

I. State Information

State Information

Plan Year

Federal Fiscal Year 2016

State Identification Numbers

DUNS Number 9640933500000

EIN/TIN 27-3327978

I. State Agency to be the Grantee for the PATH Grant

Agency Name State of Oregon-Oregon Health Authority

Organizational Unit Health Systems Division

Mailing Address 500 Summer Street NE E86

City Salem

Zip Code 97301-1118

II. Authorized Representative for the PATH Grant

First Name Michael

Last Name Morris

Agency Name Oregon Health Authority - Health Policy and Analytics Division

Mailing Address 500 Summer Street E-65

City Salem

Zip Code 97301-1118

Telephone 503-947-5539

Fax 503-945-5803

Email Address Michael.N.Morris@state.or.us

III. State Expenditure Period

From 7/1/2016

To 6/30/2017

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date 5/25/2016 11:39:31 AM

Revision Date 7/14/2016 1:36:28 PM

V. Contact Person Responsible for Application Submission

Title State PATH Contact

Organizational Unit Name Oregon Health Authority Health Systems Division

First Name Brenda

Last Name Dennis

Telephone 503-945-6357

Fax 503-945-5803

Email Address Brenda.L.Dennis@state.or.us

Footnotes:

Michael Morris is functioning as Interim Representative for Oregon Health Authority grants until a Behavioral Health Director is hired. Letters indicating this have already been sent to SAMHSA.

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name	<input type="text" value="Michael Morris"/>
Title	<input type="text" value="Behavioral Health Policy Administrator"/>
Organization	<input type="text" value="Oregon Health Authority"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name	<input type="text" value="Michael Morris"/>
Title	<input type="text" value="Behavioral Health Policy Administrator"/>
Organization	<input type="text" value="Oregon Health Authority"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2016

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Oregon agrees to the following:

Section 522(a)

Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b)

Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the 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.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c)

The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d)

In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e)

The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f)

Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g)

The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h)

The State agrees that:

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a)

The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c)

The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526

The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3)

The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description:

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4)

The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b)

In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2)

The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a)

The State will, by January 31, 2017, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2016 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C- PATH.

Section 528(b)

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529

Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R part 54 and 54a respectively.

Name	<input type="text" value="Michael Morris"/>
Title	<input type="text" value="Behavioral Health Policy Administrator"/>
Organization	<input type="text" value="Oregon Health Authority"/>

Signature: _____ Date: _____

Footnotes:

I. State Information

Disclosure of Lobbying Activities

To print a Standard Form - LLL if required for submission, click the link below.

[Standard Form LLL \(click here\)](#)

Name

Michael Morris

Title

Behavioral Health Policy Administrator

Organization

Oregon Health Authority

Signature:

Date:

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Deschutes County	Deschutes County	
Lane County	Lane County	
Multnomah County	Multnomah County	
Portland Metro Area	City of Portland, Oregon and surrounding metropolitan area.	
Washington County	Washington County	

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

Footnotes:

EXECUTIVE SUMMARY
Oregon's Federal PATH Allotment = \$627,232

Name of Local-Area Provider	Geographic Area(s) to Be Served	Allocated PATH Funds	Amount and Source of Matching Funds	Estimated Number of Clients Who Will Be Contacted in FY 2016, including number who will be literally homeless adults	Estimated Number of Clients Who Will Be Enrolled
Cascadia Behavioral Health Care**	Portland Metro Area	\$100,900	\$309,950	# Contacted = 200 Literally Homeless Adults=180	45
			<ul style="list-style-type: none"> • City of Portland General Funds • Agency Funds • Short Term Rent Assistance Funds 		
Deschutes County Mental Health*	Deschutes County	94,000	\$64,512	# Contacted = 150 Literally Homeless Adults = 120	50
Luke-Dorf Hillsboro Site**	Washington County	\$62,668	\$24,225	# Contacted = 350 Literally Homeless Adults=262	50
			<ul style="list-style-type: none"> • Washington County General Funds • Agency Funds 		
Multnomah County MHASD* - The Bridgeview Community**	Multnomah County	\$232,285	\$110,940	# Contacted = 150 Literally Homeless Adults = 127	60
White Bird Clinic**	Lane County	\$94,495	\$32,471	# Contacted = 100 Literally Homeless Adults = 60	55
			<ul style="list-style-type: none"> • City of Eugene Public Safety Funds • State General Funds • Donations 		

* County Government Entity

**Private Non-Profit Organization

Services to be Provided Using PATH Funds

In Oregon PATH grant funds will be used to provide trauma-informed recovery oriented services to individuals experiencing literal homelessness or who are have imminent risk of homelessness and who have a serious mental illness, and who do not currently have other resources. These funds are designated for individuals who are ineligible for public or commercial health insurance programs, or those for whom coverage has been formally determined to be unaffordable or for whom services are not sufficiently covered by an individual health insurance plan. PATH grant funds provide services falling within the four domains of recovery including health, home, purpose and community. Specific services will include outreach, screening and diagnostic

services, habilitation and rehabilitation services, community mental health services, alcohol or drug treatment services, staff training, case management services, supportive/supervisory services, referrals to other community services and resources, and housing services. Oregon's PATH programs provide person-centered services that are sensitive to trauma history and acknowledge differences in language, culture, gender, race, religious preference, and sexual orientation.

II. Executive Summary

2. State Budget

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 27,750	\$ 0	\$ 27,750	
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Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
PATH Administrator	\$ 75,000	0.37	\$ 27,750	\$ 0	\$ 27,750	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0	\$ 0	\$ 0	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 5,000	\$ 0	\$ 5,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Annual PATH Conference	\$ 5,000	\$ 0	\$ 5,000	

d. Equipment	\$ 0	\$ 0	\$ 0	
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No Data Available				
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e. Supplies	\$ 134	\$ 0	\$ 134	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 134	\$ 0	\$ 134	

f1. Contractual (IUPs)	\$ 584,348	\$ 541,098	\$ 1,125,446	
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f2. Contractual (State)	\$ 0	\$ 0	\$ 0	
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No Data Available				
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g. Construction (non-allowable)				
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h. Other	\$ 10,000	\$ 0	\$ 10,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Staffing: Training/Education/Conference	\$ 10,000	\$ 0	\$ 10,000	

i. Total Direct Charges (Sum of a-h)	\$ 627,232	\$ 541,098	\$ 1,168,330	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0	
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k. Grand Total (Sum of i and j)	\$ 627,232	\$ 541,098	\$ 1,168,330	
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Allocation of Federal PATH Funds	\$ 627,232	\$ 209,077	\$ 836,309	
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Source(s) of Match Dollars for State Funds:

Footnotes:

II. Executive Summary

3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **07/01/2016**

Expenditure Period End Date: **06/30/2017**

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Cascadia Behavioral Healthcare	Community mental health center	Portland Metro Area	\$100,900	\$309,950	200	45	0	30
Deschutes County Mental Health	Community mental health center	Deschutes County	\$94,000	\$64,512	150	50	1	3
Luke-Dorf Hillsboro Site	Community mental health center	Washington County	\$62,668	\$24,225	350	50	2	0
Multnomah County MHASD- The Bridgeview Community	Other mental health agency	Multnomah County	\$232,285	\$110,940	100	60	0	0
White Bird Clinic	Private non-profit organization	Lane County	\$94,495	\$31,471	100	55	2	28
Grand Total			\$584,348	\$541,098	900	260	5	61

Footnotes:

Cascadia, The Bridgeview and Luke-Dorf refers most clients seeking benefits to an outside advocacy group specializing in benefits acquisition. This group uses the SOAR model to assist clients to obtain benefits.

1. Cascadia Behavioral Healthcare

310 NW Flanders
Portland, OR 97209

Contact: Allison Browne

Contact Phone #: 503-849-5688

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID: 4111

Geographical Area Served: Portland Metro Area

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 45,000 \$ 182,500 \$ 227,500

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 40,000	0.00	\$ 0	\$ 40,000	\$ 40,000	
Outreach worker	\$ 45,000	1.00	\$ 45,000	\$ 0	\$ 45,000	
Outreach worker	\$ 40,000	0.00	\$ 0	\$ 40,000	\$ 40,000	
Outreach worker	\$ 40,000	0.00	\$ 0	\$ 40,000	\$ 40,000	
Outreach worker	\$ 40,000	0.00	\$ 0	\$ 40,000	\$ 40,000	
PATH Administrator	\$ 45,000	0.00	\$ 0	\$ 22,500	\$ 22,500	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 5.14 % \$ 11,700 \$ 47,450 \$ 59,150

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 200 \$ 0 \$ 200

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 200	\$ 0	\$ 200	two trips for semi-annual provider meeting in Salem

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 0 \$ 0 \$ 0

No Data Available

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 39,150 \$ 80,000 \$ 119,150

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 39,150	\$ 80,000	\$ 119,150	

i. Total Direct Charges (Sum of a-h) \$ 96,050 \$ 309,950 \$ 406,000

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 4,850 \$ 0 \$ 4,850

k. Grand Total (Sum of i and j) \$ 100,900 \$ 309,950 \$ 410,850

Source(s) of Match Dollars for State Funds:

City of Portland general funds

Estimated Number of Persons to be Contacted: 200 Estimated Number of Persons to be Enrolled: 45

Estimated Number of Persons to be Contacted who are Literally Homeless: 180

Number Staff trained in SOAR in Grant year ended in 2014: 0 Number of PATH-funded consumers assisted through SOAR: 30

Local Provider Description

Name of organization: Cascadia Behavioral Healthcare

Type of organization: Community behavioral healthcare and housing provider. Cascadia provides a critical safety net for approximately 12,000 people each year who are struggling with serious mental illness, addictions, and who as a community are disproportionately impacted by physical health issues, poverty and homelessness.

Region Served: Multnomah and Clackamas Counties

Amount of Federal PATH Funds: \$100,900

Collaboration with HUD Continuum of Care Program

Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the CoC, explain the approaches to be taken by the agency to collaborate with the local CoC.

Cascadia has several departments and multiple leadership staff participating in HUD CoC program and coordinated access projects. Cascadia is one of five agencies participating in and informing the pilot program for the local Coordinated Access system for adults without children. Within the Homeless Services Division, the Street Outreach Team Manager and Program Supervisor attend local outreach meetings and trainings related to HUD CoC. The Housing Outreach Team Manager is on the Home for Everyone Community Advisory Forum. Cascadia's CEO is on the Home for Everyone Executive Team. The Senior Director of Homeless Services attends monthly Home for Everyone meetings and participates in several workgroups for the effort. Key staff from Cascadia's Quality Management and Homeless Services departments work with local partners on HMIS data quality and sharing. The Homeless Services Senior Director is involved in regional planning for coordinated access system for homeless adults.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.

- *Outreach teams:* Cascadia's Street Outreach Team partners with outreach teams at JOIN, Project Respond (mobile crisis), NARA and Urban League of Portland to collaborate and increase access to services and supports for PATH eligible individuals. Coordination includes outreach

workers staffing hours at day shelter and drop-in locations with other agencies, streamlined referrals from partnering providers, weekly coordination meetings between Cascadia, NARA and Urban League and coordination with Portland Police Department's Neighborhood Response Team for streamlined rapid-response outreach.

- *Primary health:* Cascadia's Street Outreach Team works directly with PATH eligible individuals to connect with community resources and establish or re-establish primary healthcare. Outreach staff assist individuals in accessing care via Outside In, Old Town Clinic, the VA's Community Resource and Referral Center and Multnomah County's health clinics.
- *Mental health:* Cascadia is the primary mental health provider in the Portland area and operates several outpatient mental health clinics – including urgent walk-in for behavioral health support, supportive housing sites and community based programs such as the Street Outreach Team. However, Cascadia frequently collaborates with other partner agencies, such as Central City Concern, Lifeworks NW, and Multnomah County to ensure that clients are in the best program for their needs, regardless of agency. The Street Outreach Team serves as a significant connector between providers, serving individuals and families who may encounter barriers to access due to insurance coverage (difficulty finding a Medicare-only provider, for example).
- *Substance abuse:* Cascadia provides robust outpatient substance abuse services through its outpatient clinics. Street Outreach clients are often referred to these clinics for substance abuse treatment while also engaging in mental health services via Street Outreach clinicians. The Street Outreach Team works diligently to assist PATH clients with access to whatever type of treatment is desired and clinically appropriate, utilizing community partner referrals to Hooper Detox, Volunteers of America, Cedar Hills Hospital, Central City Concern and other local treatment providers.
- *Housing:* The Street Outreach Team has direct access to Cascadia's portfolio of supportive housing for individuals experiencing homelessness and mental illness (over 200 beds in total). Street Outreach workers also work with Central City Concern, Home Forward, and several other subsidized housing providers in Multnomah County. The Street Outreach team has also built significant relationships with landlords and small housing providers across the area.
- *Employment:* Cascadia's outpatient clinics also provide supported employment programs which PATH clients working with the Street Outreach Team can access following a referral to one of these clinics. We also assist PATH clients with access to employment services via Central City Concern's Supported Employment program. This program will likely be expanding and we look forward to the significant impact this will have within the community. The Street Outreach team also frequently refers PATH eligible individuals into Central City Concern's BEST program for the purpose of benefit acquisition.
- *Other Community Organizations:* The Street Outreach team partners with the Portland Police Bureau to provide outreach and engagement to individuals identified as particularly vulnerable, homeless, and experiencing significant mental health symptoms. A dedicated phone line has been created for the purpose of close coordination between officers and Street Outreach staff.

We also have a close relationship with JOIN, a non-profit provider of outreach and housing placement services. The Street Outreach team does in-reach at JOIN's day center several days a week. We plan to build and strengthen our existing relationships with Transition Projects, Inc. (TPI), Rose Haven, and St. Francis – three organizations that provide day services to homeless individuals. We have a formal partnership with NARA (Native American Rehabilitation Association) and Urban League of Portland where we provide funds to each agency to cover personnel, operation and administrative costs for 1.0 FTE outreach worker at each agency via a grant with the City of Portland. The NARA and Urban League staff work side by side with members of our larger Street Team and closely coordinate client engagement, placement and retention supports.

Service Provision

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

- *Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize servicing the most vulnerable adults who are literally and chronically homeless.*

Cascadia's Street Outreach team prioritizes direct outreach and engagement at the street level. Caseloads are kept to moderate sizes to allow time to look for vulnerable individuals, network among communities of people living outside and follow-up on priority referrals. The Street Outreach team also communicates regularly with other outreach programs as well as Cascadia's Project Respond teams, and frequently takes referrals from these mobile programs. Our relationship with the Portland Police Bureau also extends our awareness of the most vulnerable individuals in our community.

When referrals are received regarding individuals who are not actually street homeless, the team will re-direct to other community resources, as to preserve capacity for those most in need.

All Street Outreach workers provide case management services as well as housing placement and mental health care. Most members of our street team are credentialed at a QMHP level. Our PATH funded staff are QMHP clinicians.

- *Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Cascadia maximizes use of PATH funds by leveraging additional grant funding (for example through City of Portland) and fee-for-service income from Medicaid billing to maximize delivery of client services to PATH clients. For example, PATH enrolled clients who meet criteria for the Intensive Street Engagement Program, funded by the City of Portland, may be referred into this sub-program and qualify for streamlined access to permanent supported housing or significant

on-going rental assistance without have to transfer to a different staff member to access these services. Fee-for-service income generated by Medicaid billing is used to offset costs and support a highly trained team of skilled clinicians who provide direct outreach, case management, mental health counseling and housing placement services. Our partnership with the Royal Palm, a transitional supported housing facility, enables PATH enrolled clients to access the facility's daytime wellness center. The Wellness Center provides additional group counseling, skills training, access to restrooms and showers as well as activities.

- *Describe any gaps that exist in the current service systems*

The largest gap in our community is the severe shortage of affordable housing. A recent METRO report identified that the gap in affordable housing units in comparison to eligible households is 80,000 units. We are often able to engage individuals, provide case management and barrier reduction, and have access to funds to assist with housing placement, but simply cannot find open apartments. Significant expansion of available housing stock needs to occur to remedy this issue. Local housing providers are also requiring higher deposits for apartment, and it is not uncommon for housing providers to demand deposits of \$3,000 or higher. While our PATH worker has access to other program client/rent funds and supported/supportive housing opportunities, our PATH program would also benefit from increased PATH funds for client/rental assistance.

In addition, while the Affordable Care Act has increased access for Medicaid Insurance coverage, this does not necessarily result in access for our client population at mainstream and community health clinics due to capacity issues. Most local health and mental health clinics were already operating at full capacity prior to Medicaid expansion. With the influx of people who now have Medicaid attempting to access local clinics most of the clinics have long wait periods (4-8 weeks) for open Intake appointments, and typically another 4-8 weeks before the first health or counseling appointment is available.

- *Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder*

Clients have access to mental health treatment services via their outreach provider (a credentialed QMHP). Substance abuse, gambling and supported employment services are available at Cascadia's outpatient clinics. Clients also have access to a psychiatrist who can prescribe medications and perform psychiatric evaluations.

Cascadia operates within a harm-reduction model, and many of our division's clients have current or historic substance abuse issues. All staff are trained and experienced at providing integrated treatment services, with an emphasis on health recovery. Our supportive housing portfolio is primarily harm reduction, but includes 15 units of Alcohol and Drug Free housing,

and a 15-unit supportive housing facility specifically for individuals/households experiencing co-occurring substance abuse and mental health symptoms.

Clients have access to mental health treatment services through their outreach provider (a credentialed QMHP). Substance abuse, gambling and supported employment services are available at Cascadia's outpatient clinics. Clients enrolled with the Street Team also have access to a psychiatrist who can prescribe medications and perform psychiatric evaluations.

Cascadia's Outpatient clinics and Homeless Division operate within a harm-reduction model, and many of our division's clients have current or historic substance abuse issues. Most clinical staff are trained and experienced at providing integrated treatment services, with an emphasis on health recovery. Our division's supportive housing portfolio is primarily harm reduction, but includes 15 units of Alcohol and Drug Free housing, and a 15-unit supportive housing facility specifically for individuals/households experiencing dual diagnosis.

With Medicaid expansion, more people who are disabled and sleeping outside now are able to enroll in insurance coverage. The team assists clients as allowable under federal guidelines in accessing and navigating services systems to successfully receive health care supports. Those clients who are not eligible for Medicaid are also provided essential access and supports via our PATH funded outreach staff, and assistance is provided to access primary health care providers who can also provide psychiatric prescribing services as needed. If PATH funded staff engage individuals who are veterans' and eligible for VA services, they provided assisted referrals to our local Veterans Administration services and housing opportunities. Older adults are linked with Adult and Disability Services resources. Most people we encounter already are receiving food stamps, but when they are not, the PATH staff will assist them in that process. Families on the street are also eligible for assistance in navigating social service resources and benefits such as TANF from our PATH staff.

- *Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff and trainings and activities to support collection of PATH data in HMIS.*

All Street Outreach staff receive regular annual trainings in evidence based practices, such as trauma informed care, person-centered approaches, and recovery-oriented care. This is provided by Cascadia's Staff Development Team. Additionally, Street Outreach staff are encouraged to attend trainings in the community on topics such as fair housing and benefit acquisition.

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

All current Street Outreach clients are entered into HMIS. The team uses Service Point, which is administered by the Portland Housing Bureau. While all clients are entered into HMIS and placements are tracked there, we do not currently have a separate process for PATH clients.

Training and on-going support is offered by the Portland Housing Bureau. The program manager attends periodic HMIS meetings, and trainings for the team are arranged as needed. We have recently hired an Administrative Coordinator for the Street Outreach Team who will take a primary role in tracking and maintaining data for PATH clients. Our goal is to improve data quality throughout our program areas by centralizing this task to a skilled and experienced staff member.

Of note, the Street Outreach team also documents many client services in our electronic health record (Essentia). Our goal in the coming year is to document efficiently in both Essentia and HMIS without excessive redundancies.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), and the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

The Street Outreach program has a close connection with the BEST program (part of Central City Concern), which is the primary benefits acquisition service in the Portland area and is specifically funded to serve the greater community. Because of this close relationship and the Street Team's priority access through our City of Portland grants, we have not invested staff resources in additional SOAR training. This has allowed us to prioritize street outreach work and leverage the BEST program for greater efficiency.

We have made SOAR webinars available to our team of outreach workers in the past year. For the coming year, we will likely require our PATH funded staff to become fully trained in SOAR. We will encourage but not require additional staff to become trained as the focus of the program is on engagement, housing placement and retention supports. The BEST program has dedicated and highly trained staff providing these benefit acquisition services and BEST reports that each FTE in their team can support and process approximately 30 clients a year. If we were to focus our Outreach Staff on

providing benefits acquisition services we would need to sharply reduce the number of clients assisted per year and far fewer people would be moved from living on the street into housing.

Housing

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

The Street Outreach team makes use of several different housing resources, depending on the need of the client. When supportive housing is indicated, the Street Outreach team will refer clients directly into Cascadia’s supportive housing programs, (over 250 supportive housing units across several programs). These range from sites that are staffed 24/7 to independent apartments in the community with regular case worker visits. Cascadia provides information to each client on a range of options, including transition, permanent supportive, and permanent independent housing.

We take a client centered approach and include the client in all decisions related to housing opportunities. We provide significant financial and supported assistance towards barrier reduction to increase client’s eligibility for housing units and identify as many opportunities as possible. Cascadia also has a dedicated intake clinician that works closely with the Street Outreach team to ensure a smooth hand-off with any clients that access Cascadia housing.

Street Outreach workers also spend considerable efforts to coach and support clients during the housing application process and make arrangements to address the significant mental health symptoms that our clients experience. The Street Outreach team works with property management staff as partners, allowing effective advocacy and housing crisis resolution. The team is also well versed in Fair Housing and Landlord-Tenant Law, and best efforts are made to ensure that our clients are treated equitably by private market landlords.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

<http://www.ThinkCulturalHealth.hhs.gov>.

The Street Outreach team has a total of 9 full time staff members, a part-time counselor (.5 FTE) located at the Royal Palm Wellness Center, and a part-time psychiatrist (.10 FTE).

Staff Title	FTE	Clinical Credential	PATH Funded
Program Manager	1.0 FTE	LPC	
Program Supervisor	1.0 FTE	QMHP	MATCH at .5 FTE

Outreach Worker	4.0 FTE	QMHP	1.0 FTE
Bilingual Outreach Worker	1.0 FTE	QMHP	
Bilingual Outreach Worker	1.0 FTE	QMHA	
Counselor III (co-located at the Royal Palm)	.5 FTE	QMHP	
Psychiatrist	.10 FTE	MD	
Administrative Coordinator	1.0 FTE	n/a	

Team demographics include three men, seven women and one staff who identifies as transgender. The team includes two staff who are fluent in Spanish; two staff members are Latino, one is Israeli and six are Caucasian. Five staff members are connected to and/or identify as members of the lesbian/gay/bisexual/transgender community.

In addition our team includes funded outreach workers employed by Urban League and NARA. Demographics include 2 men, one woman. One is African-American, and two are Native American.

Street Outreach workers receive cultural competency training upon hire and again at minimum on a yearly recurring basis. Multiple opportunities to attend monthly diversity trainings & meetings are also offered, and are consistently attended by Street Outreach team members. The program made great efforts in the past year to successfully add a second staff who is fluent in Spanish to improve outreach to the Hispanic & Latino communities.

Potential client outcome disparities are reviewed quarterly by analysis of our HMIS data, which reveal placement data by race, ethnicity, gender, and age.

Cascadia requires considerable consideration of the age, gender, disability, racial/ethnic differences, and LGBTQ standing in all client assessments and treatment plans. Cascadia as an agency provides specialized services in all of these areas, and the Street Outreach team will refer directly into those programs as indicated or preferred by the client.

Cascadia maintains a Diversity Steering Committee, which collaborates with Human Resources to conduct diversity initiatives in recruitment and retention to increase the number of staff with culturally specific and linguistic skills. This committee crafted Cascadia's updated cultural relations policy to meet the new Oregon Administrative Rules has adapted the agency's strategic plan to embed diversity and cultural competency as core values.

Cascadia's clinical cultural competence policy has been amended to include federally mandated CLAS standards. This policy states that: Cascadia will ensure that all clinical procedures are consistent with the highest standards of clinical practice and comply with all applicable standards including Mental Health Organization, Local, and State and Federal requirements. Cascadia considers all individuals for entry without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, except when program eligibility is restricted to children, adults or older adults, familial status, marital status, source of income, and disability. Language will not be a barrier to services. Cascadia will provide or arrange for language services to facilitate cultural and linguistic communication between limited or non-English proficient patients and their treatment team.

In addition, Cascadia's plan for cultural competency includes two key areas on which all staff are trained to ensure delivery of services that are culturally appropriate:

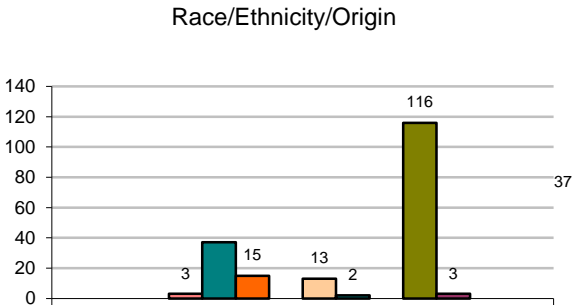
- Access and Service Delivery- Cascadia will be an accessible, welcoming organization able to provide flexible services to a broad and diverse clientele and community. Cascadia will support programming and partnerships that provide focused services to the needs of specific cultural groups.
- Communication, Training, Staff Development Goals- Cascadia will communicate positive and frequent messages that reinforce the agency's commitment and activities toward cultural competence. Staff will receive training and development opportunities regarding use of best practices in delivery of culturally competent services.

Client Information

Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless. Describe the percentage of the PATH client population that have criminal histories.

The overall demographic breakdown of the Street Outreach client population is as follows:

African	0%
Asian	1.59%
Black/African American	19.58%
Latino/Hispanic	7.94%
Middle Eastern	0%
Native American/Alaskan Native	6.88%
Native Hawaiian/Pacific Islander	1.06%
Slavic	0%
White	61.38%
Declined to Answer	1.59%



Female	49.10%
Male	49.70%
Refused/Don't Know	0%
Missing Data Entry	1.20%

Approximately 90% of those who received PATH funded services in the past year were literally homeless. The remaining 10% were imminently homeless and received housing retention and eviction prevention services.

We anticipate outreaching to 200 clients in the next year within all of our funded programs. PATH funded staff will complete a portion of that contact directly and will have a goal of 45 enrollments in the PATH program.

Racial equity is a priority focus for our division and for our street team. In 2014-15 our Homeless Division stepped up efforts for two underserved racial populations, African-Americans and Native Americans, to improve access, housing placement, and long term retention. We realized the following outcomes in that fiscal year:

African- Americans represented 26% of all participants and 32% of all permanent housing placements. Of those who reached 12 month anniversary after PH placement, 100% remained housed.

Native-Americans represented 5.5% of all participants, 8% of permanent housing placements. Of those who reached 12 month anniversary after PH placement, 100% remained housed.

This past September we applied for a City grant for Intensive Street Outreach services which would accept referrals from the Portland Police department. Our proposal included a formal funded partnership with Urban League and NARA, with specific goals related to engagement and housing placement for underserved populations which are overrepresented locally in the homeless population (African Americans, Native- American's and Latinos). We were awarded the grant /contract and initiated operations in October, and the goal is 50 households placed by June 31, 2016. As of March 31st, the team has contacted 87 individuals, of whom 70 people in 63 households have been engaged and initiated housing placement process. Successful placement of 23 people in 19 households were housed (March 31). Of those housed, 21% are African-American; 30% are Native American; 10% are Latino; 2% are Pacific Islander; and 35% are Caucasian.

Consumer Involvement

Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

The Street Outreach team actively involves clients in their assessment and service plan development. All services are voluntary and determined by the individual client. Our clinicians encourage active participation throughout the services, including services planning, of family members per client wishes. Cascadia extends the term "family" to include, but not be limited to, the biological or legal parents, siblings, other relatives, legal guardians, spouse, domestic partner, caregivers and other primary relations to the individual whether by blood, adoption, legal or social relationships. Family also means any natural, formal or informal support persons identified as important by the individual. We engage individuals and families sleeping outside, and work with the family household to secure and transition successfully into permanent housing and linkage with Outpatient and other valued support systems.

Cascadia has a Consumer Advisory Council which informs the work of the agency as a whole, as well as Peer Wellness staff in partnering programs that PATH funded may access with referral. Although the Street Outreach Team, which receives PATH funding, does not utilize volunteers or formal advisory boards, the Program Supervisor meets regularly with consumer-advocate members of Multnomah County's Home for Everyone Coordinating Board. These consultations provide an opportunity for the Program Supervisor to receive direct feedback on which types of service and program models have the highest level of reported consumer satisfaction and efficacy in the street community. Additionally, two staff members of the Street Outreach Team have lived experience of homelessness and accessing homeless services.

Budget Narrative

Provide a budget narrative that includes the local-area provider's use of PATH funds. Please identify which PATH-funded services will be provided by the positions partially or fully-funded by PATH federal or match dollars. Also, please include a description of how the organization will ensure that the use of PATH-funds meets the requirements below:

"Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual."

The majority of PATH funds will be utilized to fund the following:

- Outreach Worker: 1.0FTE \$45,000 (street outreach, assisted referrals & service connection, housing placement, eviction prevention)
- Program Supervisor: .5FTE MATCH (street outreach, assisted referrals, housing placement, eviction prevention, and clinical oversight & supervision of the team)
- Fringe Benefits for Path funded staff: \$11,700 (Health benefits, 401K, etc.)
- Client Assistance: \$39,150 (Primarily rent assistance & deposits)

In addition, PATH funds will cover the cost of 2 Trips for Semi-Annual Provider Meeting in Salem, program related travel, minimal operations costs, and client assistance funds. PATH funds for client assistance would be limited to one time rent payments to prevent eviction; security deposits, and apartment screening fees (matching of eligible individuals with appropriate housing).

Cascadia's street outreach program is only partially funded with PATH resources. The majority of the costs for the program operations are funded through grants from the City of Portland, along with a small amount of revenue generated by Medicaid billing and Cascadia's independent resources. The current annual budget for the team is \$1.1 million. The team is able to leverage a wide network of rental

assistance, and permanent supportive housing programs as their clients receive prioritized access into Cascadia Homeless Divisions' supportive housing program opportunities. The PATH funds are used solely for street outreach, housing placement services, a small fund for one time rent assistance, and short term mental health supports for a successful transition out of PATH staff care.

Matching funds will come from:

- City of Portland general funds, which provide staffing and operation funds for outreach and permanent supportive housing. Personnel, rent assistance and operating match

The Street Outreach Team staff, including the PATH funded staff, are also able to leverage essential resources including:

- Local STRA (Short Term Rent Assistance) funds which are awarded to our division's Housing Outreach Team, which provides mobile home based support services. STRA funds typically include Multnomah County General Funds, City of Portland General funds and some flexible resources from our local housing authority, Home Forward. Home Forward oversees and administrates the local STRA fund contracts. Cascadia is a contracted provider of STRA resources. STRA funds awarded to Cascadia have also typically included some federal funds; however, we will not be including those in match calculations.
- An array of Transitional and Permanent Supportive Housing programs which are operated by the larger Cascadia Homeless Services Division. These are separate and distinct programs within the division where we have provided streamlined and prioritized referrals for our Street Outreach Team.

2. Deschutes County Mental Health

2577 NE Courtney

Bend, OR 97701

Contact: Lori Hill

Contact Phone #: 541-322-7535

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID: 4107

Geographical Area Served: Deschutes County

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 52,737 \$ 26,395 \$ 79,132

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 9,216	0.00	\$ 0	\$ 9,216	\$ 9,216	
Case Manager	\$ 72,770	0.13	\$ 9,460	\$ 12,371	\$ 21,831	
Outreach worker	\$ 48,085	0.90	\$ 43,277	\$ 4,808	\$ 48,085	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 41.48 % \$ 32,823 \$ 9,409 \$ 42,232

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 0 \$ 2,500 \$ 2,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0	\$ 2,500	\$ 2,500	Two trips to semi-annual provider meeting in Salem

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 0 \$ 0 \$ 0

No Data Available

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 0 \$ 4,500 \$ 4,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 0	\$ 4,500	\$ 4,500	

i. Total Direct Charges (Sum of a-h) \$ 85,560 \$ 42,804 \$ 128,364

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 8,440 \$ 21,708 \$ 30,148

k. Grand Total (Sum of i and j) \$ 94,000 \$ 64,512 \$ 158,512

Source(s) of Match Dollars for State Funds:

Deschutes County general funds, insurance

Estimated Number of Persons to be Contacted: 150 Estimated Number of Persons to be Enrolled: 50

Estimated Number of Persons to be Contacted who are Literally Homeless: 120

Number Staff trained in SOAR in Grant year ended in 2014: 1 Number of PATH-funded consumers assisted through SOAR: 3

Local Provider Description

Name of organization:

Deschutes County Health Services (DCHS) is the provider for all PATH-funded services under this grant. Services are provided within the Behavioral Health Division of DCHS.

Type of organization:

DCHS is the County's publicly funded health department. The Behavioral Health Division is the Deschutes County Community Mental Health Program (CMHP), holding certificates of approval from the Oregon Health Authority, Addictions and Mental Health Division.

Region Served:

DCHS serves the entire Deschutes County region, with offices in Bend, Redmond and La Pine. PATH services are primarily provided to adults in the cities of Bend and Redmond, as these are the areas with the largest percentage of the county's population. However, PATH staff are available to travel to other areas of Deschutes County as needed.

Amount of Federal PATH Funds:

\$94,000

Collaboration with HUD Continuum of Care Program

Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the CoC, explain the approaches to be taken by the agency to collaborate with the local CoC.

The HUD Continuum of Care (CoC) is a decision-making body composed of an active cross-section of individuals representing a wide variety of private and public sectors, including persons who are homeless or formerly homeless. The Homeless Leadership Coalition (HLC) functions as the CoC, through NeighborImpact. The HLC offers representation for Central Oregon, covering Deschutes, Crook and Jefferson counties. Groups currently involved with the HLC include: Central Oregon Veteran's Outreach (COVO), Housing Works, NeighborImpact, Bend Police Department, Deschutes County Sheriff's Department, school advocates, local homeless shelters including the Bethlehem Inn and Shepherd's House, community members and volunteers, church groups, the Partnership to End Poverty, Legal Aid, library staff and many more. The HLC meets monthly in an effort to unite agencies in coordinating support for individuals experiencing homelessness. The HLC also plans and coordinates the local Point in

Time Count. The PATH case manager attends the HLC meetings in an effort to assist with coordination of services and help raise awareness of the struggles of those who are experiencing homelessness.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.

- *Outreach teams*

DCHS has a mobile crisis team embedded within the agency which provides outreach to individuals who are experiencing mental health crises. This team coordinates with the local hospital and police departments to identify and support individuals who are struggling within the community. The PATH case manager is in frequent contact with this team to help coordinate appropriate services and provide outreach to individuals who are in crisis and experiencing homelessness.

The Bend Police Department has recently established a Behavioral Health Unit that responds to mental health calls. The department has an extensive Crisis Response Team that coordinates with the DCHS Mobile Crisis Unit.

In addition, Cascade Youth and Family Services provides a street outreach team to identify homeless youth. The PATH case manager is in contact with youth served through this agency for service coordination.

Central Oregon Veterans Outreach provides services to individuals who are experiencing homelessness by providing camping supplies and basic necessities to homeless camps. The PATH case manager is contacted by this team on occasions to provide support and coordination.

- *Primary health*

Deschutes County Behavioral Health partners with Mosaic Medical, a federally qualified health clinic, to provide integrated health care services onsite at DCHS' downtown clinic. The clinic is open 5-days a week and is available to PATH clients who are also enrolled in behavioral health services. The clinic's primary care physician and Path case manager attend weekly DCHS team staffing meetings where coordination of care is provided for individuals enrolled in services.

Mosaic Medical also provides a mobile clinic that is stationed one-day a week at a community drop in center for individuals experiencing homelessness. Mosaic has several clinics across the county where health care is provided to low income, under or uninsured individuals.

In addition, Advantage Dental provides a mobile clinic. The PATH case manager coordinates with this program for individuals in need of emergency or routine dental care.

DCHS also works with local organizations, such as Volunteers in Medicine, community health clinics and school-based health centers. The PATH case manager assists with referrals to these agencies of PATH eligible clients, and attends first appointments if requested by the client for assistance with paperwork and other services associated with decreasing barriers to accessing care.

Deschutes County Health Services also houses the county's public health department. The PATH case manager refers eligible individuals in need of needle exchange, HIV and other services to this program.

- *Mental health*

The Deschutes County PATH program is embedded within Deschutes County Behavioral Health Division. DCBH provides community mental health and substance use disorder services to eligible individuals. PATH enrolled individuals are eligible for the full spectrum of behavioral health services including psychiatry, case management, treatment and other supports. The PATH case manager coordinates with treatment team members on an ongoing basis.

Additional mental health services are also available to PATH clients through other community providers including St. Charles Behavioral Health, OSU Cascades Counseling Center, among others. PATH staff make referrals to outside agencies as appropriate.

- *Substance abuse*

DCHS provides substance use disorder treatment services to Deschutes County residents. Services consist of assessment, individual, group and family treatment as well as care coordination. PATH clients have access to these services as appropriate. During the intake process, the PATH case manager considers each individual's possible need for substance use disorder treatment and assists with referrals as appropriate.

DCHS also contracts with local providers including Best Care, Pfeifer and Associates, and Rimrock Trails to provide substance use disorder treatment services. PATH clients are eligible for referrals to these agencies as needed. Individuals who are under or uninsured are the priority population for these contracts.

- *Housing*

The PATH case manager works closely with the local primary homeless shelter, Bethlehem Inn (BI). BI provides onsite office space to facilitate walk-in hours for individuals to access PATH

services and support. The PATH case manager also works with other local shelters including Saving Grace, Shepherd's House and House of Hope.

DCHS works closely with the CoC in Deschutes County for increased networking and referrals for individuals searching for housing.

DCHS has a close relationship with Housing Works which provides rental assistance to low-income families/individuals in Central Oregon. This past year, the PATH case manager coordinated with Housing Works to utilize a grant targeted towards individuals experiencing homelessness who have severe physical and/or mental health issues. This has allowed for stable housing for individuals that may not have had an opportunity otherwise. The PATH outreach case manager works regularly with Housing Works to coordinate application submissions for housing vouchers and applications for apartments that accept vouchers.

