

I. State Information

State Information

Plan Year

Federal Fiscal Year 2017

State Identification Numbers

DUNS Number 9640933500000

EIN/TIN 93-0576060

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

Agency Name 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 Chris

Last Name Norman

Agency Name Oregon Health Authority

Mailing Address 500 Summer Street NE, E-86

City Salem

Zip Code 97301

Telephone 503-945-7818

Fax 503-378-8467

Email Address chris.p.norman@state.or.us

III. State Expenditure Period

From 7/1/2017

To 6/30/2018

IV. Date Submitted

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

Submission Date 6/30/2017 7:28:58 PM

Revision Date 7/14/2017 2:24:12 PM

V. Contact Person Responsible for Application Submission

Title Interim State PATH Contact

Organizational Unit Name Adult Behavioral Health Unit

First Name Marisha L.

Last Name Elkins

Telephone 503-949-5822

Fax 503-387-8467

Email Address Marisha.L.Elkins@state.or.us

Footnotes:

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

Chris Norman

Title

Integrated Health Programs Director

Organization

Oregon Health Authority

Signature:

Date:

Footnotes:

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. §5469a-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. §52131 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 Chris Norman
Title Integrated Health Programs Director
Organization Oregon Health Authority

Signature: C.P.N.

Date: 6/29/17

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 workplace 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
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D

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

Chris Norman

Title

Integrated Health Programs Director

Organization

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 workplace 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
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D

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 Chris Norman
 Title Integrated Health Programs Director
 Organization Oregon Health Authority

Signature: [Handwritten Signature]

Date: 6/29/17

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2017

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, 2018, 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 2017 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

Chris Norman

Title

Integrated Health Programs Director

Organization

Oregon Health Authority

Signature:

Date:

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2017

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, 2018, 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 2017 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 Chris Norman
Title Integrated Health Programs Director
Organization Oregon Health Authority

Signature:

C.P.N.

Date:

6/29/17

Footnotes:

I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes No

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

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

Name: Chris Norman

Title: Integrated Health Programs Director

Organization: Oregon Health Authority

Signature: _____

Date Signed: _____

mm/dd/yyyy

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

Chris Norman

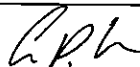
Title

Integrated Health Programs Director

Organization

Oregon Health Authority

Signature:



Date: 6/30/17

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:

CASCADIA BEHAVIORAL HEALTH CARE

- Type of Organization: Private Non-Profit Organization
- Service Area: Portland Metro Area
- Amount of Federal PATH Funds Received: \$102,946
- Amount and Source of Matching Funds: \$37,766 – Joint Office of Homeless Services contract/grant for Mental Health Street Outreach
- Number of Individuals to be Contacted: 100
- Number of Adults who are Literally Homeless: 90
- Number of Individuals to be Enrolled: 65
- Services to be Provided: Outreach services; Screening & diagnostic treatment services; Habilitation & Rehabilitation services; Community mental health services; Alcohol/drug treatment services; Case management services; Housing services; and Staff training.

DESCHUTES COUNTY HEALTH SERVICES

- Type of Organization: Community Mental Health Center
- Service Area: Deschutes County
- Amount of Federal PATH Funds Received: \$96,890
- Amount and Source of Matching Funds: \$41,690 – County General Funds
- Number of Individuals to be Contacted: 150
- Number of Adults who are Literally Homeless: 120
- Number of Individuals to be Enrolled: 75
- Services to be Provided: Outreach services; Screening & diagnostic treatment services; Habilitation & Rehabilitation services; Community mental health services; Alcohol/drug treatment services; Case management services; Housing services; and Staff training.

LUKE-DORF, INC.

- Type of Organization: Private Non-Profit Organization
- Service Area: Washington County
- Amount of Federal PATH Funds Received: \$66,612
- Amount and Source of Matching Funds: \$22,697 – County General Fund and Non-Medicaid Fee-For-Service Reimbursement
- Number of Individuals to be Contacted: 250
- Number of Adults who are Literally Homeless: 200
- Number of Individuals to be Enrolled: 116
- Services to be Provided: Outreach services; Screening & diagnostic treatment services; Habilitation & Rehabilitation services; Community mental health services; Alcohol/drug treatment services; Case management services; Housing services; and Staff training.

MULTNOMAH COUNTY MENTAL HEALTH & ADDICTION SERVICES DIVISION

- Type of Organization: Community Mental Health Center
- Service Area: Multnomah County
- Amount of Federal PATH Funds Received: \$242,226
- Amount and Source of Matching Funds: \$91,913 – County General Fund, Non-Medicaid Fee-For-Service Billing
- Number of Individuals to be Contacted: 150
- Number of Adults who are Literally Homeless: 135
- Number of Individuals to be Enrolled: 60
- Services to be Provided: Outreach services; Screening & diagnostic treatment services; Habilitation & Rehabilitation services; Community mental health services; Alcohol/drug treatment services; Case management services; Supportive & supervisory services in a residential setting; Housing services; and Staff training.

WHITE BIRD CLINIC

- Type of Organization: Private Non-Profit Organization
- Service Area: Lane County
- Amount of Federal PATH Funds Received: \$96,890
- Amount and Source of Matching Funds: \$36,213 – City of Eugene Public Safety Funds, County General Funds, Non-Medicaid Fee-For-Service Billing
- Number of Individuals to be Contacted: 125
- Number of Adults who are Literally Homeless: 82
- Number of Individuals to be Enrolled: 72

- Services to be Provided: Outreach services; Screening & diagnostic treatment services; Habilitation & Rehabilitation services; Community mental health services; Alcohol/drug treatment services; Case management services; Housing services; and Staff training.

II. Executive Summary

2. State Budget

Planning Period From 7/1/2017 to 6/30/2018

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	------------	-------------------	-------------------	---------------	----------

b. Fringe Benefits	0.00 %	\$ 0	\$ 0	\$ 0	<input type="text"/>
--------------------	--------	------	------	------	----------------------

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

c. Travel	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

d. Equipment	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

e. Supplies	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

f1. Contractual (IUPs)	\$ 605,564	\$ 230,279	\$ 835,843	<input type="text"/>
------------------------	------------	------------	------------	----------------------

f2. Contractual (State)	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	------------	-----------------	-----------------	---------------	----------

PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.

g1. Housing (IUPs)	11.71 %	\$ 73,856	\$ 15,718	\$ 89,574	<input type="text"/>
--------------------	---------	-----------	-----------	-----------	----------------------

g2. Housing (State)	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

h. Construction (non-allowable)				
i. Other	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

j. Total Direct Charges (Sum of a-i minus g1)	\$ 605,564	\$ 230,279	\$ 835,843	
---	------------	------------	------------	--

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

k. Indirect Costs (Administrative Costs)	\$ 25,231	\$ 0	\$ 25,231	<input type="text"/>
--	-----------	------	-----------	----------------------

l. Grand Total (Sum of j and k)	\$ 630,795	\$ 230,279	\$ 861,074	
---------------------------------	------------	------------	------------	--

Allocation of Federal PATH Funds	\$ 630,795	\$ 210,265	\$ 841,060	
----------------------------------	------------	------------	------------	--

Source(s) of Match Dollars for State Funds:

A total of \$230,279 in non-Federal contributions will match PATH funds in FFY 2017. This exceeds the \$210,265 minimum match requirement for Oregon. All match funds will be available at the beginning of the grant period, and will be used only to support PATH-eligible services. DESCUTES COUNTY HEALTH SERVICES • Amount of Matching Funds: \$41,690 • Source of Matching Funds: County General Funds WHITE BIRD CLINIC • Amount of Matching Funds: \$36,213 • Source of Matching Funds: City of Eugene Public Safety Funds, County General Funds, Non-Medicaid Fee-For-Service Billing CASCADIA BEHAVIORAL HEALTH CARE • Amount of Matching Funds: \$37,766 • Source of Matching Funds: Joint Office of Homeless Services contract/grant for Mental Health Street Outreach Program LUKE-DORF, INC. • Amount of Matching Funds: \$22,697 • Source of Matching Funds: County General Fund and Non-Medicaid Fee-For-Service Reimbursement MULTNOMAH COUNTY MENTAL HEALTH & ADDICTION SERVICES DIVISION • Amount of Matching Funds: \$91,913 • Source of Matching Funds: County General Fund, Non-Medicaid Fee-For-Service Billing

Footnotes:

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **07/01/2017**

Expenditure Period End Date: **06/30/2018**

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

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	\$102,946	\$37,766	100	65	0	0
Deschutes County Mental Health	Community mental health center	Deschutes County	\$96,890	\$41,690	150	75	1	10
Luke-Dorf Hillsboro Site	Community mental health center	Washington County	\$66,612	\$22,697	250	116	0	0
Multnomah County MHASD- The Bridgeview Community	Other mental health agency	Multnomah County	\$242,226	\$91,913	150	60	1	0
White Bird Clinic	Social service agency	Lane County	\$96,890	\$36,213	125	72	1	19
Grand Total			\$605,564	\$230,279	775	388	3	29

* IUP with sub-IUPs

Footnotes:

1. Cascadia Behavioral Healthcare

310 NW Flanders
Portland, OR 97209

Contact: Kim James

Contact Phone #: 503-849-5688

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: OR-011

State Provider ID: 4111

Geographical Area Served: Portland Metro Area

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel \$ 61,805 \$ 17,295 \$ 79,100

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 33,000	25.00 %	0.25	\$ 8,250	\$ 8,250	\$ 16,500	<input type="text"/>
Outreach worker	\$ 34,030	100.00 %	1.00	\$ 34,030	\$ 0	\$ 34,030	<input type="text"/>
Outreach worker	\$ 44,500	10.00 %	0.10	\$ 4,450	\$ 0	\$ 4,450	<input type="text"/>
PATH Administrator	\$ 60,300	25.00 %	0.25	\$ 15,075	\$ 9,045	\$ 24,120	<input type="text"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	------------	-------------------	-------------------	---------------	----------

b. Fringe Benefits 12.60 % \$ 9,963 \$ 6,107 \$ 16,070

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

c. Travel \$ 4,357 \$ 0 \$ 4,357

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 3,857	\$ 0	\$ 3,857	<input type="text"/>
Other (Describe in Comments)	\$ 500	\$ 0	\$ 500	PATH-Provider Meetings in Salem <input type="text"/>

d. Equipment \$ 0 \$ 1,995 \$ 1,995

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Printer Lease/Purchase	\$ 0	\$ 660	\$ 660	<input type="text"/>
Other (Describe in Comments)	\$ 0	\$ 1,215	\$ 1,215	Cell Phone and Internet Services <input type="text"/>
Other (Describe in Comments)	\$ 0	\$ 120	\$ 120	Shredder <input type="text"/>

e. Supplies \$ 0 \$ 320 \$ 320

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 0	\$ 320	\$ 320	<input type="text"/>

