

PATH

Statement of Work

1. Purpose.

Projects for Assistance in Transition from Homelessness (PATH) is a vital resource in communities as they seek to reduce and end chronic homelessness. PATH programs across the country have led the way in developing and perfecting methods of outreach and engagement that are effective with people who have Serious Mental Illnesses/Co-Occurring Disorders and who are homeless. PATH programs serve as the front door to continuum of care services and to mainstream mental health, primary health care and substance abuse treatment service systems.

In order for PATH to fulfill this role, we urge State Contracts to guide the activity of providers towards services to homeless persons and active participation in the continuum of care. For states that have used PATH funding for people who are at risk of homelessness, we understand that providing services primarily to persons who are Homeless will mean a change in the focus of PATH funded programs; and this voluntary shift will be dependent on overall policy and administrative practice in each state.

Guiding Principles of PATH include the following:

Person-centered services: The PATH program is committed to services that meet the needs and preferences of people who are homeless and who have mental illnesses/Co-Occurring Disorders. Services are effective only if they meet needs identified by the individual. Service plans must be developed in partnership with individuals receiving services.

Culturally competent services: The PATH program is committed to meeting needs and preferences of individuals within the context of culture. For this to happen in a meaningful way, services must be offered in accordance with individually appropriate language, customs and cultural norms.

Consumer/Peer-run services: The history of the PATH program proves the effectiveness of services provided by people who have "been there". Individuals who have achieved recovery serve as powerful examples, and consumer/peer-run services are a strong tool in our efforts to address homelessness.

Commitment to quality: State PATH Contracts are committed to helping providers achieve high quality in all areas of service provision. Encouragement of evidence-based and exemplary practices within homeless services and mainstream systems is part of this strategy.

2. Service Definitions

2.1. Alcohol or Drug Treatment. Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

2.2. Case Management for PATH.

- 1) Preparing a plan for the provision of community mental health or co-occurring Substance Use Disorder services to PATH Eligible Homeless individuals, and reviewing such plan not less than once every 3 months;
- 2) Providing assistance in obtaining and coordinating social and maintenance services for PATH Eligible Homeless individuals, including services relating to daily living activities, personal financial planning, transportation, Habilitation and Rehabilitation services, prevocational and vocational services, and Housing Services;
- 3) Providing assistance to PATH Eligible Homeless individuals in obtaining income support services, including housing assistance, food stamps, supplemental security, disability income benefits, and veterans' benefits;
- 4) Referring PATH Eligible Homeless individuals for other services consistent with the PATH client's needs; and
- 5) Providing representative payee services in accordance with Section 161 (a) (2) of the Social Security Act if the PATH Eligible Homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services.

2.3. Community Mental Health Services. Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category does not include case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document.

2.4. Continuum of Care means community-wide commitment to the goal of ending homelessness; provides funding for efforts by non-profit providers, and State and local governments to quickly re-house homeless individuals and families to minimize trauma and dislocation; promotes access to and effective utilization of mainstream programs; and optimizes self-sufficiency among individuals and families experiencing homelessness.

2.5. Co-Occurring Disorders or Co-Occurring Serious Mental Illness and Substance Use Disorder" means an individual's Serious Mental Illness and Substance Use Disorder can be diagnosed independently of one another.

2.6. Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations. Expenditures made on behalf of PATH-Enrolled Individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture, and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

2.7. FOA means Funding Opportunity Announcement

2.8. Habilitation and Rehabilitation Services. Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illnesses/co-occurring disorders.

2.9. HMIS or Homeless Management Information System means the system managed by the local continuum of care or the Balance of State homeless system managed by Department of Commerce. As mandated by the Homelessness Housing and Assistance Act (ESSHB 2163 - 2005), the Department of Commerce is responsible for operating an HMIS for counties that do not operate their own compliant system.

2.10. Homeless means homeless or at Imminent Risk of becoming homeless, lacking fixed, regular, and adequate night-time residence, or having a primary night-time residence that is:

- 1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
- 2) An institution that provides a temporary residence for individuals; and
- 3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

2.11. Housing Services.

- 1) Minor renovation, expansion, and repair of housing;
- 2) Plans for housing;
- 3) Applying for housing assistance;
- 4) Improving the coordination of housing services;
- 5) Security deposits;
- 6) Costs associated with matching PATH Eligible Homeless individuals with appropriate housing situations; and
- 7) One-time rental payment to prevent eviction.

2.12. Improving the Coordination of Housing Services. The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.

2.13. Inreach. Outreach through the 'Services' project set up in HMIS may also include "in-reach", defined as when outreach staff persons are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face

to face interactions occur at that site. In this form of outreach, Homeless individuals seek out outreach workers.

2.14. IUP or Intended Use Plan means Section C of the Contractor-submitted and HCA-approved Local Provider Intended Use Plan for the Washington PATH Application for federal funding.