The PATH case manager has worked hard to establish relationships with local property management companies and landlords to enhance referral opportunities.

DCHS operates a grant funded program, FOUNDATIONS, which is a tenant based rental-assistance program. FOUNDATIONS works with severe and persistent mentally ill individuals to assist them in finding and funding housing. PATH staff make referrals to this program when individuals meet criteria.

DCHS also partners with Housing Works to manage Barbara's Place, a 6-unit permanent housing complex, also targeted at the homeless population for individuals with a serious mental illness. This program opened in November 2010 and is the first Deschutes County project based on the Housing Plus model. Many PATH eligible individuals are put on the waitlist for Barbara's Place. Currently, the PATH case manager provides drop-in hours onsite to facilitate coordination of ongoing services and connections to additional community resources.

- *Employment*

DCHS provides an integrated Supported Employment program. The program is a fidelity, evidenced-based program which assists individuals with serious mental illness find employment. PATH enrolled clients who express an interest in work are referred to the DCHS Supported Employment program. Employment is clearly a benefit for individuals when searching for, and maintaining housing.

Vocational Rehabilitation and Work Source Oregon are other referral options for individuals who need assistance to achieve and maintain employment.

- *Other community organizations*

The PATH case manager works closely with one of the main local meal sites, Family Kitchen, to network and outreach to individuals who may be eligible for PATH services. This relationship has created a safe and friendly environment to meet with individuals who might otherwise be difficult to reach. There is also a new drop-in center at a local church in downtown Bend that provides a safe environment for individuals experiencing homelessness. PATH staff attends drop-in hours at the church to connect with individuals. PATH staff also coordinates and makes referrals to other local agencies, including Central Oregon Veterans Outreach, Bend-La Pine School District, NeighborImpact, Legal Aid, Saint Vincent DePaul among others.

The PATH case manager has completed the Assister training provided by the Oregon Health Authority. This allows the case manager to assist individuals as they apply for Medicaid (OHP), decreasing some of the barriers for PATH individuals in their efforts to access services.

Service Provision

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

- *Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize servicing the most vulnerable adults who are literally and chronically homeless.*

The PATH Case Manager is currently providing outreach services in a variety of locations in the community including walk-in hours at one of the local homeless shelters, a meal site, and church. By providing outreach, the case manager is able to connect with individuals who are experiencing homelessness. This also allows individuals the comfort of being seen in a familiar setting and helps facilitate the case manager's ability to build rapport. In addition, this provides opportunities for the PATH case manager to collaborate with these organizations, providing information, education and consultation to staff about services to individuals who are homeless and experiencing a mental health crisis and/or have a severe and persistent mental illness.

The PATH case manager attends the local Homeless Leadership Coalition sponsored by the CoC in order to network with other community agencies. This provides additional opportunities to identify individuals who are literally homeless and to make appropriate referrals.

The PATH case manager works closely with additional street outreach coordinators including Cascade Youth and Family Center and Central Oregon Veterans Outreach to identify individuals within the community that need access to services. PATH staff receive referrals from partnering

agencies including Bend Parks and Recreation, Bend Police, Deschutes County Sheriff's Department, St. Charles Hospital, Bend-La Pine School District, and local shelters.

In 2016, the PATH case manager will establish drop-in hours at the Young Adults in Transition (YAT) drop-in . This program is operated by Deschutes County Behavioral Health, and is designed to reach a younger, at-risk population. Outreach to YAT will allow the PATH case manager to reach individuals who might not otherwise know about PATH services.

- *Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Currently, Deschutes County Behavioral Health provides a grant funded program, FOUNDATIONS, which is a tenant based rental-assistance program. FOUNDATIONS works with severe and persistent mentally ill individuals and assists them in finding housing. PATH staff make referrals to this program when individuals meet criteria. FOUNDATIONS is designed to promote housing stability and act as a bridge to long-term assistance programs, such as Section 8, or to self-sufficiency. PATH staff refer many individuals to this program after determining eligibility. Typically, if an individual is eligible for the FOUNDATIONS program, PATH funds will assist the individual with application fees and deposits and then the individual will transition into the FOUNDATIONS rental assistance program for further assistance.

- *Describe any gaps that exist in the current service systems*

Unfortunately, there are several significant gaps in the current service system that impact individuals experiencing homelessness. As with much of the country, vacancy and housing availability is very low in Deschutes County. According to Central Oregon Renters Association report for 2015, the vacancy rate for all of Central Oregon is at 1.5%. The lack of affordable and low income housing is a serious issue.

Another gap is the lack of access to alcohol and drug residential treatment. Access to these resources is very limited.

In Deschutes County, there is one primary shelter available to individuals and families. Eligibility barriers exist which limit the ability of individuals who are actively using substances and/or with certain criminal histories to access this needed resource.

- *Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder*

Deschutes County Behavioral Health provides many services that are available to individuals with severe mental illness as well as substance use disorders. Within DCHS there a number of

teams including Community Support Services (CSS), Assertive Community Treatment (ACT), Young Adults in Transition (YAT), Early Assessment and Support Alliance (EASA), among others, that offer full spectrum treatment services. These teams also provide integrated mental health and substance use disorder treatment to individuals with co-occurring issues.

Currently, the PATH staff is embedded within the CSS team and is able to make seamless referrals into services. Based on clinical need, PATH individuals may be enrolled in mental health/substance use disorder services at DCHS or referred to community providers. Treatment services may continue as needed even after PATH services are complete.

DCHS provides 24/7 crisis services and coordinates acute hospitalization as needed. Recently the Bend Police Department established a Community Emergency Response Team (CERT) that works specifically with individuals who are experiencing a mental health crisis or that are high utilizers of emergency services. CERT also works closely with the staff at DCHS to best support the individuals in these crises and connect them to appropriate services.

- *Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff and trainings and activities to support collection of PATH data in HMIS.*

DCHS offers opportunities for staff to attend trainings throughout the year and supports staff in remaining current with cutting edge and evidenced-based practices.

DCHS utilizes evidence-based treatment modalities such as Motivational Interviewing, Solution Focused Brief Therapy, American Society of Addiction Medicine assessment criteria (ASAM), Cognitive Behavioral Therapy, Dialectical Behavioral Therapy; as well as fidelity programs such as Supported Employment, ACT and EASA.

PATH staff attend local and regional conferences that address the struggles of individuals experiencing poverty and homelessness. PATH staff share training information with other DCHS staff, helping raise awareness of issues and experiences of homelessness individuals.

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

As of 2016, Deschutes County Health Services is officially set up with HMIS data base. With technical assistance from both local and state representatives, the PATH case manager is getting trained on data entry and is becoming familiar with ServicePoint and HMIS. As of April 2016, the PATH case manager has begun inputting PATH clients into HMIS system.

In the event there are new PATH employees, it will be a priority in the orientation process to train staff in HMIS data entry.

Deschutes County Health Services also utilizes an EHR program to track clinical services. This program has the ability to track PATH specific clients.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), and the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

The current PATH case manager completed the SOAR training online in 2015. The PATH case manager assisted an estimated six individuals in the past year utilizing the SOAR model; and has referred many individuals to outside agencies including the Social Security Administration for assistance with SSI/SSDI applications. PATH staff also work with a local Social Security Attorney to assist individuals with the appeal process in case of a denial.

In the past year, approximately three individuals received social security benefits with the assistance of the PATH case manager.

SOAR training will be a priority in the event any new PATH staff are added to the program.

Housing

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

There are limited housing resources available for PATH clients due to the lack of affordable and accessible housing in Deschutes County.

As mentioned before, the PATH case manager works closely with DCHS' grant funded FOUNDATIONS program. The FOUNDATIONS rental-assistance program provides housing assistance to eligible low-income persons diagnosed with a severe and persistent mental illness and/or experiencing impaired functioning related to a mental illness. FOUNDATIONS is designed to promote housing stability and act

as a bridge to long-term assistance programs, such as Section 8, or self-sufficiency. The PATH case manager works closely with the FOUNDATIONS staff managing for coordination.

DCHS and Housing Works have partnered to provide three supported housing programs for individuals with mental illness. Housing Works currently owns the buildings and manages them through a property management company that works closely with DCHS. Emma's Place is an 11-apartment complex that provides permanent housing for individuals with a serious mental illness. Emma's Place has been in operation since 2000 and has been very successful in providing safe and stable housing. Barbara's Place, a 6-unit permanent housing complex, also targeted at the homeless individuals with a serious mental illness, opened in November 2010. Barbara's Place is the first Deschutes County project based on the Housing Plus model. The PATH case manager is currently providing outreach and drop-in hours at this facility to support the individuals residing there. Housing Works also built Horizon House, transitional housing unit for individuals with serious mental illness. Horizon House has been in operation since 2005. It is a 14-unit apartment complex tailored to meet the transitional housing needs of residents.

The PATH case manager also works with local landlords, shelters, as well as family/ friends to assist in finding safe and affordable living arrangements for individuals in need. The PATH case manager regularly works with individuals to make timely applications for housing vouchers as these become available. PATH staff work closely with the local property management program, EPIC, providing education and developing relationships to help facilitate possible placement of PATH individuals in their low income properties. PATH staff attend monthly meetings with EPIC to ensure coordination of housing placements is cohesive and to continue to support past PATH clients that may reside in the units.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

There are two PATH-funded staff in the DCHS program for a total of 1.20 FTE. The DCHS program employs one female and one male to deliver PATH services.

DCHS is committed to providing services that are sensitive to age, gender, race and ethnic diversity. Evaluation of cultural factors that influence an individual's functioning is an expected part of the assessment and treatment process for all individuals enrolling in and receiving services. Behavioral Health brochure information is available in both English and Spanish; DCHS also has all intake paperwork translated into Spanish. DCHS contracts with several interpreter service organizations to ensure that language is not a barrier for individuals obtaining care. It is a DCHS priority that all individuals are able to access needed services.

DCHS has a Diversity Committee that promotes culture awareness, equity and inclusion and works to ensure that staff are trained to provide appropriate interventions and services to all individuals. In 2015-16 all DCCHS are receiving 12-hours of Equity and Inclusion training.

DCCHS adheres to the principles of Trauma Informed Care (TIC) and is working to fully incorporate TIC into all aspects of the organization and service delivery.

Client Information

Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless. Describe the percentage of the PATH client population that have criminal histories.

It is estimated that in 2016 PATH staff will serve up to at least 150 clients annually with approximately 50-60 being enrolled in PATH services. In the last quarter, it was estimated that 84% of enrolled individuals identified as male with the remaining enrolled identified as female. The majority of enrolled individuals and outreached individuals, ranged from ages 31-50. Additionally, In 2016 it is estimated that 80% of the clients served by PATH will be "literally homeless" with the remainder being at imminent risk of homelessness.

At this time, the Deschutes County PATH case manager does not track whether individuals that are enrolled have criminal backgrounds. It is estimated that the majority of clients enrolled in PATH services with Deschutes County Health Services have some sort of criminal background. The PATH program will comply with the new metrics around tracking criminal history in future reports

Consumer Involvement

Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

DCCHS currently has six peer support specialists. The FOUNDATIONS program has a peer support specialist working with eligible individuals to assist them in completing applications, housing searches and transitioning into stable housing.

DCCHS has four peer support specialists who are dedicated to the integrated health care project of DCCHS and Mosaic Medical. These peers help ensure that individuals served by this program receive support related to their medical care. The PATH case manager works with these peers on an ongoing basis for care coordination of PATH enrolled individuals.

DCHS also has a peer support specialist embedded in the Young Adult in Transition program. As mentioned previously, the PATH case manager will be expanding outreach to the YAT community and coordinating with this peer support specialist this year.

DCHS also contracts with Cascade Peer and Self-Help Board for the provision of additional peer delivered services and supports.

The Mental Health Advisory Board/Local Alcohol & Drug Planning Committee is a citizen and consumer Board that provides input to Deschutes County Behavioral Health for planning recommendations and service evaluation. PATH enrolled individuals are eligible to apply to be a member of this Board if interested.

Budget Narrative

Provide a budget narrative that includes the local-area provider's use of PATH funds. Please identify which PATH-funded services will be provided by the positions partially or fully-funded by PATH federal or match dollars. Also, please include a description of how the organization will ensure that the use of PATH-funds meets the requirements below:

“Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.”

PATH funds are utilized to fund 1.20 FTE of staff time. One 0.9 FTE is for a Behavioral Health Specialist I, which is an individual who meets the criteria for a Qualified Mental Health Associate under Oregon Administrative Rule. This individual is the primary staff providing outreach and case management services to the target population. In addition, PATH funds are utilized to support a 0.3 FTE Behavioral Health Specialist II, which is an individual who meets the criteria for a Qualified Mental Health Professional under Oregon Administrative Rule. This position allows for the provision of diagnostic, consultation and treatment services and assists with outreach/case management activities. These positions work closely together in the provision of services to the targeted population. Both positions are part of the Community Support Services team at Deschutes County Health Services. In addition to office space at DCHS, dedicated office space is made available at Bethlehem Inn, to support on-site

services at this location. On an annual basis, it is estimated that up to 150 homeless individuals will receive outreach services, and 50-60 will become enrolled in PATH services.

Non-federal match funds will be provided by DCHS, primarily in the form of county general fund dollars. Match funds will be utilized to cover remaining costs related to benefits for the 1.20 FTE, as well as other costs related to supporting the positions. These include the following: 1. Availability and use of a county vehicle: This will be utilized to provide outreach, transport clients as needed within the community, as well as attend required PATH related meetings and trainings; 2. Indirect and administrative costs: As a county department, we are charged for administrative support from the county for services including personnel, legal, building services and finance; 3. Consumer Housing Funds: Lack of funds for initial move-in costs can be a significant barrier to obtaining permanent housing. FOUNDATIONS or flex funds can be used for various costs associated with matching eligible individuals who are homeless with appropriate housing, and one-time rental payments to prevent eviction. Funds may be provided to clients in the form of grants, but when possible, are provided to clients in the form of loans. All repayments are then returned to the original fund to be utilized to assist future consumers with housing needs.

Any other costs associated with supporting 1.20 FTE within Deschutes County Behavioral Health are covered by other funding sources not reported in this budget. These sources include public or other health insurance programs. PATH funding is prioritized to provide services that are not covered by other payor sources. PATH staff regularly assists individuals to apply for Oregon Health Plan or other insurance options and to access other community resources to which they may be entitled. The PATH case manager has utilized the Assister training to better provide access to health insurance for the homeless population. Through this effort, 90% of those previously without insurance have been able to access it, which has a significant impact on their ability to access on-going treatment services as needed.

3. Luke-Dorf Hillsboro Site

11895 SW Greenburg Rd.

Tigard, OR 97223

Contact: Valerie Burton

Contact Phone #: 503-726-3736

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID:

State Provider ID: 4109

Geographical Area Served: Washington County

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 47,741 \$ 12,618 \$ 60,359

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 47,741	1.00	\$ 47,741	\$ 0	\$ 47,741	
Outreach worker	\$ 27,040	0.00	\$ 0	\$ 5,408	\$ 5,408	0.2 assigned to PATH, funded by match
PATH Administrator	\$ 72,100	0.00	\$ 0	\$ 7,210	\$ 7,210	0.1 FTE devoted to PATH, funded by match

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 16.61 % \$ 10,026 \$ 2,649 \$ 12,675

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 2,200 \$ 2,365 \$ 4,565

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 2,200	\$ 0	\$ 2,200	
Other (Describe in Comments)	\$ 0	\$ 750	\$ 750	insurance
Other (Describe in Comments)	\$ 0	\$ 1,615	\$ 1,615	Two trips to semi-annual provider conference in Salem; travel for training

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 0 \$ 1,200 \$ 1,200

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 0	\$ 1,200	\$ 1,200	

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 0 \$ 0 \$ 0

No Data Available

i. Total Direct Charges (Sum of a-h) \$ 59,967 \$ 18,832 \$ 78,799

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 2,701 \$ 5,393 \$ 8,094

k. Grand Total (Sum of i and j) \$ 62,668 \$ 24,225 \$ 86,893

Source(s) of Match Dollars for State Funds:

Washington County general funds, ESG funds, client fees

Estimated Number of Persons to be Contacted: 350 Estimated Number of Persons to be Enrolled: 50

Estimated Number of Persons to be Contacted who are Literally Homeless: 262

Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 0

FFY 2016 PATH Intended Use Plan Template

Local Provider Description

Name of organization: Luke-Dorf, Inc.

Type of organization: Non-profit, Community Mental Health Organization

Region Served: Washington County

Amount of Federal PATH Funds: \$62,668

Collaboration with HUD Continuum of Care Program

Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the CoC, explain the approaches to be taken by the agency to collaborate with the local CoC.

Luke-Dorf is a member of the local HUD Continuum of Care planning body called the Housing and Supportive Services Network (HSSN) which is coordinated by the Washington County Housing Department. The HSSN was developed to plan and implement a program for individuals and families who are homeless or have special needs. Luke-Dorf staff members attend monthly HSSN meetings and are members of the Mental Health and Special Needs Community Consortium, which is specifically designated to addressing the housing and service needs of those with serious mental illness. In addition, PATH Outreach Coordinator also attends the Homeless sub-committee meetings of HSSN, the Community Connect workgroup meetings, and the HSSN Workgroup meetings (which act as the deciding board for HSSN).

Two HUD McKinney grants are subcontracted to Luke-Dorf through Washington County to provide services to chronically homeless adults with mental illness. These programs are the Garrett Lee Smith Safe Haven, which is tied into the PATH funding in this application, and the Hartner House (also known as the Hillsboro Graduated Independent Living Program) which serves chronically homeless adults with severe and persistent mental illness.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.

- *Outreach teams*

The PATH Outreach Coordinator is a mobile provider of assessments and referrals to Washington County's single point of access for homeless and housing services, "Community Connect", sponsored by Community Action for individuals who may not be able to navigate the system without some assistance. Also a licensed clinical social worker, she has extensive experience in assessing mental health conditions, level of need/ability to participate in recovery services, housing capability and needs. Referrals are made to all levels of housing available within the county, and to all appropriate provider agencies for ongoing supports. PATH outreach worker collaborates with other area outreach programs such as HomePlate outreach which is targeted at youth and transitional aged youth (up to 24 years old) who don't have stable housing. The PATH outreach worker has also joined with the Washington County Mental Health Response Team (MHRT) through the Washington County sheriff's office in order to better understand their process and to allow for future collaborations as needed.

- *Primary health*

Luke-Dorf assists individuals in identifying what their primary healthcare needs are and what community resources they can access to have those needs met. Outreach staff can refer clients involved with PATH services to other appropriate community resources depending on their specific needs. Resources are available for help with paperwork, advocacy services, or attending appointments with clients to help make sure they get the help they need. Luke-Dorf also employs registered nursing staff and medical assistants who assist with collaborating with physicians and monitoring high-risk conditions such as diabetes and high blood pressure.

PATH Outreach Coordinator is also able to refer individuals covered by Medicaid (Oregon Health Plan), or other insurance options, to local resources such as Tuality Healthcare, Providence Health, Oregon Health and Sciences University, Legacy Health System, Salud Medical, and the Beaverton Clinic. Many of these providers are able to offer services to uninsured individuals for a fee on a sliding scale. Additional resources for the uninsured include the Hillsboro Clinic – Southwest Community Health Center. Veterans are referred to the Veterans Administration Hospital and Clinics.

- *Mental health*

Luke-Dorf provides a complete continuum of care for adults with serious and persistent mental illness (SPMI). Our services are individualized to meet each client's goals and needs. These services include eligibility screening, an integrated behavioral health assessment administered at both intake and at annual reauthorization, development of an individual service and support plan, psychiatric assessments, medication prescribing and management, medication dispensing, counseling (both individual and group), skills training, peer delivered services, and case management.

Referrals for PATH outreach come from multiple sources including self-referrals and many

providers within the community service network. Examples include hospital case workers, primary care physicians, the Intensive Transition Team (ITT), the Washington County Access Line, and transfers from colleague agencies. Other local mental health providers include LifeWorks NW, Sequoia Mental Health, Cedar Hills Hospital, and Western Psychological Services. Luke-Dorf maintains relationships with these providers in order to continue to improve the county's mental health services as a whole, and ensure clients have access to the services that are most appropriate for their needs. PATH Outreach Coordinator makes referrals to area mental health agencies to include Luke-Dorf as well as other area agencies.

- *Substance abuse*

Luke-Dorf maintains strong relationships with local providers of substance abuse treatment, such as CODA and DePaul, in order to provide clients with a maximum number of options for both detox and substance abuse treatment, in addition to the mental health services mentioned in the previous section. Clinical staff working with persons in treatment for Substance Use Disorders are expected to pursue CADC (Certified Alcohol and Drug Counselor) credentials within a year of hire, recognizing the high occurrence of dual diagnosis within the population.

- *Housing*

Luke-Dorf has established relationships with low-income housing providers such as Community Partners for Affordable Housing and Cascade Management. Staff are able to refer individuals to these providers and offer help in understanding program requirements, filling out applications, requesting reasonable accommodations, and making sure they attend appointments.

The Washington County Department of Housing provides services through its Rental Assistance Program and Continuum of Care (Shelter Plus Care) rental assistance to those who show a clear need for access to affordable housing. Our staff assists participants with identifying county resources for which they are eligible and completing application forms for housing. PATH outreach worker refers to the county's centralized intake system, Community Connect, and will occasionally perform the Community Connect intakes as well. Luke-Dorf is recently participating in a Rental Assistance Program (RAP) for individuals who are homeless or at risk of being homeless and have a serious mental illness; PATH outreach will be working closely with this program to make referrals as is appropriate.

- *Employment*

Employment assistance programs at Luke-Dorf offer readiness assessments, training, and job coaching. In-house employment assistance is part of case management services, as are referrals to external providers including the State Departments of Vocational Rehabilitation and Employment, Homeless to Work, WorkSource Oregon, the Veterans Administration, and Goodwill Industries. Many clients are connected with our NorthStar Clubhouse, where members may participate in an employment-focused "Work-Ordered Day" and work with an Employment Specialist to obtain transition or competitive employment. The Clubhouse has numerous active members who were referred through PATH outreach, and provides a structured resource for persons at risk of or experiencing homelessness. Depending on the

situation, Luke-Dorf staff can assist individuals in accessing employment resources by making referrals, helping with paperwork, and attending appointments. Case management and peer support services also includes support for employment and educational endeavors.

- *Other community organizations*

Luke-Dorf staff members prioritize helping individuals enroll in benefit programs such as SSI and SSI Disability, Oregon Health Plan, Food Stamps, Section 8, veteran's programs and other programs they for which they may qualify. The program has a strong track record of increasing both cash and noncash income sources for participants.

Service Provision

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

- *Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize servicing the most vulnerable adults who are literally and chronically homeless.*

The PATH outreach program is designed to target literally homeless individuals as a priority population. A full-time PATH-funded Outreach Coordinator spends significant time conducting street outreach to identify and engage PATH-eligible individuals who are literally homeless. This includes travel to areas where homeless people are known to camp, such as undeveloped green spaces, as well as areas that homeless people frequent including bottle return sites, community meals, drop in centers, and food pantries. The Outreach Specialist networks actively with community partners and responds to referrals from homeless individuals, hospital emergency rooms, jails, homeless shelters, drop-in centers, and other referral sources that reach this target population. Weekly drop-in hours are maintained to build rapport with literally homeless individuals with the understanding that this population is typically difficult to engage. Drop-in hours are held at Luke-Dorf's Tigard Office and Hillsboro Clinical Offices, providing a venue for people in the homeless community to ask questions and receive information about services with no pressure to commit. Individuals deemed appropriate for PATH services can attend as often as they choose.

The housing component of the Safe Haven is open to individuals who are both chronically and literally homeless directly prior to entry in addition to experiencing severe mental illness, in order to prioritize the most vulnerable segment of this population. Low barriers to entry that exclude any expectations related to participation in services promote welcoming and accessibility for those who have historically been unable and/or unwilling to engage in housing or mental health services. Engagement and ongoing participation is encouraged through techniques including Motivational Interviewing and elements of Critical Time Intervention in order to ensure as many clients as possible receive case management.

Luke-Dorf has updated this current year's budget to allow funds to become available to hire a part time peer identified position to increase outreach efforts throughout the county. This will also address potential safety concerns of the PATH Outreach Coordinator as the only person providing outreach in Washington County to the PATH eligible population.

Case management is prioritized for all PATH-enrolled clients. Because it is not required as a condition of participation, staff persons utilize active engagement techniques to encourage participation. Case management is provided to those individuals currently living on the streets by the Outreach Specialist, and to those residing in the Safe Haven residence by the Safe Haven Service Coordinator. Both of these staff members are full-time, master's level (QMHP) clinicians. Additional case management support, including skills training, community integration, and daily living supports are offered by a part-time Bachelor's level Case Manager and QMHA-level clinical interns. Alternatively, some clients being served outside the residence may be referred to colleague agencies for their mental health case management as appropriate. This year, PATH Outreach Coordinator has observed longer term connections with individuals who have been referred to mental health agencies due to greater difficulty with housing placement even after someone is connected to a mental health agency. PATH Outreach Coordinator provides ongoing assistance with engagement while the individual remains homeless due to ability to connect with people through outreach practices. This ongoing engagement takes place when it is clinically appropriate and appears to be necessary to help maintain or increase access to mental health services until housing stability is achieved.

Those receiving PATH-funded case management through Luke-Dorf work with staff to develop and pursue an individual service plan. At the start, this service plan typically includes building rapport in addition to identifying and assisting with meeting basic needs such as: accessing community mental health services, integrated substance abuse services, housing supports, community integration and access to community resources, and assistance accessing benefits and entitlements. Staff offers assistance in accessing an array of treatment, services and supports, both through Luke-Dorf and other providers as described above, in order to reduce homelessness among literally and chronically homeless individuals.

- *Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Luke-Dorf uses PATH funding for our Safe Haven program, in addition to funding from the Washington County general fund, an emergency services grant, and further match funds coming from client fees to help cover administrative costs. By combining funding from other sources with the PATH funds we are able to utilize the full amount we are given to work towards reducing homelessness and ensure that we are able to provide necessary services to our residents. The other funding sources help meet the match requirement for the PATH funding.

- *Describe any gaps that exist in the current service systems*

Many of the same gaps that have challenged individuals with mental illness and their service providers in the past will persist in the coming year. These include limited access to financial and insurance benefits and appropriate housing options, with affordable and available housing being the biggest barrier at this time. This year we are facing vacancy rates around 2% and rents that have increased incredibly over the last few years. This has proven to be very difficult for people who have even been granted rent assistance (such as through the Continuum of Care rental assistance program) or housing vouchers. In 2015, Washington County housing had to de-obligate \$221,742 in Continuum of Care Program funds because people were not able to get leased up even with their Continuum of Care rental assistance due to low vacancy rates, high rents, and the ability for landlords to deny people who have various common housing barriers such as poor credit, past property debt, low level criminal history, etc.

In January 2016, HUD changed the definition of chronic homelessness to consist of an individual or family living in a place not meant for human habitation, a safe haven, or an emergency shelter for at least one year (12 consecutive months), or on at least four separate occasions in the last 3 years with a cumulative total of at least 12 months; and that person must have a verified disabling condition. In addition to this updated definition of chronic homelessness, people are only able to self-certify a maximum of 9 months of this time period which means that at least three months must be verified by a third party such as a social service agency. This has increased the documentation burden on the PATH Outreach Coordinator since much of that third party documentation comes through outreach efforts. This has also slowed down the process of referring someone to a potential housing option that has chronic homeless criteria, such as Safe Haven. Currently, the county has no shelters or emergency beds for single individuals outside of the Severe Weather Shelters which are only open conditionally based on below freezing temperatures for a maximum of 90 days annually. Fewer resources exist to provide for the greater needs of the person who is both homeless and mentally ill. Hospitals and jails have minimal resources to call upon when discharging/releasing severely mentally ill homeless individuals. Consequently, individuals in Washington County must be referred to Multnomah County (Portland) to find shelters, placing an increased strain on already over-utilized services in the urban area. Permanent housing is equally challenging as a result of highly limited Section 8 availability; the Section 8 wait list at-large is closed, though a limited number of chronic homeless vouchers are available through the Continuum of Care rental assistance program.

People in the target population often lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent participation in the cumbersome process of applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. Even for individuals who achieve the stability to seek employment, availability of appropriate positions is limited. To address this, Luke-Dorf has trained staff in techniques used to expedite SSI/SSDI applications for severely disabled and homeless people. Internal

support is provided for the benefits application process and to refer people to advocates who can help with the application process, gathering necessary information and attending appointments. In addition to having minimal or no income, many individuals also lack insurance. In spite of complex medical and mental health issues, homeless individuals will often not receive treatment or medication for these chronic health problems. Staff has been trained to help clients access newly accessible health care benefits. Coordinating income and insurance benefits applications is emphasized as a priority for all individuals newly enrolled in services.

With access to care, treatment and housing being minimal at best, the individuals with both mental illness and chronic homelessness are faced with significant health and safety risks and place an undue financial burden on community resources including hospitals, emergency rooms, law enforcement, and detoxification facilities.

- *Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder*

As a state licensed provider of both mental health and addictions services, Luke-Dorf offers evidence-based Integrated Dual Disorders Treatment (IDDT) services. Historically, a high percentage of those served by the Safe Haven as well as individuals served by PATH outreach have co-occurring substance abuse disorders. Safe Haven operates under a low barrier model and accepts individuals who may currently have substance use problems but are expected to actively be working on recovery. Therefore, we ensure that staff have significant training and experience offering mental health and addictions services with an integrated approach. PATH-funded services provided to individuals with co-occurring disorders are generally parallel to those for all adults with serious mental illness, but tailored to the unique needs and challenges of this subset of the population.

IDDT services are offered as a part of Case Management for all dually diagnosed individuals. This may be onsite at the Safe Haven, as well as through Luke-Dorf's two outpatient service centers in Tigard and Hillsboro. These services include full ASAM (American Society of Addiction Medicine) assessments, counseling, prescriber services, case management and recovery supports. Early diversion to detox options is arranged when appropriate. In addition to Luke-Dorf, area providers of dual diagnosis services include Lifeworks NW, CODA, ChangePoint, and DePaul. Both DePaul and CODA offer residential treatment in addition to outpatient care. As mentioned above, services are generally limited to those covered by OHP or County General Funds. Referrals may be made to these or other recovery programs outside of the mental health provider network as appropriate. In these cases, Safe Haven staff ensures that cross-consultations with mental health providers occur on a regular basis.

- *Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff and trainings and activities to support collection of PATH data in HMIS.*

Luke-Dorf is currently using the HMIS system to document PATH services for this program. Washington County organizes training on HMIS and PATH-funded staff persons are encouraged to attend. Luke-Dorf has a comprehensive schedule of in-service trainings available to all employees. The agency also provides paid leave and financial assistance so that employees can attend external trainings on evidence-based therapies in addition to trainings and workshops on relevant subjects such as the topic of Hoarding Behavior and self care practices for the clinician. Luke-Dorf has also implemented the agency-wide use of the Relias Training Program, an online database which provides accessible training on evidence-based and best practices for all staff.

Training for evidence-based practices specifically utilized by the program includes:

- Motivational Interviewing
- Strengths Based Case Management
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Trauma Informed Care
- Critical Time Intervention

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

HMIS is already being fully utilized to document PATH Homeless Outreach activities as well as the service plans and transition plans for enrolled persons. The PATH Outreach Coordinator works closely with the HMIS administrator for Washington County for ongoing training as needed. PATH Outreach Coordinator has also been involved (on a limited basis) with the development of a manual for new users of HMIS.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), and the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

The PATH Outreach Coordinator and Safe Haven's Program Manager have both been SOAR trained. The PATH Outreach Worker has not followed any PATH participants through the entire SOAR process because Luke-Dorf collaborates closely with other advocacy groups in the area. The SOAR training proves to be useful in the fact that the PATH Outreach Worker is better able to screen potential SOAR candidates and also by assisting individuals with gathering medical information needed for the application more efficiently. PATH Outreach Coordinator intends to participate in the on-line workgroup that the state PATH contact is arranging this summer.

Housing

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

The PATH-funded Safe Haven program employs multiple strategies for making suitable housing available for PATH clients, such as getting on Project Based Section 8 waitlists, applying for standard Section 8 waitlists when they open (there was a lottery that allowed people to apply for two Section 8 waitlists in 2015), applying for Continuum of Care rental assistance (formerly called Shelter Plus Care) and working with any other available housing programs within the agency or county. The Outreach Coordinator assists people with linking to all housing resources available such as Project Based Section 8, Continuum of Care, Oxford Houses, Transitional Housing such as Jubilee Transition Homes, Salvation Army Center for Families, Homeless to Work and the Union Gospel Mission's Life Change program for women. In the winter months, the Outreach Coordinator refers people to the severe weather shelters that open throughout the county.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

<http://www.ThinkCulturalHealth.hhs.gov>.

Total PATH-funded staff: Currently, 13 staff members are employed with the Safe Haven program. 8 of the 13 are employed full-time with the following demographic makeup:

Gender: Male, 5; Female, 8

Race/Ethnicity: American Indian or Alaskan Native, 0; Asian, 0; Black or African American, 0; Hispanic or Latino, 1; Native Hawaiian or Other Pacific Islander, 0; White, 11, Two or More Races, 1

Washington County has a provision in its contracts for service delivery to ensure that services honor diversity. Luke-Dorf maintains a Cultural Competence Plan that is updated annually. The plan involves non-discriminatory standards, current profiles of staff and client diversity, training requirements, and provisions for accommodating ADA, language and culturally specific needs. All Luke-Dorf service sites meet ADA accessibility requirements and Luke-Dorf employs bilingual staff in several programs that are available for translation in languages including: Spanish, Vietnamese, Chinese, Japanese, French and German. PATH Outreach Coordinator and Service Coordinators facilitate outside translation services as necessary. When clinically appropriate, staff asks participants to self-identify age, gender and race/ethnicity in order to be culturally sensitive and customize services in a way that minimizes barriers to treatment. These culturally identifying factors are documented in HMIS. Luke-Dorf also places emphasis on identifying and providing for various subculture populations including dual diagnosis, chronically homeless individuals, and persons with forensic backgrounds, as identified in the intake assessment process as well as through ongoing client interactions.

Cultural competence trainings are mandatory for Luke-Dorf staff and are held annually. The agency participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides regular professional trainers, who speak to the entire staff to maintain and awaken new awareness of cultural issues. In December 2015, cultural competency training was held with a focus on communication styles across cultures.

Client Information

Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless. Describe the percentage of the PATH client population that have criminal histories.

During the 2014 – 2015 FY the Outreach Program served 83 individuals including 49 new enrollments into PATH services. These participants had the following demographic makeup:

Gender: Male, 50; Female, 34

Age: 18-34 years, 15; 35-49 years, 34; 50-64 years, 31; 65-74 years, 3; 75 and older, 0; Unknown, 0

Race/Ethnicity: American Indian or Alaskan Native, 5; Asian, 0; Black or African American, 7; Hispanic or Latino, 1; Native Hawaiian or Other Pacific Islander, 0; White, 71; Other, 0

Principal Mental Illness Diagnosis: Schizophrenia and Related Disorders, 41; Other Psychotic Disorders, 16; Affective Disorders, 25; Personality Disorders, 1; Other Serious Mental Illness, 0; Unknown or Undiagnosed Mental Illness, 0

Co-occurring Substance Use Disorders: Co-Occurring Substance Use Disorders, 48; No Co-Occurring Substance Use Disorders, 34; Unknown if Substance Use Disorder, 1

Veteran Status: Veteran, 4; Non-Veteran, 79; Unknown, 0

Criminal History: Yes, 49 (59%); None, 27 (33%); Unknown, 7 (8%)

Literally Homeless at time of enrollment into PATH: Literally Homeless, 64 (77%); Not Literally Homeless, 19 (23%)

During FY2015 - 16 approximately 350 people will be contacted by the PATH-funded Outreach Team. An estimated 50 people experiencing serious mental illness that are homeless or at imminent risk of homelessness will be identified as PATH eligible and enrolled in PATH services. Over 75% of individuals enrolled in services will be literally homeless at first contact. Of these, approximately 15 will be provided housing services at the Safe Haven residence, while the remainder will be served as PATH-enrolled community-based clients.

Consumer Involvement

Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

At an agency level, Luke-Dorf is proud to have been a pioneer in peer delivered services. We were the first organization in Washington County to offer peer delivered services and have extensively developed two distinct, innovative, client-driven programs in Multnomah County. Most recently, the new NorthStar Clubhouse, modeled on the evidenced based International Center for Clubhouse Development, enhances our ability to promote peer-voice and peer-employment positions throughout the agency. It is an agency priority to actively recruit and employ consumers at all levels when qualified candidates are available.

The Board of Directors has retained a long-time Board member who has a personal connection to our target population as a family member of an individual diagnosed with mental illness. Additionally, a current staff member hired as a Peer Support Specialist and has a personal history of homelessness, serves as a peer consultant to our Board of Directors and has organized a Peer Advisory Committee to the Board. Most recently, Luke-Dorf identified and recruited two new Board members who have each brought significant experience to the agency through their work with individuals diagnosed with mental illness in the areas healthcare and law enforcement.

Luke-Dorf has altered the budget to hire a part-time peer identified person to assist with outreach efforts throughout the county. In addition, the Outreach Coordinator frequently engages with individuals who are homeless or formerly homeless to assist with on-going outreach efforts when visiting camps and during street outreach.

Budget Narrative

Provide a budget narrative that includes the local-area provider's use of PATH funds. Please identify which PATH-funded services will be provided by the positions partially or fully-funded by PATH federal or match dollars. Also, please include a description of how the organization will ensure that the use of PATH-funds meets the requirements below:

“Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.”

For FY16/17 fiscal year, the total PATH budget is \$86,893. The Federal PATH dollars of \$62,668 will be paired with additional match dollars as required by PATH. Sources of match include \$14,458 provided by Washington County General Fund, \$6,767 from ESG as well as a Luke-Dorf commitment in the amount of \$3,000. Together, this represents a 38.66% match.