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

No Data Available

g. Housing \$ 16,392 \$ 10,000 \$ 26,392

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 7,500	\$ 7,500	\$ 15,000	Security deposits <input type="text"/>
Other (Describe in Comments)	\$ 5,892	\$ 1,150	\$ 7,042	Costs associated with matching eligible individuals with appropriate housing situations <input type="text"/>
Other (Describe in Comments)	\$ 1,500	\$ 0	\$ 1,500	One-time rental payments to prevent eviction <input type="text"/>
Other (Describe in Comments)	\$ 1,000	\$ 0	\$ 1,000	Technical Assistance in Applying for Housing Assistance <input type="text"/>
Other (Describe in Comments)	\$ 500	\$ 0	\$ 500	Improving the coordination of housing services <input type="text"/>
Other (Describe in Comments)	\$ 0	\$ 1,350	\$ 1,350	Planning of Housing <input type="text"/>

h. Construction (non-allowable)

i. Other \$ 540 \$ 0 \$ 540

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Staffing: Training/Education/Conference	\$ 540	\$ 0	\$ 540	<input type="text"/>

j. Total Direct Charges (Sum of a-i) \$ 93,057 \$ 35,717 \$ 128,774

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 9,889	\$ 2,049	\$ 11,938	
l. Grand Total (Sum of j and k)	\$ 102,946	\$ 37,766	\$ 140,712	

Source(s) of Match Dollars for State Funds:

Joint Office of Homeless Services contract/grant for Mental Health Street Outreach Program

Estimated Number of Persons to be Contacted:	100	Estimated Number of Persons to be Enrolled:	65
Estimated Number of Persons to be Contacted who are Literally Homeless:	90		
Number staff trained in SOAR in grant year ending in 2017:	0	Number of PATH-funded consumers assisted through SOAR:	0

Intended Use Plan – Cascadia Behavioral Health Care

LOCAL PROVIDER DESCRIPTION – PROVIDE A BRIEF DESCRIPTION OF THE PROVIDER ORGANIZATION RECEIVING PATH FUNDS, INCLUDING NAME, TYPE OF ORGANIZATION, REGION SERVED, AND THE AMOUNT OF PATH FUNDS THE PROGRAM WILL RECEIVE.

Name of organization: Cascadia Behavioral Healthcare

Type of organization: Community behavioral healthcare and housing provider.

Region Served: Portland Metro Area

Amount of Federal PATH Funds: \$102,946

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.

COLLABORATION WITH HUD CONTINUUM OF CARE (COC) PROGRAM – DESCRIBE THE ORGANIZATION’S PARTICIPATION WITH LOCAL HUD CONTINUUM OF CARE (COC) RECIPIENT(S) AND 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(S) BRIEFLY EXPLAIN THE APPROACHES TO BE TAKEN BY THE AGENCY TO COLLABORATE WITH THE COC(S) IN THE AREA WHERE PATH OPERATES.

Cascadia has multiple leadership staff from our Homeless Services Division participating in HUD CoC program and Coordinated Access Projects. Cascadia was one of five agencies participating in and informing the pilot program for the local Coordinated Access system for adults without children, and the majority of our divisions Permanent Supportive Housing will be taking all referrals from the Coordinated Access system as of July 2017. The Street Outreach Team, including the PATH outreach worker will be completing the Coordinated Access vulnerability assessment with people they outreach /and engage to assist in accessing of the communities array of Permanent Supportive Housing Options. Locally, the vulnerability scoring will strongly prioritize those who have extensive histories of street homelessness, and multiple health vulnerabilities. Within the Homeless Services Division, the Street Outreach Team Manager attends local outreach meetings and trainings related to HUD CoC, and is planning on participating in the local Matching Committee Meeting related to Coordinated Access. The Housing Outreach Team Manager is the co-facilitator for the Home for Everyone Community Advisory Forum. The Senior Director actively participates in multiple Coordinated Access workgroups, attends bi-monthly Home For Everyone meetings, and will be a participant in the Coordinated Access Leadership Committee. Cascadia’s CEO is on the Home for Everyone Executive Team. 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 was involved in regional planning for coordinated access system for homeless adults.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS – PROVIDE A BRIEF DESCRIPTION OF PARTNERSHIPS AND ACTIVITIES WITH LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE KEY SERVICES (E.G., OUTREACH TEAMS, PRIMARY HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, HOUSING, EMPLOYMENT) TO PATH-ELIGIBLE CLIENTS, AND DESCRIBE THE COORDINATION OF ACTIVITIES AND POLICIES WITH THOSE ORGANIZATIONS. PROVIDE SPECIFIC INFORMATION ABOUT HOW COORDINATION WITH OTHER OUTREACH TEAMS WILL BE ACHIEVED.

- Outreach teams: Cascadia’s Street Outreach Team partners with outreach teams at JOIN, Transition Projects, and other local programs. The Street Team also has a formal partnership which funds a full time outreach staff with NARA (Native American Rehabilitation Association) and a full time outreach staff Urban League of Portland to collaborate and increase access to services and supports for Native American and African-American eligible individuals. Coordination within the full Street outreach team includes scheduled street outreach hours, and collaborative partnerships with day shelter and drop-in locations with other agencies. The team also has a partnership with Portland Police Outreach officers who refer into specific outreach staff within the larger team for prioritized engagement and placement into housing of vulnerable families, couples and single adults. Coordination with Cascadia’s Project Respond (Mobile Crisis Team) also occurs regularly. The team also has in place a streamlined referral system from partnering providers; weekly coordination meetings between Cascadia, NARA, Urban League and 2 designated outreach officers with Portland Police Department’s Neighborhood Response Team.

- **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. Cascadia's outpatient and permanent supportive housing programs recently adapted operations to include taking of medical vitals and tighter coordination with primary care providers.
- **Mental health:** Cascadia is the primary mental health provider in the Portland area and operates four outpatient mental health clinics, including the Urgent walk-in Clinic for behavioral health support. The street outreach staff will refer program participants to Cascadia Outpatient Clinics, as well as to outpatient programs operated by other local non-profits and the Multnomah County health clinic. The Street Team serves as a 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:** Street Team staff will assist participants access Cascadia's outpatient substance abuse treatment programs. Street Outreach clients are 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 people they connect with during outreach, and program clients, to successfully access to whatever type of treatment is desired and clinically appropriate, utilizing community partner referrals to Detox programs, the variety of outpatient addictions treatment options, Methadone clinics, and residential addictions treatment and dual diagnosis treatment programs.
- **Housing:** The Street Outreach Team has benefited from direct access to Cascadia's portfolio of supportive housing for individuals experiencing homelessness and mental illness. As of July 2017, most of our PSH programs will be accessed via Coordinated Access. Our outreach workers have received, and will continue to receive training as needed on conducting the Coordinated Access vulnerability assessment tool with people to support access. Street Outreach workers also track open wait lists and regularly assist participating households to apply for affordable housing opportunities with Cascadia Housing, Central City Concern, Home Forward, and other Affordable Housing Providers in Multnomah County. The Street Outreach team has also built significant relationships with private landlords and small housing providers across the area, and continues to reach out to new property management agencies.
- **Employment:** We assist PATH clients with access to employment services via Central City Concern, Vocational Rehabilitation, and other local employment programs. 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. The team manager reaches out to other entities and stakeholders to increase access into essential services, and advocate for the needs of people who are experiencing homelessness and impacted by mental health issues. Recent partnership included setting up streamlined access for PATH and our larger Street Team program into local shelters and safety net systems.

SERVICE PROVISION – DESCRIBE THE ORGANIZATION'S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO PATH ELIGIBLE CLIENTS, INCLUDING:

- **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:** 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 is a QMHA level clinician who is bilingual (Spanish/English) and receives support and oversight from QMHP level supervisor.

- **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) 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 having to transfer to a different staff member to access these services. Grant funds from the Joint Office of Homeless Services is used to 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 new Palm PSH2 project, a community based transitional supported housing plan, enables PATH enrolled clients to access community based clinicians and a permanent rental subsidy. Community based partnerships with alternate agencies allow PATH engaged clients to access alternate supportive services including group counseling, skills training, access to restrooms and showers as well as activities.

- **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. We are hopeful that in the future PATH will remove their restrictions to uses of PATH rental assistance, and increase funding to provide short term rent 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. Our team is able to provide flexible client centered mental health services free of charge to the clients during the gap period into outpatient clinic services.

- **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 the PATH staff, as well as from QMHP clinicians within our larger team. Cascadia Outpatient programs offer a full array of specialized mental health services programming, substance abuse treatment, gambling treatment, family and child services and supported employment services, clients with our street outreach team also have access to a psychiatrist who can prescribe medications and perform psychiatric evaluations as appropriate,

while they are in process of being connected fully with Outpatient Clinic Programs.

Cascadia's Homeless Services Division 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 some units of Alcohol and Drug Free housing, and a 15-unit supportive housing apartment community specifically for individuals/households experiencing co-occurring substance abuse and mental health symptoms. Clients interested in alcohol and drug free housing via other providers, or Oxford Houses, are also assisted in submitting applications.

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, and other local programs which specialize in services for this population. 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.

- HOW THE LOCAL PROVIDER AGENCY PAYS FOR PROVIDERS OR OTHERWISE SUPPORTS EVIDENCED-BASED PRACTICES, TRAININGS FOR LOCAL PATH-FUNDED STAFF, AND TRAININGS TO SUPPORT COLLECTION OF PATH DATA IN HMIS:

□ All Street Outreach staff complete annual trainings, online and in person opportunities, which includes Safe Work Environments and Trauma Informed Care. Cascadia has a Staff Training Team, a Trauma Support Team, and our Homeless Division has a dedicated Manager for Compliance and Staff Training. Additionally, Street Outreach staff are encouraged to attend trainings in the community on topics such as fair housing and benefit acquisition.

Training and on-going support is offered by the HMIS Team with the Portland Housing Bureau. The program manager attends periodic HMIS meetings, and trainings for the team are arranged as needed.