2.15. Minor Renovation. Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

2.16. One-Time Rental Payments to Prevent Eviction. One-time rental payments are made for PATH-Enrolled Individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance and who qualify for these services on the basis of income or need.

2.17. Outreach. The process of bringing individuals into treatment who do not access traditional services. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are Homeless and have mental illnesses.

Active outreach is defined as face-to-face interaction with Homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out Homeless individuals.

Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.

The location that the individual slept on the night before the PATH worker engaged with him/her will determine if the contact should be counted as 'outreach' or 'services'. Outreach is only counted when the individual stayed in a place not meant for human habitation.

2.18. PATH or Projects for Assistance in Transition from Homelessness means the Federal grant program that provides outreach and engagement services to individuals with serious mental illness who are homeless or at risk of homelessness.

2.19. PATH-Enrolled Individual means an individual who has been determined to meet the PATH eligibility criteria, for whom a clinical or formal record has been prepared, and who is receiving services under PATH Funds.

2.20. PL means **Public Law**

2.21. Planning of Housing. Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

2.22. Screening and Diagnostic Treatment. A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

2.23. Security Deposits. Provision of funds for PATH-Enrolled Individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.

2.24. SMI or Serious Mental illness or Mental Illness means an adult (age 18 or over) individual who appears to have or has been determined to have a diagnosable and persistent mental or emotional impairment that seriously limits the individual's major life activities and/or ability to live independently.

2.25. Staff Training. Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, and substance abuse treatment programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.

2.26. Supportive and Supervisory Services in Residential Settings. Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

2.27. Technical Assistance in Applying for Housing Services. Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-Enrolled Individuals who encounter complex access issues related to housing.

2.28. Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services. Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

3. **Funding Source.** Deliverables herein are funded with the Substance Abuse and Mental Health Services Administration (SAMHSA).

4. **Work Expectations.** Contractor will implement services in accordance with PATH program and HCA guidelines, including, but not limited to the following:

4.1. identify Needs. Solicit PATH clients' and public comments and recommendations to identify the service needs of PATH Clients at least annually.

4.1.1. Use information received from this process, PATH project management experience, and other information gained from reliable sources on homelessness to develop and implement an integrated system of PATH services, activities, and housing to accommodate the local needs and circumstances of Homeless individuals; and

4.1.2. PATH services and activities must be consistent with P.L. 101-645 Title V, Subtitle B, relating to PATH Eligible Clients, and as described in FOA # **SM-20-F2**, previously provided to the Contractor and incorporated herein by this reference.

4.2. Provide Intended Use Plan (IUP) Services. Provide services and activities described in Exhibit B, *Local Provider Intended Use Plan*, within the amounts and categories listed in the HCA approved Contractor IUP Budget table.

- 4.2.1. The IUP will be the basis of the Contractor's, and any HCA-approved subcontractors' PATH services and activities using PATH Funds under this Contract.
- 4.2.2. Services will be culturally competent, professional, and effective.
- 4.2.3. Services will be provided in the least intrusive manner in locations where PATH Eligible individuals may be found and served.
- 4.2.4. The number of people to be served (contacted) are listed in the Client Information section of Exhibit B: Local Provider Intended Use Plan. Provide the services and activities described in the IUP, attached as Exhibit B, Local Provider Intended Use Plan.
- 4.2.5. Achieve or exceed national PATH Government Performance and Results Act (GPRA) performance measures in delivery and costs of services - see Exhibit C, Center for Mental Health Services Government Performance and Results Act Performance Measures, as established in Exhibit B, Local Provider Intended Use Plan.
- 4.2.6. Maintain Staffing levels described in Exhibit B, Local Provider Intended Use Plan.
- 4.2.7. Proposed revisions to the IUP, or any HCA-approved successor IUP, must be submitted to the HCA Contract Manager listed on page one (1) of this Contract, when proposed revisions reflect substantial changes in PATH services and activities funded under this Contract.
 - 4.2.7.1. Revised IUPs are subject to approval by HCA prior to implementation;
 - 4.2.7.2. Proposed changes must be submitted to HCA for consideration and approval, at least sixty (60) days before implementation; and
 - 4.2.7.3. Changes to the IUP approved by HCA in writing will be incorporated by reference into this contract, and will supersede any previous versions of the IUP.
- 4.2.8. IUP Requirements
 - 4.2.8.1. Annual submission to HCA in the form of an IUP by an HCA-established date, which will be communicated to the Contractor to enable HCA to meet the federal timeline for responding to the annual federal FOA for PATH funds;
 - 4.2.8.2. Each IUP must provide a projected summary of performance in the following outcome measures:
 - 4.2.8.2.1. Number of homeless adults to be contacted;
 - 4.2.8.2.2. Number of contacted homeless persons with SMI who become enrolled in PATH services;

- 4.2.8.2.3. Number of adult persons contacted using PATH funds that are literally homeless;
- 4.2.8.2.4. Number of enrolled PATH individuals who will receive community mental health services;
- 4.2.8.2.5. Number of persons referred to and who will attain housing; and
- 4.2.8.2.6. Number of persons referred to and who will attain substance use disorder treatment services.
- 4.2.8.2.7. Number of staff trained in SOAR
- 4.2.8.2.8. Budget and Budget detail/narrative.