PATH funding is utilized to ensure the provision of street outreach, case management, community mental health services and housing services. The federal PATH dollars supports, a full time Lead Outreach Specialist, which provides street outreach to the homeless population, as well as case management, habilitation and rehabilitation, and referral for primary health services, job training, educational services, and relevant housing services to PATH-enrolled homeless individuals identified through outreach. With fringe benefit at 21%, the total personnel expense using Federal PATH dollars equals \$57,766.

The remaining PATH dollars help support mileage reimbursement at \$2,200 annually and some administration overhead at \$2,702 (~4% of PATH fund).

In addition to the Federal PATH dollars, Luke-Dorf was able to add a total of \$24,225 as matching funds to help support a .2 FTE Peer Outreach Specialist and a .1 FTE Clinical Program Supervisor. Together, these staff ensure that outreach services will contract approximately 350 persons, an estimated 50 individuals will become enrolled in PATH services including case management, and an estimated 15 of which will be served by the residential component of the program.

The wages plus the fringe benefits equals \$15,268 under the matching fund. The remaining matching dollars will cover \$750 towards insurance, \$1,615 to help cover training and conference expenses, \$1,200 toward client assistance and \$5,392 for administration overhead, on an annual basis.

4. Multnomah County MHASD- The Bridgeview Community

1508 SW 13th Street

Portland, OR 97201

Contact: Valerie Burton

Contact Phone #: 503-726-3736

Has Sub-IUPS: No

Provider Type: Other mental health agency

PDX ID:

State Provider ID: 4104

Geographical Area Served: Multnomah County

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 184,196 \$ 91,686 \$ 275,882

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 27,000	2.79	\$ 75,330	\$ 0	\$ 75,330	
Case Manager	\$ 40,846	1.00	\$ 40,846	\$ 0	\$ 40,846	
Homeless Housing Counselor	\$ 33,412	1.00	\$ 33,412	\$ 0	\$ 33,412	
PATH Administrator	\$ 49,440	0.70	\$ 34,608	\$ 0	\$ 34,608	
Registered Nurse	\$ 62,400	0.00	\$ 0	\$ 37,440	\$ 37,440	RN funded at 0.60 FTE by match dollars
Other (Describe in Comments)	\$ 27,123	0.00	\$ 0	\$ 54,246	\$ 54,246	residential support/kitchen 2.0 FTE match dollars

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 14.03 % \$ 38,701 \$ 19,254 \$ 57,955

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 0 \$ 0 \$ 0

No Data Available

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 0 \$ 0 \$ 0

No Data Available

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 0 \$ 0 \$ 0

No Data Available

i. Total Direct Charges (Sum of a-h) \$ 222,897 \$ 110,940 \$ 333,837

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 9,388 \$ 0 \$ 9,388

k. Grand Total (Sum of i and j) \$ 232,285 \$ 110,940 \$ 343,225

Source(s) of Match Dollars for State Funds:

Multnomah County general fund

Estimated Number of Persons to be Contacted: 100 Estimated Number of Persons to be Enrolled: 60

Estimated Number of Persons to be Contacted who are Literally Homeless: 85

Number Staff trained in SOAR in Grant year ended in 2014: 0 Number of PATH-funded consumers assisted through SOAR: 0

FFY 2016 PATH Intended Use Plan Template

Local Provider Description

Name of organization: Multnomah County Mental Health and Addiction Services Division (MHASD) subcontracted to Luke-Dorf, Inc. The Bridgeview Community

Type of organization: County Department subcontracted to Non-Profit, Community Mental Health

Region Served: Multnomah County

Amount of Federal PATH Funds: \$232,285

Collaboration with HUD Continuum of Care Program

Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the CoC, explain the approaches to be taken by the agency to collaborate with the local CoC.

Luke-Dorf, Inc. and Multnomah County Mental Health and Addiction Services Division (MHASD) are active members of Multnomah County's Continuum of Care planning process, which is coordinated by the City of Portland, and the city's 10-Year Plan to End Homelessness. Luke-Dorf and MHASD staff members regularly attend collaborative meetings that involve all levels of community partners, overseen by the Coordinating Committee to End Homelessness (CCEH), which meets monthly to review community strategies for reducing homelessness and coordinating housing efforts city-wide. Staff members are actively involved in these efforts as well in other community coordination, such as attending regular meetings of the Downtown Neighborhood Association and Goose Hollow Neighborhood Association, with which we have established a Good Neighbor Agreement. The Enhanced Safety Program was discontinued as of March 2016 due to city budget cuts.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.

The Multnomah County PATH program maintains close networking and mutual referral relationships with many service agencies in the downtown area. Staff collaborates with the following providers on a regular daily basis to ensure a comprehensive, community based approach to services for our PATH-

enrolled clients. In keeping with SAMHSA's Recovery Support Strategic Initiative delineating four dimensions of recovery including: Health, Home, Purpose and Community, the Multnomah County PATH program maintains close networking and mutual referral relationships with many service agencies in the downtown area and throughout Multnomah County.

Outreach Teams: Over the last year, we have developed a partnership with TPI to outreach at the homeless shelters they manage. The Luke Dorf Bridgeview location will continue to regularly outreach at the shelters and coordinate with other agencies to support an increase in referrals specifically from outreach. Outreach is occurring at least twice per month and is facilitated by the Bridgeview service coordinator. That results in about 10-30 clients outreached on a monthly basis. If they meet criteria for the Bridgeview, they are encouraged to submit an application with the assistance of their case manager or the Bridgeview service coordinator.

Primary Health: For individuals covered by Medicaid (Oregon Health Plan), or other insurance, staff refers residents to Legacy Health System, Providence Health Systems, Oregon Health and Sciences University, Multnomah County Health Department Clinics, Virginia Garcia Clinics, and Salud Medical in Woodburn. Most of these programs also serve uninsured clients. In addition, many clients are referred to the Central City Concern Old Town Clinic and Outside In's FQHC located just three blocks from the Bridgeview.

For residents without an identified Primary Care Provider (PCP), Skills Trainer and/or Service Coordinator staff obtain an ROI and make a referral to either a client's chosen provider or a staff-identified provider determined to best meet the client's needs. Once care is established, staff will accompany residents to appointments as needed. The Registered Nurses, Psychiatrists, skills trainers and service coordinators at Bridgeview maintain close phone contact with PCP providers to monitor health concerns and to coordinate care around prescription changes and ongoing health needs.

Mental Health: Luke-Dorf is a State licensed provider of both mental health and addictions services. The agency offers evidence-based Integrated Dual Disorders Treatment at multiple locations and has implemented an intensive program to address co-occurring disorders with the population served by PATH funds. The main providers offering mental health services to PATH clients in addition to Luke-Dorf are Central City Concern, LifeWorks NW, Cascadia, Western Psychological Services, whereas CODA and DePaul Treatment Centers are primarily addiction treatment focused. Luke-Dorf maintains an open referral system with the mental health and substance abuse treatment providers listed above. Organizations will submit referrals, including a release of information (ROI), and mental health assessments to the Bridgeview for homeless clients with serious and persistent mental illness (SPMI) that they would like enrolled in the program. Referrals are evaluated by the Clinical Manager to ensure PATH-eligibility. When residents are ready to transition out of the Bridgeview, clients may be referred to services by the Intensive Case Management team or another Luke-Dorf outpatient clinic if appropriate. Clients may also be referred to other providers based on request or housing location.

Substance Abuse: Through DayStar classes, Luke-Dorf trains staff on the evidence-based practice of Integrated Dual Disorders Treatment (IDDT), assists many staff to complete their Certified Alcohol and

Drug Counselor training, and employs a CADC III who provides CADC supervision. Luke-Dorf has a long standing partnership with Dual Diagnosis Anonymous or Oregon, and (DDA) sponsors a weekly Dual Diagnosis Anonymous group at Bridgeview, which is well attended with an average attendance of up to 12 participants. Clients are also linked to inpatient treatment such as Depaul or CODA, and support groups such as AA, NA, and DDA. We have active partnerships for inpatient treatment referrals with facilities such as DePaul Treatment Centers or Cedar Hills Hospital.

Housing: As a transitional housing program, the Bridgeview acts as a first step to stability. We focus on identifying and supporting transition to more permanent housing settings by providing case management and therapy to increase independent living skills. The Housing Specialist works closely with residents as soon as they move into identify long-term housing needs. Residents are assisted with filling out and submitting referrals/applications for subsidized housing. Once a resident is placed on a waiting list, the Housing Specialist tracks the application process, ensuring that updates are provided as needed. The Housing Specialist also provides documentation around reasonable accommodations and assists with the appeal process in the case of a denial.

Through an active Memorandum of Understanding, staff works closely with Home Forward, owner of the James Hawthorne Building which houses the Bridgeview Community. Home Forward offers the following services to those needing assistance accessing affordable housing (under the Rental Assistance Program): Section 8 Housing Choice Vouchers, Public Housing, multiple affordable housing complexes, and Shelter+Care vouchers. Luke-Dorf sponsors Shelter Plus Care vouchers in an agreement with Home Forward and oversees vouchers assigned to the sub-grantee, LifeWorks NW. Two other mental health providers, Lifeworks NW and Cascadia, own and operate both permanent and transitional housing with varying levels of structure for persons with a mental illness. These are typically accessible to those with very limited income. Central City Concern also operates a variety of low-income housing programs to which program participants are often referred. Luke-Dorf has Memoranda of Understanding for collaborative services with low-income housing providers such as Community Partners for Affordable Housing, Innovative Housing Inc., REACH and JOIN.

Employment: Over the last year, Luke-Dorf has integrated more fully with the Northstar Clubhouse. NorthStar is a mental health recovery program for adults living in the Portland metro area. Northstar is based on the Clubhouse International model of psychiatric rehabilitation with a mission of providing people living with the effects of mental health issues an evidence-based approach to obtain meaningful structure, social and vocational skills, and employment and educational services. A full time Employment Specialist works in that program and at this writing approximately 60 persons have community based employment. Clients are supported to participate in the activities at Northstar by our Peer Support Specialist, who is an active Clubhouse member. The Bridgeview Service Coordinator also links residents to Vocational Rehabilitation Services for employment search and workplace skills.

Other Community Services: Some of our clients are also served by the Adult Mental Health Initiative (AMHI) team, which provides additional access to structured housing options for those who cannot live independently. Clients are linked to various community resources for dental care, vision, and hearing aids. If clients have special needs due to health issues, they are referred to additional community

resources for support. For example, we have a client with multiple sclerosis who is working with the Multiple Sclerosis Society. Care Oregon and Family Care insurance provides community support for high needs clients such as rental assistance, advocacy for medical care as well as resources to reduce usage of emergency services.

Emergency Services: Luke-Dorf has a clinician on call after hours and on weekends. Multnomah County has a 24-hour mental health crisis line and a long-standing street outreach crisis team (Project Respond); these services provide support for Multnomah County residents experiencing a mental health crisis. The Crisis Line can offer assistance in accessing emergency care, and can provide information and referrals to area mental health providers.

Service Provision

Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

- *Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize servicing the most vulnerable adults who are literally and chronically homeless.*

Case management is a priority service at the Bridgeview Community. All PATH-enrolled clients are connected with a Service Coordinator for strengths-based case management. Each participant works with their Service Coordinator to develop and pursue an individual service plan, which is reviewed at least every three months, and more often as necessary. As a low-barrier housing program, Bridgeview does not require clients to engage in services, however staff encourage participation through techniques such as Motivational Interviewing in order to ensure as many clients as possible receive case management services to support their recovery.

The outreach component was expanded by the Bridgeview Community in FY2015-16. The Bridgeview Community engages in a close working partnership with the Luke-Dorf Intensive Case Management (ICM) team which currently provides intensive case management and outreach services to dually diagnosed individuals with serious mental illness living in Multnomah County. Bridgeview staff work with the ICM team to quickly identify and screen clients who are homeless or marginally housed so that they can be moved into transitional housing. Additionally, Bridgeview staff have partnered with Transition Projects to identify potential candidates for the Bridgeview Community. A Bridgeview service coordinator visits several TPI shelters on a regular basis to meet with potential residents, assess if criteria are met for a Bridgeview referral, and assist individuals with the referral process. This partnership will be ongoing and will expand to additional shelters operated by Transition Projects through fiscal year 2016-17.

- *Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Clients accepted into the Bridgeview transitional housing program are provided wrap around services. Clients with Medicaid/OHP have services that can be billed. Clients with Medicare have their mental health services supported by the Multnomah Treatment Fund (MTF). Use of those resources to cover provided services allows the flexibility to use PATH to focus on reducing homelessness and case management to support independent living.

- *Describe any gaps that exist in the current service systems*

The two major gaps in the current service system are access to financial benefits and access to affordable housing for individuals diagnosed with serious mental illness. People in this target population, most of whom are permanently disabled, often lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent them from participating in the cumbersome process of applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. The application forms are unwieldy and require a high level of organization. Once the application is submitted, persistence and systems knowledge are required to navigate an almost certain initial denial (the average SSI application is approved only on the third round of appeals). Luke-Dorf has trained employees who specialize in techniques used to expedite applications for severely disabled homeless people. We also partner with several other agencies such as the Benefits and Entitlements Team (BEST) through Central City Concern to facilitate Social Security disability applications. Nonetheless, the process of obtaining income is difficult and lengthy, leaving many people on the streets virtually penniless for months or even years on end. Clients who live at Bridgeview must pay rent and if they have not yet received benefits, their rent is generally paid by the AMHI program, other county funds or Family Care.

Due to a growing general population, lack of economic opportunities, and an influx of underserved people from nearby suburban areas, there are an increasing number of individuals with severe mental illness who are homeless, or on the verge of homelessness, in Multnomah County. The need for housing options far outweighs the availability of resources. Hospitals and jails have few local providers to call upon when discharging/releasing severely mentally ill homeless people. Many of these individuals are referred to the Bridgeview so that they do not have to live on the streets, and are able to access treatment and support services. Without adequate housing and treatment options, as provided by this program, these individuals are faced with a variety of barriers to stability and independence resulting in health and safety risks. The consequence is that the mentally ill homeless population places an undue burden on community resources including hospitals, emergency rooms, law enforcement, detoxification facilities and shelters.

There is a significant lack of affordable housing in the Portland metro area which has hindered the ability to find appropriate housing for this population. The barriers they face due to limited income, rental history, mental health symptoms and, often, criminal history has contributed to the current crisis in housing.

- *Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder*

Luke-Dorf has a strong commitment to Dual Diagnosis services and provides mental health and addictions services with an integrated approach. Luke-Dorf is a state licensed provider of both mental health and addictions services. The agency offers evidence-based Integrated Dual Disorders Treatment at multiple locations and has implemented an intensive program to address co-occurring disorders with the population served by PATH funds. Luke-Dorf employs a Recovery Specialist who provides recovery based groups as well as one-on-one sessions with clients at the Bridgeview. The Recovery Specialist provides engagement and ongoing support to residents struggling with addiction.

The Bridgeview Community is maintained as drug-free transitional housing. The program's Drug and Alcohol Policy provides a guideline for residents' behavior in the facility by establishing clear expectations and consequences for behaviors associated with substance abuse. Staff utilizes Motivational Interviewing techniques to help participants to understand the effects of substance use on their recovery. The Bridgeview program also endorses the Harm Reduction philosophy of "Gradualism". These supports, including treatment groups, peer supports, medical/pharmaceutical oversight, individual therapy and other interventions, are put in place to help clients work toward sobriety as an ultimate goal. This is supported by high expectations for involvement in treatment, as well as reinforcement of lifestyle changes. Also available on-site are 12-step groups, one-to-one supports, drug-related information, and relapse-prevention services.

Dual Disorders services at the Bridgeview include full American Society of Addictions Medicine (ASAM) assessments, individual and group counseling, prescriber services, and service coordination. Referrals may also be made to recovery programs outside of the mental health provider network such as Dual Diagnosis Anonymous and Narcotics Anonymous, with whom Luke-Dorf has strong working relationships.

- *Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff and trainings and activities to support collection of PATH data in HMIS.*

Luke-Dorf is currently using the HMIS system to document PATH services for this program. Multnomah County organizes training on HMIS, and PATH-funded staff people are encouraged to attend. Luke-Dorf has a robust schedule of in-service trainings available to all employees. The

agency also provides paid leave and financial assistance so that employees can attend external trainings on evidence-based and best practices. Training for evidence-based practices specifically utilized by the program includes:

- Integrated Dual Disorders Treatment (IDDT)
- Motivational Interviewing
- Strengths Based Case Management
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Seeking Safety
- Illness Management and Recovery
- Trauma Informed Care
- Solution Focused Therapy

Luke-Dorf has implemented the agency wide use of Relias Training Program, an online database which provides accessible training on evidence-based and best practices for all staff.

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

HMIS has already been implemented as the data system for this PATH-funded program. Luke-Dorf uses a Certified Electronic Health Record (EHR) called Totally Integrated Electronic Records (TIER) to manage and document clinical activities. The Bridgeview utilizes both TIER and HMIS to document service delivery and outreach activities. PATH enrolled individuals are entered into HMIS to ensure coordination within the agency and among other agencies.

The Multnomah County Continuum of Care office organizes training on the HMIS for PATH employees. Luke-Dorf employees are paid regular wages for time spent in trainings and are compensated for mileage. Luke-Dorf is actively pursuing increased coordination between HMIS and the agency's EHR for improved efficiency.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), and the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

Currently, the Bridgeview has a staff member specifically assigned to benefits, who works with residents during their stay and assists them with obtaining and/or maintaining benefits. We also collaborate with the BEST team to support our mutual clients receiving benefits. While there are no current staff members who have received SOAR training, there are three individuals who would benefit from and would like to take training when it is made available by the State.

Housing

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

PATH-funded services are specifically focused on making suitable housing available to PATH clients. The Bridgeview Community is a short-term housing program that provides stabilization. The program serves as the first step in building a positive rental history, engaging in treatment, and developing essential life skills. The purpose of the Bridgeview Community is to provide the tools and resources necessary for residents to obtain immediate housing and to work towards stable, permanent housing.

A full time Housing Specialist assists PATH-funded residents with the transition to more permanent and independent housing as appropriate. Luke-Dorf operates or provides case management for a wide continuum of housing options ranging from supported housing with varying levels of structure and independence to licensed facilities with 24-hour care. These facilities are located throughout the county, both in the urban core and in residential neighborhoods. Clients may also be referred to a variety of other affordable housing options in the community.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

<http://www.ThinkCulturalHealth.hhs.gov>.

There are 23 staff members at Bridgeview that are at least partially funded by PATY or PATH- match funding sources. That includes 17 people who identify as female and 5 who identify as male.

Ages: 18-34 years, 12; 25-49 years, 5; 50-64 years, 4, 65-74 years, 0; 75 and older, 0

Race/Ethnicity: American Indian or Alaskan Native, 0; Asian, 0; Black or African American, 2; Hispanic or Latino, 0; Native Hawaiian or Other Pacific Islander, 0; White, 19; Two or more races, 2; Unspecified race, 0.

Luke-Dorf maintains a Cultural Competence Plan that is updated annually. The plan involves non-discrimination standards, current profiles of staff and client diversity, training requirements, and provisions for accommodating ADA, language and culturally specific needs. All Luke-Dorf service sites meet ADA accessibility requirements and Luke-Dorf employs bilingual staff in several programs that are available for translation in languages including: Spanish, Vietnamese, Chinese, Japanese, French and German. Service Coordinators facilitate outside translation services as necessary. When clinically appropriate, staff asks participants to self-identify age, gender and race/ethnicity in order to be culturally sensitive and customize services in a way that minimizes barriers to treatment. These culturally identifying factors are documented in the Electronic Health Record. Luke-Dorf also places emphasis on identifying and providing for various subculture populations including dual diagnosis, chronically homeless individuals, and persons with forensic backgrounds, as identified in the intake assessment process as well as through ongoing client interactions.

Cultural competence trainings are mandatory for Luke-Dorf staff. The agency participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides regular professional trainers, who speak to the entire staff to maintain and awaken new awareness of cultural issues.

Client Information

Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless. Describe the percentage of the PATH client population that have criminal histories.

During FY2014-2015, the Bridgeview Community served 72 residents with PATH services, including 21 new enrollees. 85% of the residents were literally homeless at first contact and had the following demographic makeup:

Gender: Male, 47; Female, 25

Age: 18-34 years, 17; 35-44 years, 18; 45-61 years, 34; 62 and older, 3

During the FY2015-2016, the program will have contact with approximately 100 PATH-eligible individuals. At least 85% of these individuals will be homeless at first contact. Of these, 60 PATH-eligible individuals will be formally enrolled into PATH as residents of the Bridgeview Community transitional housing program. The percentage of PATH enrolled clients with a criminal history is in the 80% range with the majority of charges typical of clients who have a long history of homelessness.

Consumer Involvement

Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

Luke-Dorf believes in the importance of peer driven and peer delivered services. Not only was Luke-Dorf an early adopter in promoting distinct peer delivered services, but we have also worked hard to create many additional avenues, formal and otherwise, for inclusion of client and peer voice in planning, implementation and evaluation of all agency services, PATH-funded and otherwise.

At an agency level, Luke-Dorf is proud to have been a pioneer in peer delivered services. We were the first organization in Washington County to offer peer delivered services and have extensively developed two distinct, innovative, client-driven programs in Multnomah County. Most recently, the new NorthStar Clubhouse, modeled on the evidenced based International Center for Clubhouse Development, enhances our ability to promote peer-voice and peer-employment positions throughout the agency. It is an agency priority to actively recruit and employ consumers at all levels when qualified candidates are available.

The Board of Directors have retained a long-time Board member with personal experience as a family member of an individual with mental illness. The agency employs eight certified Peer Service Providers. A Peer Advisory Council consisting of 12 formerly homeless persons as well as family members meets quarterly to review all Homeless programming and to make recommendations to the Board of Directors. Most recently, Luke-Dorf identified and recruited two new Board members who bring significant experience to the agency through their work with individuals diagnosed with mental illness in the areas of legal services and law enforcement.

At the PATH-program level, a strong sense of client community and open door culture is ingrained in the Bridgeview Community. A well-attended weekly community meeting provides a forum for residents to discuss and problem solve around concerns. PATH funded services such as case management, mental health and substance abuse treatment, assessments and screening, and housing, habilitation/rehabilitation services are regularly discussed and the input from peers is used to make programmatic changes as appropriate. PATH-enrolled clients are encouraged to give feedback both formally and informally.

Other peer-run initiatives at Bridgeview include monthly game and karaoke nights. Staff members work with interested residents to facilitate such groups, in order to develop format, purpose and goals with PATH-enrolled client feedback in mind. In the last year, a peer support specialist began working with

Bridgeview and Path-enrolled clients. The peer support specialist meets with clients individually and as a group. She has been facilitating the Northstar clubhouse use by residents and coordinated several outings as well as maintaining a weekly list of affordable activities for clients.

Budget Narrative

Provide a budget narrative that includes the local-area provider's use of PATH funds. Please identify which PATH-funded services will be provided by the positions partially or fully-funded by PATH federal or match dollars. Also, please include a description of how the organization will ensure that the use of PATH-funds meets the requirements below:

"Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual."

The total annual program budget for services and operations at Luke-Dorf's Multnomah County Bridgeview Community is \$1,457,555. For FY 16/17, PATH funding provides \$232,285. This award will be paired with additional match dollars as required by PATH. The match is provided by Multnomah County General Fund in the amount of \$110,940.06, representing a 47.76% match.

The Bridgeview Community boasts a multidisciplinary staffing structure. PATH and PATH match funding are utilized to ensure the provision of all of the following services within the program:

- Outreach services
- Screening and diagnostic treatment services,
- Habilitation and rehabilitation services,
- Community mental health services,
- Alcohol or drug treatment services,
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals require services,
- Case management services,
- Supportive and supervisory services in residential settings,
- Referral for primary health services, job training, educational services, and relevant housing services; and

- Housing services

For FY 16/17, PATH funding will specifically support 5.49 FTE of the 18.23 FTE required to deliver the program. This includes a portion of the following positions: a full time Program Manager, a full time master's level Integrated Dual Diagnosis Treatment Service Coordinator, around the clock Residential Counselors as well as a full time Housing and Outreach Specialist.

The Clinical Manager, funded at 0.70 FTE by PATH is ultimately responsible for service delivery and program operations. Duties include staff training, and oversight of all service provision including outreach, screening and diagnostic treatment, habilitation and rehabilitation, community mental health, alcohol and drug treatment, case management, supportive services in the residential setting, referral for primary health services, job training, educational services, and relevant housing services, and housing services.

The federal PATH dollars also support, a full time Housing and Outreach Specialist, which provides street outreach to the homeless population, as well as case management, habilitation and rehabilitation, and referral for primary health services, job training, educational services, and relevant housing services to PATH-enrolled homeless individuals identified through outreach.

The Integrated Dual Diagnosis Treatment Service Coordinator, funded at 1.0 FTE by PATH, provides support for outreach, as well as habilitation and rehabilitation, community mental health, alcohol and drug treatment, case management, supportive services, and referral for primary health services, job training, educational services, and relevant housing services. Residential Counselors, funded at 2.79 FTE by PATH, are responsible for supportive and supervisory services in the residential setting, support for referrals for primary health services, job training, educational services, and relevant housing services and housing services.

The total personnel cost using PATH dollars, including fringe benefit at 21%, equals \$222,993.60. Adding administration cost at 4% or \$9,291.40, gives us a total PATH budget of \$232,285.

The match dollars from Multnomah County General Fund also supports additional employees. A Registered Nurse, match funded at 0.60 FTE, offers triage and referral for primary health services. In addition 2.0 FTE Kitchen Staff provide food service required as an element of housing services. The total personnel cost including fringe benefit equals \$110,940.06. This cost is covered by the match dollars awarded to Luke-Dorf by Multnomah County.

PATH and PATH-match funds are used primarily for these personnel wages, and employee related taxes and benefits for the identified positions. A small portion (4%) of PATH funding is also used for administrative overhead.

PATH and PATH-match allow for the existence of this crucial transitional housing program that offers housing services and supports for this high-needs population. This program would be insufficiently funded by service delivery revenue and benefits received, and therefore would be otherwise unsustainable without the PATH award. Clients served have minimal, and often no insurance, income or

benefits at first contact by the program. As described above, Bridgeview Community staff prioritize facilitating benefits application and enrollment for all clients to access support that they may be eligible for including Medicaid, Medicare, SNAP benefits (food stamps), VA benefits, and Section 8. Even as benefits are received, this high need population requires a greater level of service than is funded. The PATH and PATH-match funding makes up this gap, allowing for the full provision of service to participants, as well as maintaining the operations and administration of this transitional housing program that would otherwise not be sufficiently covered by benefits received.

5. White Bird Clinic

341 East 12th Avenue

Eugene, OR 97401

Contact: Brenda Kosyadar

Contact Phone #: 541-342-8255

Has Sub-IUPs: No

Provider Type: Other (please specify) - Private non-profit organization

PDX ID:

State Provider ID: 4106

Geographical Area Served: Lane County

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 75,925 \$ 29,581 \$ 105,506

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 41,389	0.15	\$ 6,208	\$ 0	\$ 6,208	
Case Manager	\$ 45,609	0.20	\$ 9,122	\$ 9,122	\$ 18,244	
Outreach worker	\$ 41,389	1.00	\$ 41,389	\$ 0	\$ 41,389	
Outreach worker	\$ 46,541	0.00	\$ 0	\$ 5,585	\$ 5,585	CAHOOTS transportation/outreach
PATH Administrator	\$ 44,692	0.22	\$ 9,832	\$ 0	\$ 9,832	
Other (Describe in Comments)	\$ 46,870	0.20	\$ 9,374	\$ 9,374	\$ 18,748	Substance Abuse Counselor
Other (Describe in Comments)	\$ 45,833	0.00	\$ 0	\$ 5,500	\$ 5,500	Crisis Counselor

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 0.00 % \$ 0 \$ 0 \$ 0

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 95 \$ 90 \$ 185

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 95	\$ 90	\$ 185	Two trips for semi-annual provider meeting in Salem

d. Equipment \$ 0 \$ 0 \$ 0

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0	\$ 0	\$ 0	k

e. Supplies \$ 1,500 \$ 1,500 \$ 3,000

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 1,500	\$ 1,500	\$ 3,000	

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 16,975 \$ 300 \$ 17,275

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 16,975	\$ 0	\$ 16,975	
Office: Utilities/Telephone/Internet	\$ 0	\$ 300	\$ 300	

i. Total Direct Charges (Sum of a-h) \$ 94,495 \$ 31,471 \$ 125,966

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0

k. Grand Total (Sum of i and j) \$ 94,495 \$ 31,471 \$ 125,966

Source(s) of Match Dollars for State Funds:

State general fund, City of Eugene Public Safety Fund, private awards, donations, fundraising

Estimated Number of Persons to be Contacted:	100	Estimated Number of Persons to be Enrolled:	55
Estimated Number of Persons to be Contacted who are Literally Homeless:	60		
Number Staff trained in SOAR in Grant year ended in 2014:	2	Number of PATH-funded consumers assisted through SOAR:	28

Local Provider Description

Name of organization: WHITE BIRD CLINIC

Type of organization: Private nonprofit social service agency, 501(C)(3)

Region Served: Eugene/Springfield Metro Area, Lane County, Oregon

Amount of Federal PATH Funds: \$94,495

White Bird Clinic has been providing care for over 46 years. We currently offer the following free or low-cost services: primary medical care, primary dental care, on-going counseling, 24/7 crisis intervention, human service and mental health information and referral services, outpatient alcohol and drug treatment, mobile crisis response through the local 9-1-1 system, homeless outreach and case management, with benefits and insurance enrollment assistance.

Collaboration with HUD Continuum of Care Program

Describe the organization’s participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the CoC, explain the approaches to be taken by the agency to collaborate with the local CoC.

White Bird is again committed to a close working relationship with the HUD Continuum of Care. The Homeless Department Coordinator is notified of the schedule of all meetings and will provide a representative. Our intent is to regularly attend the Continuum of Care general meetings and to identify and join any relevant sub-committees or other workgroups that would inform and enhance our PATH program goals.

Of particular value is the work of the Lane County Continuum of Care Program in the development and maintenance of the Lane County Housing List. The List includes all local transitional and supported housing and is compiled specifically for those chronically homeless and disabled. Through Continuum of Care collaborations there are currently nine entry points for needs assessments with housing referrals based on assessed need.

Other local planning activities and program coordination initiatives are described in the “collaborations” section which follows, but highlights include our work with the CORT program, the High Risk Team, PeaceHealth, Community Behavioral Health Consortium, all-provider meetings of the area Coordinated Care Organization, the Mental Health Summit, the Clinical Advisory Services Sub-Committee, the SPMI workgroup, the Harm Reduction Coalition, and the Egan Warming Center.

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.

Due to the range of services and activities which White Bird provides in our community, we have many working relationships which benefit PATH clients, including:

- *Outreach teams*

Eugene Mission: a homeless case manager goes to the mission every Tuesday, spending time with clients in the Men's, Women's, and Mothers/children programs. On-site assistance includes enrollment and/or follow-up with the Oregon Health Plan, obtaining state identification, transportation options and arrangements, appointments at White Bird Medical and/or Dental Clinics, referrals for drug and alcohol treatment, and access to our SOAR program for Social Security benefits assistance.

Local Veterans Administration Office: one of our Homeless staff meets for a weekly breakfast get together with our local veterans where they can be assisted with housing options, medical and dental appointments, Oregon Health Plan applications. This is an effort shared with a several local programs including St. Vincent de Paul and the local church which hosts the event and provides a hot meal to the veterans who attend.

CORT program: involving the Eugene Police Department, our CAHOOTS (Crisis Assistance Helping Out On The Streets) Teams, Eugene Municipal Court, Lane County Circuit Court, and Homeless Case Managers. We will meet weekly to brainstorm interventions and focus care for homeless clients who regularly use multiple services with little or no change or improvement in their lives. We will involve clients in goal setting and encourage involvement with the local mental health department as a step in moving toward housing.

Catholic Community Services, Departments of Human Services in Springfield and Eugene, and the Eugene Service Station (a division of St Vincent de Paul). Our homeless staff schedule regular time in each of these programs to provide Oregon Health Plan enrollments and referrals to other local resources, especially including Homeless Case Management.

High Risk Team, developed by Senior and Disabled Services, includes Adult Protective Services, representatives from the social work departments of local hospitals, Lane County Behavioral health, the VA Health Clinic, the local mental health commitment team, a staff of the state guardianship program, and our Homeless Case Managers. This group discusses and coordinates care for clients with long term mental health issues, ongoing housing issues, and needs for assistance in day-to-day living.

Homeless Outreach Efforts are focusing on individuals who spend a lot of time/live in the downtown Eugene area. On the street, our Homeless Case Managers will be meeting new people weekly, offering a

variety of supplies (antibiotics, wound care supplies, band aids), snacks and business cards. The purpose is to spread the word about our services and local resources.

Annual Health Care for the Homeless Picnic: offers onsite Oregon Health Plan enrollment, access to White Bird Medical staff, and a raffle to win a free denture from our Dental Clinic.

- *Primary health*

PeaceHealth University District Hospital: White Bird Clinic is the main referral given to emergency room patients with medical, dental and mental health needs who are low income or homeless.

PeaceHealth Medical Group: PeaceHealth Labs pays for the two way lab interface which integrates with our Electronic Healthcare Records system.

Oregon Medical Group: The second largest physician group in Lane County requires all new Physicians, Nurse Practitioners and Physician Assistants to volunteer one-half day each month in a Safety Net Clinic.

White Bird Vision Program: is a collaborative effort with 13 optometrists and opticians.

White Bird Community Dental Clinic: arose from a coalition of over forty community members/providers

White Bird Medical Clinic: developed by a grassroots effort of a local doctor, some University of Oregon students, and the Lane County Medical Society.

Volunteers in Medicine: although designed to serve the working poor so not available to most of our clients, we regularly receive referrals of their patients in need of dental care.

Lane County Community Health Centers: our formal Memorandum of Understanding defines the referral of youth and homeless adults between our clinics.

- *Mental health*

Lane County Behavioral Health (LCBH) : our in-house crisis team works to streamline access for mental health clients of LCBH which is now offering intakes and assessments for our clients.

Sacred Heart Hospital Behavioral Health Outpatient Clinic: acts as a backup for clients needing a higher level of care

Trillium Behavioral Health, the managers of the Oregon Health Plan for behavioral health services, facilitate community mental health access and coordination of treatment between behavioral health providers, including the White Bird Counseling Program, to insure timely and clinically appropriate treatment services.

White Bird Medical Fast Track: this system has increased access to medical care so that our homeless clients are usually seen within 24 – 36 hours.

White Bird Crisis Team evolved from the grassroots efforts of University of Oregon students, local doctors and some delightful counterculture folks. Open 24/7, they have not missed a shift in 46 years, providing telephone and walk-in crisis counseling and interventions.

White Bird CAHOOTS Teams partner with the Eugene and Springfield Police departments, EMS, 9-1-1, and fire departments to provide on-the-street mobile crisis and medical interventions. CAHOOTS teams also screen for appropriate mental health respite placements at the Family Shelter Program and in temporary Conestoga huts.

Hourglass, the new Columbia Care crisis respite center will be providing crisis intervention, respite, and peer support services for mental health and homeless clients.

Community Behavioral Health Consortium, all-provider meetings of the area Coordinated Care Organization, the Mental Health Summit, the Clinical Advisory Services Sub-Committee, the SPMI workgroup: White Bird staff participate in each of these groups.

- *Substance abuse*

Buckley Sobering and Detox: a referral resource for many of our clients. CAHOOTS offers transportation for homeless clients in need of sobering. Homeless Case Managers and CAHOOTS staff both advocate for clients who are qualified for detox services.

Harm Reduction Coalition: Homeless Case Managers and CAHOOTS staff attend bi-monthly coalition meetings with other providers and Lane County Public Health staff. The aim is to promote the principles of harm reduction and increase awareness around the health and wellness of people who use and inject drugs.

White Bird Chrysalis Behavioral Health: Homeless Case Managers work closely with Chrysalis to get clients into drug and alcohol treatment, which includes such treatment adjuncts as acupuncture detoxification, yoga, reflexology, and Tai Chi, as well as substance abuse treatment for dual-diagnosed clients.

Willamette Family Treatment Services: appreciates our assistance in enrolling their clients in the Oregon Health Plan, we in turn are most appreciative of the inpatient beds for treatment which we can occasionally access for our clients.

Serenity Lane: although detox services are restricted to those with specific insurances/self-pay, we have occasionally, with Buckley House assistance, been able to get our homeless clients housed in treatment.

- *Housing*

Lane County Central Housing Wait List: the collaborative effort of the local Continuum of Care. The process has multiple entry points by which our homeless clients can qualify for housing and we refer often. Some slots are designated for clients with a mental health diagnosis, some are for head-insured clients. A client completes the assessment and is given a score and then a determination is made of the best fit for the specific client and their needs. Upon eligibility approval, clients are required to check in

weekly to maintain their position on the housing list. All transitional and supported housing in our area are included in this program.

Egan Warming Center: a volunteer supported shelter program that opens on nights that are below freezing for a large segment of the local homeless population who are unwilling or unable to access any other emergency shelters, often due to mental health and dual diagnosis issues. White Bird provides crisis intervention training and medical supplies to Egan volunteers.

Community Supported Shelters (CSS): a welcome and regular referral source for Homeless Case Managers, CAHOOTS and Crisis staff. CSS manages the waitlists for basic needs shelters in self-governed camps called “Eugene Safe Spots”.

Opportunity Village: a transitional, self-governing, micro-housing community

- *Employment*

Vocational Rehabilitation Services of Eugene and of Springfield: although we occasionally make referrals, this program doesn’t work well for our clients.

Goodwill Job Connections of Lane County: this project works for our clients. It provides job listings and assists with resume writing, role playing for interviews, securing state identification, and a variety of job related activities to assist long term unemployed, homeless individuals get comfortable and confident in job search. It can also be accessed through the Eugene Mission.

- *Other community organizations*

White Bird Front Rooms: staff provide information and referral for all Lane County residents and, for homeless clients, mail and message service, telephone access, bathroom access, and two hours between 8am and 10pm to have time off the street in our front room. This has become possible with donations and support from the community, especially churches providing snacks,

HIV Alliance: provides free HIV and Hepatitis C screenings as well as a needle exchange program. White Bird has an on-site needle collection box maintained by the Alliance..

Rainbow Optics: provides free reading glasses.