- SPECIFIC EXAMPLES OF HOW THE AGENCY SERVES TO BETTER LINK CLIENTS WITH CRIMINAL JUSTICE HISTORIES TO HEALTH SERVICES, HOUSING PROGRAMS, JOB OPPORTUNITIES AND OTHER SUPPORTS (E.G., JAIL DIVERSION, ACTIVE INVOLVEMENT IN RE-ENTRY), OR SPECIFIC EFFORTS TO MINIMIZE THE CHALLENGES AND FOSTER SUPPORT FOR PATH CLIENTS WITH A CRIMINAL HISTORY (E.G. JAIL DIVERSION, ACTIVE INVOLVEMENT IN REENTRY): Street Outreach has begun massive restructuring/rebuilding efforts that include training systems development. We are increasing our efforts as they related to retention in the service provision of those that are actively engaged. We are in the process of re-establishing our partnerships and referral sources to better enhance our options/activities as they relate to retention. We have also maintained ongoing outreach efforts with selected individuals who were previously identified by team members as needing services but were unwilling to engage at the time of initial contact.

It is a goal of this team to actively utilize the weekly Point In Time Contact Campsite Report and work collaboratively with our outreach partners including PPB as part of development of and assisting with focused outreach efforts. This plan will allow us to actively engage in selected areas, identified targeted populations for services and assist with overall housing needs.

In addition, the PPB officers working with us are able to assist us in working with participants who have warrants and other low level criminal records. We have initiated and will be reconnecting with the Public Defenders' office who is interested in more of a collaboration between our teams.

DATA - DESCRIBE THE PROVIDER'S STATUS ON THE TRANSITION TO COLLECT PATH DATA IN HMIS. IF PROVIDERS ARE NOT FULLY UTILIZING HMIS FOR PATH SERVICES, PLEASE DESCRIBE PLANS TO COMPLETE HMIS IMPLEMENTATION. FOR PROVIDERS WHO ARE FULLY UTILIZING HMIS, 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. All clients are entered into HMIS and placements are tracked.

Training and on-going support is offered by the HMIS Team with the Portland Housing Bureau. The program manager attends periodic HMIS meetings, and trainings for the team are arranged as needed. The Street Outreach Team's Administrative Coordinator takes 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 agency electronic health record (Essentia). Our goal in the coming year is to document efficiently in both Essentia and HMIS without excessive redundancies.

Please identify which PATH-funded staff are responsible for entering data into HMIS. Please attach proof of HMIS training for each person identified. Currently the Street Outreach Team has identified Alfredo Higuera, Case Manager II, QMHA as the PATH funded Staff responsible for data collection for PATH outreached and enrolled clients at entry, and exit. In addition, Coordinated Services and oversight is provided by Program Manager Kim James, LPC.

SOAR - DESCRIBE THE PROVIDERS PLAN TO ENSURE THAT PATH STAFF HAVE COMPLETED THE SOAR ONLINE COURSE AND WHICH STAFF PLAN TO ASSIST CONSUMERS WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL AND TRACK THE OUTCOMES OF THOSE APPLICATIONS IN THE SOAR ONLINE APPLICATION TRACKING (OAT) SYSTEM. FOR THE GRANT YEAR THAT JUST ENDED, INCLUDE THE FOLLOWING DATA:

The team manager has completed the online SOAR training, and the PATH clinician is also registered to complete the training. 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 Joint Office of Homeless Services grants, we are able to prioritize our Outreach staff to focus on outreach, engagement, supported linkage to local services, and permanent housing placement. Our team also refers and coordinates with other local benefits acquisition specialists and legal supports.

- THE NUMBER OF STAFF TRAINED IN SOAR:

N/A

- THE NUMBER OF STAFF WHO PROVIDED ASSISTANCE WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL:

N/A

- THE NUMBER OF CONSUMERS ASSISTED THROUGH SOAR:

N/A

- APPLICATION ELIGIBILITY RESULTS:

N/A

- THE NUMBER OF STAFF DEDICATED TO IMPLEMENTING SOAR, PART- AND FULL-TIME. IF THE PROVIDER DOES NOT USE SOAR, DESCRIBE THE SYSTEM USED TO IMPROVE ACCURATE AND TIMELY COMPLETION OF MAINSTREAM BENEFIT APPLICATIONS (E.G. SSI/SSDI), TIMELY DETERMINATION OF ELIGIBILITY, AND THE OUTCOMES OF THOSE APPLICATIONS (I.E., APPROVAL

RATE ON INITIAL APPLICATION, AVERAGE TIME TO APPROVE THE APPLICATION.) ALSO DESCRIBE THE EFFORTS USED TO TRAIN STAFF ON THIS ALTERNATIVE SYSTEM AND WHAT TECHNICAL ASSISTANCE OR SUPPORT THEY RECEIVE TO ENSURE QUALITY APPLICATIONS IF THEY DO NOT USE THE SAMHSA SOAR TA CENTER:

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 Joint Office of Homeless Services grants, we are able to prioritize our Outreach staff to focus on outreach, engagement, supported linkage to local services, and permanent housing placement. Our team also refers and coordinates with other local benefits acquisition specialists and legal supports. The majority of people we connect with during street outreach already have benefits in place. The team will provide active linkage and support to any participants who need benefits acquisition services and assistors.

HOUSING – INDICATE THE STRATEGIES THAT WILL BE USED FOR MAKING SUITABLE HOUSING AVAILABLE FOR PATH CLIENTS.

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 complete the vulnerability assessment to assist with accessing Permanent Supportive Housing programs which are only accessible via Coordinated Access. Participants will also be assisted to apply for any available affordable housing options, rental subsidy programs via our local housing authority, and other housing opportunities which are available and affordable for them using their personal resources. Cascadia's Homeless Services has a few PSH options which are not connected to Coordinated Access, and the team will continue to have prioritized access for eligible households into these resources. If specialty housing, assisted living, foster home care or residential programs are appropriate options, and desired by the individual, then assistance will be provided to help them in submitting required paperwork and offering support throughout the screening and application process.

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 transition for any clients that access Cascadia Permanent Supportive Housing Programs with our Homeless Division (including when the household is approved for referral via the Coordinated Access system).

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 receives information and training on

Fair Housing and Landlord-Tenant Law, and best efforts are made to ensure that our clients are treated equitably by private market landlords. When appropriate, staff will assist the client in connecting with legal resources, or tenant advocacy support programs.

STAFF INFORMATION – DESCRIBE THE FOLLOWING DEMOGRAPHICS OF STAFF SERVING THE CLIENTS: HOW STAFF PROVIDING SERVICES TO THE POPULATION WILL BE SENSITIVE TO AGE, GENDER, DISABILITY, LESBIAN, GAY, BISEXUAL AND TRANSGENDER, RACIAL/ETHNIC, AND DIFFERENCES OF CLIENTS; THE EXTENT TO WHICH STAFF RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE AND HEALTH DISPARITIES.

Team demographics change with any staff turnover. In the upcoming year demographic representation across staff includes: Male, Female, and Transgender. Mid-twenties to mid-fifties in age. African-American, Caucasian, Latino and Native American. And two Veterans. The PATH staff is bicultural/bilingual (Latino/Spanish).

In addition our team includes funded outreach workers employed by Urban League and
Page 6

NARA to further enhance our ability to successfully connect with and support people sleeping outside, impacted by mental health disabilities, who are African-American and Native American and prefer culturally specific services.

Street Outreach workers receive cultural skills training upon hire and again at minimum on a yearly recurring basis. There are opportunities to attend monthly diversity trainings & be involved in Cascadia's Equity/Diversity and Inclusion meetings.

Potential client outcome disparities are reviewed quarterly by analysis of our HMIS data, which reveal placement data by race, ethnicity, gender, and age. Our ISEP (Intensive Street Outreach Program) in this past FY was highly successful in increasing access for typically underserved cultural populations. Seventy-nine percent of individuals served were African American, Native American or Latino/Hispanic. We closely track demographic data to evaluate access into services, and outcomes such as long term permanent housing retention. We have consistently had the same high rates of housing retention in our division for all cultural/racial populations.

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.
- 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. See above.

- The extent to which staff receive differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. See above.

CLIENT INFORMATION – DESCRIBE THE DEMOGRAPHICS OF THE CLIENT POPULATION, THE PROJECTED NUMBER OF ADULTS TO BE CONTACTED AND ENROLLED, AND THE PERCENTAGE OF ADULT CLIENTS BEING SERVED USING PATH FUNDS TO BE LITERALLY HOMELESS.

We anticipate outreaching to 100 clients in the next year. PATH funded staff will have a goal of 30 enrollments in the PATH program.

Approximately 90% of those who receive PATH funded services in the year are expected to be literally homeless. The remaining 10%, may be imminently homeless or in transitional housing and needing permanent housing placement support. We prioritize those sleeping outside for all services.

Our program offers a background screening to identify housing placement barriers, which may include criminal history, open warrants, credit history, and rental history. We do not screen out access into PATH services based on criminal history, records of eviction, much less problematic credit. For those with an open warrant, staff coach and assist them to address the issues so that a permanent housing placement can be achieved.

Racial equity is a priority focus for our division and for our street team. Our Homeless Division stepped up efforts three years ago for specific underserved racial populations, African-Americans, Latino's and Native Americans, to improve access, housing placement, and long term retention. We realized improved outcomes in that fiscal year and continue to push forward to further improve access and quality of supports, via our direct services team and in partnership with Culturally Specific providers.

The team will be actively tracking demographics throughout the contract year. Our goal is to connect with the diverse population impacted by homelessness in our community, and engage those who are highly vulnerable and often underserved within mainstream systems of care, who also are more likely to face discriminatory practices when applying for housing opportunities. We anticipate that 50% will be women; 30% African-American; 15% Native American; 15% Latino; and 5% Pacific Islander; and 35% Caucasian. Our intent will be to exceed these percentages for African Americans, Native Americans, Latino and Pacific Islander.

CONSUMER INVOLVEMENT – DESCRIBE HOW INDIVIDUALS WHO EXPERIENCE HOMELESSNESS AND HAVE SERIOUS MENTAL ILLNESS, AND THEIR FAMILY MEMBERS, WILL BE MEANINGFULLY 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 thru a collaborative process with the individual client. Our clinicians encourage active participation throughout the services, including services planning, of family members should the client wish. 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. We also do not mandate formal enrollment as a Cascadia mental health services client in order to receive outreach, or housing placement services from our Street Outreach Team.

Cascadia has a Consumer Advisory Council which informs the work of the agency as a
Page 8

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 Manager meets regularly with consumer-advocate members of Multnomah County's Home for Everyone Coordinating Board. These consultations provide an opportunity for the Program Manager 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.

Funds available via Multnomah County for indigent services for people with mental health disabilities will be available in the following circumstances. 1) Individual does not have Medicaid in place; 2) individual is enrolled and all paperwork submitted for Multnomah Treatment Fund; 3) funding is provided to Cascadia on behalf of individual enrolled with Multnomah Treatment Fund. In that case, any funds provided will be utilized for the PATH program costs.