4.3. Screen Clients for Eligibility. Ensure enrolled PATH Clients are screened for eligibility for all possible benefits, including, but not limited to the following:

- 4.3.1. Services under the PIHP or comparable services structures, including but not limited to emergency, psychiatric, medical, residential, employment, and community support services;
- 4.3.2. Housing services and resources;
- 4.3.3. Veterans' services;
- 4.3.4. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) or other disability and financial benefits;
- 4.3.5. American Indian benefits;
- 4.3.6. Economic services;
- 4.3.7. Medical services;
- 4.3.8. Substance Use Disorder treatment services; and
- 4.3.9. Vocational rehabilitation services.

4.4. Target Priority Populations

- 4.4.1. Give special consideration to services for veterans, and strongly encourage subcontractors to work closely with entities that demonstrate effectiveness in serving homeless veterans
- 4.4.2. SAMHSA strongly encourages PATH sites to prioritize services for the chronically homeless population.
- 4.4.3. PATH services should be focused on Outreach efforts to individuals who are homeless or chronically homeless.

4.5. Create, Provide, and Maintain Documentation

- 4.5.1. Maintain individual client service records for PATH-Enrolled Individuals, where each client service record will contain at a minimum:
 - 4.5.1.1. All contacts between a PATH-funded worker or workers and an individual who is potentially PATH eligible or enrolled in PATH must be entered into HMIS.
 - 4.5.1.2. A statement of the presenting problem(s) as described by the PATH-Enrolled Individual, as reported by the referral source and as assessed by the screener;
 - 4.5.1.3. Documentation of homelessness or chronic homelessness;
 - 4.5.1.4. The context of the referral;
 - 4.5.1.5. The condition and functioning of the PATH-Enrolled Individual at the time of initial assessment and subsequently;
 - 4.5.1.6. The history and symptoms of the PATH-Enrolled Individual's Mental Illness reported and observed;
 - 4.5.1.7. An assessment of each PATH Client's basic needs, including legal and safety issues, cultural issues, and Substance Use Disorder issues, as appropriate;
 - 4.5.1.8. An assessment of the PATH-Enrolled Individual's mental health and/or Co-Occurring mental health and Substance Use Disorder service needs
 - 4.5.1.9. A service plan; and
 - 4.5.1.10. Regular notation of PATH client progress service plan accomplishment, including transfer to other mainstream services.
- 4.5.2. Cooperate with the federally mandated transition to use of Homeless Management Information System (HMIS) data standards and submit PATH service data in accordance with state and federal requirements. Participate in HMIS data collection activities and submit client service data electronically. SAMHSA expects client data entry into HMIS in a timely manner in order to achieve the most positive outcomes for clients. Each HMIS will have its own policies and procedures regarding timeliness of data entry for end users.
- 4.5.3. Contractor will provide Annual Report/IUP, in compliance with, but not limited to requirements below, some of which may be waived in writing by DBHR for purpose of this Contract.
 - 4.5.3.1. Analysis of performance based upon the IUP and upon factors that have affected the local PATH project(s). This report will include measures taken to maintain and improve the integrity of PATH project(s);

- 4.5.3.2. Submit through the SAMHSA required annual report database (PATH POX) aggregate client service data consistent with the national "PATH Annual Report Manual," developed by SAMHSA's Homeless and Housing Resources Network and the Center for Mental Health Services (CMHS) Government Performance and Result Act (GPRA) Performance Measures, attached as Exhibit D;
- 4.5.3.3. Respond to SAMHSA Data Checks associated with warnings in the Annual Report data system called PATH POX. SAMHSA reviews these data check measures each year and may request additional information to assist in evaluating the PATH program and reason why the GPRA measurement was not met. A list of current data checks is listed below. The Data Check measurements are as follows:
 - 4.5.3.3.1. Zero individuals contacted = 0;
 - 4.5.3.3.2. One hundred percent of persons contacted through outreach became enrolled in PATH;
 - 4.5.3.3.3. Percentage of eligible persons contacted who became enrolled in PATH is less than 46 percent*;
 - 4.5.3.3.4. Number of persons enrolled has decreased by more than 50 percent since the previous year or increased by more than 100 percent since the previous year;
 - 4.5.3.3.5. Percentage of PATH-Enrolled Individual who received community mental health services is less than 53 percent of the GPRA Measure;
 - 4.5.3.3.6. Number of PATH-Enrolled Individuals who are 17 years old or younger is greater than zero; and
 - 4.5.3.3.7. Sum of "Client refused" and "Data not collected" categories for each demographic data element ("Unknown" category for #28f) is greater than 10 percent of the total number of persons enrolled in PATH (#15).
- 4.5.4. The contractor will provide a federal financial report to the DBHR, annually, no later than 60 days after the Agreement End Date, using the object class categories of Federal Standard Form 424A and HCA approved Contractor IUP Budget table.
- 4.5.5. The Contractor will complete reports according to the time schedules designated, and/or communicated by DBHR. Failure to submit required reports within the time specified may result in one or more of the following:
 - 4.5.5.1. Withholding of current or future payments;
 - 4.5.5.2. Withholding of additional awards for a project; and