Occupy Medical: promotes free weekend health services

Kind local businesses: provide in-kind donations, including socks, jackets, sleeping bags, blankets, etc.

Service Provision

Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients including:

- *Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize servicing the most vulnerable adults who are literally and chronically homeless.*

White Bird's project aligns with PATH priority goals through an increasing use of funding for outreach and homeless case management. We provide out/in-reach throughout the Eugene/Springfield Metro Area for the literally homeless/homeless/at risk of homelessness clients through our Crisis and CAHOOTS workers and our Homeless Outreach Workers and Case Managers.

Some new clients come self-referred by word-of-mouth, some are referred by other service providers, but the majority are identified by CAHOOTS through their street outreach, by our Crisis Intervention Team, and by our Homeless staff and their activities. So far, finding literally and chronically homeless clients in need of services has not been a problem.

For the first time, we have devised a housing line item in our budget to assist clients trying to get into housing, or to maintain housing. Although a modest amount, we are pretty excited about being able to help.

In addition to outreach to clients and their families, and case management, we will be providing benefits assistance and advocacy, access to mental health counseling, access to substance abuse treatment, access to 24/7 crisis intervention via telephone, walk-in, and mobile, housing deposits/rental assistance, attendance at PATH meetings in Salem, SOAR training for all staff, data collection and tracking, HMIS data entry, and accurate and timely reporting.

- *Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Matching funds from the City of Eugene for CAHOOTS operations expands our outreach abilities.

Matching funds from Lane Transit District allows us to provide bus passes as well as options to public transportation when anxiety or other challenges are too difficult.

Matching funds from Lane County Health and Human Services support Crisis Workers able to assist our clients 24/7.

Matching funds from White Bird fundraising helps secure the facility, supplies and travel costs as required by the grant.

Matching funds from White Bird donations allows us to meet clients' needs for blankets, snacks, medical supplies, etc.

Matching funds from the Chrysalis budget allows us to provide treatment services to indigent homeless.

- *Describe any gaps that exist in the current service systems*

The most glaring and stubbornly unchanging gap is lack of sufficient housing. Our community is impacted by high rents and minimal available affordable housing. Our apartment vacancy rate is 4.2%; the wait for Section 8 housing is more than 18 months, and 2/3s of the housing was created prior to 1980 and is believed to be in need of rehabilitation. This is exacerbated by very limited access to specialty shelters and supervised living programs. The noted reduction in facilities/beds available to those experiencing mental health issues, continues.

Other service gaps include sufficient help with employment and socialization, regular food, and day centers accessible to and accepting of this population.

- *Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder*

We are able to coordinate, advocate and refer to in-house medical and dental care, medication management, outpatient alcohol and drug treatment, acupuncture services, mail and messages, 24/7 crisis intervention and stabilization, special transportation, benefits assistance, enrollment assistance for insurance and outreach and case management.

We are able to provide additional services including emergency shelter, residential treatment and supportive housing through our collaborations with ShelterCare and St. Vincent de Paul; additional detoxification services and residential treatment through Willamette Family Treatment Services; medical care through Occupy Medical.

Other services currently available to clients who have both a serious mental illness and a substance use disorder also include:

- Outreach throughout the Eugene/Springfield metro area daily
- In-reach to homeless persons utilizing White Bird services
- Soup kitchens and hot meals at the Dining Room
- Eligibility screenings and diagnostic assessments by referring programs
- Substance abuse treatment
- Initial meeting to determine service needs and readiness for needed services and treatment
- Referrals to needed services
- Advocacy, linkages and referrals to community services
- Benefits assistance and advocacy
- Jobs search assistance through Goodwill
- *Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff and trainings and activities to support collection of PATH data in HMIS.*

The White Bird Healthcare for the Homeless program has provided services for homeless for nearly 30 years. Our clients have varied widely in presenting issues, age, traumas, expectations, degree of dysfunction, experience as homeless, and in clinical and case management methods needed.

We believe in emphasizing client strengths and we foster clients' natural support systems. We also recognize the importance of client support through case management, advocacy, and referral so we have long-term collaborations with other service providers.

Our evidence-based practices include:

- Screening, both facility-based and community-based by telephone
- Mental health assessments, both facility and community based
- Referrals for individual counseling, family counseling, group counseling, brief and on-going therapy by trained and supervised mental health workers
- Collaborative treatment planning
- Case management, both community and facility based
- Crisis intervention, both community and facility based
- Medication management with medical and/r psychiatric consult
- Coordinated treatment with our outpatient drug treatment program and Homeless Case Managers
- Psycho-educational services
- Intervention and prevention
- Motivational interviewing
- Cognitive-behavioral therapy

We support the use of evidence-based practices and accurate data collection and entry by providing paid training budget and paid training time for each staff.

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

All Homeless staff are trained in the HMIS system. As new staff are hired, they will be trained formally and in-house in the HMIS system. Refresher trainings will be made available to staff as these become available.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014-2015), and the number of PATH funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

We plan to train the remaining homeless outreach and case management staff in the SOAR system via SAMHSA's on-line training during the coming grant year. Brenda, our Homeless Program Coordinator and John, our Public Benefits Specialist are currently trained in SOAR; John received SOAR training on-line during 2015.

During the last grant year, Brenda and John have assisted 28 PATH funded consumers through SOAR.

Of the 28 clients, three received their awards for SSI benefits. Currently there are 19 individuals who have initiated claims which are in various stages of initial consideration or reconsideration. Six clients chose, after initiating a claim, to discontinue the process. Homelessness (on the streets) often proves to be a formidable barrier to clients who lose focus on the process.

Clients are referred to the Specialist through a variety of avenues, including: self-referral, Homeless Case Managers, White Bird Counseling and Crisis staff, Veterans Administration, and other social service agencies in the Eugene and Springfield area. Word of mouth appears to play a large role in the self-referred clients. The Specialist is available during regular office hours to meet with prospective clients, maintain momentum with existing clients, and answer questions from the general public regarding benefits.

Following the SOAR model of meeting clients where they are, mentally and physically, the Specialist enrolls clients into PATH to link them to appropriate services to meet their needs. The Specialist maintains relationships with local Social Security Administration, Disability Determination Services, medical and mental health providers, and other significant service providers for each client.

Housing

Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Case Managers and Crisis staff assist clients in accessing the Lane County Central Housing Waitlist by setting up appointments with housing specialists at Catholic Community Services and ShelterCare. This allows clients to access permanent housing that is either temporarily or permanently subsidized. We also work regularly with the Eugene Mission and with the Housing and Community Services Agency (HACSA).

Additionally, many clients are successfully referred to new transitional options in Eugene that have been allowed through city ordinances that expanded the ability to legally camp. Community Supported Shelters places PATH clients and manages the waitlist of several "Safe Spots" where clients are given a living space of a tent platform or a 6' by 14' Conestoga hut in a secure and self-governed camp.

Once in a more stable living situation, clients receive services from case management staff to prepare to move into their own apartments when these become available. Case Managers help clients secure housing by looking for the most sustainable and appropriate options for that client, whether it involves securing income through Social Security benefits, referring to job placement resources, or VA benefits.

When a client has secured a housing option that both the client and staff agree is viable, White Bird will provide one-time financial assistance to help cover application and deposit costs.

Unfortunately, even with these relationships, there are simply not enough housing options in Lane County to accommodate our homeless clients. So often, getting on a wait list still means waiting several months, and sometimes years, to actually achieve housing. This is a significant problem in our county and can be very discouraging for homeless clients and for the staff who work with them. We have continually been advocating with Lane County and City of Eugene to develop solutions to this problem, and only recently has the city at least endorsed a plan to seek Housing First funding as part of a solution.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

<http://www.ThinkCulturalHealth.hhs.gov>).

PATH-funded staff can be described as follows:

Age: 0 – 23 years: 0%, 24 – 30 years: 13%, 31 – 50 years: 40%, 51 – 61years: 27%,
over 62 years: 20%

Gender: Female: 53%, Male: 40%, Transgender: 6%

Race: 93% White, 7% Native American

Ethnicity: 100% Non-Hispanic

PATH-supported staff at White Bird identify age, gender and racial/ethnic differences in homeless clients with mental illness, are sensitive to such differences, and modify and customize their services to minimize barriers to treatment and services. Issues arising from these differences are identified and approaches are discussed at the weekly staff meetings.

Cultural barriers can be many and at times be invisible but equal access is always our intent. Trainings in cultural awareness/sensitivity are recommended to all PATH-funded staff with the cost and paid time for such trainings covered.

White Bird understands that cultural diversity includes people of different sexual orientations and gender identities and we have staff comfortable and experienced in addressing these issues. White Bird provides paid leave, financial assistance, and encouragement for staff to attend trainings.

White Bird maintains a Cultural Competency/Limited English Proficiency policy. Currently, White Bird employs bi-lingual staff and arranges translation when no staff can readily meet the language needs

presented. To cover crisis and emergency situations, we have an agreement with Certified Languages International, an interpreter service offering quick access to translation over 175 languages. Our capacity to serve the hearing/speech/visually impaired clients includes: staff trained in sign language, access to the State's transcribing over the phone service for the deaf and hard of hearing, and referrals.

Our approach with clients is always trauma informed. We recognize that it can be re-traumatizing to conduct a formal intake requiring clients to disclose their entire medical, mental health and housing history in our first meeting and instead collect that information over time while establishing both relationship and trust. We then examine each client's past experiences and base the style of our continued work with them around that. We connect members of our populations, like drug users and people who are transgender, who are often stigmatized in a traditional medical setting to our more holistic medical staff. We meet with people on the sidewalk and front porch if they are not ready to trust meeting us alone behind a closed door. We respect the goals set by the clients themselves and empower them by finding their best course of action, whether we personally agree with their decisions or not.

All Homeless staff have also received crisis training and are sensitives to triggers and how to remain safe.

Client Information

Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients served using PATH funds to be literally homeless. Describe the percentage of the PATH client population that have criminal histories.

White Bird serves anyone who presents for treatment who qualifies for our services. Our PATH clients can be described as follows:

Age: 0 through 23 years: 0%, 24 – 30 years: 6%, 31 – 50 years: 37%, 51 – 61 years: 33%,
over 62 years: 16%, Don't know/Refused to answer: 8%

Gender: 53% Female, 46% Male, 1% Transgender

Race: 57% White, 7% Black, 6% Hawaiian/Pacific Islander, 1% Native/Alaskan American,
11% two or more races, 16% Don't Know/Refused to answer

Ethnicity: 59% Non-Hispanic, 7% Hispanic, 34% Don't Know/Refused to answer

Criminal Histories: Of the 25 tracked in this category, 10 had criminal histories but these were misdemeanors, not felonies.

The projected number of adult clients to be contacted during the coming program year is 100.

The projected number of adult clients to be enrolled during the coming program year is 55.

The percentage of adult clients served who are literally homeless will be 60%.

Consumer Involvement

Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

PATH clients are encouraged to participate in our agency:

- All program and agency meetings are open to PATH clients except when clinical debriefings are in progress
- Homeless client focus groups are conducted twice annually with client observations and suggestions going to appropriate programs, the full staff, administrators, and the Board of Directors.
- One Board position is reserved for a homeless individual and is currently occupied by a homeless person with a co-occurring disorder.
- Our program staff are available to provide support to PATH family members and to elicit feedback from them regarding program services.
- Daily solicitation of client feedback
- Twice annual client satisfaction surveys about the clinic and its programs.
- Homeless clients were involved in service planning and implementation at the beginning of the PATH project at White Bird.
- We encourage staff, paid and volunteer, to utilize White Bird services and give feedback.

Budget Narrative

Provide a budget narrative that includes the local-area provider's use of PATH funds. Please identify which PATH-funded services will be provided by the positions partially or fully-funded by PATH federal or match dollars. Also, please include a description of how the organization will ensure that the use of PATH-funds meets the requirements below:

"Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to

be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual."

White Bird Clinic
PATH Budget Narrative 2016

Personnel

Positions funded by PATH dollars include mental health counseling, homeless outreach and case management, and substance abuse counseling to provide services for clients. Administrative and clerical support including HMIS training and OWITS data entry are included to support the project. PATH funded administrative costs are 7.7% of PATH funding. CAHOOTS transport and crisis counseling are included as project matching support to assist with providing services.

Fringe Benefits percentage

Fringe benefits include Social Security, Medicare, state unemployment taxes and health insurance at 30.2% of personnel costs. Forty two percent of fringe benefit costs are included as matching support.

Travel

Travel cost includes two trips for the semi-annual provider meeting in Salem.

Materials and Supplies

Facilities, utilities, office supplies, postage, computer maintenance, paper, printer cartridges, telephones, and insurance are included as match.

Other

Housing Allowance at \$16,975 and Transportation Allowance of \$1,300.

Non-Federal Matching Funds

State Mental Health MHS25	\$5,500
City of Eugene Public Safety	5,585
State General Fund (A&D 66)	9,374
Private Awards	1,300
Subcontractor Funds (donations, fundraising)	<u>10,712</u>
Total Non-Federal Match	\$32,471

Use of PATH funds

PATH funds will be used only for clients who have not yet obtained or are not eligible for public or private insurance. White Bird Clinic will facilitate the application and enrollment process for eligible uninsured clients. White Bird Clinic will explore all other available options including senior services and Veterans Administration as appropriate.

Mental health medications will be available at White Bird Medical Clinic through our physician or PMHNP. Medical visits will be funded by other sources.

III. State Level Information

A. Operational Definitions

Term	Definition
Homeless Individual:	<p>Oregon Administrative Rule 309-032-0311 (6) "Homeless Individual" means an individual who: (a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or (b) Is a resident in transitional housing that carries time limits.</p>
Imminent Risk of Becoming Homeless:	<p>Oregon Administrative Rule 309-032-0311 (9) "Imminent Risk of Homelessness" means that an individual is: (a) Living in a doubled-up living arrangement where the individual's name is not on the lease; (b) Living in a condemned building without a place to move; (c) In arrears in their rent or utility payments; (d) Subject to a potential eviction notice without a place to move; or (e) Being discharged from a health care or criminal justice institution without a place to live.</p>
Serious Mental Illness:	<p>Oregon Administrative Rule 309-032-0311 (17) "Serious Mental Illness" means a psychiatric condition experienced by an individual who is 18 years of age or older and who is: (a) Diagnosed by a [Qualified Mental Health Professional] as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or (b) Is impaired to an extent which substantially limits the individual's consistent ability to function in one or more of the following areas: (A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance; (B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs; (C) Establishment and maintenance of supportive relationships; or (D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.</p>
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	<p>Oregon Administrative Rule 309-032-0311 (1) "Co-Occurring Disorders" (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.</p>
Footnotes:	

III. State Level Information

B. Veterans

Narrative Question:

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

Footnotes:

VETERANS

Oregon recognizes the unique needs of veterans and military families, and prioritizes services to veterans in mental health programs including Access to Recovery and in suicide prevention planning. Oregon's PATH providers recognize that military service creates a culture that is unique to military families and veterans. PATH providers are sensitive to these cultural differences and acknowledge them as well as cultural challenges presented by differences in age, ethnic background, or other cultural issues. Because Oregon has no active military bases, there are no concentrated areas of veterans and military families in Oregon, presenting a challenge in providing services targeted toward this population. Historically, the local VA facilities including: VA Health Care Systems, Medical Centers, Outpatient Clinics, Community Based Outpatient Clinics, and Vet Centers provide the main community resource for veterans. Additionally, the funding stream for provision of services to veterans does not typically intersect with Medicaid funding for community mental health services. While veterans who receive VA pensions or other benefits utilize the VA for physical health care, dental health care, and hospitalization, the VA provides limited options for outreach and case management in a traditional community mental health setting. Oregon's PATH providers continue to work toward establishing high quality relationships with the VA in their local area, including partnering for outreach and other activities.

The PATH Outreach staff in Oregon often provides a first step for underserved veterans in building trust and rapport with service providers. Oregon's PATH providers incorporate trauma-informed services in the delivery of services to potential PATH enrollees, and all of Oregon's PATH providers indicated a desire to obtain further education in trauma-informed care as a priority for ongoing training. PATH Outreach staff understand the unique needs and challenges of veterans experiencing serious mental illness and homelessness, and are aware of cultural issues unique to veterans. Veterans experiencing homelessness typically have more complex needs than other PATH service participants. PATH Outreach staff are highly aware of the need to be mindful of the history of trauma and PTSD that veterans have experienced. They then work collaboratively with VA staff to engage and link veterans to the full array of services and supports they are entitled to.

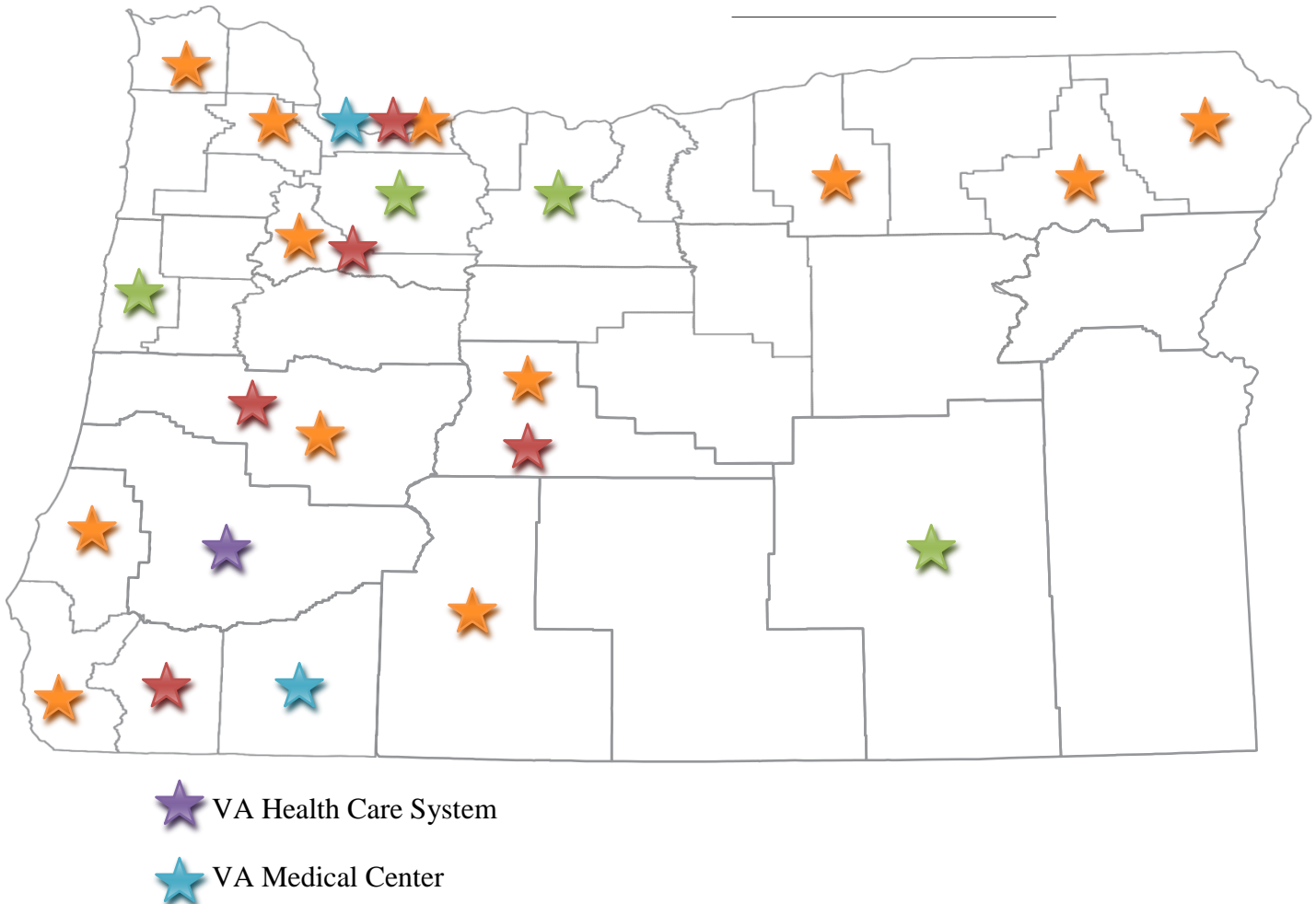
Because the Portland Veteran's Administration mandates that veterans receive mental health services from local VA providers, few PATH-funded services are provided to veterans within Oregon's largest metropolitan area. Veterans in the Portland Metro area who do receive PATH services tend to be those who have veteran-status issues. PATH service providers in the Portland Metro area¹ assist veterans as necessary to connect with available local VA services including the local medical center, the Veterans Recovery House program located at the Vancouver, Washington campus for homeless veterans in need of residential treatment, VA ACT programs, and VA housing resources. Multnomah County and the City of Portland initiated a city-wide effort to stop veterans' homelessness in 2015. Because of this initiative, many of the Portland-area housing slots were reserved for veteran clients. Portland Metro area PATH providers


¹ PATH Providers in the Portland Metro area include: Cascadia, Multnomah County Mental Health & Addictions Services Division- The Bridgeview Community, and Luke-Dorf's Hillsboro site

worked closely with the VA in interagency planning efforts in order to assist with this initiative, as well as advocate for non-veteran PATH clients who are also in need of resources. One provider, Luke-Dorf employs a clinical licensure supervisor who also has strong ties to the VA Behavioral Health system, providing additional knowledge of veterans services which directly benefits the Outreach Specialists and case managers at the Bridgeview and the Hillsboro site in assisting veterans in need.

In rural communities, the VA contracts with local community mental health providers. In Deschutes County, the PATH Outreach Case Manager collaborates with Central Oregon Veteran’s Outreach (COVO). COVO is a consumer-run organization of veterans who have experienced homelessness who provide outreach and advocacy services to veterans who are currently experiencing homelessness. The PATH Outreach Case Manager has strong relationships with the VA system from previous employment and maintains these relationships to optimize collaboration in serving veteran clients. In Lane County, PATH-funded staff partner and collaborate with local veterans service agencies like Vet Lift which provides temporary housing and other support services to veterans experiencing homelessness.

Figure 1 shows the disbursement of VA facilities by type throughout the state of Oregon. Figure 1.



 Outpatient Clinic

 Community Based Outpatient Clinic

 Vet Center

III. State Level Information

C. Recovery Support

Narrative Question:

Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

Footnotes:

RECOVERY SUPPORT

Adults with serious mental illness who are experiencing literal homelessness are the focus population for Oregon's PATH program. Oregon Administrative Rule defines a literally homeless individual as "...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." These are people who are sleeping on the street, in vehicles, and in camps as well as those sleeping in short-term homeless shelters. In April of 2014, Oregon's new governor, Kate Brown, noted in her State of the State speech that homelessness in Oregon has experienced serious increases within the last ten years. Governor Brown also noted the lack of affordable housing in Oregon communities, with vacancy rates of less than 1% in some parts of the state. In 2015, Oregon's affordable housing crisis continued. County officials in Multnomah and Lane counties declared their homelessness situations as emergencies. Home Forward, the public housing agency in Oregon's largest county of Multnomah, has closed their waiting lists. Oregon's PATH providers have numerous stories of clients who have received vouchers, only to be unable to find affordable housing before their vouchers expire. Particularly now, in Oregon's highly competitive affordable housing market, PATH providers recognize the numerous barriers to accessing necessary services while experiencing homelessness and trying to manage the symptoms of serious mental illness. PATH providers are committed to using recovery-oriented strategies to assist PATH clients to work through these barriers and increase success in their journey to achieve permanent housing.

Oregon's PATH Providers employ client-centered approaches through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This recovery approach encourages self-respect, responsibility and independence in the delivery of services. Providers will work with individuals enrolled in PATH to develop personal goals for improving health, obtaining permanent housing, finding a sense of purpose and a community to belong to, and strategies to address those goals. Evidence-based strategies such as Critical Time Intervention and Motivational Interviewing techniques, as well as best practices are used to build rapport, develop individual goals, assess readiness for change, and meet the individual where he or she is at. Oregon's PATH providers recognize the utmost importance of developing rapport and credibility with individual clients in order to assist individuals in identifying what recovery means to them. PATH Outreach Workers and Case Managers work with and empower individual clients to identify their personal goals, as well as strengths and barriers, and assist in accessing any and all available resources to help individuals meet their goals. In addition to reducing barriers at the individual level, PATH Providers are active in local networking and act as advocates within city, county and state systems to address policies and procedures that present ongoing stigmatization or barriers to access for individuals with serious mental illness experiencing homelessness.

Leading Change: A Plan for SAMHSA's Roles and Actions identifies four goals associated with SAMHSA's Recovery Support Strategic Initiative. Table 1 lists these goals and examples of the strategies Oregon's PATH Providers are using to address them.

Table 1.

Goal	Strategies
<p>Promote health and recovery-oriented service systems for individuals with or in recovery from mental and substance use disorders.</p>	<p>Oregon’s PATH Providers recognize that health and recovery-oriented service systems are integral in providing appropriate services for individuals with or in recovery from mental and substance use disorders. While each PATH program in Oregon looks different in operation, Oregon’s PATH providers have begun to take a more active role in strategic planning for Oregon’s program to emphasize a recovery-oriented model and share best practices. PATH services are based on the idea that recovery is possible and emphasizes the following recovery-oriented themes:</p> <ul style="list-style-type: none"> • Hope • Dignity and self-respect • Restoration and personal growth • Personal responsibility and productivity • Self-management and autonomy
<p>Ensure that permanent housing and supportive services are available for individuals with or in recovery from mental and substance use disorders.</p>	<p>Although vacancy rates in PATH-served counties range from a high of 4.3% down to 1% in urban areas, Oregon’s PATH Providers work tirelessly to advocate for and increase access to safe, affordable, low-barrier permanent housing for individuals enrolled in PATH. As permanent housing becomes more and more competitive, PATH providers have responded by increased networking and searching for innovative ways to obtain housing for clients.</p>
<p>Increase gainful employment and educational opportunities for individuals with or in recovery from mental and substance use disorders.</p>	<p>Cascadia Behavioral Health’s PATH program has access to Central City Concern’s Supported Employment program via grant funding. Two PATH Providers have evidence-based Supported Employment programs that individuals enrolled in PATH are able to participate in, as well as targeted vocational case management as part of case management services. All PATH Providers work with the Office of Vocational Rehabilitation, Worksource Oregon, Goodwill, and other</p>

	<p>vocational services provider to help individuals enrolled in PATH meet their employment and educational goals.</p>
<p>Promote peer support and the social inclusion of individuals with or in recovery from mental and substance use disorders in the community.</p>	<p>The importance of peer support is reinforced at the state level. In 2014, AMH (now HSD) opened the Office of Consumer Activities, a cornerstone for systemic change in reshaping policies and service delivery toward a recovery-oriented system of care which fully honors the dignity of each individual. The office is staffed by individuals with lived experience and extensive background in work within the peer recovery community. Oregon's PATH program is working on increased communication with the Oregon Consumer Advisory Council to inform planning efforts and assist with projects such as development of a statewide training for new PATH staff. PATH Providers are encouraged to employ individuals formerly enrolled in PATH or who have been eligible for PATH services as either paid staff or volunteers.</p>

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Footnotes:

ALIGNMENT WITH PATH GOALS

To ensure maximum alignment with the PATH goals to (1) target street outreach coupled with case management and (2) maximize serving the most vulnerable adults who are literally and chronically homeless, Oregon issued a competitive application process¹ for its PATH funding. Applicants were scored on their ability to implement these goals.

Cascadia Behavioral Healthcare, Inc.

Cascadia's PATH program focuses on street level outreach, working in collaboration with JOIN (a local non-profit which specializes in providing street outreach services to individuals experiencing homelessness in the Portland Metro area), Urban League of Portland and NARA (Native American Rehabilitation Association), and other local shelter/day program sites, to identify highly vulnerable individuals and families who are homeless and not connected with community mental health services. By working collaboratively in particular with the Urban League and NARA, Cascadia is able to reach individuals who frequently experience service disparities due to cultural factors. Cascadia's program is located in Old Town Portland, a downtown area in which many individuals experiencing homelessness congregate. Cascadia has also developed a cooperative relationship with the Portland Police Bureau and has established a dedicated phone line for police staff to identify individuals who appear to be homeless and particularly vulnerable. Staff will engage and enroll clients into Cascadia outpatient services, and provide permanent housing placement followed by nine to twelve months of retention supports using the Critical Time Intervention model. Services are based on the principles of harm reduction, trauma informed care, and housing first. The Street Outreach Worker is a qualified mental health professional (QMHP) who provides street level outreach using client centered engagement approaches, motivational interviewing techniques, with a focus on developing a relationship built on trust, respect and follow-through.

Deschutes County Health Services

PATH services provided by DCHS include outreach, screening and diagnostic treatment, case management, and habilitation and rehabilitation, and some transitional community mental health services. Deschutes County is located in central Oregon, in an area that does not have the array of services offered in Oregon's more metropolitan areas. Outreach and inreach services are prioritized by DCHS. The PATH Outreach Case Manager currently provides outreach and case management services in locations which serve individuals experiencing homelessness including homeless shelters, meal sites, and a church. The PATH case manager also works closely with street outreach coordinators from Cascade Youth and Family center and Central Oregon Veterans Outreach, as well as coordination activities with the local police, sheriff, parks department, hospital and school district. In 2016, the PATH case manager will establish additional drop-in hours at the Young Adults in Transition (YAT) drop in center operated by DCBH to improve services to a younger at-risk population.

Luke-Dorf, Inc.

¹ See *Selection of PATH Local-Area Providers*.

The PATH-funded Homeless Outreach Program was specifically designed to target literally homeless individuals as a priority population. With recent changes in HUD's definition of chronically homeless, Luke-Dorf's PATH outreach spends an even greater amount of time reaching out to identify those that meet the definition of chronic homelessness, and working to engage them in services. Street outreach is a priority service and staff spend significant time conducting this activity to identify PATH-eligible individuals. The purpose of the Homeless Outreach Team is specifically to find mentally ill homeless people not currently participating in services and return them to engagement in services designed to stabilize their recovery and stabilize them in housing. The Outreach Specialist collaborates and maintains active networks with community partners to gain referrals from emergency rooms, jails, homeless shelters, drop in centers and other community referrals. This year, the Outreach Specialist has begun partnering with the county sheriff's crisis team in order to reach more potentially PATH-eligible individuals. The Outreach Specialist meets the most vulnerable members of this population where they are at by traveling extensively to areas where homeless people are known to camp, such as undeveloped green spaces, as well as areas that homeless people frequent including bottle return sites, community meals, and food pantries. This allows the prioritization of people who are literally homeless. Drop in hours to provide commitment-free information about available services are also available at two sites as a strategy to improve engagement and rapport with literally homeless individuals. Individuals deemed appropriate for PATH services can attend as often as they choose.

Case management is also a priority service for the program. If mental health services are necessary and desired by an individual identified via outreach as PATH-eligible, staff formally enrolls that person into the case management component of the program. Evidence-based practices including Motivational Interviewing and Critical Time Intervention are employed to engage and build rapport with clients in order to ensure as many clients as possible receive case management. In addition to the provision of case management as a part of PATH enrollment, Outreach Specialists prioritize referral of engaged individuals to the community service provider and resources best suited to their needs for long-term services. After assisting in addressing urgent and basic needs, the Outreach Team focuses attention on linking the client with ongoing services and supports. Many individuals initially engaged in mental health services through the PATH Homeless Outreach program, eventually transition to long-term supports, including case management, mental health and addictions treatment, and housing through other Luke-Dorf programs as well as programs operated by partner agencies.

Multnomah County Mental Health and Addictions Services Division – The Bridgeview Community

Case management is a priority service of the Bridgeview Community, which targets services toward literally homeless persons as a key population. The program is designed to bring adults with serious mental illness who are experiencing homelessness off the streets, engage them in mainstream mental health treatment, and help them transition toward independent and permanent housing. All PATH-enrolled clients are connected with a Service Coordinator for strengths-based case management. Each participant collaborates with their Service Coordinator to develop and pursue an Individual Service and Support Plan (ISSP) which is reviewed at least every three months, and more often as necessary. The ISSP identifies concrete goals of each client and desired outcomes. It then provides an outline of services and supports, including specific

interventions, frequency and duration, to be provided to the resident in alignment with those goals and the person's assessed Level of Care. As a low-barrier housing program, clients are not required to engage in services in order to maintain housing. However, experience shows that those clients who participate meaningfully with available services have much greater success rates in terms of mental health and housing stability. Therefore, Service Coordinators actively encourage participation through engagement techniques such as Motivational Interviewing in order to ensure as many clients as possible choose to receive case management services. Engagement is also supported through the availability of a Peer Support Specialist. Through the unique perspective of shared experience, peers are often able to build an important level of trust and rapport with clients who may otherwise be unwilling to engage.

In 2014, in response to SAMHSA's priorities for PATH and at the recommendation of the State PATH Contact, The Bridgeview Community began planning to implement a new outreach component to their program. The Bridgeview Community engages in a close working partnership with the Luke-Dorf Intensive Case Management (ICM) team which currently provides intensive case management and outreach services to dually diagnosed individuals with serious mental illness living in Multnomah County. Bridgeview staff work with the ICM team to quickly identify and screen clients who are homeless or marginally housed so that they can be moved into transitional housing. Additionally, Bridgeview staff has partnered with Transition Projects (TPI) to identify potential candidates for the Bridgeview Community. In late 2015, the Bridgeview hired the first staff member dedicated to outreach, visiting several TPI shelters regularly to meet with prospective PATH clients.

The Bridgeview Community gives preference to literally homeless individuals, especially those currently unengaged with mental health services, followed by those who are most imminently losing their housing, over those with housing resources. This ensures prioritization of the most vulnerable populations. At least 85 percent of individuals enrolled will not be enrolled in community mental health services at first contact and will be connected to community mental health services as a result of program participation.

White Bird Clinic

The White Bird PATH program is a recovery-oriented program specifically designed to reduce barriers to access and to support and sustain recovery from the mental health and substance use disorders of its clients experiencing homelessness. White Bird employs a philosophy of services based on the strengths of the clients, meeting clients where they are at both physically and emotionally, and working together to achieve shared goals. Services provided by White Bird's PATH program are targeted to adults who are literally and chronically homeless. White Bird's PATH program is currently undergoing a restructuring process which will allow the agency to place an even higher priority on maximizing services to the most vulnerable adults. In part, this will be accomplished by devoting more agency resources to the Homeless Team including additional outreach and case management resources and a recently hired SOAR-trained benefits specialist. Additionally, White Bird has added a housing line item to their budget for the first time, with funds devoted to assisting clients attain or maintain housing.

Referrals to the PATH program come to White Bird through the network of Lane County service agencies and through White Bird's in-house homelessness programs, as well as word of mouth

from the local community of persons living in homelessness. Outreach services are provided to homeless persons on the streets, at their camping spots and hangout areas, the Eugene Rescue Mission, and meal sites throughout the Eugene-Springfield metro area. White Bird made significant expansion to the outreach program in 2014 by actively seeking out collaborative relationships with other local service providers and establishing regular inreach opportunities at the Eugene Mission, meal sites, and a well-attended service provider known as the Service Station. Outreach services are provided daily by White Bird's Homeless Case Managers and the CAHOOTS program². PATH-funded staff also provides inreach within other White Bird programs including the medical and dental clinics, Homeless Case Management and Benefits Advocacy, and the walk-in crisis intervention program. The increased resources allocated by White Bird to ongoing case management capacity is intended to focus on the goal of increasing the percentage of outreach clients who are enrolled for PATH services and eventually assisted to gain housing

² More information on CAHOOTS is provided in White Bird Clinic's Intended Use Plan.

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

Footnotes:

ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

The Oregon Health Authority believes that recovery must be the common outcome of treatment and support services and an approach that promotes resiliency and develops and supports policies consistent with that outcome. Oregon's PATH program is aligned with the state's comprehensive mental health services plan as outlined in the Combined Mental Health and Substance Abuse Block Grant in following the guiding principle of the recovery model that "People get better! People Recover!" Oregon's PATH program is also guided by the principles outlined in the state's Behavioral Health Strategic Plan¹, which was finalized in February of 2015 and was developed to provide a shared vision for building and expanding an integrated, coordinated and culturally competent behavioral health system for all Oregonians. Oregon's behavioral health system has clearly identified housing as a key factor in recovery, and continue to work at the local and statewide level to support initiatives to improve Oregon's lack of affordable housing. OHA also has had a successful history of developing housing with private partnerships, notably in Villebois, a community located in Wilsonville on the site of the former Dammasch State Hospital. Over the next five years, OHA will work with the National Alliance for Mental Illness, Oregon Family and Community Services, providers, and other public and private partners to add affordable housing units for individuals and families and for people who are disabled due to mental illness, substance use disorders and co-occurring disorders.

Oregon's behavioral health system is aligned with SAMHSA's definition of recovery in which recovery is envisioned as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. The behavioral health strategic plan identified six strategic initiatives, focusing attention and resources in the areas of greatest need and opportunity in Oregon. Specifically, Oregon's PATH program is reflected within Strategic Initiative #4: *The behavioral health system supports recovery and a life in the community*. Increased access to safe, affordable housing for people in recovery is the number one strategy for this initiative, which also includes strategies of providing supported employment, reduction of stigma, provision of culturally responsive recovery support services, and improvement of the existing recovery-oriented system of care for people transitioning from residential to outpatient treatment for substance use disorders. When people are uncertain about where they will live or are forced to live in emotionally and physically dangerous environments their continued recovery is at risk. In 2015-16, the behavioral health system's understanding of a recovery-oriented system of care was broadened to include jail diversion. With the assistance of the GAINS Center, significant statewide efforts are currently underway to develop a coordinated jail diversion system.

From Oregon's FFY 2016-2017 Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant application –

Safe and affordable housing is essential for the recovery process, but is not always readily available. Individuals with severe and persistent mental illness often depend on income from Supplemental Social Security that is inadequate to cover rent and other

¹ Oregon's Behavioral Health Strategic Plan can be found at <http://www.oregon.gov/oha/amh/Pages/strategic.aspx>

living expenses.

Apartments with affordable rents are in short supply statewide. Individuals may have difficulty securing and maintaining housing if support services are not available. Landlords may be reluctant to rent to individuals despite fair housing laws. These factors can overwhelm people who end up cycling between jails, institutions and homelessness. The lack of a home and the stability it offers makes it difficult to address the dimensions that support life in recovery: health, home, purpose and community.