2. Deschutes County Mental Health

2577 NE Courtney

Bend, OR 97701

Contact: Colleen Thomas

Contact Phone #: 541-317-3153

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: OR-007

State Provider ID: 4107

Geographical Area Served: Deschutes County

Planning Period From 7/1/2017 to 6/30/2018

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 47,485	\$ 26,604	\$ 74,089	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 51,259	90.00 %	0.80	\$ 41,007	\$ 5,126	\$ 46,133	
PATH Administrator	\$ 88,333	6.00 %	0.00	\$ 0	\$ 5,300	\$ 5,300	
Social Worker	\$ 75,520	30.00 %	0.09	\$ 6,478	\$ 16,178	\$ 22,656	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	39.98 %	\$ 29,623	\$ 14,256	\$ 43,879	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 2,684	\$ 830	\$ 3,514	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 2,684	\$ 0	\$ 2,684	Oregon Housing & Homelessness Conference
Other (Describe in Comments)	\$ 0	\$ 830	\$ 830	PATH Provider meetings in Salem.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Housing	\$ 4,500	\$ 0	\$ 4,500	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 4,500	\$ 0	\$ 4,500	Security Deposits

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)	\$ 0	\$ 0	\$ 0	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
i. Other	\$ 0	\$ 0	\$ 0	
No Data Available				

j. Total Direct Charges (Sum of a-i)	\$ 84,292	\$ 41,690	\$ 125,982	
---	-----------	-----------	------------	--

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 12,598	\$ 0	\$ 12,598	

l. Grand Total (Sum of j and k)	\$ 96,890	\$ 41,690	\$ 138,580	
--	-----------	-----------	------------	--

Source(s) of Match Dollars for State Funds:

County General Funds

Estimated Number of Persons to be Contacted:	150	Estimated Number of Persons to be Enrolled:	75
Estimated Number of Persons to be Contacted who are Literally Homeless:	120		
Number staff trained in SOAR in grant year ending in 2017:		1 Number of PATH-funded consumers assisted through SOAR:	10

LOCAL PROVIDER DESCRIPTION – PROVIDE A BRIEF DESCRIPTION OF THE PROVIDER ORGANIZATION RECEIVING PATH FUNDS, INCLUDING NAME, TYPE OF ORGANIZATION, REGION SERVED, AND THE AMOUNT OF PATH FUNDS THE PROGRAM WILL RECEIVE.

Name of organization: Deschutes County Health Services
Type of organization: Community Mental Health Program (CMHP)
Region Served: Deschutes County
Amount of Federal PATH Funds: \$96,890.00

COLLABORATION WITH HUD CONTINUUM OF CARE (COC) PROGRAM – DESCRIBE THE ORGANIZATION’S PARTICIPATION WITH LOCAL HUD CONTINUUM OF CARE (COC) RECIPIENT(S) AND 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(S) BRIEFLY EXPLAIN THE APPROACHES TO BE TAKEN BY THE AGENCY TO COLLABORATE WITH THE COC(S) IN THE AREA WHERE PATH OPERATES.

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. Currently there are over 40 agencies and organizations that attend and participate in the HLC. Some of the groups currently involved with the HLC include: Deschutes County Health Services (DCHS), 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 and implementation of coordinated entry. 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.

The current DCHS PATH case manager is the co-chair for the Coordinated Entry Committee for the Central Oregon HUD Continuum of Care- the Homeless Leadership Coalition (HLC). The case manager is also a voting member for the Continuum of Care and is also co-chairing the advocacy workgroup to promote education and advocacy efforts for individuals who are experiencing homelessness in the Central Oregon region.

The PATH case manager is responsible for facilitating and establishing the workgroup to implement coordinated entry. The Homeless Leadership Coalition and the Coordinated Entry committee are looking to tentatively implement the coordinated entry process in the Fall of 2017. Between now and then, the PATH case manager meets bi-weekly with the committee to strategize and work towards establishing the coordinated entry process. Once the process has been established, it is the goal that the PATH case manager will participate weekly in the assessments of individuals experiencing homelessness by using the Vulnerability Index Service Prioritization Decision Assistant Tool (VI-SPDAT) and submitting the results into the HMIS system.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS – PROVIDE A BRIEF DESCRIPTION OF PARTNERSHIPS AND ACTIVITIES WITH LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE KEY SERVICES (E.G., OUTREACH TEAMS, PRIMARY HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, HOUSING, EMPLOYMENT) TO PATH-ELIGIBLE CLIENTS, AND DESCRIBE THE COORDINATION OF ACTIVITIES AND POLICIES WITH THOSE ORGANIZATIONS. PROVIDE SPECIFIC INFORMATION ABOUT HOW COORDINATION WITH OTHER OUTREACH TEAMS WILL BE 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. In the past year, DCHS has also added a Forensic Diversion Team as a new component of the crisis team. This team identifies and works with individuals who are frequently involved in the

criminal justice system as a result of their severe and persistent mental illness. The goal of this new team is to decrease jail recidivism and increase mental health stability. Often times, there is overlap between the PATH and Forensic Diversion teams.

The Bend Police Department (PD) has established a Behavioral Health Unit that responds to mental health calls. This Bend PD Crisis Response Team works closely with the DCHS Mobile Crisis and Forensic Diversion Teams, and works with other agency teams as needed to coordinate services for specific clients.

Cascade Youth and Family Services have a street outreach program that works to identify homeless youth ages 11-20, and engage them in ongoing services. The PATH case manager is often in contact with youth served through this agency for service coordination. The PATH case manager estimates about 5% of her time is spent completing this coordination.

Central Oregon Veterans Outreach offers 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.

In addition, the PATH case manager works closely with a nonprofit, Thrive, that also provides homeless outreach to individuals within Deschutes County.

Primary health

Deschutes County Behavioral Health partners with Mosaic Medical, a federally qualified health clinic, to provide integrated health care services onsite at one of DCHS' downtown sites in a clinic known as Harriman Health Care (HHC). 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 and has recently added a dental hygienist that has designated days at Harriman Health Care. The PATH case manager coordinates with this program for homeless individuals in need of emergency or routine dental care.

DCHS also works with local organizations, such as Volunteers in Medicine, Bend Memorial Clinic, community health clinics and school-based health centers. The PATH case manager assists with referrals to these agencies for 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.

As well as behavioral health, Deschutes County Health Services also is the umbrella organization for 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.

Recently, Deschutes County Health Services was selected to be part of a 2 year pilot project as a Certified Community Behavioral Health Clinic (CCBHC). CCBHC's provide

extensive services which are focused on improving access to care, stabilizing individuals in crisis, as well as providing services to individuals with severe and persistent mental illness inclusive of targeted case management. One specific area of service expansion is to Veterans. Treatment is trauma informed and focused on recovery. Physical/behavioral health integration is a key component. While DCHS already provides many of the services required of a CCBHC, service access/expansion is an area of current focus. As the PATH case manager, this provides another opportunity for connecting with homeless individuals with a severe mental illness (SMI).

The PATH case manager is also working closely with the Intensive Youth Services (IYS) team through Deschutes County Health services to engage and provide mental health services to youth in our community by providing outreach and drop-in times once a month at the IYS drop-in center that serves individuals ages 14-29.

Additional mental health services are also available to PATH clients through other community providers including St. Charles Behavioral Health, Oregon State University (OSU) Cascades Counseling Center, among others. PATH staff makes 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

This past year, Deschutes County Health Services established a Housing Team embedded in the Behavioral Health program which consists of the PATH program, FOUNDATIONS-Rental Assistance and Residential services. The purpose of this team is to streamline services and strategize the best way to utilize the resources available for potential clients. This program started in October and has already proven helpful in improving resource allocation as well as service coordination for individuals with a SMI who are experiencing homelessness and/or with other housing related needs.

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. The PATH 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 staffed cases and participated in consultations regarding recipients of the Housing Choice Voucher program. So far this year, 4 PATH clients have received Housing Choice 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 makes referrals to this program when individuals meet criteria.

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, Goodwill Job Connections 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. The Back Door Cafe is a drop-in center at a local church in downtown Bend that provides a safe environment for individuals experiencing homelessness. The PATH case manager attends drop-in hours at the church to connect with individuals and assist them in accessing appropriate resources.

The PATH case manager also coordinates and makes referrals to other local agencies, including Central Oregon Veterans Outreach, Cascade Youth and Family Services, Bend-La Pine School District, NeighborImpact, Legal Aid, and St. 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 (Oregon Health Plan -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 PATH ELIGIBLE CLIENTS, INCLUDING:

- 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: 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 (Family Kitchen as mentioned above), and local churches. 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 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. Currently the PATH case manager is coordinating and collaborating with these agencies to create an “outreach team” that will provide outreach to designated homeless camps. This team approach will hopefully allow individuals experiencing homelessness to have access to several resources in the comfort of their own environment who may not access services otherwise.

The PATH case manager receives 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.

The PATH case manager attends and is a voting member on the executive board for the

local the local CoC, Homeless Leadership Coalition, in order to network with other community agencies and partners. This provides additional opportunities to identify individuals who are literally homeless and to make appropriate referrals.

- **SPECIFIC EXAMPLES OF HOW THE AGENCY MAXIMIZES USE OF PATH FUNDS BY LEVERAGING USE OF OTHER AVAILABLE FUNDS FOR PATH CLIENT SERVICES:**
Deschutes County Behavioral Health provides a grant funded program, FOUNDATIONS, which is a tenant based rental-assistance program. The FOUNDATIONS program is part of DCHS' newly established Housing Team. FOUNDATIONS works with severe and persistent mentally ill individuals and assists them in finding housing. PATH staff makes 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. The housing team, which PATH staff participates in, meets on a weekly basis to review housing screening forms that have been submitted by DCHS Qualified Mental Health Professionals, to determine program eligibility. Part of this process allows for case staffing's and referrals to additional resources depending on the circumstance. 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.

- **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 2016, the vacancy rate for all of Central Oregon is at 1.04% and Bend specific with a vacancy rate of 0.4 percent. 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 addition, there is only one in patient treatment facility, Best Care, and this program only has 6 available beds.

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. The Central Oregon region desperately needs a low barrier shelter for individuals who may be actively using or have legal barriers. It would also be very beneficial to have a women's homeless shelter available for single women that are not fleeing domestic violence.

- **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, which 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 case manager is part of the DCHS Housing 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.

Bend Police Department's Community Response Team (CRT) works specifically with individuals who are experiencing a mental health crisis or who are high utilizers of emergency services as a result of their mental illness. CRT also works closely with DCHS staff to best support individuals in these crises and connect them to appropriate services.

