidelity ACT Teams). Process evaluation will be based on the ACT Fidelity Scale and the General Organizational Index (GOI) as recommended by SAMHSA. Bert Nash will aim to score at a 4 or 5 in every category on both the ACT Fidelity Scale and the GOI by the end of Year 1 and at a 5 in every category by the end of Years 2 and 3. Outcomes evaluation will be based on SAMHSA's National Outcomes Measures (NOMS) Client-Level Services Tool for Adults, with ACT consumers reporting increases in both usage of behavioral health outpatient services and key aspects of wellbeing by the end of Years 1, 2, and 3.

IV. Program Rationale

Persons experiencing homelessness and a severe mental illness and/or a substance use disorder often experience significant challenges with sustaining or maintaining their housing. Moreover, while homeless, this population exhibits a high likelihood of utilizing costly services such as Emergency Rooms, crisis services, emergency response, inpatient psychiatric, and jail and judicial services.

Evidence suggests that households experiencing these challenges need intensive, targeted services to successfully obtain and sustain recovery from homelessness. A significant body of literature supporting the evidence-based practices of Housing First and Assertive Community

[5] Missouri ACT Teams. Missouri Department of Mental Health. April 19th, 2021. URL: https://dmh.mo.gov/media/pdf/missouri-act-teams-0

Treatment Teams indicates that households receiving these services are more likely to achieve and sustain recovery. It is unlikely that a significant reduction in the number of households within Douglas County, KS experiencing these challenges will be realized without these specialized supports.

Rampant camping, increased conflict and disruption to local neighborhoods, increased issues with sanitation and destruction of public space and parks, and significant negative impact on public health warrant a significant and robust effort to intervene in a targeted and comprehensive manner utilizing state of the art methods. Housing First and ACT are the existing state of the art interventions available, and when combined with the wider effort to address widespread need, represent the highest potential for achieving the best outcomes for the target population.

Housing obtainment and retention is the most visible outcome with the highest public interest. However, harm reduction is also a significant outcome of the Housing First and ACT models. Harm reduction should therefore be an explicit subject addressed when discussing the outcomes and community health benefits of the investments made to provide these services, in addition to housing retention.

As the community of providers work to improve and adjust the network of services to meet existing and projected future need, investing and implementing Housing First and ACT services will accomplish the changes in service provision necessary to equip the community to meet existing and future need. Our ability to achieve public health goals as a community are dependent on our ability to make the necessary investments and service implementations.

V. Budget and Narrative

a. Housing Resources

To provide Housing First placement regardless of "housing readiness" and sustain participant households until they can maintain independently, the Housing First program must be able to provide first month's rent and deposit for 100% of participant households, and rental subsidies until permanent subsidies or sufficient income is obtained. Lawrence-Douglas County Housing Authority reports that the average wait time to obtain a HUD subsidy for the target population may be up to 36 months. The Housing First program must therefore have sufficient resources to provide financial housing assistance for households for up to 36 months.

The network of providers has identified 130 single occupant households and 30 families who qualify for Housing First services. The amount of subsidy needed per household is based on the

HUD assessed Fair Market rent for the region ($756/month for a 1BR and $1,360/month for a 3BR),[6] and an average household income based on Social Security income (SSI) ($794/month).[7]

The assessed level of housing assistance is also based on the average household obtaining a minimum income level equivalent to SSI by the 6th month of rent. The proposed Housing First model presented here will therefore pay 100% of deposits, first month's rent, and the subsequent 5 months of rent. On average, households are assessed as being able to begin paying at least $238/months of household income starting in month 6.

To provide up to 36 months of rent for 130 single individual households requiring a single bedroom unit and 30 families requiring a three bedroom unit will necessitate: **$2,708,160 for single member households and $1,295,400 for families.** Additionally, the program is designed to keep in contingency an average of $2,500 per household, or a total of **$400,000 in risk mitigation** funds to cover potential damages exceeding the amount of deposit. **The total amount requested for Housing First housing support is: $4,403,560**

To realistically achieve housing outcomes for all members of the target population, a portfolio of housing options beyond private market rate rentals will be needed. The community of Lawrence and Douglas County does not have sufficient stock of accessible, affordable housing in the private market for the target population, and many members will not qualify for market rate housing due to criminal history, poor rental history, low income, and functional deficits. The costs listed below are based on the cost per household, but are not restricted to paying for standard, market rate property. Options of master leasing and leveraging other funds to increase non-profit/service provider owned and operated housing are strategies that will also have to be utilized to realize sufficient housing options, but if achieved would offset the level of costs listed here.

Housing First Housing Subsidy Amounts							
	Deposit	First Month's Rent	6 months 100% Subsidy (including first month's rent)	12 Months Income Based Subsidy (SSI Based Income)	18 Months Income based subsidy (SSI Based Income)	24 month cost per unit	36 Month Cost Per Unit
1BR	$756.00	$756.00	$3,780.00	$6,216.00	$9,324.00	$14,616.00	$20,832.00
3BR	$1,360.00	$1,360.00	$6,800.00	$13,464.00	$20,196.00	$29,716.00	$43,180.00

[6] FY 2021 Fair Market Rent Documentation System: https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn (Site Accessed June 2021).
[7] Social Security. "SSI Payment Amounts for 2021," https://www.ssa.gov/oact/cola/SSI.html (Site Accessed June 2021)