Oregon's PATH program supplements the Health Systems Division's overall work to decrease homelessness and help to provide safe, affordable, recovery-friendly housing for adults with serious mental illness by assisting individuals in accessing the services and supports necessary to attain and maintain housing.

III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing their emergency response plans.

Footnotes:

ALIGNMENT WITH STATE PLAN TO END HOMELESSNESS

Oregon's 10-Year Plan to End Homelessness was unveiled in June of 2008. The plan identified six specific goals:

1. Prevent and divert people from becoming homeless by working with them to obtain and keep their housing.
2. Expand, develop, and coordinate the supply of affordable housing and supportive services to prevent and end homelessness, and shorten stays in shelters.
3. Build the capacity of homeless persons for self-support through strategies that identify their risk of homelessness, their needs, and access appropriate housing with appropriate supportive services.
4. Identify and implement system improvements for coordination at the program funding and delivery levels leading to measurable results.
5. Implement education and public awareness campaigns to remove societal stigma about homelessness and to build community support and coordinated responses.
6. Improve data collection technology and methodology to better account for homeless program outcomes.

Oregon's PATH Providers are aligned with, and an essential component of, accomplishing these goals. All PATH Providers support people at imminent risk of homelessness to help them stabilize and remain in their housing, and work toward prevention of homelessness. This support and prevention is accomplished using strategies to combine emergency assistance with case management to reduce future risk of homelessness, providing direct rental assistance and referring to appropriate community resources. Oregon's PATH providers recognize the essential nature of communication and coordination at the local level and a shared vision of community based homeless interventions. Oregon's PATH program is working together to develop statewide strategies for increasing communication and collaboration with community partners both locally and on a statewide basis.

Although PATH funding is not used for housing development, PATH Programs provide an array of hands on assistance in identifying and securing permanent housing options by gathering essential documents, assisting with the application process, and providing coaching and encouragement to seek and maintain appropriate housing options. Affordable housing was recognized in Oregon's 2015-18 Behavioral Health Strategic Plan as a necessary component to support recovery and a life in the community. In an effort to increase access to affordable housing statewide for people in recovery, the Addictions and Mental Health Division created a statewide Affordable Housing Inventory which is compiled from several sources and updated on a regular basis. This inventory is available for people who need affordable housing to search online. Although safe and affordable permanent housing continues to be a great need in Oregon, the Affordable Housing Inventory provides one more tool for PATH providers to use in accessing all housing options for people they serve.

Oregon's PATH Providers meet consumers where they are through the use of Evidence-Based Practices including Motivational Interviewing and Strength Based Case Management, as well as sharing best practices for outreach and case management to provide the support and encouragement needed to navigate the mental health and social services systems. Although skills

training is not funded through PATH dollars, most individuals enrolled in PATH are referred to skills trainers who help them increase their self-sufficiency. By recognizing the strengths and individual experiences for each individual, and supporting and enhancing the inherent strengths and skills that each person possesses, PATH Providers support and assist each person to maximize community functionality.

Oregon PATH Providers participate in and/or sponsor local Project Connect activities each year. Project Connect provides a single location where non-profit medical and social service providers collaborate to serve homeless individuals and families. This helps bring focus on the continued need for homeless services across the state. Many PATH Providers also participate in local Stand Downs – events similar to Project Connect, but specifically for homeless and low-income veterans and their families.

Data collection continues to be a high priority at the state level. The Health Systems Division has implemented a new data system called the Measures and Outcomes Tracking System (MOTS), which became fully implemented in the summer of 2014. OHA expects that going forward, data collection will be improved with this system, which includes all PATH providers. For PATH providers specifically, 2016 will be the first year that all providers will be able to collect data using HMIS. Along with becoming familiar with HMIS and how it interacts with their local electronic health record, providers are also beginning to transition to the use of PDX rather than the previous spreadsheet-based reporting. It is expected that full implementation of HMIS, along with providers doing direct reporting using the PDX system, consistency and accuracy of data quality will be improved.

III. State Level Information

G. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; mental health, substance abuse, and housing agencies; and the general public, to review the proposed use of PATH funds (including any subsequent revisions to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA.

Footnotes:

PROCESS FOR PROVIDING PUBLIC NOTICE

The FFY 2015 PATH application has been posted on the Health Systems Division/AMH website¹ since its submission in spring of 2015. Any input received from Oregon's posted PATH application throughout the year is compiled for use in subsequent applications. Many responses received from the public viewing Oregon's PATH application are concerning obtaining resources for themselves or family members in imminent danger of homelessness. Appropriate referrals are made to local PATH providers or other resources, depending on need. Oregon's current FFY 2016 PATH application was posted on the Addictions and Mental Health (now Health Systems Division) webpage for public comment on May 18, 2016. Notification of the posting of the application was sent to the Health Systems Division stakeholder mailing list which includes: the Directors of the Community Mental Health Programs (CMHPs) throughout Oregon, the current PATH providers, the National Alliance on Mental Illness – Oregon, the Addictions and Mental Health Planning and Management Advisory Council, the Oregon Consumer Advisory Council, the Oregon Consumer/Survivor Coalition, the Young Adults in Transition listserv, contacts for Oregon's Continuum of Care, Oregon Housing and Community Services, and the Oregon Coalition on Housing and Homelessness. Persons receiving the notification were asked to forward the notice to other interested parties. Providers are encouraged to forward information on the posted application to their participants and stakeholders as well. Oregon's PATH program is particularly interested in receiving feedback from consumers and peers, and makes additional effort to reach out to potential or previous PATH-eligible clients currently involved in the state hospital system and state corrections. Contact information for the State PATH Contact (SPC) is included on all posted PATH applications as well as general communications, for any interested parties to provide feedback. Feedback is accepted at any time throughout the year via phone call, email or postal mail.

An additional level of public input is included through the competitive application process² utilized to select the current PATH providers. A Notice of Intent to Award was posted on the Oregon Procurement Information Network which provided an opportunity for the awards to be protested. No protests were received. Oregon expects to post a Request for Proposals in fall of 2016 for entities interested in becoming PATH providers for the 2017 biennium.

¹ <http://www.oregon.gov/OHA/amh>

² See *Selection of PATH Local-Area Providers*

III. State Level Information

H. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., County agencies or regional behavioral health authorities), describe how these organizations monitor the use of PATH funds.

Footnotes:

PROGRAMMATIC AND FINANCIAL OVERSIGHT

Oregon PATH Providers must comply with the Oregon Administrative Rules governing PATH-funded services, as well as specific deliverables within contracts. PATH funds are contracted through intergovernmental agreements for county-run programs and direct contracts for private non-profit providers. PATH-funded organizations report on PATH expenditures in the same manner as other state-contracted funds, and submit quarterly reports detailing the actual expenditures of federal and match funds.

The State PATH contact conducts comprehensive annual site reviews of each PATH Provider site, as well as more informal visits to check in and provide onsite technical assistance. The SPC also encourages check in by phone and email for program updates and problem solving. The most recent site reviews were conducted in the fall of 2015, and will occur next in the late summer or early fall of 2016. The most recent site reviews for each provider can be found in Attachment B.

PATH Providers submit quarterly data based on the information required for the annual Federal report. In an effort to improve data quality and efficiency, Oregon is in the process of moving provider data input into the PDX system rather than the outmoded system of having providers forward information for the State PATH Contact to compile to prepare the annual report for each provider. All providers currently have access to PDX and have been working with the sandbox site to familiarize themselves with the system. Beginning July 1 of 2016, Oregon PATH providers will begin entering their own data into the PATH PDX system to be compiled for annual reports. Utilizing the PDX system will simplify record keeping requirements for providers, as well as providing better opportunities for providers to access and compare their own data over different reporting periods. Ongoing guidance, technical assistance and monitoring regarding appropriate use of PATH grant funds is provided to PATH Providers individually or in provider meetings on an as-needed basis.

Beginning in the spring of 2014, Oregon's PATH providers were asked to engage in a strategic planning process to begin to develop a statewide PATH direction, improve consistency among sites, and begin to develop a more cohesive program in which providers could refer to one another for support and problem solving. Over time it is expected that providers will employ a level of peer consultation and guidance for PATH programs in addition to what is currently provided by the State PATH Contact. Initial strategic planning was focused on identifying statewide priorities for training and technical assistance, identifying priority underserved populations in Oregon and discussion of strategies to address barriers for underserved populations in accessing services. Since the majority of provider agencies experienced significant turnover in staff over the past year, we will use material from the initial planning session as a jumping off place to restart the strategic planning process.

In addition to working on statewide PATH consistency through strategic planning and improved relationship between sites, the SPC is also working with providers to develop a PATH 101 training program which will be used to provide the same PATH information to all new providers. The SPC is collaborating with a long-time and well respected provider to coordinate the project,

and provider staff are providing most of the content for the training to ensure it is given from a provider point of view.

III. State Level Information

I. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

Footnotes:

SELECTION OF PATH LOCAL-AREA PROVIDERS

Oregon's PATH grant funds are awarded in a competitive process through a Request for Proposals. By using a competitive process, funding can be directed to those proposals which best align with the goals of PATH, and the state can have a more direct role in funding programs that make the greatest impact. Proposals were reviewed and scored by a committee including stakeholders from the Oregon Coalition on Housing and Homelessness and the Addictions and Mental Health Planning and Advisory Council. Contracts with the following providers were finalized and began on July 1, 2013.

- Cascadia Behavioral Healthcare, Inc.
- Deschutes County Health Services
- Luke-Dorf, Inc.
- Multnomah County Mental Health and Addictions Services Division
- White Bird Clinic

III. State Level Information

J. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Footnotes:

LOCATION OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES WHO ARE EXPERIENCING HOMELESSNESS

Oregon continues to rely primarily on the data available by point-in-time counts conducted by Oregon Housing and Community Services (OHCS) in order to access statewide information regarding the location of individuals with serious mental illness who are experiencing homelessness. Population forecasts are obtained from the Portland State University Population Research Center. There continues to be significant gaps in the data available, both due to the inherent limitations of counting persons living in homelessness, as well as the lack of comprehensive statewide information from year to year.

Oregon Housing and Community Services conducts counts of persons accommodated in and turned away from homeless shelters throughout the state. These counts also include persons who could not access a shelter or are living on the street, and those living in transitional housing. The count does not include individuals in a crisis respite program, short-term acute psychiatric facility, corrections facility or in temporary housing. A street count is also conducted; however, not every county completes a street count each year. The January 2015 count identified a total of 13,176 homeless adults who were sheltered or unsheltered. The survey format asks individuals whether they are eligible for services due to a mental or emotional disorder, substance abuse, or dual diagnosis. Of the 13,176 homeless adults identified in January 2015, 1,891 self-disclosed having a mental or emotional disorder. There were 3,991 chronically homeless people, making up 30% of the total homeless population. Three-fourths of this population was unsheltered.

Table 2 shows the breakdown, by county, of individuals experiencing homelessness as reported by 2015 Annual Point in Time Count data (current PATH Provider counties are highlighted). The 2015 data does not break down individual subgroups by county, so county-level data regarding individuals reporting mental illnesses are not available. Figure 2 below indicates the counties where FFY 2016 PATH funds will be allocated for services to persons with serious mental illness who are homeless or at imminent risk of homelessness. PATH-funded programs serve the counties with approximately 49 % of Oregon's homeless population.

Table 2.

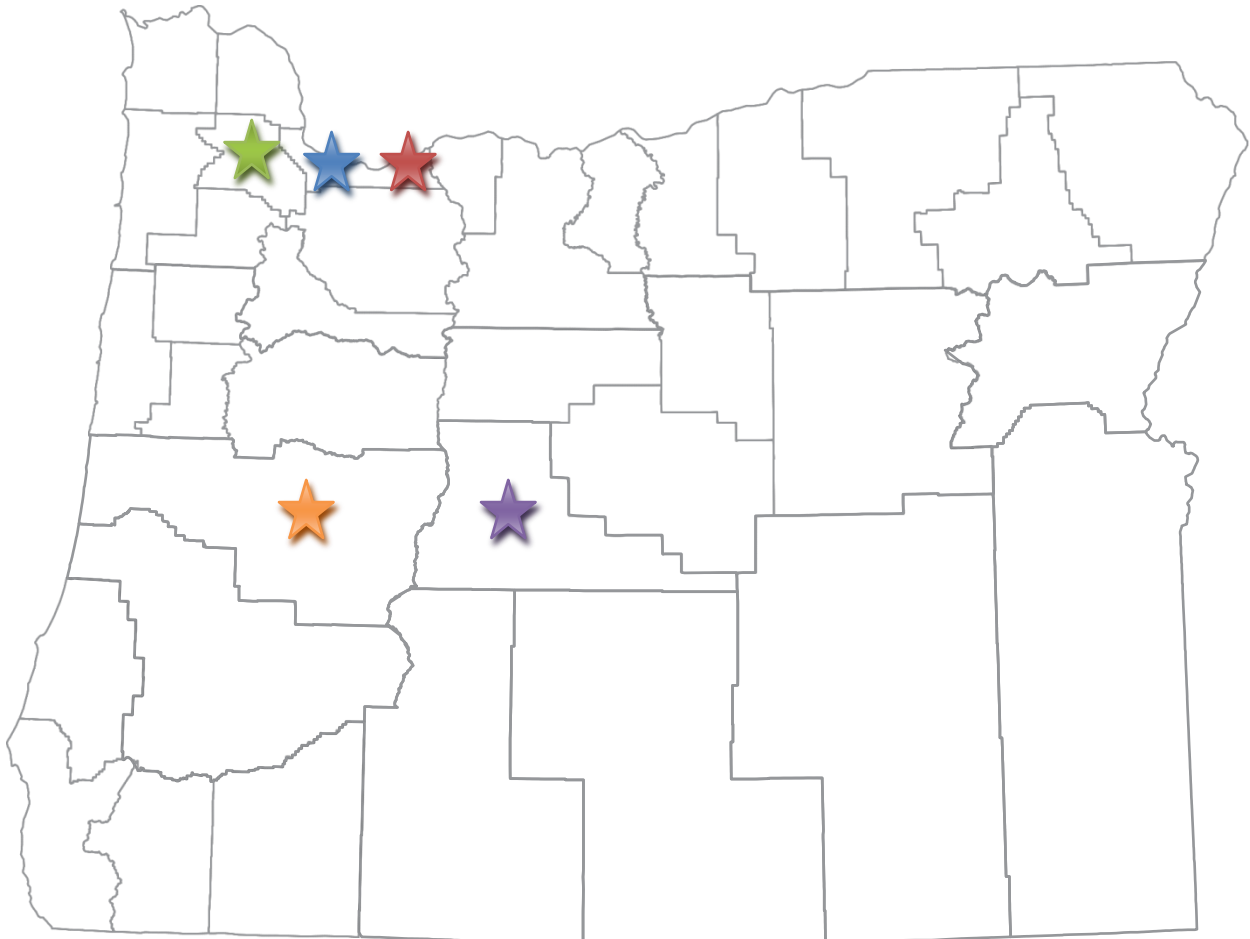
County	Population ¹	Total Homeless Adults ²	Unsheltered Adults ³
Baker	16,425	14	1
Benton	90,005	127	53
Clackamas	397,385	494	308
Clatsop	37,750	682	289
Columbia	50,390	317	274
Coos	62,990	612	579
Crook	21,085	36	27
Curry	22,470	86	86
Deschutes	170,740	503	327
Douglas	109,910	404	198
Gilliam	1,975	0	0
Grant	7,430	7	0
Harney	7,295	6	2
Hood River	24,245	69	65
Jackson	210,975	679	330
Jefferson	22,445	55	51
Josephine	83,720	883	759
Klamath	67,110	252	176
Lake	8,010	6	6
Lane	362,150	1,473	716
Lincoln	47,225	54	27
Linn	120,860	222	68
Malheur	31,480	104	54
Marion	329,770	732	159
Morrow/Wheeler	13,075	0	0
Multnomah	777,490	3,801	1,887
Polk	78,570	42	33
Tillamook	25,690	106	100
Umatilla	79,155	52	28
Union	26,625	75	46
Wallowa	7,100	23	12
Wasco	26,370	47	33
Washington	570,510	591	395
Yamhill	103,630	495	249
State Totals:	4,013,845	13,049	7,338






¹ Portland State University Population Research Center 2015 Certified Population Estimate <https://www.pdx.edu/prc/population-reports-estimates>

² Point in Time Count data available at <https://www.oregon.gov/ohcs/pdfs/2015-Point-In-Time-Count-Summary.pdf>

³ Point in Time Count data available at <https://www.oregon.gov/ohcs/pdfs/2015-Point-In-Time-Count-Summary.pdf>

Figure 2.



-  Cascadia Behavioral Healthcare
-  Deschutes County Health Services
-  Luke-Dorf, Inc.
-  Multnomah County Mental Health and Addictions Services Division
-  White Bird Clinic

Because data locating individuals with serious mental illness by county in the most recent point-in-time count is not available, current data collected from community mental health centers and treatment programs is also offered for further information. Although this data does not capture the target population for PATH, it is offered to provide a fuller picture of individuals in Oregon who are experiencing homelessness and have mental illness or co-occurring disorders. Table 3 shows the breakdown, by county, of individuals with clients receiving mental health services that showed homeless as living arrangement at enrollment for calendar year 2015. 2015 is the first year that the new MOTS data system has been utilized to report on this data rather than the legacy CPMS system.

Table 3

County	Count
Baker	28
Benton	63
Clackamas	209
Clatsop	33
Columbia	35
Coos	81
Crook	7
Curry	7
Deschutes	53
Douglas	102
Jackson	219
Jefferson	24
Josephine	129
Klamath	41
Lane	647
Lincoln	10
Linn	98
Malheur	17
Marion	226
Morrow	1
Multnomah	1,584
Polk	56
Tillamook	19
Umatilla	71
Union	7
Wallowa	5
Wasco	42

Washington	370
Yamhill	112
Total	4,296

III. State Level Information

K. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Footnotes:

MATCHING FUNDS

A total of \$541,098 in non-Federal contributions will match PATH funds in FFY 2016. This well-exceeds the \$209,077 minimum match requirement for Oregon.

- Cascadia Behavioral Healthcare will provide \$309,950 using City of Portland General Funds, agency funds, and local Short-Term Rent Assistance funds from the local housing authority.
- Deschutes County Health Services will provide \$64,512 using Deschutes County General Funds.
- Luke-Dorf will provide \$24,225 using a combination of Washington County General Funds and client fees.
- Multnomah County Mental Health and Addictions Services Division will provide \$110,940 using Multnomah County General Funds and City of Portland Community Development Block Grant funds.
- White Bird Clinic will provide \$32,471 using City of Eugene Public Safety funds, State General Funds, donations and fundraising.

All match funds will be available at the beginning of the grant period, and will be used only to support PATH-eligible services.

III. State Level Information

L. Other Designated Funding

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Footnotes:

OTHER DESIGNATED FUNDING

PATH provides Oregon's only funding specifically designated to serve persons who experience homelessness and have serious mental illness. Although PATH clients receive assistance in gaining access to an array of services funded by the Mental Health Substance Abuse Prevention and Treatment Block Grant, and general revenue funds, these services are not specifically designed to provide services targeted toward individuals who experience homelessness and serious mental illness.

III. State Level Information

M. Data

Narrative Question:

Describe the state's and providers' status on the HMIS transition plan, with an accompanying timeline for collecting all PATH data in HMIS by FY 2017. If the state is fully utilizing HMIS for PATH services, please describe plans for continued training and how the state will support new local-area providers.

Footnotes:

DATA

In April of 2016, Oregon achieved 100% enrollment of PATH providers into a vendor-supplied HMIS system (ServicePoint), achieving the expectation that all PATH providers nationwide implement HMIS prior to the end of the state fiscal year. All providers are now trained and entering data into HMIS. In two cases, Oregon received assistance from the HMIS TA provider in removing barriers at the HMIS local and statewide level to achieve full implementation.

Oregon's PATH program is moving toward all providers entering in quarterly progress data into the PDX system, replacing the outmoded method of submitting spreadsheets to the SPC which were then entered by the SPC into PDX for annual reporting. The SPC has conducted individual onsite training on PDX for providers who have requested, along with additional training during provider meetings. It is expected that the statewide use of both the HMIS system and PDX will provide significant improvement to Oregon's data quality over time.

Now that HMIS has been fully implemented, Oregon's PATH program is working toward developing sustainability for the data program as well as a training plan for new provider staff to ensure that gains made in data improvement are maintained.

III. State Level Information

N. Training

Narrative Question:

Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

Footnotes:

TRAINING

In Oregon, PATH funds are partially used to support training on best practices for serving people with mental health and substance use disorders who are homeless or at risk of homelessness. This training is available to PATH-funded staff and, occasionally, others throughout the mainstream and homeless service provider systems who strive to serve people with serious mental illness who are experiencing homelessness. Training has included the following:

- Oregon Coalition on Housing and Homelessness Conference. PATH providers are expected to attend the annual OCHH Conference. PATH funds are allocated for registration and travel costs for two PATH-funded staff from each PATH provider to be able to attend these conferences. The State PATH Contact advocates with the OCHH conference planning committee to develop topics which will be especially relevant to PATH providers. PATH providers do not attend a separate training track at the OCHH conference as value is placed in learning from others who work with people experiencing homelessness or who are mainstream service providers. A designated meal table for PATH providers is planned in order to continue fostering networking relationships among providers. Since OCHH did not hold a 2015 conference, the 2014 conference agenda is attached in Attachment D.
- PATH Webinars and Conference Calls. PATH Providers are encouraged to attend webinars and conference calls provided by the PATH Technical Assistance Center. The SPC highlights webinars of particular interest, and invites providers to actively participate and share information with one another. Providers who do not have appropriate technology to participate in webinars and conference calls are encouraged to consider budgeting for this equipment as part of administrative funds.
- SSI/SSDI, Outreach, Access and Recovery (SOAR). SOAR training is a priority expectation for Oregon's PATH providers. All Oregon PATH providers are expected to participate in the online SOAR training, regardless of whether they routinely assist with benefits applications. The SPC will be facilitating a SOAR study group in the summer of 2016 to work together on online training and discuss during scheduled phone calls. If this strategy is successful, the SPC will look at other topics for study groups and will investigate obtaining CE credits from licensing bodies for participation. The SPC continues to work closely with Policy Research Associates, Inc. to strategize SOAR leadership in Oregon.
- HMIS Training. The Oregon Health Authority has an Intergovernmental Agreement with Home Forward (previously the Portland Housing Bureau) to administer the HMIS system. The SPC coordinates with regional and statewide leads to provide appropriate training and support for HMIS implementation to provider agencies and to problem solve issues with implementation.
- Statewide PATH Provider Meetings. The SPC attempts to find guest speakers on various topics of interest for provider meetings. Presentations in the past have included OHA's Peer Delivered Services Coordinator and Office of Consumer Affairs representatives

discussing best practices for including peers in policy planning and service delivery for PATH. Recently a representative from the statewide emergency management system discussed emergency preparedness and disaster planning specifically within the context of PATH services, including planning for reaching outreach clients and connecting clients with emergency services.

- Statewide PATH Special Training Opportunities. As funding and opportunities allow, Oregon has provided training to PATH providers on specific Evidence Based Practices, current topics of interest and topics which inform service delivery for PATH providers. As possible, other non-PATH community providers are invited to participate in the training opportunity. Past topics included Trauma Informed Services and Best Practices for Street Outreach, and Motivational Interviewing. Training opportunities are always free for PATH providers, as well as lodging and per diem as applicable.

In addition to the formal training events described above, the SPC routinely seeks out educational and technical assistance opportunities for PATH-funded staff. This includes on-site visits to provide specific technical assistance or consultation. The SPC routinely disseminates information on training opportunities that may be of interest to PATH providers and encourages attendance. The SPC is also exploring PATH field trips such as spending part of a provider meeting visiting the state hospital or a prison.

III. State Level Information

O. SSI/SSDI Outreach, Access and Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

Footnotes:

SSI/SSDI Outreach, Access and Recovery (SOAR)

SOAR training is strongly encouraged by the SPC for all Oregon PATH providers, whether or not the particular staff member is likely to be involved in actual direct work obtaining benefits for clients. PATH-funded staff are expected to obtain SOAR training to improve case management and documentation activities that are useful in assisting clients to obtain benefits, regardless of who may actually work with the client through the application process. Currently, each site has at least one SOAR-trained staff member. White Bird Clinic recently hired a SOAR-trained benefits specialist who will be working with all PATH-enrolled clients at the agency, as well as clients from other programs. SOAR training is also discussed at site visits as an expectation for all Oregon PATH programs. Since Oregon does not currently have a SOAR state lead, the SPC works with the SOAR TA Center to fill some of those gaps, including dissemination of information and assisting the TA Center to identify appropriate people to be included in summits and trainings. Although OHA currently does not have resources to support the SPC becoming the SOAR State Lead, the SPC will be attending SOAR leadership training in August of 2016 in order to better assist the SOAR TA Center until a state lead can be identified. During the spring 2016 provider meeting, Oregon PATH providers agreed to begin a SOAR study group in the summer of 2016. During this time, the SPC will retake the SOAR online training along with interested provider staff. The SPC will coordinate regular phone calls among the Oregon participants to share information, discuss the training, and work together on the practice application. With the assistance of the SOAR TA Center, SOAR language is beginning to be incorporated into Oregon's contracts, Administrative Rules and policies pertaining to PATH.

III. State Level Information

P. Coordinated Entry

Narrative Question:

Describe the state's coordinated entry program and role of key partners.

Footnotes:

Coordinated Entry

The majority of Oregon's PATH providers participate fully in their local Continuum of Care to maximize information and referral sharing and best use of resources. Particularly in Oregon's current crisis situation with affordable housing, Oregon's PATH program recognizes the necessity of not only participating in the Coordinated Entry system to prioritize placements for PATH clients, but also to step into a leadership position within their area's Continuum of Care and other homeless advocacy activities to ensure that the PATH voice is at the table. The State PATH Contact encourages full participation by provider agencies and assists with facilitating relationships and introductions as needed. Additional provider-specific detail regarding participation in Coordinated Entry is found in the provider Intended Use Plans.

III. State Level Information

Q. Justice Involved

Narrative Question:

Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history such as jail diversion and other state programs, policies and laws. Indicate the percent of PATH clients with a criminal history.

Footnotes:

Oregon's PATH program expects to make improvements in service to justice-involved PATH clients as the state takes a much more active role in jail diversion and understanding the barriers that justice-involvement can create for persons living in homelessness. During the 2015 Oregon legislative session, the legislature appropriated \$6.5 million to enhance jail diversion services statewide. The state legislature directed OHA to issue a competitive solicitation in the form of a Request for Grant Proposals to distribute to Community Mental Health Programs (CMHP). Eighteen CMHPs submitted proposals; nine proposals for new funding to develop program infrastructure and nine for supplemental funding to enhance operational programs. Outside of investments made in CMHP programs, about \$1.8 million of the funding will be used to develop the Jail Diversion Program's infrastructure statewide. Some of these investments will include:

- Crisis Intervention Training Program Development;
- Enhancing Mobile Crisis Programs statewide;
- Development of temporary, transitional housing in the Portland Metropolitan Area for justice involved individuals; and
- Development of Forensic Peer Delivered Services.

In January 2016, OHA hosted a Statewide Behavioral Health/Criminal Justice Summit facilitated by the GAINS Center. Oregon's SPC took an active role in this summit, including facilitation of some of the sessions. The summit was used to introduce the Sequential Intercept Model as a planning tool to strategically inform legislation, policy, planning, and funding. Additionally, the summit was an opportunity to identify opportunities for collaboration and coordination among state and local stakeholders. Workshops held at the conference helped to identify gaps in current services and opportunities to enhance jail diversion services.

In addition to statewide jail diversion efforts, a new program of holistic criminal defense serving individuals in Oregon's largest two counties is an exciting addition to services available for PATH clients in those counties. After doing extensive research on the revolving door of criminal justice as it pertains to individuals with legal barriers, Metropolitan Public Defender (MPD) has undertaken an effort to assist justice-involved clients with SMI who are homeless with minimizing legal barriers to housing. Assisting with expungements of Guilty Except for Insanity cases, conversion of fees to public service, and assistance to those with sex offenses are some of the services MPD intends to offer. Additionally, MPD is hiring resource specialists and case managers to address needs not met by other existing resources. Oregon's PATH program is very excited about this innovative new resource. The SPC has worked closely with the attorney in charge of the program to assist with integrating the program into the current resource network, and provide assistance with locating grant opportunities and other possible funding sources.

Statewide, it is estimated that a majority of persons served by PATH have some level of criminal justice involvement, ranging from tickets for sleeping on the streets to much more serious felony charges. Because this data has not been previously collected, the exact number of those involved with the justice system is not known. Oregon's PATH providers have begun to collect this information to be used for future planning and reporting.

Appendix D – Agreements

FISCAL YEAR 16

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State of Oregon agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;

needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f). Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g). Maintenance of Effort (MOE) requirement. The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h). The State agrees that

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c) (1) (2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2017, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2016 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

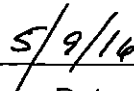
Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.



Governor



Date

I. State Information

Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name

Michael Morris

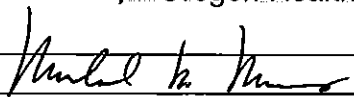
Title

Behavioral Health Policy Administrator

Organization

Oregon Health Authority

Signature:



Date:

4/18/16

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management

3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name	Michael Morris
Title	Behavioral Health Policy Administrator
Organization	Oregon Health Authority

Signature: _____

Date: 4/18/16

Footnotes:



January 6, 2016

KATE BROWN
Governor

Virginia Simmons, Grants Management Specialist
Division of Grants Management OPS
SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

RE: Oregon's Combined Block Grant Application

Dear Ms. Simmons:

This letter is regarding the state of Oregon's combined application for funds under the Mental Health Services and Substance Abuse Prevention and Treatment Block Grants. I have designated the Behavioral Health Director for the Health Policy and Analytics Division to sign the set of agreements that certify Oregon's compliance with requirements for receiving the Block Grants on my behalf. Oregon is in the process of recruiting a new Behavioral Health Director; I have designated Michael N. Morris, M.S., Behavioral Health Administrator as the interim designee.

Sincerely,



Governor Kate Brown

c: Thomas Long, MA, MHSA, SAMSHA
Ernest Fields, SAMHSA
Lynne Saxton, OHA
David Simnitt, OHA
Michael N. Morris, M.S., OHA
Jackie Fabrick, OHA
File



I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed?

Yes

No

To print a Standard Form - LLL if required for submission, click the link below.

[Standard Form LLL \(click here\)](#)

Name

Michael Morris

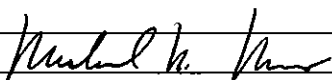
Title

Behavioral Health Policy Administrator

Organization

Oregon Health Authority

Signature:



Date:

4/18/16

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2016 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Oregon agrees to the following:

Section 522(a)

Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b)

Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the 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.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
 - Other appropriate services, as determined by the Secretary.

Section 522(c)

The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d)

In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e)

The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance abuse disorder; or
- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Section 522(f)

Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(g)

The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

Section 522(h)

The State agrees that:

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
 - To support emergency shelters or construction of housing facilities;
 - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - To make cash payments to intended recipients of mental health or substance abuse services.

Section 523(a)

The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c)

The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526

The State has attached hereto a Statement

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3)

The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description:

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4)

The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b)

In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2)

The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a)

The State will, by January 31, 2017, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2016 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C- PATH.

Section 528(b)

The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529

Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R part 54 and 54a respectively.

Name	Michael Morris
Title	Behavioral Health Policy Administrator
Organization	Oregon Health Authority

Signature: Michael H. Morris Date: 4/18/16

Footnotes:

Attachment B: Site Reviews

Projects for Assistance in Transition from Homelessness (PATH) Site Visit Luke-Dorf Inc., The Bridgeview Community September 21, 2015

The site review took place at the Bridgeview Community on September 21, 2015. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Erin Fisher, Luke-Dorf Clinical Services Manager, Amy Joslin, Bridgeview Clinical Services Manager and Holly Johnson, Bridgeview Operations Manager.
- Interview with Kristin Monger, Homeless Outreach Case Manager
- Interview with PATH-funded staff
- Record Review
- Interviews with consumers of PATH-funded services

PATH-Eligible Services:

The PATH eligible services provided by the Bridgeview include: outreach, screening and diagnostic services, community mental health treatment, substance abuse treatment, case management, supportive and supervisory services in residential settings, and referral for primary health services, job training, educational services and relevant housing services. PATH-funded staff also participates in providing staff training.

Outreach:

Outreach service is a new component of the Bridgeview program. An outreach case manager was hired in December of 2014, splitting time between the PATH program and other agency programs. The case manager has been full time at the Bridgeview for about one month at the time of the site visit. Bridgeview has identified a number of sites for in-

reach services including shelter’s operated by Portland Rescue Mission, City Team Ministries, Transition Projects and Operation Nightwatch.

Housing:

Housing availability in Multnomah county continues to be extremely difficult, as in other locations in Oregon, with a vacancy rate of <1%. Affordable housing in particular presents major challenges, and individuals who obtain Section 8 certificates have difficulty finding rent reasonable accommodations. Some locations where affordable housing is available are in areas where safety is a challenge for vulnerable clients. Currently, due to a combined effort between the Veterans Administration and the City of Portland, housing vacancies are being prioritized to those veterans with VASH eligibility. Bridgeview has an experienced housing specialist who employs a number of strategies to maximize ability to house clients including placing on wait lists for housing as soon as possible, developing and maintaining strong relationships and collaboration with Home Forward, landlords, and other community relationships.

Consumer Interviews:

The reviewer met with a focus group of individuals receiving PATH services at the Bridgeview. Clients endorsed strong satisfaction with the program and services provided through the PATH program. Clients reported a sense of community while living at the Bridgeview and reported satisfaction with the program, noting in particular that staff appear “happy, not like at some places”. Clients described receiving services including help with benefits, referral to community services and services directly in support of obtaining and maintaining housing in accordance with PATH guidelines.

Record Review:

PATH consumer files were evaluated for compliance with OAR 309-032-0351. Luke-Dorf uses an electronic health record and is currently transitioning from one EHR to another.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a list or description of the criteria determining the	YES	

individual's PATH eligibility; and the individual's PATH services discharge date.		
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	Service plans should link housing and case management- specific goals and services for PATH clients with other services provided.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	YES	As possible, prescriber notes and plans should also point to housing goals (example: client was encouraged to take medication regularly to manage symptoms that interfere with successful independent living)
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	Not reviewed	Outreach program just getting started, no outreach notes available
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	Not reviewed	
A preliminary assessment of the potentially eligible individual's needs based on available information.	Not reviewed	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	Not reviewed	

Record Review General Comments

Luke-Dorf has documentation standards which are generally demonstrated in complete and detailed records for each client, with information that is readily accessible. PATH records would be strengthened by having progress notes written by prescribing practitioners that reference housing goals and linking medications and symptom management to improved chances for success in permanent housing.

Reporting and Fiscal Controls:

Luke-Dorf's Bridgeview program meets expectations for data collection and reporting for the PATH program. Reports are accurate and on time. Budget records are clearly detailed to track federal PATH funds and match dollars. It is recommended that PATH budgets submitted as part of Intended Use Plans be kept simple and follow the suggested template for budgets provided by SAMHSA in order to minimize confusion and questions during budget reviews.

HMIS Implementation Status:

Nationwide, all PATH programs are expected to have implemented use of HMIS by the end of the state's fiscal year. Oregon programs are expected to achieve full implementation prior to June 30, 2016. Bridgeview has fully implemented HMIS and has a good relationship with the local HMIS provider. Demographic information for reporting is currently obtained from the HMIS system.

Other Observations and Summary:

The Bridgeview Community demonstrates clear commitment to providing services to the PATH target population of individuals experiencing homelessness and serious mental illness. Bridgeview currently provides comprehensive case management services focused on skills and resources needed to obtain permanent housing. Full implementation of outreach services will help the Bridgeview PATH program to be better aligned with SAMHSA's priorities for PATH.

Bridgeview's PATH program has undergone staffing changes at the administrative level in the past year, including adding Lindsay Downen as Luke-Dorf's clinical services manager, and Amy Joslin as clinical manager at the Bridgeview. Although in general, the staffing pattern for this program is very stable, new program managers are encouraged to contact the State PATH Contact as needed for technical assistance.

It was noted that currently, staff do not have access to computer speakers in order to watch PATH webinars presented by SAMHSA. It is recommended that some of the PATH administrative funds be used to purchase a set of computer speakers to enable staff to

participate in these webinars in order to keep current on information. This would be particularly valuable when new staff come into the program.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Cascadia Behavioral Healthcare
September 22, 2015**

The site review took place at Cascadia's PATH program at the Royal Palm building on September 22, 2015. State PATH Contact Brenda Dennis from the Oregon Health Authority conducted the review. The review consisted of:

- Interview with Homeless Services Director Liora Berry and Street Outreach Supervisor Alisa Fowler
- Observation of street outreach activities
- Chart Review

PATH-Eligible Services:

The PATH eligible services provided by Cascadia's PATH program includes: outreach; screening and diagnostic services; community mental health services; case management; referral for primary health services, job training, educational services, and relevant housing services, and staff training. Cascadia's PATH program is integrated within the agency's larger Street Outreach Team, providing PATH clients with access to a larger array of services.

Housing:

Throughout Oregon, access to safe, affordable permanent housing continues to present a serious challenge as has recently been noted by Governor Brown. Housing in the Portland area, and particularly in areas where clients wish to live, is even more difficult. Apartment rents are generally higher than fair market value as defined by HUD, putting rents out of reach for many clients. Cascadia's case managers are active in the Portland network of housing and service providers to better advocate for housing. Referrals from the Street team are prioritized for supportive/supported housing programs run by Cascadia. Due to the lack of availability for affordable housing in Portland, Cascadia's PATH case managers must devote a large amount of time to advocacy for clients, provision of reasonable

accommodation letters for the majority of clients attempting to gain housing, and creating and maintain a network of landlords willing to provide housing for their clients.

Outreach Services:

Traditional downtown street outreach services continue to be a cornerstone of Cascadia’s PATH program. The State PATH Contact accompanied the outreach worker on visits around the downtown Portland area. Observation of outreach services demonstrates that PATH staff clearly has credibility and relationships with individuals and resource agencies in the downtown area. Additionally, during outreach visits we met with two individuals from the community who identified as peer resource workers. Although not employed by Cascadia, these two individuals collaborate with the outreach worker to share information regarding PATH-eligible individuals in need of resources and case management assistance.