- **HOW THE LOCAL PROVIDER AGENCY PAYS FOR PROVIDERS OR OTHERWISE SUPPORTS EVIDENCED-BASED PRACTICES, TRAININGS FOR LOCAL PATH-FUNDED STAFF, AND TRAININGS 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 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 attends local and regional conferences that address the struggles of individuals experiencing poverty and homelessness. PATH staff shares training information with other DCHS staff, helping raise awareness of issues and experiences of homelessness individuals. This past year, PATH staff attended the Oregon Coalition on Housing and Homelessness annual conference in Canyonville, Oregon which allowed for collaboration and networking with other PATH grant agencies and organizations that work closely with individuals experiencing homelessness. PATH staff presented information obtained from this conference with other DCHS employees as well as community agencies that were unable to attend.

Currently, a local agency, NeighborImpact, has established an HMIS user workgroup to provide support and consultation to local HMIS users. This workgroup meets monthly and PATH staff attends.

- SPECIFIC EXAMPLES OF HOW THE AGENCY SERVES TO BETTER LINK CLIENTS WITH CRIMINAL JUSTICE HISTORIES TO HEALTH SERVICES, HOUSING PROGRAMS, JOB OPPORTUNITIES AND OTHER SUPPORTS (E.G., JAIL DIVERSION, ACTIVE INVOLVEMENT IN RE-ENTRY), OR SPECIFIC EFFORTS TO MINIMIZE THE CHALLENGES AND FOSTER SUPPORT FOR PATH CLIENTS WITH A CRIMINAL HISTORY (E.G. JAIL DIVERSION, ACTIVE INVOLVEMENT IN REENTRY): In 2016, DCHS received State funding for a Jail Diversion program. The resulting Forensic Diversion Team (FDT) is embedded as part of the Crisis Team. The FDT focuses on identifying and working with individuals who are frequently involved in the criminal justice system as a result of their severe and persistent mental illness. The goal of this new team is to decrease jail recidivism and increase stability. Often times there are overlap between the PATH and Forensic Diversion teams. Also within DCHS, there is a program called BRIDGE that works with individuals who are being released from jail or prison and have been identified as having a SMI diagnosis. This team works with individuals to help them reintegrate into mainstream society by providing therapy, skill building, case management, and other supportive services. Again, many PATH eligible clients overlap with this program. PATH staff also receives referrals from jail behavioral health specialists to enable coordination with individuals who will be released from custody to homelessness.

DATA – DESCRIBE THE PROVIDER’S STATUS ON THE TRANSITION TO COLLECT PATH DATA IN HMIS. IF PROVIDERS ARE NOT FULLY UTILIZING HMIS FOR PATH SERVICES, PLEASE DESCRIBE PLANS TO COMPLETE HMIS IMPLEMENTATION. FOR PROVIDERS WHO ARE FULLY UTILIZING HMIS, DESCRIBE PLANS FOR CONTINUED TRAINING AND HOW PROVIDERS WILL SUPPORT NEW STAFF. The PATH case manager, Colleen Thomas, is responsible for collecting and entering all HMIS data. As there is only one PATH staff member who enters data into HMIS, there is no formal policy. The PATH case manager is responsible for HMIS data collection and entry. It is the agency’s expectation that the PATH case manager will collect the data when meeting with clients in the community and input data in a timely manner. The PATH case manager will also participate in the monthly HMIS work group that is provided by the HMIS lead agency, NeighborImpact. This work group provides peer support to HMIS data collectors and is beginning to prepare for the upcoming changes to Service Point.

In the event the current PATH case manager should leave the position, the new case manager would participate in HMIS training as offered by the local HMIS lead agency, NeighborImpact, as soon as possible following initial agency training and orientation.

SOAR – DESCRIBE THE PROVIDERS PLAN TO ENSURE THAT PATH STAFF HAVE COMPLETED THE SOAR ONLINE COURSE AND WHICH STAFF PLAN TO ASSIST CONSUMERS WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL AND TRACK THE OUTCOMES OF THOSE APPLICATIONS IN THE SOAR ONLINE APPLICATION TRACKING (OAT) SYSTEM. FOR THE GRANT YEAR THAT JUST ENDED, INCLUDE THE

FOLLOWING DATA:

The PATH case manager is a certified Assister with Oregon Health Authority to assist individuals apply for Medicaid services through the Oregon Health Plan. On a daily basis, the case manager meets with clients one-on-one to complete initial application or renewals for health insurance.

The PATH case manager, Colleen Thomas, has completed the SOAR training and assists individuals in applying for SSI/SSDI when appropriate or requested. At this time, she does not use the OAT but utilizes a personal spreadsheet to track process and application status. The case manager also refers many individuals to outside agencies including the Social Security Administration for assistance with SSI/SSDI applications if an individual is not determined to be PATH eligible. PATH staff also works with a local Social Security Attorney to assist individuals with the appeal process in case of a denial.

- THE NUMBER OF STAFF TRAINED IN SOAR:

1

- THE NUMBER OF STAFF WHO PROVIDED ASSISTANCE WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL:

1

- THE NUMBER OF CONSUMERS ASSISTED THROUGH SOAR:

10

- APPLICATION ELIGIBILITY RESULTS:

4 approvals on initial application. Average 3.5 months.

- THE NUMBER OF STAFF DEDICATED TO IMPLEMENTING SOAR, PART- AND FULL-TIME. IF THE PROVIDER DOES NOT USE SOAR, DESCRIBE THE SYSTEM USED TO IMPROVE ACCURATE AND TIMELY COMPLETION OF MAINSTREAM BENEFIT APPLICATIONS (E.G. SSI/SSDI), TIMELY DETERMINATION OF ELIGIBILITY, AND THE OUTCOMES OF THOSE APPLICATIONS (I.E., APPROVAL RATE ON INITIAL APPLICATION, AVERAGE TIME TO APPROVE THE APPLICATION.) ALSO DESCRIBE THE EFFORTS USED TO TRAIN STAFF ON THIS ALTERNATIVE SYSTEM AND WHAT TECHNICAL ASSISTANCE OR SUPPORT THEY RECEIVE TO ENSURE QUALITY APPLICATIONS IF THEY DO NOT USE THE SAMHSA SOAR TA CENTER:

1 full time employee is trained in SOAR and is implementing the practice with all applications for SSI/SSDI.

HOUSING – INDICATE THE STRATEGIES THAT WILL BE USED FOR MAKING SUITABLE HOUSING AVAILABLE FOR PATH CLIENTS.

As mentioned previously, there are limited housing resources available for PATH clients due to the lack of affordable and accessible housing in Deschutes County. Creating and establishing the Housing Team within DCHS has been one of the PATH case manager's top priorities this past year in order to help streamline the resources that are available and to work towards housing the most vulnerable individuals in our community. This has been a huge success since implementation in October of 2016.

The PATH case manager has also been a leading participant in the Coordinated Entry workgroup to provide feedback and coordination to implement the system locally. Once the Coordinated Entry process is up and running, it will also allow for the most vulnerable individuals to be prioritized for housing when it becomes available.

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 FOUNDATIONS staff for coordination; both are members of the Housing Team.

DCHS and Housing Works have partnered to provide two supported housing programs for individuals with mental illness. Housing Works currently owns the buildings and manages them through a property management company (EPIC) 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. 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 attends monthly meetings with EPIC to ensure that coordination of housing placements is cohesive and to continue supporting previous PATH clients who may reside in the units.

STAFF INFORMATION – DESCRIBE THE FOLLOWING DEMOGRAPHICS OF STAFF SERVING THE CLIENTS: HOW STAFF PROVIDING SERVICES TO THE POPULATION WILL BE SENSITIVE TO AGE, GENDER, DISABILITY, LESBIAN, GAY, BISEXUAL AND TRANSGENDER, RACIAL/ETHNIC, AND DIFFERENCES OF CLIENTS; THE EXTENT TO WHICH STAFF RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE AND HEALTH DISPARITIES.

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 2016 all DCHS staff, including the PATH case manager, received 12-hours of Equity and Inclusion training. DCHS has also created a workforce development committee which is working on incorporating ongoing equity and inclusion trainings for current and new staff.

DCHS 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 ADULTS TO BE CONTACTED AND ENROLLED, AND THE PERCENTAGE OF ADULT CLIENTS BEING SERVED USING PATH FUNDS TO BE LITERALLY HOMELESS.

It is estimated that in 2017 PATH staff will serve up to at least 150 clients annually with approximately 45-60 being enrolled in PATH services. Additionally, in 2017 it is estimated that 75 percent of the clients served by PATH will be "literally homeless" with the remainder being at imminent risk of homelessness.

CONSUMER INVOLVEMENT – DESCRIBE HOW INDIVIDUALS WHO EXPERIENCE HOMELESSNESS AND HAVE SERIOUS MENTAL ILLNESS, AND THEIR FAMILY MEMBERS, WILL BE MEANINGFULLY 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.

DCHS currently has eight peer support specialists. The FOUNDATIONS program has a peer support specialist working with eligible individuals to assist them in completing housing applications, housing searches and transitioning into stable housing. The peer is also an intricate part of the DCHS Housing Team. DCHS has four peer support specialists who are dedicated to the integrated health care project -Harriman Health Care (mentioned previously). 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 who coordinates with the PATH case manager to identify young adult experiencing homelessness.

In addition, the new Forensic Diversion team has two peers who provide critical service coordination and outreach for individuals at risk of incarceration, or who are coming out of jail, many of whom are homeless. The PATH case manager works closely with this team and these Peers.

DCHS also contracts with Cascade Peer and Self-Help Board for the provision of additional peer delivered services and supports. This organization is peer run and provides drop-in services three days per week for individuals with a mental health disorder. This is a resource available to PATH clients.

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.

The 2017 PATH budget includes costs related to .90 FTE of a Behavioral Health Specialist I, .30 FTE of a Behavioral Health Specialist II, and .06 FTE of Behavioral Health Specialist III. Personnel costs include both salary and fringe benefits for the 3 pro-rata positions. Approximately \$3,700 of budget is being appropriated for Travel/Conferences/Mileage/Miscellaneous Supplies. Appropriated for security deposit assistance in fiscal year 2018 for the PATH program is \$4,500. Lastly, the County PATH program is charged approximately \$26,000 of overhead-costs for fiscal services, information technology, building and maintenance, management support, etc.; of which only \$12,600 is being allocated to the PATH program, and the grant-funding provided through this application. The \$12,600 represents a 10% charge on the direct payroll and materials within the PATH program. Please see the detailed budget for more information on the allocation of overhead-costs. The remaining balance of overhead-costs attributable to the PATH program are being paid by County General Fund support.