4.5.5.3. Suspension or termination of this Contract.

4.5.6. The Contractor will retain reporting-related records and provide access to the records for the time period specified in 45 CFR Part 74, Subpart D, or 45 CFR 92.42.

4.5.7. Financial and programmatic records, supporting documents, statistical records, and all other records of the Contractor or subcontractor that are required by the terms of this Contract or a subcontract, or may reasonably be considered pertinent to this Contract or subcontract must be retained.

4.5.8. Maintain records that identify the source and usage of funds associated with the provision of Housing Services.

4.6. Work with COC Committees

4.6.1. Participate in the planning and collaboration of local continuum of care committees affecting PATH Clients.

4.6.2. Strongly encourage subcontractors to participate in the planning and collaboration of local continuum of care committees.

4.7. Provide a Smoke-Free Workplace and promote abstinence of all tobacco products

4.8. Comply with Federal and State Requirements, including employment standards, detailed in 45 CFR Part 76, and FOA # SM-20-F2.

4.9. Achieve Performance Goals. Achieve or exceed national PATH Government Performance and Results Act (GPRA) performance measures in delivery and costs of services - see Exhibit D, *Local Match Certification Form*, as established in Exhibit C, *Local Provider Intended Use Plan*.

4.10. Provide Alternative Referrals to Religious Services. If a religiously-affiliated organization receives PATH funds, Contractor will ensure that the PATH services are separate in either time or location of services that are inherently religious in nature. If a PATH enrollee chooses to not be served by that organization because of their religious affiliation they must be referred to a different service provider.

4.11. Comply with Requirements, Conditions, and Limitations for PATH Funds.

4.11.1. The Contractor will not expend more than twenty percent (20%) of PATH funds under this Contract, in accordance with FOA # SM-18-FS. Grantees must track the costs in this category with records demonstrating that the 20% cap has not been exceeded. This includes:

4.11.1.1. Minor renovation, expansion, and repair of housing;

4.11.1.2. Planning of housing;

4.11.1.3. Technical assistance in applying for housing assistance;

4.11.1.4. Improving the coordination of housing services;

- 4.11.1.5. Security deposits;
- 4.11.1.6. The costs associated with matching eligible homeless individuals with appropriate housing situations; and
- 4.11.1.7. One-time rental payments to prevent eviction.
- 4.11.2. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- 4.11.3. The Contractor will use PATH Funds to supplement, not supplant, existing services to individuals with SMI or Co-Occurring SMI and Substance Use Disorders, and who are Homeless or at Imminent Risk of becoming Homeless.
- 4.11.4. The Contractor will indicate clearly when issuing statements, press releases, requests for proposal, bid solicitations, and other documents describing projects or programs funded in whole or in part with PATH Funds:
 - 4.11.4.1. The percentage of the total costs of the program or project financed with PATH Funds;
 - 4.11.4.2. The dollar amount of PATH Funds for the program or project; and
 - 4.11.4.3. The percentage and dollar amount of the total costs of the program or project that will be financed by non-governmental sources.
- 4.11.5. The Contractor will use any program income generated under this Contract in accordance with the additional cost alternative of 45 CFR Part 92.25 to further the objectives of the PATH program. Program income must be reported on the federal financial report, and used only for allowable costs as set forth in the applicable federal cost circulars.
- 4.11.6. The Contractor will not use PATH Funds under this Contract to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations. This prohibition is related to the use of federal grant funds and is not intended to affect Washington State's right, or that of any other organization, to petition Congress or any other level of Government through the use of other resources.
- 4.11.7. The Contractor will adhere to the following restrictions on Grantee Lobbying - Appropriations Act Section 503:
 - 4.11.7.1. No part of any funding under this Contract will be used, other than for a normal and recognized executive-legislative relationship, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the

Congress itself or any state legislature, except in the presentation to the Congress or any state legislative body itself; and

- 4.11.7.2. No part of any funding under this Contract will be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or state legislature.