Chart Review:

PATH consumers’ files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a list or description of the criteria determining the individual’s PATH eligibility; and the individual’s PATH services discharge date.	NO	Enrollment forms or information were not found on all but one of files reviewed.
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	NO	Treatment plan was not found in some of the records reviewed
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual’s service plan goals.	YES	

A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	Termination summary was missing from one record
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:		N/A
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual’s personal belongings.		N/A
A preliminary assessment of the potentially eligible individual’s needs based on available information.		N/A
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.		N/A

File Review Comments

Several files belonging to one staff member were missing parts of the required clinical documentation. It was noted that the particular staff member had resigned from the agency. For the future, it is recommended that supervision include reviews of client files for completeness of required elements. The list of elements required by OAR 309-032-0351 was provided for documentation reference.

Reporting and Fiscal Controls:

Cascadia provides accurate reporting that is detailed timely, and within guidelines for allowable PATH activities.

HMIS Implementation Status:

SAMHSA has mandated that all PATH programs nationwide fully implement use of the HMIS data systems by the end of each state’s fiscal year 2016. In Oregon, all PATH providers must fully implement the HMIS system prior to July 1, 2016. Cascadia has implemented HMIS, however some of the PATH-specific features of HMIS have not yet been implemented by the City of Portland.

Summary and Recommendations:

Cascadia's PATH program is very integrated into the resources and services available for individuals experiencing homelessness in the Portland area. Cascadia is well known and respected as a leader in provision of these services in the Portland area. Cascadia's PATH program delivers services in a way that respects the true spirit of PATH and focuses on respectful provision of services to the most vulnerable individuals living in homelessness.

Cascadia's Street Program has recently been awarded a significant contract with the City of Portland which will bring in additional outreach clinicians, program management and administrative support, as well as additional resources for the program. Under the umbrella of the larger Street Program, Cascadia's PATH team will benefit from additional resources, particularly in the area of office support. As noted above, it is recommended that clinical documentation for PATH clients be reviewed on a regular basis for completeness and accuracy.

Prepared By:

Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Deschutes County Behavioral Health
September 30, 2015**

The site review took place at Deschutes County Behavioral Health on September 30, 2015. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Kara Cronin, Community Support Services Supervisor and Nancy Tyler, Behavioral Health Program Manager
- Interview with Colleen Thomas, Homeless Outreach Case Manager
- Observation of Outreach Activities
- Record Review

- Interviews with consumers of PATH-funded services

PATH-Eligible Services:

The PATH eligible services provided by Deschutes County Behavioral Health include: outreach, screening and diagnostic services, community mental health treatment, substance abuse treatment, case management, and referral for primary health services, job training, educational services and relevant housing services. PATH-funded staff also participates in providing staff training as well as training for agency partners.

Outreach:

Outreach services for individuals who may be eligible for PATH services continues to be the highlight of the Deschutes PATH program. The reviewer accompanied the DCBH outreach worker to outreach visits at the Bethlehem Inn, a converted motel which provides short term transitional housing. The outreach worker has a well-established routine for contacts at this location. Through observation and discussion, it was clear that the outreach worker has developed good relationships with staff at outreach locations, as well as having established herself as a credible and reliable resource to consumers.

Housing:

Housing availability in Deschutes county continues to be extremely difficult, as in other locations in Oregon, with a vacancy rate of <1%. The outreach worker employs a number of strategies to maximize ability to house clients including placing on wait lists for housing as soon as possible, developing and maintaining strong relationships and collaboration with the local Housing Authority, landlords, and other community relationships. The outreach worker maintains a presence with the Homeless Leadership Coalition, and ongoing efforts are made to develop and maintain other community relationships and partnerships that will benefit PATH clients.

Consumer Interviews:

The reviewer met with two individuals receiving PATH services at DCBH. Clients endorsed strong satisfaction with the program and services provided through the PATH program. Both clients expressed a very high level of positive regard toward the outreach worker and one client reported she had “saved his life”. Each of these clients described obtaining services a number of services from PATH that were in direct support of obtaining and maintaining permanent housing.

Record Review:

PATH consumer files were evaluated for compliance with OAR 309-032-0351.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual's eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual's name and PATH enrollment date; a list or description of the criteria determining the individual's PATH eligibility; and the individual's PATH services discharge date.	YES	Enrollment information is available but is scattered in different areas of record.
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	Ensure service plan is available which notes housing and case management- specific goals and services for PATH clients.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	YES	PATH progress notes should relate back to service plan goals as noted above.
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	Not reviewed	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	Not reviewed	

A preliminary assessment of the potentially eligible individual's needs based on available information.	Not reviewed	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	Not reviewed	

Record Review General Comments

As is true in Oregon's other PATH programs, DCBH experiences challenges in documentation due to multiple requirements for data collection across multiple platforms. Although records for enrolled clients generally include all the required elements of files in accordance with OAR 309-032-0351 and federal standards, PATH-specific information can be difficult to locate within the structure of the electronic health record. Strategies for simplifying record keeping were discussed and a copy of the file review checklist was provided to assist in organizing files and ensuring that required elements are present in all PATH files.

Reporting and Fiscal Controls:

Deschutes County meets expectations for data collection and reporting for the PATH program. Reports are accurate and on time. Budget records are clearly detailed to track federal PATH funds and match dollars.

HMIS Implementation Status:

Nationwide, all PATH programs are expected to have implemented use of HMIS by the end of the state's fiscal year. Oregon programs are expected to achieve full implementation prior to June 30, 2016. DCBH has so far been unable to implement the use of HMIS due to lack of availability and issues between the local HMIS provider and the statewide vendor. The State PATH Contact will SAMHSA's HMIS Technical Assistance provider to strategize and work on removing barriers to implementing HMIS in the Deschutes County PATH program.

Other Observations and Summary:

DCBH is a long-time Oregon PATH provider. They demonstrate a clear commitment to providing services to the PATH target population of individuals experiencing homelessness and serious mental illness. DCBH experienced a change in case managers during this review period, with an expected drop in numbers during the transition time. It is clear that the current PATH case manager has excellent relationships and credibility among PATH consumers and community resources. As with other small PATH projects, the lack of a peer group of other PATH providers can present challenges in terms of networking, discussing best practices, and discussing challenges. The lack of peer group is compounded for DCBH

due to physical location. PATH case managers across locations are encouraged to visit other PATH programs in Oregon when possible, and to form networking relationships with one another.

Staff at DCBH identified PATH-specific HMIS technical assistance once HMIS is available as an area of interest for future training.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Luke-Dorf Inc., Washington County
September 24, 2015**

The site review took place at the Luke-Dorf on September 24, 2015. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Mona Knapp, Luke-Dorf Clinical Services Manager, Lindsay Downen, Luke-Dorf Clinical Services Manager.
- Interview with Valerie Burton, Homeless Outreach Case Manager
- Interview with PATH-funded staff
- Record Review
- Interview with consumer of PATH-funded services

PATH-Eligible Services:

The PATH eligible services provided by Washington County's Luke-Dorf site include: outreach, screening and diagnostic services, community mental health treatment, substance abuse treatment, case management, supportive and supervisory services in residential settings, and referral for primary health services, job training, educational services and relevant housing services. PATH-funded staff also participates in providing staff training.

Outreach:

Outreach is a major component of Luke-Dorf’s program in Washington County. The outreach case manager conducts traditional street outreach in areas where individuals congregate in Washington County. Frequently, outreach is performed collaboratively with outreach staff from other agencies. The outreach case manager also has very well-developed relationships with area police, parks workers, and others who come into contact with individuals living in homelessness. Inreach is also performed regularly at a number of sites where individuals gather for services.

Housing:

Housing availability in Washington county continues to be extremely difficult, as in other locations in Oregon, with a vacancy rate of <1% in many areas. Affordable housing in particular presents major challenges, and individuals who obtain Section 8 certificates have difficulty finding rent reasonable accommodations. The PATH case manager is well connected to the Continuum of Care and other opportunities to network and advocate for clients to obtain housing or be placed on wait lists as soon as possible. Luke-Dorf’s Safe Haven provides a temporary low barrier housing solution for many individuals enrolled in PATH.

Consumer Interviews:

The reviewer met with an individual receiving PATH services at Luke-Dorf. The client endorsed strong satisfaction with the program and services provided through the PATH program. The client described receiving services including help with benefits, referral to community services and services directly in support of obtaining and maintaining housing in accordance with PATH guidelines.

Record Review:

PATH consumer files were evaluated for compliance with OAR 309-032-0351. Luke-Dorf uses an electronic health record and is currently transitioning from one EHR to another.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a		

list or description of the criteria determining the individual's PATH eligibility; and the individual's PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	Service plans should link housing and case management- specific goals and services for PATH clients with other services provided.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	YES	As possible, prescriber notes and plans should also point to housing goals (example: client was encouraged to take medication regularly to manage symptoms that interfere with successful independent living)
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	YES	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	YES	
A preliminary assessment of the potentially eligible individual's needs based on available information.	YES	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	YES	

Record Review General Comments

Luke-Dorf has documentation standards which are generally demonstrated in complete and detailed records for each client, with information that is readily accessible. PATH records would be strengthened by having progress notes written by prescribing practitioners that reference housing goals and linking medications and symptom management to improved chances for success in permanent housing.

Reporting and Fiscal Controls:

Luke-Dorf's program meets expectations for data collection and reporting for the PATH program. Reports are accurate and on time. Budget records are clearly detailed to track federal PATH funds and match dollars. It is recommended that PATH budgets submitted as part of Intended Use Plans be kept simple and follow the suggested template for budgets provided by SAMHSA in order to minimize confusion and questions during budget reviews.

HMIS Implementation Status:

Nationwide, all PATH programs are expected to have implemented use of HMIS by the end of the state's fiscal year. Oregon programs are expected to achieve full implementation prior to June 30, 2016. Luke-Dorf has fully implemented HMIS and has a good relationship with the local HMIS provider. Demographic information for reporting is currently obtained from the HMIS system.

Other Observations and Summary:

Luke-Dorf's Washington County program demonstrates clear commitment to providing services to the PATH target population of individuals experiencing homelessness and serious mental illness. Luke-Dorf currently provides comprehensive case management services focused on skills and resources needed to obtain permanent housing and extensive outreach services, both aligned with SAMHSA's priorities for PATH.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
White Bird Clinic
September 29, 2015**

The site review took place at White Bird Clinic on September 29, 2015. State PATH Contact Brenda Dennis from the Oregon Health Authority conducted the review. The review consisted of:

- Interview with PATH Program Coordinator Cindy Peterson and PATH Administrator Chuck Gerard
- Observation of outreach activities with Brenda Koysdar
- Group interview with PATH-funded staff
- Interview with individual enrolled in PATH
- Chart Review

PATH-Eligible Services:

White Bird Clinic is a long time provider of PATH services in Oregon. The PATH eligible services provided by White Bird include: outreach; screening and diagnostic services; habilitation and rehabilitation services; community mental health services; outpatient alcohol and drug treatment; case management; and referral for primary health services, job training, educational services, and relevant housing services.

White Bird has recently hired a benefits specialist who has training in SOAR, and is also planning on hiring another case manager. These additions to staffing will expand White Bird's capacity to provide case management services which support obtaining permanent housing.

Housing:

Throughout Oregon, access to safe, affordable permanent housing continues to present a serious challenge as has recently been noted by Governor Brown. Additionally, due to recent changes in policies at the Eugene Mission, access to low-barrier housing has been severely limited, particularly for single women.

Outreach Services:

White Bird Clinic continues to have a strong outreach program. The State PATH Contact accompanied the outreach worker to the women's section of the Eugene Mission. Observation of outreach services demonstrates that the outreach worker clearly has credibility and is seen as a resource for guests of the Mission as well as staff members. The outreach worker has strong relationships with other resource providers throughout Eugene. A second outreach worker focuses on traditional street outreach as well. One of the primary

locations providing resources to individuals who are homeless in Eugene has recently been discontinued. This location was a central gathering spot for people living outdoors, presenting more of a challenge for outreach workers to connect with these individuals.

Consumer Interview:

The reviewer interviewed an individual enrolled in PATH services. She expressed appreciation and satisfaction with the services she has received from the PATH program at White Bird and noted that she did not qualify for many of the other resources available in Lane County. She expressed strong satisfaction with staff overall, and particularly her counselor, noting that at White Bird she was able to find people that believed in her and treated her in a nonjudgmental way. She also noted that the ability to get help immediately without having to explain herself to the outreach worker was instrumental in helping her to engage with services and to continue to the point where she is now within a few weeks of obtaining housing.

Chart Review:

PATH consumers’ files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a list or description of the criteria determining the individual’s PATH eligibility; and the individual’s PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	Case management goals are not always noted in ISSP. ISSP is more specific to therapy work.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of		Case management notes are present in file, are not integrated with ISSP

the services delivered, and progress toward the enrolled individual's service plan goals.	YES	or other services.
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	YES	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	YES	
A preliminary assessment of the potentially eligible individual's needs based on available information.	YES	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	YES	

Reporting and Fiscal Controls:

Although financial reporting for White Bird presents challenges due to the number of fractional positions funded by PATH, reports are submitted accurately and on time.

HMIS Implementation Status:

SAMHSA has mandated that all PATH programs nationwide fully implement use of the HMIS data systems by the end of each state's fiscal year 2016. In Oregon, all PATH providers must fully implement the HMIS system prior to July 1, 2016. White Bird has not yet implemented HMIS but has committed to doing so. The State PATH Contact will connect with the local HMIS provider and SAMHSA's HMIS TA provider to assist with transition to the HMIS system.

Summary and Recommendations:

White Bird Clinic has made notable improvements in documentation over the past review period by including case management progress notes in the file. ISSPs also show improvement over the past review period by being more individualized to each client. It is recommended that White Bird continue to work toward integrating case management and therapy within the files including noting case management goals in the ISSP. This may be

done on a separate page if necessary, however integrating case management into the main case file will ensure that all staff working with a client have access to case management goals and can reinforce those with the client. Because PATH is a housing program, work done by all staff with a PATH client should point to achievement of case management goals in support of housing. Once the client has achieved housing and is transitioned to mainstream White Bird services, the client should be discharged from the PATH program while continuing as a White Bird client.

It is notable, that White Bird clinic excels in staff retention. As the State PATH Contact, it is a pleasure to work with the same staff over time. A core group of staff who are experienced and empathetic goes a long way toward establishing the type of respectful service delivery that gives White Bird a high degree of credibility among the people you serve.

Prepared By:

Brenda Dennis
Oregon State PATH Contact

Attachment A: Oregon Administrative Rules

309-032-0301

Purpose and Scope

These rules prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0311

Definitions

- (1) “Co-Occurring Disorders” (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.
- (2) “Community Mental Health Program” (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses, operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Addictions and Mental Health Division (AMH).
- (3) “Division” means the Addictions and Mental Health Division of the Oregon Health Authority (OHA).
- (4) “Eligible Individual” means an individual who, as defined in these rules:
 - (a) Is homeless or at imminent risk of becoming homeless and
 - (b) Who has, or is reasonably assumed to have, a serious mental illness.
 - (c) The individual may also have a co-occurring substance use disorder.
- (5) “Enrolled” means an eligible individual who:
 - (a) Receives services supported at least partially with PATH funds and
 - (b) Has an individual service record that indicates enrollment in the PATH program.
- (6) “Homeless Individual” means an individual who:
 - (a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
 - (b) Is a resident in transitional housing that carries time limits.
- (7) “Individual” means an individual potentially eligible for or who has been enrolled to receive services described in these rules.
- (8) “Individual Service and Support Plan” (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an eligible individual that is reflective of the intended outcomes of service.
- (9) “Imminent Risk of Homelessness” means that an individual is:
 - (a) Living in a doubled-up living arrangement where the individual’s name is not on the lease;
 - (b) Living in a condemned building without a place to move;
 - (c) In arrears in their rent or utility payments;
 - (d) Subject to a potential eviction notice without a place to move; or
 - (e) Being discharged from a health care or criminal justice institution without a place to live.
- (10) “Individual Service Record” means the written or electronic documentation regarding an enrolled individual that summarizes the services and supports provided from point of entry to service conclusion.

(11) “Literally Homeless Individual” 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.

(12) “Local Mental Health Authority” (LMHA) means one of the following entities:

(a) The Board of County Commissioners of one or more counties that establishes or operates a CMHP;

(b) The tribal council of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services or

(c) A regional LMHA comprised of two or more boards of county commissioners.

(13) “Outreach” means the process of bringing individuals into treatment who do not access traditional services.

(14) “Projects for Assistance in Transition from Homelessness” (PATH) means the Formula Grants, 42 U.S.C. 290cc-21 to 290-cc-35.

(15) “Qualified Mental Health Professional” (QMHP) means any person who meets one of the following minimum qualifications as authorized by the LMHA or designee:

(a) A Licensed Medical Practitioner;

(b) A graduate degree in psychology, social work, or recreational, art or music therapy;

(c) A graduate degree in a behavioral science field;

(d) A bachelor’s degree in occupational therapy and licensed by the State or Oregon; or

(e) A bachelor’s degree in nursing and licensed by the State of Oregon.

(16) “Secretary” means the Secretary of the U.S. Department of Health and Human Services.

(17) “Serious Mental Illness” means a psychiatric condition experienced by an individual who is 18 years of age or older and who is:

(a) Diagnosed by a QMHP as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or

(b) Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:

(A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;

(B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;

(C) Establishment and maintenance of supportive relationships; or

(D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0321

Eligible Services

- (1) Effective outreach to engage people in the following array of services:
 - (a) Identification of individuals in need;
 - (b) Screening for symptoms of serious mental illness;
 - (c) Development of rapport with the individual;
 - (d) Offering support while assisting with immediate and basic needs;
 - (e) Referral to appropriate resources; or
 - (f) Distribution of information including but not limited to:
 - (A) Flyers and other written information;
 - (B) Public service announcements; or
 - (C) Other indirect methods of contact.
- (2) Methods of active outreach including but not limited to face-to-face interaction with literally homeless people in streets, shelters, under bridges and in other non-traditional settings, in order to seek out eligible individuals.
- (3) Methods of in-reach, including but not limited to placing outreach staff in a service site frequented by homeless people, such as a shelter or community resource center, where direct, face to face interactions occur, in order to allow homeless individuals to seek out outreach workers.
- (4) Screening and diagnosis.
- (5) Habilitation and rehabilitation services.
- (6) Community mental health services.
- (7) Alcohol or drug treatment services.
- (8) Staff training, including the training of those who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.
- (9) Case management including the following.
 - (a) Preparing a plan for the provision of community mental health services to the eligible individual and reviewing the plan not less than once every three months;
 - (b) Assistance in obtaining and coordinating social and maintenance services for the eligible individual, including services related to daily living activities, personal financial planning, transportation, and housing services;
 - (c) Assistance to the eligible individual in obtaining income support services including housing assistance, food stamps and supplemental security income benefits;
 - (d) Referring the eligible individual for such other services as may be appropriate and
 - (e) Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act [42 U.S.C. 1383(a)(2)] if the eligible individual is receiving aid under title XVI of such act [42 U.S.C. 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;
- (10) Supportive and supervisory services in residential settings;
- (11) Housing services, which shall not exceed twenty percent of all total PATH expenses and which may include:
 - (a) Minor renovation, expansion and repair of housing;
 - (b) Planning of housing;
 - (c) Technical assistance in applying for housing assistance;
 - (d) Improving the coordination of housing services;
 - (e) Security deposits;

- (f) The costs associated with matching eligible individuals with appropriate housing situations;
or
 - (g) One time rental payments to prevent eviction; and
 - (12) Referrals to other appropriate services or agencies, for those determined ineligible for other PATH services.
 - (13) Other appropriate services as determined by the Secretary.
- Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695
Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0331

Staff Qualifications and Training Standards

- (1) Staff delivering case management and outreach services to individuals shall have demonstrated ability to:
 - (a) Identify individuals who appear to be seriously mentally ill;
 - (b) Identify service goals and objectives and incorporate them into an ISSP; and
 - (b) Refer the individuals for services offered by other agencies.
 - (2) All staff delivering PATH services shall have training, knowledge and skills suitable to provide the services described in these rules.
- Stat. Auth.: ORS 413.042 & 430.640
Stats. Implemented: ORS 430.610 – 430.695
Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0341

Rights of Eligible Individuals

- (1) In addition to all applicable statutory and constitutional rights, every eligible individual receiving services has the right to:
 - (a) Choose from available services and supports;
 - (b) Be treated with dignity and respect;
 - (c) Have all services explained, including expected outcomes and possible risks;
 - (d) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 192.515 and 42 CFR Part 2 and 45 CFR Part 205.50;
 - (e) Give informed consent to services in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law;
 - (f) Inspect their Individual Service Record in accordance with ORS 179.505;
 - (g) Not participate in experimentation;
 - (h) Receive medications specific to the individual's diagnosed clinical needs;
 - (i) Receive prior notice of service conclusion or transfer, unless the circumstances necessitating service conclusion or transfer pose a threat to health or safety;
 - (j) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
 - (k) Have religious freedom;
 - (l) Be informed at the start of services and periodically thereafter of the rights guaranteed by these rules;

(m) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian or representative assist with understanding any information presented;

(n) Have family involvement in service planning and delivery;

(o) Make a declaration for mental health treatment, when legally an adult;

(p) File grievances, including appealing decisions resulting from the grievance; and

(q) Exercise all rights described in this rule without any form of reprisal or punishment.

(2) The provider will give to the individual and if applicable, to the guardian, a document that describes the preceding individual rights.

(a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;

(b) The rights and how to exercise them will be explained and

(c) Individual rights will be posted in writing in a common area.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

309-032-0351

Enrollment and Record Requirements

(1) An individual's eligibility shall be determined and documented at the earliest possible date.

(2) A record shall be maintained for each enrolled individual receiving services under this rule.

The record shall contain the following:

(a) An enrollment form which includes:

(A) The individual's name and PATH enrollment date;

(B) A list or description of the criteria determining the individual's PATH eligibility; and

(C) The individual's PATH services discharge date.

(b) A plan defining the enrolled individual's goals and service objectives including one or more of the following:

(A) Accessing community mental health services for the eligible individual, which includes reviewing the plan not less than once every three months;

(B) Accessing and coordinating needed services for the eligible individual, as detailed in these rules.

(C) Accessing income and income support services, including housing assistance, food stamps, and supplemental security income; and

(D) Referral to other appropriate services.

(c) Progress notes that provide an on-going account of contacts with enrolled individual, a description of services delivered, and progress toward the enrolled individual's service plan goals; and

(d) A termination summary describing reasons for the enrolled individual no longer being involved in service.

(3) A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:

(a) A description of the potentially eligible individual, which may include but not be limited to:

(A) A physical description of the individual;

(B) The location where the individual was served; and

(C) A description of the individual's personal belongings.

(b) A preliminary assessment of the potentially eligible individual's needs based on available information; and

(c) A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.

(4) Records shall be confidential in accordance with ORS 179.505, 45 CFR Part 2 and OAR 032-1535 pertaining to individuals' records.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

Attachment C: Oregon's PATH Request for Proposals

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhsalt@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**The State of Oregon
Oregon Health Authority**

Issues the Following

Request for Proposals

for

Projects for Assistance in Transition from Homelessness (PATH)

RFP #3519

Date of Issuance: **January 8, 2013**

Proposals Due by: **3:00 P.M. Local Time, February 26, 2013** at the Issuing Office.

Postmarks and faxes will not be considered.

Proposal Public Opening: **3:15 P.M. Local Time, February 26, 2013** at Issuing Office in Room 306

Issuing Office:

Contracts and Procurement
Sharon M. Landis, Contracts Specialist
250 Winter Street NE, Room 306
Salem, OR 97301
Telephone: 503-945-6939
Fax: 503-373-7889
Email: sharon.m.landis@state.or.us

SECTION 1 – PURPOSE/OVERVIEW

1. *Introduction*

The State of Oregon, Oregon Health Authority (OHA), requests Proposals from County Mental Health Providers (CMHP), tribes, Community Mental Health Programs, and 501(c)(3) non-profits or consortiums to provide PATH program services. Collaborations between CMHPs and community based homeless service providers are strongly encouraged.

OHA intends to award five to eight proposals to provide PATH program services. Initial contracts resulting from this RFP will be for a period beginning July 1, 2013 through June 30, 2015. OHA reserves the right to amend the resulting contracts for additional services reasonably within the scope of services described in the RFP, additional money not to exceed three times the initial contract amount, and additional time not to exceed a total contract term of four (4) years. Funding is allocated annually and is contingent on the continuation and amount of Oregon's Federal PATH allocation. Funds awarded will be disbursed in 12 substantially equal payments. Programs exceeding the performance requirements may be eligible for a performance bonus.

All persons or firms submitting Proposals are referred to as Proposers in this Request for Proposals (RFP); after execution of the Contract, the awarded Proposer will be designated as Contractor.

The scope of the Contractor services and deliverables for the Contract is described in Section 3, "Scope of Work". The parties will negotiate the final Statement of Work to be included in the Contract.

GOVERNMENTAL PROPOSERS: Governmental Proposers do not compete on the same basis as private sector Proposers. However, OHA will initially review Governmental Proposals according to the same evaluation criteria described in this RFP. Governmental Proposers must comply with all applicable requirements described in this RFP.

OHA reserves the right to enter into an ORS Chapter 190 agreement with any Governmental Proposer for the services or Work; to cancel this RFP pursuant to Section 7.2 and enter into an ORS Chapter 190 agreement with a governmental entity.

2. *Overview and Background*

Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) Focus: AMH is conducting a Request for Proposals (RFP) process in order to meet continued funding requirements and to encourage and support creative program development. The focus of the RFP is to better align with the federal goals for the Projects for Assistance in Transition from Homelessness (PATH) program: to target street outreach and case management and maximize serving the most vulnerable adults who are literally and chronically homeless. To meet this goal, AMH will implement specific performance goals and outcome measures to ensure that services are provided to help end homelessness for PATH-eligible individuals and assist in stabilizing their recovery as independently as possible. AMH is also strengthening the emphasis on creating

partnerships between the community mental health programs (CMHP) and organizations providing homeless services around the State.

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the PATH program. The PATH program is a federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the Virgin Islands. The PATH program supports the delivery of outreach and services to persons who are homeless or at imminent risk of homelessness, with serious mental illnesses and/or co-occurring substance use disorders.

The states and the United States (U.S.) territories receive PATH funding from the Center for Mental Health Services (CMHS), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA), a Public Health Service agency within the U.S. Department of Health and Human Services (HHS). States and territories solicit proposals and award funding to local public or nonprofit organizations to provide a variety of essential services to individuals who have serious mental illnesses and/or co-occurring substance use disorders and are homeless or at imminent risk of homelessness. Over 480 providers focus on these vulnerable members of our society and provide services mainstream mental health programs do not support. The PATH funding leverages state and local resources (at least one dollar for every three dollars of federal funds), creating a network of human service organizations accessible to people who are homeless with mental illness or co-occurring mental health and substance use disorders.

Proposers are encouraged to visit the Federal PATH Program's website at www.pathprogram.samhsa.gov to learn more.

3. Definitions

For purposes of this RFP and the resulting Contract, the terms below shall have the following meanings:

- i. **Contract** means the Contract awarded as a result of this RFP.
- ii. **Contractor** means the Proposer selected through this RFP to enter into a Contract with OHA to perform the Work.
- iii. **Governmental Proposal** means a Proposal submitted to OHA by a Governmental Proposer.
- iv. **Governmental Proposer** means a governmental entity that submits a Proposal.
- v. **Key Personnel or Key Persons** means the person or persons on Proposer's staff to be assigned to perform the Work under the Contract. For Key Persons not identified prior to Proposal submission, a position description must be submitted.

- vi. **Office of Contracts and Procurement (OC&P)** means the entity that is responsible for the procurement process for OHA.
- vii. **Proposal** means a written response submitted to OC&P in response to this RFP.
- viii. **Proposer** means the person or entity that submits a Proposal.
- ix. **RFP** means Request for Proposal.
- x. **Work** means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Work of this RFP.

4. Authority

OHA issues this RFP under the authority of ORS.413.033

SECTION 2 – MINIMUM QUALIFICATIONS

Proposers must meet all of the following minimum qualifications:

- (1) Demonstrate that Proposer meets the “responsible Proposer” requirements identified in Oregon Revised Statute 279B.110. Access to this statute can be achieved at the following website: <http://www.leg.state.or.us/ors/279b.html>
- (2) The successful Proposers must be able to provide services immediately upon contract award. Any exceptions must be OHA approved and include a mutually agreed upon start-up time period.
- (3) Proposer must be organized as a single legal entity. If a group or more than one legal entity chooses to submit a proposal, one member of the group or one legal entity must submit the offer to provide services and must assume complete responsibility for the fulfillment of the resulting contract.

SECTION 3 – SCOPE OF WORK

Pursuant to ORS 279B.060(2)(c) OHA requires that the Contractor meets the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services.

3.1 PATH SERVICES:

The intent of the PATH program is to provide PATH-eligible services that contact and engage individuals eligible for PATH services who are not currently connected to mainstream services. PATH services are prescribed in OAR 309-032-0301 through 309-032-0351.

PATH-eligible means an individual who:

- a. Has a serious mental illness; **and**
- b. May have a co-occurring substance use disorder; **and**

- c. Is homeless or at imminent risk of homelessness
- PATH-enrolled means an individual who
- (1) is PATH-eligible; **and**
 - (2) for whom an individual record or file is developed

Eligible services through PATH are as follows:

- a. Outreach
- b. Screening and diagnostic treatment
- c. Habilitation and rehabilitation
- d. Community mental health
- e. Alcohol and drug treatment
- f. Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services
- g. Case management
- h. Supportive and supervisory services in residential settings
- i. Referral for primary health services, job training, educational services, and relevant housing services
- j. Housing services as specified in Section 522(b)(10) of the Public Health Service Act (PHS), including:
 - a. Minor renovation, expansion, and repair of housing
 - b. Planning of housing
 - c. Technical assistance in applying for housing assistance
 - d. Improving the coordination of housing services
 - e. Security deposits
 - f. Costs associated with matching eligible individuals who are homeless with appropriate housing situations
 - g. One-time rental payments to prevent eviction

Additional information regarding the service definitions is available in Appendix B - PATH Service Definitions.

Although PATH funds can be used to support this array of services, applicants are encouraged to use the resources to fund street outreach and case management services for literally and chronically homeless adults with serious mental illness. AMH also emphasizes that PATH funding of community mental health services, alcohol and drug treatment services, and supportive and supervisory services in residential settings is meant to be transitional.

3.2 PARTICIPATION REQUIREMENTS:

- 3.2.1 Services provided must be eligible services as stated in, Appendix A - the Public Health Services Act Section 522(b).
- 3.2.2 At least 85% of individuals contacted shall not be enrolled in community mental health services at first contact.
- 3.2.3 Of the total individuals who are PATH-enrolled, 75% must be transitioned into housing.

- 3.2.4 All individuals enrolled in PATH must be connected to community mental health services.
- 3.2.5 Active participation in the local Continuum of Care.
- 3.2.6 Attendance at semi-annual PATH provider meetings.
- 3.2.7 Attendance at PATH technical assistance and trainings as requested by OHA.
- 3.2.8 Development of an annual PATH Intended Use Plan including a line item budget and budget narrative using the format supplied by OHA.
- 3.2.9 Submission of quarterly utilization, demographic data, and expenditure reports to OHA.
- 3.2.10 Participation in annual PATH program site reviews conducted by AMH.
- 3.2.11 Participation in Federal site reviews as needed or requested by OHA.

3.3 SPECIAL CONSIDERATION REGARDING VETERANS:

As specified in section 522(d) of the PHS Act, in making grants using PATH appropriations, the State must give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

3.4 SPECIAL RULE REGARDING SUBSTANCE USE:

Grants will not be made to any organization that (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

3.5 COST SHARING AND FUNDING RESTRICTIONS:

Cost sharing is required as specified in Section 523(a) of the PHS Act. The grant recipients must match directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal PATH funds. Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

Required PATH match contributions must be available at the beginning of the grant period.

In addition, grant recipients must comply with the following funding restrictions:

- (1) Grant funds must be used for purposes supported by the program.
- (2) No more than 4% of Federal PATH funds received shall be expended for administrative expenses.
- (3) No more than 20% of the Federal PATH funds received may be expended for eligible housing services.
- (4) Grant funds **may not** be expended:
 - a. To support emergency shelters
 - b. For inpatient psychiatric treatment

- c. For inpatient substance abuse treatment
- d. To make cash payments to intended recipients of mental health or substance abuse services
- e. To pay for the purchase or construction of any building or structure to house any part of the grant program
- f. For any lease arrangements in association with the proposed project utilizing PATH funds for:
 - i. A time period beyond the project period; **or**
 - ii. Purposes not supported by the grant

SECTION 4 – RFP PROCESS

4.1. *Sole Point of Contact (SPC)*

Sharon M. Landis, OPBC
 Office of Contracts and Procurement
 250 Winter Street NE, Room 306
 Salem, OR 97301
 Telephone: 503-945-6939
 Fax: 503-373-7889
 Email: sharon.m.landis@state.or.us
 TTY: 503-378-3523

All communications with OC&P concerning this RFP must be directed only to the SPC named above. Any unauthorized contact regarding this RFP with other State employees or officials may result in Proposal rejection. Any oral communications will be considered unofficial and non-binding. The Oregon Procurement Information Network (ORPIN) will be used to distribute all information regarding this RFP. Any additional information received in writing from the SPC is also considered official.

4.2 *Timeline for RFP and Proposal Submission*

RFP Opens January 8, 2013
 RFP Questions Due..... January 29, 2013 at 5:00 P.M. (Local Time)
 RFP Answers Returned (approximately) February 5, 2013
 RFP Closes. Proposals Due February 26, 2013 at 3:00 P.M. (Local Time)
 Public Opening February 26, 2013 at 3:15 P.M. (Local Time)
 Public Opening Location Issuing Office, Room 306
 Notice of Intent to Award (estimated))..... April 16, 2013
 Estimated Contract Start Date July 1, 2013
 Estimated Contract End Date June 30, 2015

4.3. Closing Date for Submittal of Proposals

4.3.1 OC&P must receive Proposals by the date and time specified in Section 4.2, “Timeline for RFP and Proposal Submission”. Proposals received after closing date and time are late, will not be considered and will be destroyed following any protest period. Postmarks after closing date and time, faxed, and electronic Proposals will not be considered.

4.3.2 Proposals shipped must be addressed as follows:

Office of Contracts & Procurement
RFP #3519
Attn: Sharon M. Landis, OPBC
250 Winter Street NE, Room 306
Salem, OR 97301

4.3.3 Hand delivery of Proposals is optional. Hand delivered Proposals must be received at the address listed in Section 4.3.2 by the date and time specified in Section 4.2. Subject to Section 4.2, OC&P will receive Proposals during its normal Monday – Friday business hours of 8:00 am to 5:00 pm (Local Time), except during State of Oregon holidays, mandatory furlough days, and other times when OC&P is closed. OC&P will provide all Proposers who hand deliver their Proposals a completed receipt of delivery at the time of Proposal delivery. Proposals must be submitted in a sealed package addressed as shown above in Section 4.3.2 with the name of the SPC and the RFP # visible on the outside of the package.

4.4. Pre-proposal Questions Relating to This RFP

Questions about this RFP document, including specifications, Contract terms and conditions, or the Solicitation process must be submitted and received by the SPC by the date and time specified in Section 4.2. Questions may be submitted by fax or e-mail. Notification of any substantive clarifications provided in response to any question will be provided and published on the ORPIN web site at <http://orpin.oregon.gov/open.dll/welcome>.

For complete RFP documentation, please go to the ORPIN web site. OC&P will not automatically mail copies of any addenda or answers but will publish Addenda and Questions and Answers on ORPIN. Addenda may be downloaded from ORPIN. Proposers are responsible to frequently check ORPIN until date of RFP Closing.

4.5 Public Opening

In accordance with ORS 279B.060(6)(a) and OAR 137-047-0450, a public opening will be held on the date and time, and at the location, stated on the first page of this RFP, unless changed by addendum. The Proposals received will not be opened except to identify Proposer if the Proposer’s name is not otherwise identifiable. Only the name of

the Proposer will be read at the opening, no other information will be made available at that time. Proposals received will not be available for inspection until after the evaluation process has been completed and the notice of intent to award is issued pursuant to OAR 137-047-0630.

SECTION 5 – PROPOSAL REQUIREMENTS

All Proposals shall include the items listed in this Section. *Proposals must address all Proposal and submission requirements set forth in this RFP, and must describe how the services will be provided. Proposals that merely offer to provide services as stated in this RFP will be considered non-responsive to this RFP and will not be considered further.*

OHA will evaluate the overall quality of content and responsiveness of Proposals to the purpose and specifications of this RFP.

5.1 General Proposal Requirements

5.1.1 Proposals must be submitted using only 8 ½” x 11” white paper. Proposals should be typed without extensive art work, unusual printing or other materials not essential to the utility and clarity of the Proposals.

5.1.2 A signed original and five (5) copies of the Proposal must be submitted. Proposals must be submitted in a sealed package addressed to the SPC as shown in Section 4.3.2 above with the Proposer’s name, the SPC’s name, and the RFP # clearly visible on the outside of the package.

5.1.3 A representative authorized to bind the Proposer must sign the Proposal in ink. Failure of the authorized representative to sign the Proposal may subject the Proposal to rejection by OC&P.

5.2 Technical Proposal Requirements

The Technical Proposal shall include the following items in the order listed below. Page limits are noted, when relevant. Unless otherwise specified, no particular form is required.

5.2.1 Proposal Cover Sheet

Complete all sections of the Proposal Cover Sheet ([Attachment 1](#)) including signature from the authorized representative. This page should be included as the top page of the Proposal.

5.2.2 Project Narrative (150 points):

- (1) Describe the roles and qualifications of all organizations involved in providing PATH-funded¹ services under this application including:
 - a. the organization name,

¹ “PATH-funded” includes both Federal PATH funds and match funds.