The Health Services Department has a policy called Behavioral Health Charges, Billing, and Collections Policy that states within Section A, "In Compliance with all Federal, State, and local regulations to which the organization is subject, DCHS will request reimbursement for services from all available resources including, but not limited to, Medicaid, Medicare, Oregon Health Plan, commercial insurance policies, and client self-pay." Monies received on behalf of the PATH program through reimbursement, or from alternative funding sources, will be allocated and prioritized for use by the PATH program.

Deschutes County Health Services has segregated funding and related expenditures within its financial accounting system for the PATH program. The segregated cost-center established for the PATH funds ensures that expenditures being charged against the PATH program are reconciled against the grant to ensure they meet grant-eligibility requirements. Revenues earned from alternate funding sources (e.g. Medicaid, State funds for indigent services, etc.) for the PATH program would be credited to the aforementioned cost-center and would be considered as priority-revenue for the PATH program, ahead of State grant-funded PATH funds.

3. Luke-Dorf Hillsboro Site

11895 SW Greenburg Rd.

Tigard, OR 97223

Contact: Kara Radecki

Contact Phone #: 503-597-3960

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: OR-009

State Provider ID: 4109

Geographical Area Served: Washington County

Planning Period From 7/1/2017 to 6/30/2018

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel \$ 47,504 \$ 13,339 \$ 60,843

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 41,200	60.00 %	0.60	\$ 24,720	\$ 8,240	\$ 32,960	<input type="text"/>
Outreach worker	\$ 33,990	50.00 %	0.50	\$ 16,995	\$ 5,099	\$ 22,094	<input type="text"/>
PATH Administrator	\$ 57,886	10.00 %	0.10	\$ 5,789	\$ 0	\$ 5,789	<input type="text"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	------------	-------------------	-------------------	---------------	----------

b. Fringe Benefits 12.55 % \$ 7,633 \$ 2,801 \$ 10,434

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

c. Travel \$ 1,504 \$ 3,100 \$ 4,604

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 1,504	\$ 1,820	\$ 3,324	<input type="text"/>
Other (Describe in Comments)	\$ 0	\$ 1,280	\$ 1,280	Oregon Coalition on Housing & Homelessness Conference

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. Housing \$ 9,971 \$ 0 \$ 9,971

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 4,985	\$ 0	\$ 4,985	Improving the coordination of housing services
Other (Describe in Comments)	\$ 2,493	\$ 0	\$ 2,493	Planning of housing
Other (Describe in Comments)	\$ 2,493	\$ 0	\$ 2,493	Technical assistance in applying for housing assistance

h. Construction (non-allowable)

i. Other \$ 0 \$ 0 \$ 0

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 66,612 \$ 19,240 \$ 85,852

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

k. Indirect Costs (Administrative Costs) \$ 0 \$ 3,457 \$ 3,457

l. Grand Total (Sum of j and k) \$ 66,612 \$ 22,697 \$ 89,309

Source(s) of Match Dollars for State Funds:

County General Fund and Non-Medicaid Fee-For-Service Reimbursement

Estimated Number of Persons to be Contacted:	250	Estimated Number of Persons to be Enrolled:	116
Estimated Number of Persons to be Contacted who are Literally Homeless:	200		
Number staff trained in SOAR in grant year ending in 2017:	0	Number of PATH-funded consumers assisted through SOAR:	0

Intended Use Plan – Luke-Dorf, Inc.

LOCAL PROVIDER DESCRIPTION – PROVIDE A BRIEF DESCRIPTION OF THE PROVIDER ORGANIZATION RECEIVING PATH FUNDS, INCLUDING NAME, TYPE OF ORGANIZATION, REGION SERVED, AND THE AMOUNT OF PATH FUNDS THE PROGRAM WILL RECEIVE.

Name of organization: Luke-Dorf, Inc.

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

Region Served: Washington County

Amount of Federal PATH Funds: \$66,612

COLLABORATION WITH HUD CONTINUUM OF CARE (COC) PROGRAM – DESCRIBE THE ORGANIZATION’S PARTICIPATION WITH LOCAL HUD CONTINUUM OF CARE (COC) RECIPIENT(S) AND 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(S) BRIEFLY EXPLAIN THE APPROACHES TO BE TAKEN BY THE AGENCY TO COLLABORATE WITH THE COC(S) IN THE AREA WHERE PATH OPERATES.

Luke-Dorf is a member of the local HUD COC, including participation in the body called Housing and Supportive Services Network (HSSN). Luke-Dorf attends these meetings as part of the planning and implementation of programs that serve individuals who are homeless or have special needs. In addition to monthly HSSN meetings, various Luke-Dorf staff attend workgroups and sub-committee meetings, Community Connect Meetings, and other Consortiums. These meetings are shared between the outreach workers, the outreach program manager, and the clinical director, as appropriate.

The Luke-Dorf Homeless Outreach team participates in coordinated entry through identification as “mobile assessors”, allowing individuals who would be otherwise unable to attend the screening appointments to be assessed. Luke-Dorf also regularly provides case management, referring new and established clients to Community Action for completion of their centralized screening.

Also part of the CoC includes two HUD McKinney grants, which are subcontracted to Luke-Dorf through Washington County to serve individuals experiencing chronic homelessness and a mental health disability. These programs include the Garrett Lee Smith Safe Haven and the Hillsboro Graduated Independent Living Program.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS – PROVIDE A BRIEF DESCRIPTION OF PARTNERSHIPS AND ACTIVITIES WITH LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE KEY SERVICES (E.G., OUTREACH TEAMS, PRIMARY HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, HOUSING, EMPLOYMENT) TO PATH-ELIGIBLE CLIENTS, AND DESCRIBE THE COORDINATION OF ACTIVITIES AND POLICIES WITH THOSE ORGANIZATIONS. PROVIDE SPECIFIC INFORMATION ABOUT HOW COORDINATION WITH OTHER OUTREACH TEAMS WILL BE ACHIEVED.

- Outreach teams

The Outreach Team is currently composed of a QMHA level Outreach worker, who is partly funded through ESG, as well as a QMHP level Outreach worker. Oversight for this team is provided by a licensed clinical social worker. Both Outreach staff are mobile providers of the centralized intake screening. The PATH Outreach worker brings her experience and background as a counselor to assess mental health conditions, level of need/ability to participate in recovery services, housing capability and needs. Referrals are made by the outreach team to all levels of housing available within the county, and to all appropriate provider agencies for ongoing supports. The Outreach team collaborates with other area outreach programs such as HomePlate, which is targeted at youth and transitional aged youth (up to age 24) who don’t have stable housing. The Outreach team is partnering with local law enforcement, county and city officials, and local libraries to better connect and serve the homeless community.

- Primary Health

Luke-Dorf utilizes a holistic approach to health, assisting individuals in identifying their primary healthcare needs and the community resources available to them. Outreach staff refers clients involved with PATH services to reduced or no-cost healthcare, such as Virginia Garcia, the Beaverton Clinic, and the Neighborhood Health Center. In addition, staff provides support for attaining local Medicaid/Oregon Health Plan coverage (i.e., Tuality Providence, Legacy, etc.). Advocacy, case management, and in-person support for medical appointments are provided to make sure they get the help they need. Luke-Dorf also employs registered

nursing staff and medical assistants who assist with collaborating with physicians, pharmacies, and monitoring high-risk conditions such as diabetes and high blood pressure.

- **Mental Health**

Luke-Dorf provides a continuum of care for adults with mental illness, serving both outpatient and rehabilitation level-of-care, from anxiety and depression to the severe and persistent mental illnesses (SPMI). Our services are client-centered and individualized to meet clients at their stage of change and addressing self-identified goals. These services include eligibility screening and integrated behavioral health assessments completed by a member of the Luke-Dorf intake team. Assessments are done annually to maintain a current picture of symptoms and treatment desires. Service plans are developed at intake and reauthorization and adjusted based on need. Additional services include psychiatric assessments, medication prescribing and management, medication dispensing and skills training, comprehensive medication services, counseling (both individual and group), skills training, peer delivered services, and case management.

Referrals for PATH outreach come from many sources within the broad network of Washington County. While some individuals are self-referred, often providers such as hospital or jail case workers, primary care physicians, the Intensive Transition Team (ITT), the Washington County Access Line, and transfers from colleague agencies. Other mental health providers include Lifeworks NW, Sequoia Mental Health, Cedar Hills Hospital, and Western Psychological Services. Luke-Dorf maintains relationships with these providers through participation in consortium, in order to provide stellar mental health services throughout the county. PATH Outreach makes referrals to area mental health agencies to ensure that the individual receives care best suited to their individual needs.

- **Substance Abuse**

Luke-Dorf maintains strong relationships with local providers of alcohol and drug treatment, such as De-Paul and CODA, in order to provide clients with the maximum number of options for both detox and substance abuse treatment, in addition to the mental health services mentioned in the previous section. Understanding that a dual-diagnosis approach is appropriate for a large portion of Luke-Dorf and Outreach, staff are expected to pursue CADC (Certified Alcohol and Drug Counselor) credentials within two years of hire.

- **Housing**

Luke-Dorf has long-established relationships with housing providers within Washington County, particularly Community Partners for Affordable Housing and Cascade Management. Staff provide case management to assist with referrals, to these providers, including making sure they understand program requirements, filling out applications, requesting reasonable accommodations, and making sure they attend appointments.

As part of the Continuum of Care, Luke-Dorf staff assists client with identifying resources for which they are eligible and completing forms for housing. This includes making referrals and providing assistance with requesting reasonable accommodation.

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**

Luke-Dorf provides employment assistance through readiness assessments, training, and job coaching. This assistance is provided as part of case management and skills training support. Referrals are also made to external providers, including the State Departments of Vocational Rehabilitation and Employment, Homeless to Work, Worksource Oregon, the Veterans Administration, and Goodwill Industries. Many Luke-Dorf clients are also connected with our NorthStar Clubhouse, where members may participate in an employment-focused "Work-Ordered Day" and work with an Employment Specialist. 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 PATH ELIGIBLE CLIENTS, INCLUDING:

- 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: 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. In addition, relationships between Luke-Dorf Outreach and local libraries within Washington County have offered additional venues for reaching this vulnerable population. 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.

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 involvement. Case management is provided to those individuals currently living on the streets by the Outreach Specialist. 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. 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.

- SPECIFIC EXAMPLES OF HOW THE AGENCY MAXIMIZES USE OF PATH FUNDS BY LEVERAGING USE OF OTHER AVAILABLE FUNDS FOR PATH CLIENT SERVICES: PATH enrolled clients who transition into Luke-Dorf services are provided wraparound services to address mental health needs, housing stability, skills training, and coordination of medical needs. At this time, they transition from working with the

PATH worker to meeting with clinicians who are funded through Medicaid/OHP reimbursement. Clients with Medicaid/OHP have services that are billed to that insurance. Clients with Medicare have their mental health services supported by the Washington County General Funds. Use of those resources to cover provided mental health services allows the flexibility to use PATH funds to focus on services not otherwise provided, geared towards addressing homelessness, housing, and recovery services. For PATH-enrolled individuals who are enrolled in a partner agency, any outreach and case management is focused on redirecting the individuals back to their provider.