24 month cost for 130 Single Member Households	24 Month Cost for 30 Families	Total 24 Month Cost
$1,900,080.00	$891,480.00	$2,791,560.00

36 Month Cost for 130 Single Member Households	36 Month Cost for 30 Families	Total 36 Month Cost
$2,708,160.00	$1,295,400.00	$4,003,560.00

Contingency/Risk Mitigation
$400,000.00

b. Supportive Services

To qualify for Housing First services, households must be homeless and experiencing a severe mental illness and/or substance use disorder. A realistic path to recovery and housing stability will therefore require that significant supportive services remain in place for the duration of the program--in this case, up to 36 months. These services must include initial outreach and engagement, ongoing mental health and substance use treatment and medical care, and evidence-based supportive services such as Peer Support, IPS Supported Employment, Integrated Dual Diagnosis Treatment, and SOAR.

The ACT Team Model

To achieve the highest level of fidelity to best practices as laid out by SAMHSA, this budget proposal seeks to support the requisite following team members: the ACT team leader (a certified mental health professional, committing 50% of time to mental health service provision), 1 psychiatrist/ARNP, 2 or more registered nurses, 2 or more employment/SOAR specialists, 2 or more substance abuse treatment specialists, 1 full-time consumer/peer specialist, and 1 program assistant. To serve the target population size, this proposal also seeks to support two additional Homeless Outreach Workers/Intensive Case Management providers. Other Master's level or higher mental health professionals may be added to the team as necessary.

ACT team members work in a fully integrated manner—i.e., service providers operate across the spectrum of team specialization. For example, the team RN would also provide case management services if/when needed, and the team leader would also provide therapy and case management services when needed. The only exception being that only the ARNP/Physician can prescribe medications, and only qualified/licensed medical professionals can provide medical care. The ACT team therefore manages a single case load across the team, and the average caseload should total approximately 10 per worker, when divided evenly among the ACT Team members. Because it is best practice for ACT Teams to intake no more

than 6 patients a month, the Bert Nash ACT Team will have a case load of 72 individuals by the end of Year 1 and, with 12 full-time team-members, a case of load of 120 individuals by the end of Year 2.

When aligned with a provider licensed to deliver Medicaid billable, community, and home-based services (a CMHC provider), Act Team services are reimbursable and generate revenue to reduce unmet costs of operation. This budget presents the projected service revenue and associated cost offsets once billable services are underway. Because these revenues and offsets are not available until the team has been operationalized, they cannot be applied to initial startup costs. However, existing resources and staff can be leveraged to offset initial startup costs. The budget proposed here is based on the expressed commitment of the Bert Nash CMHC to dedicate 6 existing CMHC staff, providing the requisite IPS Supported Employment/SOAR, IDDT, Peer Support, clinical treatment, and outreach services. The Bert Nash CMHC and City of Lawrence have also committed to leverage existing Homeless Outreach flex funds as an additional offset.

The projected startup cost after offsets from leveraging is: **$889,971.00.**

ACT Team Personnel Expenses							
Personnel	**FTE**	**Hourly Rate**	**Annual Wage**	**FICA & KPERS**	**Overhead**	**Insurance**	**Totals**
Team Leader/QMHP 50% Productive	1	$30.00	$62,400.00	$11,232.00	$4,000.00	$15,000.00	**$92,632.00**
ARNP	1	$58.00	$120,640.00	$21,715.20	$4,000.00	$15,000.00	**$161,355.20**
RN/CM	1	$35.00	$72,800.00	$13,104.00	$4,000.00	$15,000.00	**$104,904.00**
RN/CM	1	$35.00	$72,800.00	$13,104.00	$4,000.00	$15,000.00	**$104,904.00**
IPS/SOAR	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
IPS/SOAR*	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
LSCSW SUD*	1	$27.00	$56,160.00	$10,108.80	$4,000.00	$15,000.00	**$85,268.80**
LSCSW SUD*	1	$27.00	$56,160.00	$10,108.80	$4,000.00	$15,000.00	**$85,268.80**
HOT/CM*	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
HOT/CM*	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
IDDT CM/Peer*	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**

IDDT CM/Peer	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
							$1,042,860.80

Other Expenses	
Overhead	$45,000
Technology (PC, Phone)	$30,000
Office Space	$35,000
Milage	$60,000
Evaluation	$25,000
Training	$60,000
Medical Equipment	$35,000
	$290,000

Total Expenses
$1,332,860.80

Revenue		
Average Reimbursement Rate	**Reimbursement/Week**	**Reimbursement/Year**
$70.00	$700.00	**$31,500.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
$70.00	$1,400.00	**$63,000.00**
		$724,500.00

							Adjusted Down 30% for Uninsured
							$507,150.00
Leveraging Offsets							
IPS/SOAR*	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
LSCSW SUD	1	$27.00	$56,160.00	$10,108.80	$4,000.00	$15,000.00	**$85,268.80**
LSCSW SUD	1	$27.00	$56,160.00	$10,108.80	$4,000.00	$15,000.00	**$85,268.80**
IDDT CM/Peer	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
HOT/CM	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
HOT/CM	1	$20.00	$41,600.00	$7,488.00	$4,000.00	$15,000.00	**$68,088.00**
HOT Expansion Flex Funding							**$160,000.00**
							$442,889.60

Total Startup Cost After Offsets, Not Including Revenue	**$889,971.20**