- b. type of organization,
 - c. services provided, and
 - d. region served.
- (2) Provide an organizational chart showing how the PATH program will fit in the agency's overall work.
 - (3) Provide, as an appendix, the job description(s) for PATH-funded staff.
 - (4) Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
 - (5) Describe any gaps in the current service system to adults with serious mental illness experiencing homelessness and how PATH-funded services will help address those gaps.
 - (6) Describe the organization's plan to provide coordinated and comprehensive services to individuals who are PATH-eligible, including:
 - a. the projected number of eligible individuals who will receive PATH-funded services. Please include the number of people who will be enrolled in PATH as well as the number of people to receive outreach services. Indicate what percentage of individuals served with PATH funds are projected to be literally homeless (See Appendix B - PATH Service Definitions);
 - b. a description of services to be provided using PATH funds (see Appendix A - Public Health Services Act);
 - c. a description of services available (whether paid for using PATH funds or not) for individuals who have both a serious mental illness and substance use disorder; and
 - d. indicate what strategies are used for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).
 - (7) Describe the capability, administrative expertise, and experience of the primary applicant organization in developing and delivering PATH-eligible services.

5.2.3 Use of Evidence-Based Practices (50 points):

- (a) Describe which evidence-based practices will be used in the delivery of PATH services, and how they will be incorporated in the delivery of PATH services.
2. Describe how the Proposer(s) pay for or otherwise support training in evidence-based practices for PATH-funded staff.

5.2.4 Community Collaboration (150 points):

1. Describe the coordination with community organizations that provide key services including, but not limited to: primary health, mental health, substance abuse, housing and employment for individuals eligible for PATH. Include as appendices letters of cooperation from community

organizations that will be collaborating with the program. It is the expectation of AMH that collaboration between homeless service providers, community mental health providers, and housing services providers is clearly identified.

2. Describe your organization's involvement in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities related to ending homelessness. Include as an appendix a letter from the local Continuum of Care's Chair or Vice Chair describing your organization's role and participation in the local Continuum of Care.

5.2.5 Meaningful Consumer and Family Involvement (75 points):

Describe how individuals who are or have been homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are or have been PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. Describe efforts that have been implemented to engage individuals who are or have been homeless and have serious mental illnesses and family members for meaningful involvement. (See Appendix C - Meaningful Consumer and Family Involvement)

5.2.6 Cultural Competency (30 points):

Describe:

1. the demographics of the client population;
2. the demographics of the staff serving the clients;
3. how staff providing services to the target population will be sensitive to age, gender and racial/ethnic differences of clients;
4. the extent to which staff receive periodic training in cultural competence. (See Appendix D - SAMHSA Guidelines for Cultural Competence)

5.2.7 Services to Veterans (60 Points):

The State must give special consideration to entities with a demonstrated effectiveness in serving homeless veterans. Describe the services provided to homeless veterans, and the program's qualifications, experience and effectiveness in providing such services.

5.2.8 Budget (125 points):

1. Provide a line item budget for the PATH program (See Appendix E - Budget Form).
2. Provide a budget narrative that provides details regarding the expenditure of PATH funds, and includes a description and source of match funds to be used.
3. Describe how expenditures of PATH funds (Federal and match) will be tracked and monitored.

SECTION 6 – PROPOSAL EVALUATION

Proposals must be complete at the time of submission and include the required number of copies.

OC&P will verify the Proposals received meet the Minimum Qualifications identified in Section 2 and General Proposal Requirements in Section 5.1. Those Proposals meeting these requirements will then be evaluated and scored.

OC&P will conduct a comprehensive and impartial evaluation of the Proposals received. Proposals will be evaluated by a Review Panel selected by OHA. The Review Panel will evaluate the Proposals and rank them according to the scoring system described below.

Proposals must provide a concise description of the Proposer's ability to satisfy the requirements of the RFP with emphasis on completeness and clarity of content. Evaluators will consider brevity and clarity of responses in scoring Proposals.

Proposals will be scored by the Review Panel. Maximum point values and evaluation criteria for each section are described below.

Award, if one is made, will be made to the highest ranked responsive, responsible Proposer subject to Section 6.7.

6.1 *Pass/Fail Items*

The items listed below will be scored on a pass/fail basis. Proposers who fail to meet these standards will not be reviewed further.

6.1.1 Does the Proposer meet the requirements of Section 2 Minimum Qualifications?

6.1.2 Does the Proposal comply with Section 5, 5.2.1 Proposal Cover Sheet?

6.2 *Evaluation Factors Checklist*

Each Proposal must clearly meet the pass/fail criteria and address the scored criteria. Evaluation factors and maximum points are presented below.

PASS OR FAIL CRITERIA	
Section 2 Minimum Qualifications	Pass or Fail
Section 5 Proposal Cover Sheet (Attachment A)	Pass or Fail

SCORED CRITERIA	
Evaluation Criteria	Maximum Possible Score
Section 6.2 Technical Proposal Evaluation:	
Project Narrative	150
Use of Evidence-Based Practices	50
Community Collaboration	150
Meaningful Consumer & Family Involvement	75
Cultural Competency	30
Veterans Services	60
Budget	125
TOTAL POINTS	640

6.3 Best and Final Offer

The “Best and Final Offer” permits OC&P to request a “Best and Final Offer” from one or more Proposers if additional information is required to make a final decision. Proposer may be contacted asking that they submit their “Best and Final Offer”, which must include any and all discussed and negotiated changes. OC&P reserves the right to request a “Best and Final Offer” for this RFP based on any factor.

6.4 Responsible

Prior to award, OC&P intends to evaluate whether the highest ranked Proposer meets the applicable standards of responsibility identified in OAR 137-047-0500. In doing so, OC&P may request information in addition to that already required in the RFP when OC&P, in its sole discretion, considers it necessary or advisable.

OC&P reserves the right, pursuant to OAR 137-047-0500, to investigate and evaluate, at any time prior to award and execution of the Contract, the highest ranked Proposer’s reasonability to perform the Scope of Work. Submission of a signed Proposal shall constitute approval for OC&P to obtain any information OC&P deems necessary to conduct the evaluation. OC&P shall notify the highest ranked Proposer in writing of any other documentation required, which may include but is not limited to: recent profit-and-loss history; current balance statements; assets-to-liabilities ratio, including number and amount of secured versus unsecured creditor claims; availability of short and long-term financing; bonding capacity; credit information; and facility and personnel information. Failure to promptly provide this information shall result in Proposal rejection.

OC&P may postpone the award of the Contract after announcement of the apparent successful Proposer in order to complete its investigation and evaluation. Failure of the apparent successful Proposer to demonstrate Responsibility, as required under OAR 137-047-0500, shall render the Proposer non-responsible.

6.5 *Final Selection and Award*

Award, if one is made, will be made to the highest ranked responsive, responsible Proposer. Proposer ranking will be determined by the sum of its scores on the Technical Proposal. OHA will enter into negotiations with the highest ranked Proposer. OHA may choose to not award a Contract. In the event that Contract negotiations with the highest ranked Proposer are not successful within a reasonable time frame, OHA reserves the right to terminate negotiations with the highest ranked Proposer, and negotiate with the next highest ranked Proposer and so on, until successful negotiations are completed or OHA decides to terminate all negotiations and cancel the solicitation. The determination of what constitutes a reasonable time frame for purposes of this paragraph shall be solely at the determination of OC&P. This protocol will be followed until a Contract has been signed. If all Proposals are rejected, Proposers will be promptly notified.

6.6 *Proposal Rejection*

6.6.1 OC&P will reject a Proposer's Proposal if the Proposer attempts to influence a member of the Proposal Review Panel regarding the Proposal review and evaluation process.

6.6.2 OC&P may reject a Proposal for any of the following additional reasons:

- (a) The Proposer fails to substantially comply with all prescribed solicitation procedures and requirements, including but not limited to the requirement that Proposer's authorized representative sign the Proposal in ink; or
- (b) The Proposer makes any unauthorized contact regarding this RFP with State employees or officials other than the SPC.

SECTION 7 – GENERAL INFORMATION

7.1 *Changes/Modification and Clarifications*

When appropriate, OC&P will issue revisions, substitutions, or clarifications as addenda to this RFP. Changes and modifications to the RFP shall be recognized only if in the form of written addenda issued by OC&P and posted on the ORPIN website, <http://orpin.oregon.gov/>

7.2 *Reservation of OC&P Rights*

OC&P reserves all rights regarding this RFP, including, without limitation, the right to:

- a. Amend or cancel this RFP without liability if it is in the best interest of the State to do so, in accordance with ORS 279B.100;

- b. Reject any and all Proposals received by reason of this RFP upon finding that it is in the best interest of the State to do so, in accordance with ORS 279B.100;
- c. Waive any minor informality;
- d. Seek clarification of each Proposal;
- e. Negotiate the statement of work within the scope of work described in this RFP and to negotiate the rate;
- f. Amend or extend the term of any Contract that is issued as a result of this RFP;
- g. Engage Proposer by selection or procurement for different or additional services independent of this RFP process and any contracts/agreements entered into pursuant hereto;
- a. Enter into direct negotiations to execute a Contract with a responsive Proposer, in the event that the Proposer is the sole Proposer to this RFP, and OC&P determines that the Proposer satisfies the minimum RFP requirements;
- b. Reject any Proposal upon finding that to accept the Proposal may impair the integrity of the procurement process or that rejecting the Proposal is in the best interest of the State.

7.3 *Protest of RFP*

Subject to ORS 279B.405 and OAR 137-047-0730, any prospective Proposer may submit a written protest of the procurement process or this RFP no later than ten (10) calendar days prior to the close of this RFP. Any written protest to the procurement process or this RFP shall be delivered to the SPC identified in Section 4.1 and shall contain the following information:

- (a) Sufficient information to identify the solicitation that is the subject of the protest;
- (b) The grounds that demonstrate how the procurement process is contrary to law or how the solicitation document is unnecessarily restrictive, is legally flawed or improperly specifies a brand name;
- (c) Evidence or supporting documentation that supports the grounds on which the protest is based;
- (d) The relief sought; and
- (e) A statement of the desired changes to the procurement process or the RFP that the will remedy the conditions upon which the prospective Proposer based its protest.

7.4 *Award Notice*

The apparent successful Proposer shall be notified in writing and OC&P will set the time lines for Contract negotiation as applicable.

7.5 *Protest of Award*

Every Proposer shall be notified of its selection status. A Proposer shall have 7 calendar days after the date of the notice of intent to award to submit a written protest to the SPC

identified in Section 4.1. Award protests must meet the requirements of ORS 279B.410 to be considered. OC&P will not consider any protests that are received after this deadline.

7.6 *Modification or Withdrawal*

- (a) **Modifications:** A Proposer may modify its Proposal in writing prior to the closing. A Proposer must prepare and submit any modification to its Proposal to OC&P in accordance with Paragraph 4.3, above. Any modification must include the Proposer's statement that the modification amends and supersedes the prior Proposal. The Proposer must mark the submitted modification "Proposal Modification RFP # 3519," and be addressed to the attention of the SPC.
- (b) **Withdrawals:** A Proposer may withdraw its Proposal by written notice submitted signed by an authorized representative of the Proposer, delivered to the SPC in person or in the same manner as set forth in Paragraph 4.3, above. The Proposer must mark the written request to withdraw "Proposal Withdrawal to RFP # 3519."

7.7 *Release of Information*

No information shall be given to any Proposer (or any other individual) relative to their standing with other Proposers during the RFP process.

7.8 *Public Information*

- (a) After the notice of intent to award, the procurement file is subject to public disclosure in accordance with OAR 137-047-0630, and the Oregon Public Records Law (ORS 192.410–192.505). If any part of a Proposal or protest is considered a trade secret as defined in Oregon Revised Statutes 192.501(2) or otherwise exempt from disclosure under Oregon Public Records Law, the Proposer shall, at the time of submission: (1) clearly designate that portion as confidential in Part I of [Attachment 2](#) (Proposer's Designation of Confidential Materials); and (2) explain the justification for exemption under the Oregon Public Records Law in Part II of Attachment 2, in order to obtain protection, if any, from disclosure. Application of the Oregon Public Records Law shall determine if the confidential information claimed to be exempt is in fact exempt from disclosure.
- (b) Any person may request copies of public information. However, copies of Proposals will not be provided until the evaluation process has been closed and the notice of intent to award has been issued. Requests for copies of public information shall be in writing. Requestors will be charged according to the current policies and rates for public records requests in effect at the time OC&P receives the written request for public information. Fees, if applicable, must be received by OC&P before the records are delivered to the requestor.

7.9 *Cost of Proposals*

All costs incurred in preparing and submitting a Proposal in response to this RFP will be the responsibility of the Proposer and will not be reimbursed by OHA.

7.10 Statutorily Required Preferences

The following Preferences and rules apply to this RFP:

- (a) Preference for Oregon Supplies and Services, pursuant to ORS 279A.120;
- (b) Preference for recycled materials and products, pursuant to ORS 279A.125 and OAR 137-046-0320;
- (c) Performance within the state of public printing, binding and stationery work, pursuant to ORS 282.210; and
- (d) The Proposer shall use recyclable products to the maximum extent economically feasible in the performance of the Work set forth in this document pursuant to ORS 279B.060(2)(f).

7.11 Contract Period

Initial term of the Contract shall be for the period stated in Section 1.1. If OHA determines that the work performed has been satisfactory, OHA may, at its option, amend or extend the Contract for additional time and for additional dollars without further solicitation for a total Contract term of up to four (4) years. Modifications or extensions shall be by written amendment duly executed by the parties to the original Contract; see Form Contract, [Attachment 3](#).

7.12 Contractual Obligation

All Proposers who submit a Proposal in response to this RFP understand and agree that OHA is not obligated thereby to enter into a Contract with any Proposer and, further, has absolutely no financial obligation to any Proposer.

7.13 Contract Documents

The final Contract will be based on the Form Contract, which is attached as Attachment 3 to this RFP, and will include all exhibits and attachments identified in the Contract. The terms and conditions included in [Attachment 3](#), other than Exhibit A, "Statement of Work" are not subject to negotiation.

7.14 Insurance Requirements

The apparently successful Proposer will be required to secure insurance as described in the [Attachment 3](#) Form Contract, Exhibit C (Insurance Requirements) prior to execution of the Contract.

ATTACHMENT 1 A - Proposal Cover Sheet

Proposer Information - RFP # 3519

Proposer Name: _____

For non-governmental organizations, check one box:

Proposer is a publicly held company or privately held company.

Primary Contact Person: _____ Title: _____

Address: _____ City, State, Zip _____

Telephone: _____ Fax: _____ E-mail Address: _____

Name and title of the person(s) authorized to represent the Proposer in any negotiations and sign any Personal Services Contract that may result:

Name: _____ Title: _____

By signing this page and submitting a Proposal, the Authorized Representative certifies that the following statements are true:

- a. No attempt has been made or will be made by the Proposer to induce any other person or organization to submit or not submit a Proposal.
- b. Proposer does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.
- c. Information and costs included in this Proposal shall remain valid for 90 days after the Proposal due date or until a Contract is approved, whichever comes first.
- d. The statements contained in this Proposal are true and complete to the best of the Proposer's knowledge and Proposer accepts as a condition of the Contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.
- e. The Proposer, by submitting a Proposal in response to this Request for Proposals, certifies that it understands that any statement or representation contained in, or attached to, its Proposal, and any statement, representation, or application the Proposer may submit under any contract DHS may award under this Request for Proposals, that constitutes a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to

180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.

- f.** The Proposer acknowledges receipt of all addenda issued under this RFP.
- g.** If the Proposer is awarded a Contract as a result of this RFP, the Proposer will be required to complete, and will be bound by, a Personal Services Contract as attached to this RFP and found on the ORPIN website. At the time of signing the Contract with DHS the Proposer will be required to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable.
- h.** Pursuant to ORS 279B.060(2)(c), the Proposer, if awarded a Contract, agrees to meet the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services as stated in the scope of work.

Signature: _____ Date: _____
(Authorized to Bind Proposer)

***** THIS PAGE SHOULD BE THE TOP PAGE OF THE PROPOSAL *****

ATTACHMENT 1 B – Proposed Subcontractor Information

Proposer Information - RFP # 3519
MUST BE COMPLETED BY ALL PROPOSERS

1. Proposed Subcontractor:
 Yes (Complete sections 2 and 3 below) No (Complete section 3 below)

2. Proposed Subcontractor Information:

Entity Name: _____

City, State, Zip: _____

Contact Person: _____

Telephone: _____ Cell Phone _____

Facsimile: _____ Email: _____

3. **Authorization to Propose for PATH funding from AMH:**
The signature below is provided by a duly authorized official of the Proposer agency and indicates that the proposal has been reviewed and approved for submittal.

Signature

Date

Printed Name and Title

ATTACHMENT 2 - Proposer's Designation of Confidential Materials

RFP # 3519

Proposer Name: _____

Instructions for completing this form:

As a public entity, OC&P is subject to the Oregon Public Records Law which confers a right for any person to inspect any public records of a public body in Oregon, subject to certain exemptions and limitations. See ORS 192.410 through 192.505. Exemptions are generally narrowly construed in favor of disclosure in furtherance of a policy of open government. Your Proposal will be a public record that is subject to disclosure except for material that qualifies as a public records exemption.

It is OC&P's responsibility to redact from disclosure only material exempt from the Oregon Public Records Law. It is the Proposer's responsibility to only mark material that legitimately qualifies under an exemption from disclosure. To designate a portion of a Proposal as exempt from disclosure under the Oregon Public Records Law, the Proposer should do the following steps:

- a.** Clearly identify in the body of the Proposal only the limited material that is a trade secret or would otherwise be exempt under public records law. If a Proposal fails to identify portions of the Proposal as exempt, Proposer is deemed to waive any future claim of non-disclosure of that information.
- b.** List, in the space provided below, the portions of your Proposal that you have marked in step 1 as exempt under public records law and the public records law exemption (e.g., a trade secret) you believe applies to each portion. If a Proposal fails to list in this Attachment a portion of the Proposal as exempt, Proposer is deemed to waive any future claim of non-disclosure of that information.
- c.** Provide, in your response to this Attachment, justification how each portion designated as exempt meets the exemption criteria under the Oregon Public Records Law. If you are asserting trade secret over any material, please indicate how such material meets all the criteria of a trade secret listed below. Please do not use broad statements of conclusion not supported by evidence.

Application of the Oregon Public Records Law shall determine whether any information is actually exempt from disclosure. Prospective Proposers are advised to consult with legal counsel regarding disclosure issues. Proposer may wish to limit the amount of truly trade secret information submitted, providing only what is necessary to submit a complete and competitive Proposal.

In order for records to be exempt from disclosure as a trade secret, the records must meet all four of the following requirements:

- (1) The information must not be patented;
- (2) It must be known only to certain individuals within an organization and used in a business the organization conducts;
- (3) It must be information that has actual or potential commercial value; and,
- (4) It must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Keep in mind that the trade secret exemption is very limited. Not all material that you might prefer be kept from review by a competitor qualifies as your trade secret material. OC&P is required to release information in the Proposal unless it meets the requirements of a trade secret or other exemption from disclosure and it is the Proposer's responsibility to provide the basis for which exemption should apply.

In support of the principle of an open competitive process, "bottom-line pricing" – that is, pricing used for objective cost evaluation for award of the RFP or the total cost of the Contract or deliverables under the Contract – will not be considered as exempt material under a public records request. Examples of material that would also not likely be considered a trade secret would include résumés, audited financial statements of publicly traded companies, material that is publicly knowable such as a screen shot of a software interface or a software report format.

To designate material as confidential and qualified under an exemption from disclosure under Oregon Public Records Law, a Proposer must complete this Attachment form as follows:

Part I: List all portions of your Proposal, if any, that Proposer is designating as exempt from disclosure under Oregon Public Records Law. For each item in the list, state the exemption in Oregon Public Records Law that you are asserting (e.g., trade secret).

“This data is exempt from disclosure under Oregon Public Records Law pursuant to [insert specific exemption from ORS 192, such as a “ORS 192.501(2) ‘trade secret’”], and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.410 through 192.505.”

In the space provided below, state Proposer's list of material exempt from disclosure and include specific pages and section references of your Proposal.

- 1.
- 2.
- 3.

[This list may be expanded as necessary.]

Part II: For each item listed above, provide clear justification how that item meets the exemption criteria under Oregon Public Records Law. If you are asserting trade secret over any material, state how such material meets all the criteria of a trade secret listed above in this Attachment.

In the space provided below, state Proposer's justification for non-disclosure for each item in the list in Part I of this Attachment:

- 1.
- 2.
- 3.

[This list may be expanded as necessary.]

RFP# 3519

Contract Number 000000

**STATE OF OREGON
PERSONAL/PROFESSIONAL SERVICES CONTRACT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Contract is between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA," and,

Contractor
d.b.a. Facility or Assumed Name
Address
Address
Telephone: (required)
Facsimile: (required)
E-mail address: (required)
Contractor's home page URL, if applicable (optional)

hereinafter referred to as "Contractor."

Work to be performed under this Contract relates principally to the OHA's

(Fill in with name of Office, Program, etc.)
(Insert address)
(Insert city, state, zip)
Contract Administrator: (Insert Name) or delegate
Telephone: (Insert)
Facsimile: (Insert)
E-mail address: (Insert)

1. Effective Date and Duration. This Contract shall become effective on the date this Contract has been fully executed by every party and, when required, approved by Department of Justice or on [insert start date], whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on [insert end date]. Contract termination shall not extinguish or prejudice OHA’s right to enforce this Contract with respect to any default by Contractor that has not been cured.

2. Contract Documents.

a. This Contract consists of this document and includes the following listed exhibits which are incorporated into this Contract:

- (1) Exhibit A, Part 1: Statement of Work
- (2) Exhibit A, Part 2: Payment and Financial Reporting
- (3) Exhibit A, Part 3: Special Provisions
- (4) Exhibit B: Standard Terms and Conditions
- (5) Exhibit C: Insurance Requirements
- (6) Exhibit D: Required Federal Terms and Conditions
- (7) Exhibit E: *Required Subcontractor Provisions (optional if not used replace with Reserved)*

There are no other contract documents unless specifically referenced and incorporated in this Contract.

b. This Contract and the documents listed in Section 2., Contract Documents, Subsection a. above, shall be in the following descending order of precedence: this Contract less all exhibits, Exhibits D, A, B, C, and E.

3. Consideration.

- a. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is [insert amount]. OHA will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work, and will not pay for Work performed before the date this Contract becomes effective or after the termination or expiration of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.
- b. Interim payments to Contractor shall be subject to ORS 293.462, and shall be made in accordance with the payment schedule and requirements in Exhibit A, Part 2, “Payment and Financial Reporting.”
- c. OHA will pay only for completed Work under this Contract. For purposes of this Contract, “Work” means the tasks or services and deliverables accepted by OHA, and which are described in Exhibit A, Part 1, “Statement of Work.”

4. Vendor or Sub-Recipient Determination. In accordance with the State Controller’s Oregon Accounting Manual, policy 30.40.00.102, OHA’s determination is that:

Contractor is a sub-recipient; OR Contractor is a vendor.

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Contract: _____

1. Contractor Data and Certification.

1. **Contractor Information.** Contractor shall provide information set forth below. This information is requested pursuant to ORS 305.385.

Please print or type the following information

Contractor Name (exactly as filed with the IRS):

Street address: _____

City, state, zip code: _____

E-mail address: _____

Telephone: () - _____ Facsimile: () - _____

Is Contractor a nonresident alien, as defined in 26 USC § 7701(b)(1)?

(Check one box): YES NO

Contractor Proof of Insurance:

All insurance listed must be in effect at the time of provision of services under this Contract.

Professional Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

Commercial General Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

Workers' Compensation: Does Contractor have any subject workers, as defined in ORS 656.027?

(Check one box): YES NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: _____

Policy #: _____ Expiration Date: _____

Business Designation: (Check one box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |

Contractor shall provide proof of Insurance upon request by OHA or OHA designee.

- b. Certification.** The Contractor acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (as defined by ORS 180.750) that is made by (or caused by) the Contractor and that pertains to this Contract or

to the project for which the Contract work is being performed. The Contractor certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. Contractor further acknowledges that in addition to the remedies under this Contract, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Contractor. Without limiting the generality of the foregoing, by signature on this Contract, the Contractor hereby certifies that:

1. Under penalty of perjury the undersigned is authorized to act on behalf of Contractor and that Contractor is, to the best of the undersigned’s knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, “Oregon Tax Laws” means a state tax imposed by ORS 320.005 to 320.150 and 403.200 to 403.250 and ORS chapters 118, 314, 316, 317, 318, 321 and 323 and the elderly rental assistance program under ORS 310.630 to 310.706 and local taxes administered by the Department of Revenue under ORS 305.620;
2. The information shown in this Section 5., Contractor Data and Certification, is Contractor’s true, accurate and correct information;
3. To the best of the undersigned’s knowledge, Contractor has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
4. Contractor and Contractor’s employees and agents are not included on the list titled “Specially Designated Nationals and Blocked Persons” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at:
<http://www.treas.gov/offices/enforcement/ofac/sdn/t11sdn.pdf>;
5. Contractor is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at:
<https://www.sam.gov/portal/public/SAM/>;
6. Contractor is not subject to backup withholding because:
 - (a) Contractor is exempt from backup withholding;
 - (b) Contractor has not been notified by the IRS that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (c) The IRS has notified Contractor that Contractor is no longer subject to backup withholding; and
7. Contractor is an independent contractor as defined in ORS 670.600.

- c. Contractor is required to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable to OHA. By Contractor's signature on this Contract, Contractor hereby certifies that the FEIN or SSN provided to OHA is true and accurate. If this information changes, Contractor is also required to provide OHA with the new FEIN or SSN within 10 days.

CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CONTRACTOR HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

CONTRACTOR: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

8. Signatures.

**Contractor
By:**

Authorized Signature	Title	Date
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**State of Oregon, acting by and through OHA
By:**

Authorized Signature	Title	Date
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Approved for Legal Sufficiency:

With Protect Form on, click here	With Protect Form on, click here	
Assistant Attorney General		Date

Enter name of any other required Signatures (remove if not needed):

<i>Authorized Signature</i>	<i>Title</i>	<i>Date</i>
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Office of Contracts and Procurement:

Contract Specialist	Date
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EXHIBIT A

Part 1 Statement of Work

- a. Services to be Provided by Contractor shall include:**
 - a. (as described in proposal)**

EXHIBIT A

Part 2 Payment and Financial Reporting

1. Payment Provisions.

2. Travel and Other Expenses.

OHA shall not reimburse Contractor for any travel or additional expenses under this Contract.

EXHIBIT A

Part 3 Special Provisions

1. Confidentiality of Client Information.

5. All information as to personal facts and circumstances obtained by the Contractor on the client shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the written consent of the client, the responsible parent of a minor child, or his or her guardian except as required by other terms of this Contract. Nothing prohibits the disclosure of information in summaries, statistical, or other form, which does not identify particular individuals.
6. The use or disclosure of information concerning clients shall be limited to persons directly connected with the administration of this Contract. Confidentiality policies shall be applied to all requests from outside sources.
7. OHA, Contractor and any subcontractor will share information as necessary to effectively serve OHA clients.

2. Amendments.

3. OHA reserves the right to amend or extend the Contract under the following general circumstances:
 - (1) OHA may extend the Contract for additional periods of time up to a total Contract period of 4 years, and for additional money associated with the extended period(s) of time. The determination for any extension for time may be based on OHA's satisfaction with performance of the work or services provided by the Contractor under this Contract.
 - (2) OHA may periodically amend any payment rates throughout the life of the Contract proportionate to increases in Portland Metropolitan Consumer Price Index; and to provide Cost Of Living Adjustments (COLA) if OHA so chooses. Any negotiation of increases in rates to implement a COLA will be as directed by the Oregon State Legislature.
4. OHA further reserves the right to amend the Statement of Work based on the original scope of work of RFP #3519 for the following:
 - (1) Programmatic changes/additions or modifications deemed necessary to accurately reflect the original scope of work that may not have been expressed in the original Contract or previous amendments to the Contract;
 - (2) Implement additional phases of the Work; or
 - (3) As necessitated by changes in Code of Federal Regulations, Oregon Revised Statutes, or Oregon Administrative Rules which, in part or in combination, govern the provision of services provided under this Contract.

5. Upon identification, by any party to this Contract, of any circumstance which may require an amendment to this Contract, the parties may enter into negotiations regarding the proposed modifications. Any resulting amendment must be in writing and be signed by all parties to the Contract before the modified or additional provisions are binding on either party. All amendments must comply with Exhibit B, Section 21. "Amendments; Waiver; Consent," of this Contract.

1. Background Checks.

2. **Equal Access to Services.** Contractor shall provide equal access to covered services for both males and females under 18 years of age, including access to appropriate facilities, services and treatment, to achieve the policy in ORS 417.270.
3. **Media Disclosure.** The Contractor will not provide information to the media regarding a recipient of services purchased under this Contract without first consulting the OHA office that referred the child or family. The Contractor will make immediate contact with the OHA office when media contact occurs. The OHA office will assist the Contractor with an appropriate follow-up response for the media.
4. **Mandatory Reporting.** The Contractor shall immediately report any evidence of child abuse, neglect or threat of harm to DHS Child Protective Services or law enforcement officials in full accordance with the mandatory Child Abuse Reporting law (ORS 419B.005 to 419B.045). If law enforcement is notified, the Contractor shall notify the referring OHA caseworker within 24 hours. Contractor shall immediately contact the local DHS Child Protective Services office if questions arise as to whether or not an incident meets the definition of child abuse or neglect.
5. **Nondiscrimination.** The Contractor must provide services to OHA clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients.

EXHIBIT B

Standard Terms and Conditions

- **Governing Law, Consent to Jurisdiction.** This Contract shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding collectively, "Claim" between OHA or any other agency or department of the State of Oregon, or both, and Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the State of Oregon of the jurisdiction of any court or of any form of defense to or immunity from any Claim, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise. CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.
- **Compliance with Applicable Law.**
 - Contractor shall comply and cause all sub-contractors to comply with all state and local laws, regulations, executive orders and ordinances applicable to the Contract or to the performance of Work as they may be adopted, amended or repealed from time to time, including but not limited to the following: (i) ORS Chapter 659A.142 and (ii) all other applicable requirements of state civil rights and rehabilitation statutes, rules and regulations. These laws, regulations, executive orders and ordinances are incorporated by reference herein to the extent that they are applicable to this Contract and required by law to be so incorporated. OHA's performance under this Contract is conditioned upon Contractor's compliance with the provisions of ORS 279B.220, 279B.225, 279B.230, 279B.235 and 279B.270, which are incorporated by reference herein. Contractor shall, to the maximum extent economically feasible in the performance of this Contract, use recycled paper (as defined in ORS 279A.010(1)(gg)), recycled PETE products (as defined in ORS 279A.010(1)(hh)), and other recycled products (as "recycled product" is defined in ORS 279A.010(1)(ii)).
 - In compliance with the Americans with Disabilities Act, any written material that is generated and provided by Contractor under this Contract to OHA clients, including Medicaid-Eligible Individuals, shall, at the request of such OHA clients, be reproduced in alternate formats of communication, to include Braille, large print, audiotape, oral presentation, and electronic format. OHA shall not reimburse Contractor for costs incurred in complying with this provision. Contractor shall cause all subcontractors under this Contract to comply with the requirements of this provision.
 - Contractor shall comply with the federal laws as set forth or incorporated, or both, in this Contract and all other federal laws applicable to Contractor's performance

under this Contract as they may be adopted, amended or repealed from time to time.

- **Independent Contractor.**

- Contractor is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
- If Contractor is currently performing work for the State of Oregon or the federal government, Contractor by signature to this Contract, represents and warrants that Contractor's Work to be performed under this Contract creates no potential or actual conflict of interest as defined by ORS Chapter 244 and that no statutes, rules or regulations of the State of Oregon or federal agency for which Contractor currently performs work would prohibit Contractor's Work under this Contract. If compensation under this Contract is to be charged against federal funds, Contractor certifies that it is not currently employed by the federal government.
- Contractor is responsible for all federal and state taxes applicable to compensation paid to Contractor under this Contract and, unless Contractor is subject to backup withholding, OHA will not withhold from such compensation any amounts to cover Contractor's federal or state tax obligations. Contractor is not eligible for any social security, unemployment insurance or workers' compensation benefits from compensation paid to Contractor under this Contract, except as a self-employed individual.
- Contractor shall perform all Work as an independent contractor. OHA reserves the right (i) to determine and modify the delivery schedule for the Work and (ii) to evaluate the quality of the Work Product, however, OHA may not and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work.

- **Representations and Warranties.**

- **Contractor's Representations and Warranties.** Contractor represents and warrants to OHA that:
 - Contractor has the power and authority to enter into and perform this Contract;
 - This Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms;
 - Contractor has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Contractor will apply that skill and knowledge with care and diligence to perform the Work in a professional manner and in accordance with standards prevalent in Contractor's industry, trade or profession;
 - Contractor shall, at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; and

- Contractor prepared its proposal related to this Contract, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.
- **Warranties Cumulative.** The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- **Time is of the Essence.** Contractor agrees that time is of the essence under this Contract.
- **Funds Available and Authorized; Payments.**
 - Contractor shall not be compensated for Work performed under this Contract by any other agency or department of the State of Oregon or the federal government. OHA certifies that it has sufficient funds currently authorized for expenditure to finance the costs of this Contract within OHA's current biennial appropriation or limitation. Contractor understands and agrees that OHA's payment for Work performed is contingent on OHA receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to continue to make payments under this Contract.
 - Payment Method. Payments under this Contract will be made by Electronic Funds Transfer (EFT), unless otherwise mutually agreed, and shall be processed in accordance with the provisions of OAR 407-120-0100 through 407-120-0380 or OAR 410-120-1260 through OAR 410-120-1460, as applicable, and any other OHA Oregon Administrative Rules that are program-specific to the billings and payments. Upon request, Contractor shall provide its taxpayer identification number (TIN) and other necessary banking information to receive EFT payment. Contractor shall maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all payments under this Contract. Contractor shall provide this designation and information on a form provided by OHA. In the event that EFT information changes or the Contractor elects to designate a different financial institution for the receipt of any payment made using EFT procedures, the Contractor shall provide the changed information or designation to OHA on a OHA-approved form. OHA is not required to make any payment under this Contract until receipt of the correct EFT designation and payment information from the Contractor.
- **Recovery of Overpayments.** IF BILLINGS UNDER THIS CONTRACT, OR UNDER ANY OTHER CONTRACT BETWEEN CONTRACTOR AND OHA, RESULT IN PAYMENTS TO CONTRACTOR TO WHICH CONTRACTOR IS NOT ENTITLED, OHA, AFTER GIVING WRITTEN NOTIFICATION TO CONTRACTOR, MAY WITHHOLD FROM PAYMENTS DUE TO CONTRACTOR SUCH AMOUNTS, OVER SUCH PERIODS OF TIME, AS ARE NECESSARY TO RECOVER THE AMOUNT OF THE OVERPAYMENT UNLESS CONTRACTOR PROVIDES A WRITTEN OBJECTION WITHIN 14 CALENDAR DAYS FROM THE DATE OF THE NOTICE. ABSENT TIMELY WRITTEN OBJECTION, CONTRACTOR HEREBY REASSIGNS TO OHA

ANY RIGHT CONTRACTOR MAY HAVE TO RECEIVE SUCH PAYMENTS. IF CONTRACTOR PROVIDES A TIMELY WRITTEN OBJECTION TO OHA'S WITHHOLDING OF SUCH PAYMENTS, THE PARTIES AGREE TO CONFER IN GOOD FAITH REGARDING THE NATURE AND AMOUNT OF THE OVERPAYMENT IN DISPUTE AND THE MANNER IN WHICH THE OVERPAYMENT IS TO BE REPAID. OHA RESERVES ITS RIGHT TO PURSUE ANY OR ALL OF THE REMEDIES AVAILABLE TO IT UNDER THIS CONTRACT AND AT LAW OR IN EQUITY INCLUDING OHA'S RIGHT TO SETOFF.

- **Ownership of Work Product.**

- Definitions. As used in this Section 8, and elsewhere in this Contract, the following terms have the meanings set forth below:
 - “Contractor Intellectual Property” means any intellectual property owned by Contractor and developed independently from the Work.
 - “Third Party Intellectual Property” means any intellectual property owned by parties other than OHA or Contractor.
 - “Work Product” means every invention, discovery, work of authorship, trade secret or other tangible or intangible item and all intellectual property rights therein that Contractor is required to deliver to OHA pursuant to the Work.
- Original Works. All Work Product created by Contractor pursuant to the Work, including derivative works and compilations, and whether or not such Work Product is considered a “work made for hire,” shall be the exclusive property of OHA. OHA and Contractor agree that all Work Product is “work made for hire” of which OHA is the author within the meaning of the United States Copyright Act. If for any reason the original Work Product created pursuant to the Work is not “work made for hire,” Contractor hereby irrevocably assigns to OHA any and all of its rights, title, and interest in all original Work Product created pursuant to the Work, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Upon OHA’s reasonable request, Contractor shall execute such further documents and instruments necessary to fully vest such rights in OHA. Contractor forever waives any and all rights relating to original Work Product created pursuant to the Work, including without limitation, any and all rights arising under 17 U.S.C. §106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
- In the event that Work Product created by Contractor under this Contract is Contractor Intellectual Property, a derivative work based on Contractor Intellectual Property or a compilation that includes Contractor Intellectual Property, Contractor hereby grants to OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display Contractor Intellectual Property and the pre-existing elements of the Contractor Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA’s behalf.

- In the event that Work Product created by Contractor under this Contract is Third Party Intellectual Property, a derivative work based on Third Party Intellectual Property or a compilation that includes Third Party Intellectual Property, Contractor shall secure on OHA' behalf and in the name of OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the Third Party Intellectual Property and the pre-existing elements of the Third Party Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.