- **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. Vacancy rates are stagnant at 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. An additional gap exists for those who access permanent-supportive housing. Due to limited movement of the Section 8 waitlist and the aforementioned lack of other affordable housing options, there is little movement to independent housing. This causes stagnation and little turnover of PSH beds, limiting options for those who are still on the streets and seeking housing. In January 2016, HUD changed the definition of chronic homelessness and increased the burdens surrounding verification. This has caused an increased 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.

- **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 use 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.

- HOW THE LOCAL PROVIDER AGENCY PAYS FOR PROVIDERS OR OTHERWISE SUPPORTS EVIDENCED-BASED PRACTICES, TRAININGS FOR LOCAL PATH-FUNDED STAFF, AND TRAININGS TO SUPPORT COLLECTION OF PATH DATA IN HMIS:
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:
 - o Integrated Dual Disorders Treatment (IDDT)
 - o Motivational Interviewing
 - o Strengths Based Case Management
 - o Cognitive Behavioral Therapy (CBT)
 - o Dialectical Behavioral Therapy (DBT)
 - o Seeking Safety
 - o Wellness Management and Recovery
 - o Trauma Informed Care
 - o Solution Focused Therapy
 - o Equity and Inclusion
 - o Cultural Competency
 - o Crisis De-escalation

Luke-Dorf has also 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. 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 are encouraged to attend.

- SPECIFIC EXAMPLES OF HOW THE AGENCY SERVES TO BETTER LINK CLIENTS WITH CRIMINAL JUSTICE HISTORIES TO HEALTH SERVICES, HOUSING PROGRAMS, JOB OPPORTUNITIES AND OTHER SUPPORTS (E.G., JAIL DIVERSION, ACTIVE INVOLVEMENT IN RE-ENTRY), OR SPECIFIC EFFORTS TO MINIMIZE THE CHALLENGES AND FOSTER SUPPORT FOR PATH CLIENTS WITH A CRIMINAL HISTORY (E.G. JAIL DIVERSION, ACTIVE INVOLVEMENT IN REENTRY):
Luke-Dorf has an active working relationship with Washington County Department of Corrections to include probation and parole, federal probation, jail diversion programs, and mental health court. Outreach staff regularly collaborates with members of the criminal justice programs for client staffing meetings and referrals as appropriate. Luke-Dorf additionally partners with Washington County to serve the Community Restoration program for those individuals who are found "unable to aid and assist" after committing a crime.

Luke-Dorf has contracts with the Department of Criminal Justice to provide housing and support services that are specific to individuals who are involved in this system and Outreach staff can make referrals to these programs when it is appropriate to do so.

DATA – DESCRIBE THE PROVIDER’S STATUS ON THE TRANSITION TO COLLECT PATH DATA IN HMIS. IF PROVIDERS ARE NOT FULLY UTILIZING HMIS FOR PATH SERVICES, PLEASE DESCRIBE PLANS TO COMPLETE HMIS IMPLEMENTATION. FOR PROVIDERS WHO ARE FULLY UTILIZING HMIS, DESCRIBE PLANS FOR CONTINUED TRAINING AND HOW PROVIDERS WILL SUPPORT NEW STAFF. HMIS has already been implemented as the data system for this PATH Outreach. Luke-Dorf uses a Certified Electronic Health Record (EHR) called Totally Integrated Electronic Records (TIER) to manage and document clinical activities. The Outreach Team 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 Washington 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.

The PATH outreach worker was trained in May 2017 upon hire (see attached letter) by the County HMIS Administrator. The PATH supervisor was trained two years prior, but is involved on a more limited basis with HMIS. As an agency, Luke-Dorf is exploring policy and procedure related to this system.

The PATH Outreach worker Jeanne-Marie Ritter is in charge of entering quarterly reports, with the support of the PATH supervisor.

SOAR – DESCRIBE THE PROVIDERS PLAN TO ENSURE THAT PATH STAFF HAVE COMPLETED THE SOAR ONLINE COURSE AND WHICH STAFF PLAN TO ASSIST CONSUMERS WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL AND TRACK THE OUTCOMES OF THOSE APPLICATIONS IN THE SOAR ONLINE APPLICATION TRACKING (OAT) SYSTEM. FOR THE GRANT YEAR THAT JUST ENDED, INCLUDE THE FOLLOWING DATA:

N/A

- THE NUMBER OF STAFF TRAINED IN SOAR:
0

- THE NUMBER OF STAFF WHO PROVIDED ASSISTANCE WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL:
0

- THE NUMBER OF CONSUMERS ASSISTED THROUGH SOAR:
0

- APPLICATION ELIGIBILITY RESULTS:
N/A

- THE NUMBER OF STAFF DEDICATED TO IMPLEMENTING SOAR, PART- AND FULL-TIME.
N/A

- IF THE PROVIDER DOES NOT USE SOAR, DESCRIBE THE SYSTEM USED TO IMPROVE ACCURATE AND TIMELY COMPLETION OF MAINSTREAM BENEFIT APPLICATIONS (E.G. SSI/SSDI), TIMELY DETERMINATION OF ELIGIBILITY, AND THE OUTCOMES OF THOSE APPLICATIONS (I.E., APPROVAL RATE ON INITIAL APPLICATION, AVERAGE TIME TO APPROVE THE APPLICATION.) ALSO DESCRIBE THE EFFORTS USED TO TRAIN STAFF ON THIS ALTERNATIVE SYSTEM AND WHAT TECHNICAL ASSISTANCE OR SUPPORT THEY RECEIVE TO ENSURE QUALITY APPLICATIONS IF THEY DO NOT USE THE SAMHSA SOAR TA CENTER:

The full-time PATH Outreach Coordinator, hired May 2017, is in process of attaining SOAR training. In addition multiple supportive housing staff, including the case manager at Safe Haven, have received partial SOAR training. 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, such as BEST

and ASSIST. 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.

HOUSING – INDICATE THE STRATEGIES THAT WILL BE USED FOR MAKING SUITABLE HOUSING AVAILABLE FOR PATH CLIENTS.

The Outreach Coordinator provides mobile centralized intakes to assist with finding the most appropriate housing available to the client. The PATH-funded Outreach Coordinator also employs multiple strategies for making suitable housing available for PATH clients, such as monitoring Project Based Section 8 waitlists, applying for standard Section 8 waitlists when they open, 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 works closely with management of other Luke-Dorf housing programs, such as the Safe Haven and Hillsboro Graduated Independent Living Program. 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 FOLLOWING DEMOGRAPHICS OF STAFF SERVING THE CLIENTS: HOW STAFF PROVIDING SERVICES TO THE POPULATION WILL BE SENSITIVE TO AGE, GENDER, DISABILITY, LESBIAN, GAY, BISEXUAL AND TRANSGENDER, RACIAL/ETHNIC, AND DIFFERENCES OF CLIENTS; THE EXTENT TO WHICH STAFF RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE AND HEALTH DISPARITIES.

Currently, there are a total of three PATH-funded staff, the PATH QMHP Outreach worker (.8FTE), the QMHA Outreach worker (.2FTE) and the Program Manager (.1 FTE). Gender: Male, 0; Female, 3
Race/Ethnicity: American Indian or Alaskan Native, 0; Asian, 0; Black or African American, 0; Hispanic or Latino, 0; Native Hawaiian or Other Pacific Islander, 0; White, 3, Two or More Races, 0

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. In 2016, Luke-Dorf placed emphasis on alignment with HUD's Equal Access Rule. Luke-Dorf began an Equal Access Workgroup to identify ways that the agency can be more inclusive to both staff and clients in regard to sexual orientation and gender identity. Out of this workgroup, there were updates made to Luke-Dorf's non-discrimination/harassment policy and the implementation of a policy regarding equal access for individuals participating in Luke-Dorf services. Luke-Dorf also implemented a mandatory training on Equity and Inclusion for all staff. This training is called Bridge 13 and is facilitated by SMYRC (Sexual and Gender Minority Youth Resource Center) and focuses on the cultural awareness and providing safe

spaces for individuals who are lesbian, gay, bisexual, transgender and gender non-conforming. There was special focus on language and how to be aware of and address micro-aggressions in day-to-day situations.

CLIENT INFORMATION – DESCRIBE THE DEMOGRAPHICS OF THE CLIENT POPULATION, THE PROJECTED NUMBER OF ADULTS TO BE CONTACTED AND ENROLLED, AND THE PERCENTAGE OF ADULT CLIENTS BEING SERVED USING PATH FUNDS TO BE LITERALLY HOMELESS.

Due to the turnover of PATH position during the 2016-2017 FY, demographics from the previous year is utilized as a snapshot of individuals served by PATH in Washington County.

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 FY2017 - 18 approximately 250 people will be contacted by the PATH-funded Outreach Team. An estimated 116 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 80% of individuals enrolled in services will be literally homeless at first contact.

CONSUMER INVOLVEMENT - DESCRIBE HOW INDIVIDUALS WHO EXPERIENCE HOMELESSNESS AND HAVE SERIOUS MENTAL ILLNESS, AND THEIR FAMILY MEMBERS, WILL BE MEANINGFULLY 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. The Luke -Dorf Board recently added a board member with extensive history working within the homeless system including managing a homeless shelter in Washington County for several years before taking a lead role in planning and coordinating Washington County's twice yearly project homeless connect.

At the PATH-program level, a strong sense of client community and open door culture

is ingrained in the Safe Haven. 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.

In addition, in fall 2017 Luke-Dorf took on oversight of Comfort Zone, a peer-run community, located in Hillsboro. This program offers free lunch in addition to peer-run activities such as bowling, movies, and outside activities. PATH outreach often connects with prospective clients during their open hours.

BUDGET NARRATIVE - PROVIDE A BUDGET NARRATIVE THAT INCLUDES THE LOCAL-AREA PROVIDER'S USE OF PATH FUNDS.

For FY17/18 fiscal year, the total PATH budget is \$89,309. The Federal PATH dollars of \$66,612 will be paired with additional match dollars as required by PATH. Sources of match include \$14,458 provided by Washington County General Fund, and \$8,239 from general fund fee for service insurance billing. Together, this represents a 25.4% match (\$22,697).