- **Indemnity.**

- GENERAL INDEMNITY. CONTRACTOR SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY THE STATE OF OREGON AND OHA AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS FEES, RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ACTIVITIES OF CONTRACTOR OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, OR AGENTS UNDER THIS CONTRACT.
- INDEMNITY FOR INFRINGEMENT CLAIMS. WITHOUT LIMITING THE GENERALITY OF SECTION 9.a., CONTRACTOR EXPRESSLY AGREES TO DEFEND, INDEMNIFY, AND HOLD OHA, THE STATE OF OREGON AND THEIR AGENCIES, SUBDIVISIONS, OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES HARMLESS FROM ANY AND ALL CLAIMS, SUITS, ACTIONS, LOSSES, LIABILITIES, COSTS, EXPENSES, INCLUDING ATTORNEYS FEES, AND DAMAGES ARISING OUT OF OR RELATED TO ANY CLAIMS THAT THE WORK, THE WORK PRODUCT OR ANY OTHER TANGIBLE OR INTANGIBLE ITEMS DELIVERED TO OHA BY CONTRACTOR THAT MAY BE THE SUBJECT OF PROTECTION UNDER ANY STATE OR FEDERAL INTELLECTUAL PROPERTY LAW OR DOCTRINE, OR OHA' USE THEREOF, INFRINGES ANY PATENT, COPYRIGHT, TRADE SECRET, TRADEMARK, TRADE DRESS, MASK WORK, UTILITY DESIGN, OR OTHER PROPRIETARY RIGHT OF ANY THIRD PARTY; PROVIDED, THAT THE STATE OF OREGON SHALL PROVIDE CONTRACTOR WITH PROMPT WRITTEN NOTICE OF ANY INFRINGEMENT CLAIM.
- CONTROL OF DEFENSE AND SETTLEMENT. CONTRACTOR SHALL HAVE CONTROL OF THE DEFENSE AND SETTLEMENT OF ANY CLAIM THAT IS SUBJECT TO THIS SECTIONS 9.a. OR 9.b.; HOWEVER, NEITHER CONTRACTOR NOR ANY ATTORNEY ENGAGED BY CONTRACTOR SHALL DEFEND THE CLAIM IN THE NAME OF THE STATE OF OREGON OR ANY AGENCY OF THE STATE OF OREGON, NOR PURPORT TO ACT AS LEGAL REPRESENTATIVE OF THE STATE OF OREGON OR ANY OF ITS AGENCIES, WITHOUT FIRST RECEIVING FROM THE ATTORNEY GENERAL, IN A FORM AND MANNER DETERMINED APPROPRIATE BY

THE ATTORNEY GENERAL, AUTHORITY TO ACT AS LEGAL COUNSEL FOR THE STATE OF OREGON, NOR SHALL CONTRACTOR SETTLE ANY CLAIM ON BEHALF OF THE STATE OF OREGON WITHOUT THE APPROVAL OF THE ATTORNEY GENERAL. THE STATE OF OREGON MAY, AT ITS ELECTION AND EXPENSE, ASSUME ITS OWN DEFENSE AND SETTLEMENT IN THE EVENT THAT THE STATE OF OREGON DETERMINES THAT CONTRACTOR IS PROHIBITED FROM DEFENDING THE STATE OF OREGON, OR IS NOT ADEQUATELY DEFENDING THE STATE OF OREGON'S INTERESTS, OR THAT AN IMPORTANT GOVERNMENTAL PRINCIPLE IS AT ISSUE AND THE STATE OF OREGON DESIRES TO ASSUME ITS OWN DEFENSE.

- **Default; Remedies; Termination.**

- Default by Contractor. Contractor shall be in default under this Contract if:
 - Contractor institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis; or
 - Contractor no longer holds a license or certificate that is required for Contractor to perform its obligations under the Contract and Contractor has not obtained such license or certificate within 14 calendar days after OHA' notice or such longer period as OHA may specify in such notice; or
 - Contractor commits any material breach or default of any covenant, warranty, obligation or agreement under this Contract, fails to perform the Work under this Contract within the time specified herein or any extension thereof, or so fails to pursue the Work as to endanger Contractor's performance under this Contract in accordance with its terms, and such breach, default or failure is not cured within 14 calendar days after OHA's notice, or such longer period as OHA may specify in such notice.
- OHA's Remedies for Contractor's Default. In the event Contractor is in default under Section 10.a., OHA may, at its option, pursue any or all of the remedies available to it under this Contract and at law or in equity, including, but not limited to:
 1. termination of this Contract under Section 10.e.(2);
 2. withholding all monies due for Work and Work Products that Contractor has failed to deliver within any scheduled completion dates or has performed inadequately or defectively;
 3. initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief;
 4. exercise of its right of recovery of overpayments under Section 7 of this Contract or setoff, or both.

These remedies are cumulative to the extent the remedies are not inconsistent, and OHA may pursue any remedy or remedies singly, collectively, successively or in

any order whatsoever. If a court determines that Contractor was not in default under Section 10.a., then Contractor shall be entitled to the same remedies as if this Contract was terminated pursuant to Section 10.e.(1).

- Default by OHA. OHA shall be in default under this Contract if OHA commits any material breach or default of any covenant, warranty, or obligation under this Contract, and such breach or default is not cured within 30 calendar days after Contractor's notice or such longer period as Contractor may specify in such notice.
- Contractor's Remedies for OHA's Default. In the event OHA terminates the Contract under Section 10.e.(1), or in the event OHA is in default under Section 10.c. and whether or not Contractor elects to exercise its right to terminate the Contract under Section 10.e.(3), Contractor's sole monetary remedy shall be (i) with respect to Work compensable at a stated rate, a claim for unpaid invoices, time worked within any limits set forth in this Contract but not yet invoiced, authorized expenses incurred and interest within the limits permitted under ORS 293.462, and (ii) with respect to deliverable-based Work, a claim for the sum designated for completing the deliverable multiplied by the percentage of Work completed and accepted by OHA, less previous amounts paid and any claim(s) that OHA has against Contractor. In no event shall OHA be liable to Contractor for any expenses related to termination of this Contract or for anticipated profits. If previous amounts paid to Contractor exceed the amount due to Contractor under this Section 10.d., Contractor shall immediately pay any excess to OHA upon written demand. If Contractor does not immediately pay the excess, OHA may recover the overpayments in accordance with Section 7., Recovery of Overpayments, and may pursue any other remedy that may be available to it.
- Termination.
 1. OHA's Right to Terminate at its Discretion. At its sole discretion, OHA may terminate this Contract:
 1. For its convenience upon 30 days' prior written notice by OHA to Contractor;
 2. Immediately upon written notice if OHA fails to receive funding, appropriations, limitations, allotments or other expenditure authority at levels sufficient to pay for the Work or Work Products; or
 3. Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OHA's purchase of the Work or Work Products under this Contract is prohibited or OHA is prohibited from paying for such Work or Work Products from the planned funding source.
 4. Immediately upon written notice to Contractor if there is a threat to the health, safety, or welfare of any OHA client, including any Medicaid Eligible Individual, under its care.
 5. OHA's Right to Terminate for Cause. In addition to any other rights and remedies OHA may have under this Contract, OHA may terminate this Contract immediately upon written notice by OHA to Contractor, or at such later date as OHA may establish in such notice, or upon expiration of

the time period and with such notice as provided in Section 10.e.(2)(b) or Section 10.e.(2)(c) below, upon the occurrence of any of the following events:

1. Contractor is in default under Section 10.a.(1) because Contractor institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis;
 2. Contractor is in default under Section 10.a.(2) because Contractor no longer holds a license or certificate that is required for it to perform Work under the Contract and Contractor has not obtained such license or certificate within 14 calendar days after OHA's notice or such longer period as OHA may specify in such notice; or
 3. Contractor is in default under Section 10.a.(3) because Contractor commits any material breach or default of any covenant, warranty, obligation or agreement under this Contract, fails to perform the Work under this Contract within the time specified herein or any extension thereof, or so fails to pursue the Work as to endanger Contractor's performance under this Contract in accordance with its terms, and such breach, default or failure is not cured within 14 calendar days after OHA's notice, or such longer period as OHA may specify in such notice.
 4. Contractor's Right to Terminate for Cause. Contractor may terminate this Contract with such written notice to OHA as provided in this Section 10.e.(3), or at such later date as Contractor may establish in such notice, if OHA is in default under Section 10.c. because OHA commits any material breach or default of any covenant, warranty, or obligation under this Contract, fails to perform its commitments hereunder within the time specified or any extension thereof, and OHA fails to cure such failure within 30 calendar days after Contractor's notice or such longer period as Contractor may specify in such notice.
 5. Mutual Termination. The Contract may be terminated immediately upon mutual written consent of the parties or at such other time as the parties may agree in the written consent.
 6. Return of Property. Upon termination of this Contract for any reason whatsoever, Contractor shall immediately deliver to OHA all of the OHA's property (including without limitation any Work Products for which OHA has made payment in whole or in part) that are in the possession or under the control of Contractor in whatever stage of development and form of recordation such OHA property is expressed or embodied at that time. Upon receiving a notice of termination of this Contract, Contractor shall immediately cease all activities under this Contract, unless OHA expressly directs otherwise in such notice of termination. Upon OHA's request, Contractor shall surrender to anyone OHA designates, all documents, research or objects or other tangible things needed to complete the Work Products.
- **Stop-Work Order.** OHA may, at any time, by written notice to the Contractor, require the Contractor to stop all, or any part of the work required by this Contract for a period of up to

90 days after the date of the notice, or for any further period to which the parties may agree through a duly executed amendment. Upon receipt of the notice, Contractor shall immediately comply with the Stop-Work Order terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the stop work order notice. Within a period of 90 days after issuance of the written notice, or within any extension of that period to which the parties have agreed, OHA shall either:

1. Cancel or modify the stop work order by a supplementary written notice; or
2. Terminate the work as permitted by either the Default or the Convenience provisions of Section 10., Default; Remedies; Termination.
3. If the Stop Work Order is canceled, OHA may, after receiving and evaluating a request by the Contractor, make an adjustment in the time required to complete this Contract and the Contract price by a duly executed amendment.

- **Limitation of Liabilities.** EXCEPT FOR LIABILITY ARISING UNDER OR RELATED TO SECTION 9. INDEMNITY, NEITHER PARTY SHALL BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS CONTRACT.
- **Insurance.** Contractor shall maintain insurance as set forth in Exhibit C, attached hereto.
- **Records Maintenance, Access.** Contractor shall maintain all financial records relating to this Contract in accordance with generally accepted accounting principles. In addition, Contractor shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Contractor, whether in paper, electronic or other form, that are pertinent to this Contract, in such a manner as to clearly document Contractor's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Contractor whether in paper, electronic or other form, that are pertinent to this Contract, are collectively referred to as "Records." Contractor acknowledges and agrees that OHA and the Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Contractor shall retain and keep accessible all Records for the longer of:
 1. Six years following final payment and termination of this Contract;
 2. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
 3. Until the conclusion of any audit, controversy or litigation arising out of or related to this Contract.
- **Information Privacy/Security/Access.** If the Work performed under this Contract requires Contractor or, when allowed, its subcontractor(s), to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Contractor or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Contractor shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For

purposes of this section, “Information Asset” and “Network and Information System” have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

- **Force Majeure.** Neither OHA nor Contractor shall be held responsible for delay or default caused by fire, civil unrest, labor unrest, natural causes, or war which is beyond the reasonable control of OHA or Contractor, respectively. Each party shall, however, make all reasonable efforts to remove or eliminate such cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this Contract. OHA may terminate this Contract upon written notice to the other party after reasonably determining that the delay or breach will likely prevent successful performance of this Contract.
- **Foreign Contractor.** If Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Department of Revenue and the Secretary of State Corporation Division all information required by those agencies relative to this Contract.
- **Assignment of Contract, Successors in Interest.**
 1. Contractor shall not assign or transfer its interest in this Contract without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions as OHA may deem necessary. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in the Contract.
 2. The provisions of this Contract shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.
- **Subcontracts.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract without OHA's prior written consent. In addition to any other provisions OHA may require, Contractor shall include in any permitted subcontract under this Contract provisions to ensure that OHA will receive the benefit of subcontractor performance as if the subcontractor were the Contractor with respect to Sections 1, 2, 3, 4, 5, 8, 9, 14, 15, 17, 18, 19, and 20 of this Exhibit B. OHA's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- **No Third Party Beneficiaries.** OHA and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. The parties agree that Contractor's performance under this Contract is solely for the benefit of OHA to accomplish its statutory mission. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- **Amendments.** No amendment, modification or change of terms of this Contract shall bind either party unless in writing and signed by both parties and when required the Department of Justice. Such amendment, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.

- **Waiver.** The failure of either party to enforce any provision of this Contract shall not constitute a waiver by that party of that or any other provision. No waiver or consent shall be effective unless in writing and signed by the party against whom it is asserted.
- **Severability.** The parties agree that if any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- **Survival.** Sections 1, 4, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 20, and 23 of this Exhibit B shall survive Contract expiration or termination, as well as those provisions of this Contract that by their context are meant to survive. Contract expiration or termination shall not extinguish or prejudice OHA’s right to enforce this Contract with respect to any default by Contractor that has not been cured.
- **Notice.** Except as otherwise expressly provided in this Contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing, by personal delivery, facsimile, or mailing the same, postage prepaid, to Contractor or OHA at the address or number set forth in this Contract, or to such other addresses or numbers as either party may indicate pursuant to this Section 24. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours, or on the next business day, if transmission was outside normal business hours of the recipient. Any communication or notice given by personal delivery shall be effective when actually delivered to the addressee. Notwithstanding the foregoing, to be effective against OHA, any notice transmitted by facsimile must be confirmed by telephone notice to Office of Contracts and Procurement number listed below or any such telephone number OHA may provide by written notice to Contractor.

OHA: Office of Contracts & Procurement
250 Winter St. NE, Room 306
Salem, OR 97301
Telephone: 503-945-5818
Facsimile: 503-378-4324

CONTRACTOR: Entity Name
Contact Name (*optional*)
Street Address
City, State Zip
Telephone:
Facsimile:

- **Construction.** The parties agree and acknowledge that the rule of construction that ambiguities in a written agreement are to be construed against the party preparing or drafting the agreement shall not be applicable to the interpretation of this Contract.

- **Headings.** The headings and captions to sections of this Contract have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Contract.
- **Merger Clause.** This Contract constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Contract.
- **Counterparts.** This Contract and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Contract and any amendments so executed shall constitute an original.
- **Contractor's Failure to Perform.** Contractor's failure to perform the statement of work specified in this Contract or to meet the performance standards established in this Contract in accordance with OAR 137-047-0255(2)(f), may result in consequences that include, but are not limited to:
 1. Reducing or withholding payment under this Contract;
 2. Requiring Contractor to perform at Contractor's expense additional work necessary to perform the statement of work or meet performance standards; and
 3. Declaring a default of this Contract and pursuing any available remedies for default, including termination of the Contract as permitted in Section 10. Default; Remedies; Termination of this Contract.

EXHIBIT C

Insurance Requirements

Required Insurance: Contractor shall obtain at Contractor's expense the insurance specified in this Exhibit C, prior to performing under this Contract and shall maintain it in full force and at its own expense throughout the duration of this Contract and all warranty periods. Contractor shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in State and that are acceptable to OHA.

1. **Workers Compensation:** All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If Contractor is a subject employer, as defined in ORS 656.023, Contractor shall obtain employers' liability insurance coverage limits of not less than \$1,000,000. Contractor shall require and ensure that each of its subcontractors complies with these requirements.
2. **Professional Liability:**

Required by OHA Not required by OHA

Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Contractor

shall provide proof of insurance of not less than the following amounts as determined by the OHA:

Per occurrence limit for any single claimant:

From commencement of the Contract term to June 30, 2013:.....\$1,800,000.
July 1, 2013 to June 30, 2014:\$1,900,000.
July 1, 2014 to June 30, 2015:\$2,000,000.
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term to June 30, 2013:.....\$3,600,000.
July 1, 2013 to June 30, 2014:\$3,800,000.
July 1, 2014 to June 30, 2015:\$4,000,000.
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

3. Commercial General Liability:

Required by OHA **Not required by OHA**

Commercial General Liability Insurance covering bodily injury, death and property damage in a form and with coverages that are satisfactory to the State. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence basis. Contractor shall provide proof of insurance of not less than the following amounts as determined by the OHA:

Per occurrence limit for any single claimant:

From commencement of the Contract term to June 30, 2013:.....\$1,800,000.
July 1, 2013 to June 30, 2014:\$1,900,000.
July 1, 2014 to June 30, 2015:\$2,000,000.
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term to June 30, 2013:.....\$3,600,000.
July 1, 2013 to June 30, 2014:\$3,800,000.
July 1, 2014 to June 30, 2015:\$4,000,000.
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

AND

Property Damage:

Per occurrence limit for any single claimant:

From commencement of the Contract term through June 30, 2013: \$104,300.
From July 1, 2013 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term through June 30, 2013: \$521,400.
From July 1, 2013 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

4. **Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance required under this Contract shall include the State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.
5. **Notice of Cancellation or Change.** There shall be no cancellation, material change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without 60 days' written notice from this Contractor or its insurer(s) to OHA. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by OHA.
6. **Proof of Insurance.** Contractor shall provide to OHA information requested in Data Certification for all required insurance before delivering any goods and performing any services required under this Contract. Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any.
7. **"Tail" Coverage.** If any of the required liability insurance is on a "claims made" basis, Contractor shall either maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of (i) Contractor's completion and OHA's acceptance of all services required under this Contract, or, (ii) The expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing 24-month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace for the coverage required under this Contract. Contractor shall provide to OHA, upon OHA's request, certification of the coverage required under this section 8.

EXHIBIT D

Required Federal Terms and Conditions

General Applicability and Compliance. Unless exempt under 45CFR Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Contractor shall comply and, as indicated, cause all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Contract, to Contractor, or to the Work, or to any combination of the foregoing. For purposes of this Contract, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. **Miscellaneous Federal Provisions.** Contractor shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Contract or to the delivery of Work. Without limiting the generality of the foregoing,

Contractor expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated. No federal funds may be used to provide Work in violation of 42 U.S.C. 14402.

2. **Equal Employment Opportunity.** If this Contract, including amendments, is for more than \$10,000, then Contractor shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).
3. **Clean Air, Clean Water, EPA Regulations.** If this Contract, including amendments, exceeds \$100,000 then Contractor shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Contractor shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this section.
4. **Energy Efficiency.** Contractor shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. Seq., (Pub. L. 94-163).
5. **Truth in Lobbying.** The Contractor certifies, to the best of the Contractor's knowledge and belief that:
 1. No federal appropriated funds have been paid or will be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the

awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Contractor shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
3. The Contractor shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. No part of any federal funds paid to Contractor under this Contract shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
6. No part of any federal funds paid to Contractor under this Contract shall 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 the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature of legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
7. The prohibitions in subsections (b) and (c) of this section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

8. No part of any federal funds paid to Contractor under this Contract may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

This certification is a material representation of fact upon which reliance was placed when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

9. **HIPAA Compliance.** OHA is a Covered Entity with respect to its healthcare components as described in OAR 943-014-0015 for purposes of the Health Insurance Portability and Accountability Act and the federal regulations implementing the Act (collectively referred to as HIPAA), and OAR 125-055-0100 through OAR 125-055-0130. OHA must comply with HIPAA to the extent that any Work or obligations of OHA arising under this Contract are covered by HIPAA. Contractor shall determine if Contractor will have access to, or create any protected health information in the performance of any Work or other obligations under this Contract. To the extent that Contractor will have access to, or create any protected health information to perform functions, activities, or services for, or on behalf of, a healthcare component of OHA in the performance of any Work required by this Contract, Contractor shall comply and cause all subcontractors to comply with OAR 125-055-0100 through OAR 125-055-0130 and the following:

1. **Privacy and Security of Individually Identifiable Health Information.** Individually Identifiable Health Information about specific individuals is confidential. Individually Identifiable Health Information relating to specific individuals may be exchanged between Contractor and OHA for purposes directly related to the provision of services to Clients which are funded in whole or in part under this Contract. To the extent that Contractor is performing functions, activities, or services for, or on behalf of, a healthcare component of OHA in the performance of any Work required by this Contract, Contractor shall not use or disclose any Individually Identifiable Health Information about specific individuals in a manner that would violate OHA Privacy Rules, OAR 943-014-0000 et. seq., or OHA Notice of Privacy Practices. A copy of the most recent OHA Notice of Privacy Practices is posted on the OHA web site at: [https://apps.state.or.us/cf1/FORMS/\(enter form number "2090"\)](https://apps.state.or.us/cf1/FORMS/(enter form number) or may be obtained from OHA.
2. **Data Transactions Systems.** If Contractor intends to exchange electronic data transactions with a health care component of OHA in connection with claims or encounter data, eligibility or enrollment information, authorizations or other electronic transaction, Contractor shall execute an EDI Trading Partner Agreement with OHA and shall comply with OHA EDI Rules.

3. **Consultation and Testing.** If Contractor reasonably believes that the Contractor's or OHA's data transactions system or other application of HIPAA privacy or security compliance policy may result in a violation of HIPAA requirements, Contractor shall promptly consult the OHA Information Security Office. Contractor or OHA may initiate a request for testing of HIPAA transaction requirements, subject to available resources and the OHA testing schedule.
 4. **Resource Conservation and Recovery.** Contractor shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.
- 5. Audits.**
1. Contractor shall comply, and require any subcontractor to comply, with applicable audit requirements and responsibilities set forth in this Contract and applicable state or federal law.
 2. Sub-recipients shall also comply with applicable Code of Federal Regulations (CFR) and OMB Circulars governing expenditure of federal funds including, but not limited, to OMB A-133 Audits of States, Local Governments and Non-Profit Organizations.
 3. **Debarment and Suspension.** Contractor shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension". (See 2 CFR Part 180.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.
 4. **Drug-Free Workplace.** Contractor shall comply and cause all subcontractors to comply with the following provisions to maintain a drug-free workplace: (i) Contractor certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Contractor's workplace or while providing services to OHA clients. Contractor's notice shall specify the actions that will be taken by Contractor against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Contractor's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be

engaged in the performance of services under this Contract a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Contract, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify OHA within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Contractor, or any of Contractor's employees, officers, agents or subcontractors may provide any service required under this Contract while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Contractor or Contractor's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Contractor or Contractor's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of the Contract.

5. **Pro-Children Act.** Contractor shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. section 6081 et. seq.).
6. **Medicaid Services.** Contractor shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. Section 1396 et. seq., including without limitation:
 1. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. Section 1396a (a)(27); 42 CFR 431.107(b)(1) & (2).
 2. Comply with all disclosure requirements of 42 CFR 1002.3(a) and 42 CFR 455 Subpart (B).
 3. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. Section 1396(a)(57) and (w), 42 CFR 431.107(b)(4), and 42 CFR 489 subpart I.
 4. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Contractor shall acknowledge Contractor's understanding that payment of the claim will be from

federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Entities receiving \$5 million or more annually (under this Contract and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. § 1396a(a)(68).

5. **Agency-based Voter Registration.** If applicable, Contractor shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

6. Disclosure.

- a. 42 CFR 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
- b. 42 CFR 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting

when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.

- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.
- d. Contractor shall make the disclosures required by this Section 14. to OHA. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

7. **Work Rights.** The federal funding agency, as the awarding agency of the funds used, at least in part, for the Work under this Contract, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms “grant” and “award” refer to funding issued by the federal funding agency to the State of Oregon. The Contractor agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the Work, and to authorize others to do so, for Federal Government purposes with respect to:
 - 1. The copyright in any Work developed under a grant, subgrant or contract under a grant or subgrant; and
 - 2. Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b. The parties are subject to applicable federal regulations governing patents and inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements.”

The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

EXHIBIT E

Required Subcontractor Provisions

(Optional - Can be removed or RESERVED)

APPENDIX A – PUBLIC HEALTH SERVICES ACT

Part C – Projects for Assistance in Transition from Homelessness

Sec. 521 FORMULA GRANTS TO STATES

For the purpose of carrying out section 522 of this title, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 1991 through 1994 make an allotment for each State in an amount determined in accordance with section 524 of this title. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the Fiscal year involved an application submitted by the State pursuant to section 529 of this title.

Sec. 522 PURPOSE OF GRANTS

(a) IN GENERAL - The Secretary may not make payments under section 521 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) of this section to individuals who –

- (1) (A) are suffering from serious mental illness; or
(B) are suffering from serious mental illness and from substance abuse;
and
- (2) are homeless or at imminent risk of becoming homeless.

(b) SPECIFICATION OF SERVICES – The services referred to in subsection (a) of this section are

- (1) outreach services;
- (2) screening and diagnostic treatment services;
- (3) habilitation and rehabilitation services;
- (4) community mental health services;
- (5) alcohol or drug treatment services;
- (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- (7) case management services, including -
 - (A) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - (B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
 - (C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

(D) referring the eligible homeless individual for such other services as may be appropriate; and
(E) providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;

- (8) supportive and supervisory services in residential settings;
- (9) referrals for primary health services, job training, educational services, and relevant housing services;
- (10) subject to subsection (h)(1) of this section -
 - (A) minor renovation, expansion, and repair of housing;
 - (B) planning of housing;
 - (C) technical assistance in applying for housing assistance;
 - (D) improving the coordination of housing services;
 - (E) security deposits;
 - (F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - (G) 1-time rental payments to prevent eviction; and
- (11) other appropriate services, as determined by the Secretary.

(c) **COORDINATION** – The Secretary may not make payments under section 290cc-21 of this title unless the State involved agrees to make grants pursuant to subsection (a) of this section only to entities that have the capacity to provide, directly or through arrangements, the services specified in subsection (b) of this section, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

(d) **SPECIAL CONSIDERATION REGARDING VETERANS** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in making grants to entities pursuant to subsection (a) of this section, the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) **SPECIAL RULES** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that grants pursuant to subsection (a) of this section will not be made to any entity that -

- (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or
- (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

(f) **ADMINISTRATIVE EXPENSES** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) **MAINTENANCE OF EFFORT** – The Secretary may not make payments under section 290cc-21 of this title unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) of this section at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

(h) **RESTRICTIONS ON USE OF FUNDS** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that:

- (1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10) of this section; and
- (2) the payments will not be expended –
 - (A) to support emergency shelters or construction of housing facilities;
 - (B) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
 - (C) to make cash payments to intended recipients of mental health or substance abuse services.

(i) **WAIVER FOR TERRITORIES** – *With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.*

Sec. 523 REQUIREMENT OF MATCHING FUNDS

(a) **IN GENERAL** – The Secretary may not make payments under section 521 of this title unless, with respect to the costs of providing services pursuant to section 522 of this title, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal funds provided in such payments.

(b) **DETERMINATION OF AMOUNT** – Non-Federal contributions required in subsection (a) of this section may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

(c) **LIMITATION REGARDING GRANTS BY STATES** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that the State will not require the entities to which grants are provided pursuant to section 522(a) of this title to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a) of this section.

Sec. 524 DETERMINATION OF AMOUNT OF ALLOTMENT

(a) **MINIMUM ALLOTMENT** – The allotment for a State under section 521 of this title for a fiscal year shall be the greater of -

- (1) \$300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and \$50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and
- (2) an amount determined in accordance with subsection (b) of this section.

(b) **DETERMINATION UNDER FORMULA** – The amount referred to in subsection (a) (2) of this section is the product of-

- (1) an amount equal to the amount appropriated under section 1935(a) of this title for the fiscal year; and

- (2) a percentage equal to the quotient of-
 - (A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and
 - (B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (a).

Sec. 525 CONVERSION TO CATEGORICAL PROGRAM IN EVENT OF FAILURE OF STATE REGARDING EXPENDITURE OF GRANTS

- (a) IN GENERAL – Subject to subsection (c) of this section, the Secretary shall, from the amounts specified in subsection (b) of this section, make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 522(b) of this title.
- (b) SPECIFICATION OF FUNDS -- The amounts referred to in subsection (a) of this section are any amounts made available in appropriations Acts for allotments under section 521 of this title that are not paid to a State as a result of -
 - (A) the failure of the State to submit an application under section 529 of this title;
 - (B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to submit the application within a reasonable period of time; or
 - (C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.
- (c) REQUIREMENT OF PROVISION OF SERVICES IN STATE INVOLVED – With respect to grants under subsection (a) of this section, amounts made available under subsection (b) of this section as a result of the State involved shall be available only for grants to provide services in such State.

Sec. 526 PROVISION OF CERTAIN INFORMATION FROM STATE

The Secretary may not make payments under section 521 of this title to a State unless, as part of the application required in section 529 of this title, the State submits to the Secretary a statement -

- (1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs;
- (2) containing a plan for providing services and housing to eligible homeless individuals, which plan -
 - (A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - (B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- (3) describes the source of the non-Federal contributions described in section 523 of this title;
- (4) contains assurances that the non-Federal contributions described in section 523 of this title will be available at the beginning of the grant period;
- (5) describe any voucher system that may be used to carry out this part; and

(6) contain such other information or assurances as the Secretary may reasonably require.

Sec. 527 DESCRIPTION OF INTENDED EXPENDITURES OF GRANT

(a) IN GENERAL – The Secretary may not make payments under section 521 of this title unless -

- (1) as part of the application required in section 529 of this title, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;
- (2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;
- (3) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and
- (4) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 522 of this title.

(b) OPPORTUNITY FOR PUBLIC COMMENT – The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in developing and carrying out the description required in subsection (a) of this section, the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as fly members, consumers, and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

(c) RELATIONSHIP TO STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

(1) IN GENERAL – The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section are consistent with the State comprehensive mental health services plan required in subpart 2 [1] of part B of subchapter XVII of this chapter.

(2) SPECIAL RULE – The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

Sec. 528 REQUIREMENT OF REPORTS BY STATES

(a) IN GENERAL – The Secretary may not make payments under section 521 of this title unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration) to be necessary for -

- (1) securing a record and a description of the purposes for which amounts received under section 521 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and
- (2) determining whether such amounts were expended in accordance with the provisions of this part.

(b) **AVAILABILITY TO PUBLIC OF REPORTS** – The Secretary may not make payments under section 521 of this title unless the State involved agrees to make copies of the reports described in subsection (a) of this section available for public inspection.

(c) **EVALUATIONS** – The Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

Sec. 529 REQUIREMENT OF APPLICATION

The Secretary may not make payments under section 521 of this title unless the State involved -

- (1) submits to the Secretary an application for the payments containing agreements and information in accordance with this part;
- (2) the agreements are made through certification from the chief executive officer of the State; and
- (3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

Sec. 530 TECHNICAL ASSISTANCE

The Secretary, through the agencies of the Administration, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

Sec. 531 FAILURE TO COMPLY WITH AGREEMENTS

(a) **REPAYMENT OF PAYMENTS** –

- (1) The Secretary may, subject to subsection (c) of this section, require a State to repay any payments received by the State under section 521 of this title that the Secretary determines were not expended by the State in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.
- (2) If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 521 of this title.

(b) **WITHHOLDING OF PAYMENTS** –

- (1) The Secretary may, subject to subsection (c) of this section, withhold payments due under section 521 of this title if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.

(2) The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 290cc-21 of this title in accordance with the agreements referred to in such paragraph.

(3) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph.

(c) OPPORTUNITY FOR HEARING – Before requiring repayment of payments under subsection (a) (1) of this section, or withholding payments under subsection (b)(1) of this section, the Secretary shall provide to the State an opportunity for a hearing.

(d) RULE OF CONSTRUCTION – Notwithstanding any other provision of this part, a State receiving payments under section 521 of this title may not, with respect to any agreements required to be contained in the application submitted under section 529 of this title, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 522(b) of this title to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

Sec. 532 PROHIBITION AGAINST CERTAIN FALSE STATEMENTS

(a) IN GENERAL –

(1) A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 521 of this title.

(2) A person with knowledge of the occurrence of any event affecting the right of the person to receive any amounts from payments made to the State under section 2900cc-21 of this title may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION – Any person who violates a prohibition established in subsection (a) of this section may for each violation be fined in accordance with title 18 or imprisoned for not more than 5 years, or both.

Sec. 533 NONDISCRIMINATION

(a) IN GENERAL –

(1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of handicap under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded in whole or in part with funds made available under section 290cc-21 of this title shall be considered to be programs and activities receiving Federal financial assistance.

(2) PROHIBITION – No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 521 of this title.

(b) ENFORCEMENT –

(1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE - Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 521 of this title, has failed to comply with a provision of law referred to in subsection (a)(1) of this section, with subsection (a)(2) of this section, or with an applicable regulation (including one prescribed to carry out subsection (a)(2) of this section), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may -

(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(B) exercise the powers and functions provided by the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), as may be applicable; or

(C) take such other actions as may be authorized by law.

(2) AUTHORITY OF ATTORNEY GENERAL B When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) of this section or in violation of subsection (a)(2) of this section, the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

Sec. 534 DEFINITIONS

For purposes of this part:

(1) ELIGIBLE HOMELESS INDIVIDUAL B The term “eligible homeless individual” means an individual described in section 522(a) of this title.

(2) HOMELESS INDIVIDUAL B The term “homeless individual” has the meaning given such term in section 340(r) of this title.

(3) STATE B The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) SUBSTANCE ABUSE B The term “substance abuse” means the abuse of alcohol or other drugs.

Sec. 535 FUNDING

(a) AUTHORIZATION OF APPROPRIATIONS B For the purpose of carrying out this part, there is authorized to be appropriated \$75,000,000 for each of the fiscal years 1991 through 1994. 2001 through 2003.

(b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS –

(1) **IN GENERAL** – If the amounts made available under subsection (a) of this section for a fiscal year are insufficient for providing each State with an allotment under section 521 of this title of not less than the applicable amount under section 524(a)(1) of this title, the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 522(b) of this title.

(2) **RULE OF CONSTRUCTION B** Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

APPENDIX B – PATH SERVICE DEFINITIONS

“Co-Occurring Disorders (COD)”

The existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

“Eligible Individual”

An individual who:

- (a) Is homeless or at imminent risk of becoming homeless, and
- (b) Who has, or is reasonably assumed to have, a serious mental illness.
- (c) The individual may also have a co-occurring substance use disorder. (NOTE: Individuals experiencing substance use disorders *only* are not eligible for PATH services.)

“Enrolled”

An eligible individual who:

- a. Receives services supported at least partially with PATH funds, and
- b. Has an individual service record that indicates enrollment in the PATH program.

“Homeless Individual”

An individual who:

- a. Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
- b. Is a resident in transitional housing that carries time limits.

“Imminent Risk of Homelessness”

An individual that is:

- a. Living in a doubled-up living arrangement where the individual’s name is not on the lease; or
- b. Living in a condemned building without a place to move; or
- c. In arrears in their rent or utility payments; or
- d. Subject to a potential eviction notice without a place to move; or
- e. Being discharged from a health care or criminal justice institution without a place to live.

“Literally Homeless Individual”

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.

“Outreach”

The process of bringing individuals who do not access traditional services into treatment.

- a. 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 experiencing homelessness and mental illness.
 - a. *Active outreach* is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
 - b. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
 - c. *Outreach may also include "inreach,"* defined as when outreach staff 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.

“Serious Mental Illness”

A psychiatric condition experienced by an individual who is 18 years of age or older and who is:

1. Diagnosed by a QMHP as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or
2. Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:
 - a. Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;
 - b. Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;
 - c. Establishment and maintenance of supportive relationships; or
 - d. Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

APPENDIX C – Meaningful Consumer and Family Involvement

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

Program Mission - An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning - Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

Training and Staffing - The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

Rights Protection - Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination - Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.

APPENDIX D – SAMHSA Guidelines for Assessing Cultural Competence

Experience or track record of involvement with the target population - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.

Training and staffing - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.

Language - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.

Materials - It should be demonstrated that material and products such as audio-visual materials, PSAs, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.

Evaluation - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.

Community representation - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

Implementation - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

APPENDIX E – BUDGET FORM

Position	Annual Salary*	PATH-funded FTE	Federal PATH Funds	Match Funds
Personnel:				
<i>Subtotal</i>				
Fringe Benefits at _____ %:				
<i>Subtotal</i>				
Travel: 2 Trips for Semi-Annual Provider Meeting in Salem				
<i>Subtotal:</i>				
Other:				
<i>Subtotal:</i>				
Total:				

*Indicate "annualized" salary for positions.

Attachment D: Oregon Coalition on Housing and Homelessness 2014 Conference Agenda

2014 OCHH CONFERENCE SCHEDULE

Locations will be in Conference-At-A-Glance and posted on the website and in the hotel

Wednesday May 7, 2014

10:00 a.m. Registration Begins – (Continues throughout the conference)

12:00 - 1:15 Buffet Lunch - Speaker: Terry McDonald Executive Director, St. Vincent de Paul Society of Lane County

1:45 - 4:45 Concurrent Seminars:

- The Impact of Stress in Early Childhood Development & the Importance of Screening
- Building Skills in Motivational Interviewing
- Disability Benefits on a Fast Track

5:30 - 7:30 Hall of Innovation – The “Golden Ticket”

Presenters will showcase their innovations in housing and services.

Hors d' oeuvres and No Host Bar

Thursday May 8,
2014

7:00 - 8:15 am Buffet Breakfast - Conference Announcements at 7:45 - Gorge Room

8:30 - 10:00 Concurrent Workshops:

- Harm Reduction & Reclassifying Addiction
- Liaison Peer Training
- An Innovative Approach to Serving People Living with H|V/Homeless
- Feeling good and working well with people with mental health challenges

10:15 -11:45 Concurrent Workshops:

- "I am Homeless & Pregnant, Now What?" McKinney Vento & Social Services
- Caring for Self while Caring for Others
- Doing More with Less: Meeting Client Need Through Organizational Flexibility

12:00 - 1:30 OCHH Luncheon - Speaker: Lloyd Pendleton, Director, Homeless Task Force, Utah Division of Housing and Community Development—State-wide Solutions to Homelessness

1:45 - 3:15 Concurrent Workshops:

- Housing & Public Schools Working Together for Low Income Children
- Host Homes/Alternative Housing for Homeless Youth
- Key Ingredients to Ending Homelessness-Investing Up Front

- Voices of Poverty
- 3:30 - 5:00 Concurrent Workshops:
 - Early Childhood & Preschool Services
 - Coordinated Assessment Best Practices Panel/Dialogue
 - Helping Our Participants Achieve Self-Sufficiency Through Employment Support
- Voices of Poverty
- 6:00 - 8:00 OCHH Awards Banquet

Friday May 9,
2014

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- 7:00 - 8:15am Buffet Breakfast - Conference Announcements at 7:45
- 8:30 - 11:30 Concurrent Seminars:
 - Overview of Best Practices in Homeless Services
 - Community Solutions to Unauthorized Camps on Public Land
 - Homeless Children & Youth: What New Oregon Data Reveals