On an annual base, Luke-Dorf runs billing reconciliation of each eligible PATH individuals to ensure that PATH Funds are not used to provide services that are reimbursable through other sources. For example, we have based our QMHP PATH Outreach worker at a .6 FTE under the PATH Federal Funds and the other .2 FTE under non-Federal funds. This leaves an additional .2 FTE to be covered under other revenue sources like Medicaid reimbursement.

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 .6 FTE Qualified Mental Health Professional Outreach Specialist and a .5 FTE Qualified Mental Health Associate Outreach Specialist, which provides street outreach to the homeless population, as well as case management, rehabilitation, referral for primary health services, job training, educational services, and relevant housing services to PATH-enrolled homeless individuals identified through outreach. Federal PATH dollars will also support a .1 FTE Clinical Program Manager to provide clinical supervision to the Outreach worker. With fringe benefit at 21%, the total personnel expense using Federal PATH dollars equals \$57,479.

The remaining PATH dollars help support administration overhead at \$7,327 (11% of PATH fund).

In addition to the Federal PATH dollars, Luke-Dorf was able to add a total of \$22,697 as matching funds to help support a .15 FTE Qualified Mental Health Associate Outreach Specialist and a .2 FTE Qualified Mental Health Professional Lead Outreach Specialist. 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 \$16,140 under the matching fund. The remaining matching dollars will cover \$750 towards insurance, \$672 towards communications, \$3,304 to help cover mileage/gas/travel (also conference cost for 2 staff), \$621 will help cover the cost for training expenses, \$500 toward HMIS licenses and \$2,496 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: OR-004

State Provider ID: 4104

Geographical Area Served: Multnomah County

Planning Period From 7/1/2017 to 6/30/2018

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 151,347	\$ 66,201 \$ 217,548		

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
PATH Administrator	\$ 56,228	70.00 %	0.70	\$ 39,360	\$ 0	\$ 39,360	
Registered Nurse	\$ 62,400	20.00 %	0.00	\$ 0	\$ 12,480	\$ 12,480	
Other (Describe in Comments)	\$ 27,851	100.00 %	1.00	\$ 27,851	\$ 0	\$ 27,851	Residential Counselor
Other (Describe in Comments)	\$ 25,710	100.00 %	1.00	\$ 25,710	\$ 0	\$ 25,710	Residential Counselor
Other (Describe in Comments)	\$ 42,745	60.00 %	0.51	\$ 21,630	\$ 0	\$ 21,630	IDDT Service Coordinator
Other (Describe in Comments)	\$ 29,543	60.00 %	0.60	\$ 17,726	\$ 0	\$ 17,726	Residential Counselor
Other (Describe in Comments)	\$ 35,000	30.00 %	0.30	\$ 10,500	\$ 0	\$ 10,500	Service Coordinator Aid
Other (Describe in Comments)	\$ 42,850	20.00 %	0.20	\$ 8,570	\$ 0	\$ 8,570	Residential Counselor
Other (Describe in Comments)	\$ 32,336	80.00 %	0.00	\$ 0	\$ 25,869	\$ 25,869	Residential Counselor
Other (Describe in Comments)	\$ 34,815	80.00 %	0.00	\$ 0	\$ 27,852	\$ 27,852	Residential Counselor

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	17.09 %	\$ 37,169	\$ 13,376	\$ 50,545	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 893	\$ 526	\$ 1,419	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 43	\$ 0	\$ 43	
Other (Describe in Comments)	\$ 754	\$ 526	\$ 1,280	Oregon Coalition on Housing & Homelessness Conference
Other (Describe in Comments)	\$ 96	\$ 0	\$ 96	PATH Provider Meetings 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. Housing	\$ 26,172	\$ 0	\$ 26,172	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 8,724	\$ 0	\$ 8,724	Planning of housing
Other (Describe in Comments)	\$ 8,724	\$ 0	\$ 8,724	Technical assistance in applying for housing assistance
Other (Describe in Comments)	\$ 8,724	\$ 0	\$ 8,724	Improving the coordination of housing services

h. Construction (non-allowable)				
i. Other	\$ 0	\$ 500	\$ 500	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Utilities/Telephone/Internet	\$ 0	\$ 500	\$ 500	HMIS Licenses and Fees

j. Total Direct Charges (Sum of a-i)	\$ 215,581	\$ 80,603	\$ 296,184	
---	------------	-----------	------------	--

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

k. Indirect Costs (Administrative Costs)	\$ 26,645	\$ 11,310	\$ 37,955	
---	-----------	-----------	-----------	--

l. Grand Total (Sum of j and k)	\$ 242,226	\$ 91,913	\$ 334,139	
--	------------	-----------	------------	--

Source(s) of Match Dollars for State Funds:

County General Fund, Non-Medicaid Fee-For-Service Billing

Estimated Number of Persons to be Contacted:	150	Estimated Number of Persons to be Enrolled:	60
Estimated Number of Persons to be Contacted who are Literally Homeless:	135		
Number staff trained in SOAR in grant year ending in 2017:	1	Number of PATH-funded consumers assisted through SOAR:	0

Intended Use Plan – Multnomah County Mental Health and Addiction Services Division
LOCAL PROVIDER DESCRIPTION – PROVIDE A BRIEF DESCRIPTION OF THE PROVIDER ORGANIZATION RECEIVING PATH FUNDS, INCLUDING NAME, TYPE OF ORGANIZATION, REGION SERVED, AND THE AMOUNT OF PATH FUNDS THE PROGRAM WILL RECEIVE.

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: \$242,226

COLLABORATION WITH HUD CONTINUUM OF CARE (COC) PROGRAM – DESCRIBE THE ORGANIZATION’S PARTICIPATION WITH LOCAL HUD CONTINUUM OF CARE (COC) RECIPIENT(S) AND 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(S) BRIEFLY EXPLAIN THE APPROACHES TO BE TAKEN BY THE AGENCY TO COLLABORATE WITH THE COC(S) IN THE AREA WHERE PATH OPERATES.

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 citywide. 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.

In 2016, the Clinical Services Manager of the Bridgeview began attending the Coordinated Access for Adults Task Force planning meetings to address how to expand the Coordinated Access for Adults system within Multnomah County to include all COC-funded Permanent Supportive Housing Programs. These meetings discussed and vetted screening tools to be used by the mobile navigation teams throughout the community. We also addressed a variety of topics such as how to connect with individuals and families who are literally homeless and how to include those who fall in the most vulnerable populations including people with severe and persistent mental health diagnoses. These meetings started taking place in November 2016 with a proposed implementation date of May 2017.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS – PROVIDE A BRIEF DESCRIPTION OF PARTNERSHIPS AND ACTIVITIES WITH LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE KEY SERVICES (E.G., OUTREACH TEAMS, PRIMARY HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, HOUSING, EMPLOYMENT) TO PATH-ELIGIBLE CLIENTS, AND DESCRIBE THE COORDINATION OF ACTIVITIES AND POLICIES WITH THOSE ORGANIZATIONS. PROVIDE SPECIFIC INFORMATION ABOUT HOW COORDINATION WITH OTHER OUTREACH TEAMS WILL BE 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 basis to ensure a comprehensive, community-based approach to services for our PATH-enrolled clients. The Multnomah County PATH program maintains close networking and mutual referral relationships with many service agencies in the downtown area and throughout Multnomah County.

Bridgeview staff have an on-going commitment to provide education about the Bridgeview Community and the services that are available to residents and participants as well as specific eligibility requirements.

Outreach Teams: Bridgeview staff have continued to regularly provide outreach at several of the shelters that are operated through Transition Projects (TPI) 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 Clinical Service Manager. That results in approximately 10 people outreached on a monthly basis. If they meet criteria for the Bridgeview, they are encouraged to submit a referral with the assistance of their case manager or

Bridgeview staff.

Bridgeview staff have also provided outreach services to individuals at Rose Haven, which is a resource and drop in center for women in Portland as well as providing some outreach to individuals in the community who appear to meet criteria to be PATH eligible.

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, Central City Concern's Old Town Clinic and Outside In's FQHC located just three blocks from the Bridgeview. Most of the above listed programs will also work with individuals who are uninsured as well.

For residents without an identified Primary Care Provider (PCP), Bridgeview's Skills Trainer and/or Service Coordinator staff obtain an ROI and make referrals to the client's chosen provider. Once care is established, staff will accompany residents to appointments as needed. The Registered Nurse, contracted prescribers, 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 physical 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 to be considered for the program. Referrals are evaluated by the Clinical Services 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 mental health providers based on request or housing location.

Substance Abuse: Through Day Star 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 of 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 and overall stability. The Housing Specialist works closely with residents as soon as they move in to 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 (Continuum of Care) rental assistance program. Luke-Dorf sponsors Shelter Plus Care participants in an agreement with Home Forward and oversees participants 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: Luke-Dorf continues to collaborate 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 all Bridgeview staff. The Bridgeview Service Coordinator also links residents to Vocational Rehabilitation Services for employment search and workplace skills as well as to Goodwill Employment Services and volunteer opportunities as appropriate.

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 worked closely with residents who are meeting with a neurologist to address tic disorders as well as an on-going relationship with a local rehab center that frequently assists our residents transition from hospital stays to address physical health needs. 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 PATH ELIGIBLE CLIENTS, INCLUDING:

- **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:** The PATH outreach program is designed to target literally homeless individuals as a priority population. A PATH-funded Outreach staff spends 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, transitional housing programs and food pantries. The Outreach worker 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. In addition, relationships between Luke-Dorf Outreach and local libraries within Multnomah County have offered additional venues for reaching this vulnerable population. Individuals deemed

appropriate for PATH services can attend as often as they choose.

The housing component of the Bridgeview Community 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. 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.

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 an individualized service plan, which is reviewed at least annually and more often as necessary. Bridgeview also employs a QMHA skills trainer/case manager who assists with obtaining and maintaining benefits and resources in the community including accompanying residents to appointments in the community as needed. Bridgeview also employs a QMHA Housing Specialist who focuses on case management around identifying and obtaining housing resources in the community with a focus on education about how to be a successful tenant and how to address rental barriers including teaching a Rent well class to anyone who is interested. As a low-barrier housing program, Bridgeview does not require clients to engage in services, however staff encourage participation. Additional case management support, including skills training, community integration, and daily living supports are offered by Service Coordinator Aid and Residential Counselor. Alternatively, some clients being served outside the residence may be referred to colleague agencies for their mental health case management as appropriate. 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.

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, Outreach services continue to be increased. Bridgeview staff have collaborated with Transition Projects (TPI) and other community resources to identify potential candidates for the Bridgeview Community. Bridgeview staff visits (outreaches to) several TPI shelters each month 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 as is appropriate. Bridgeview staff also outreaches with individuals through programs such as Rose Haven and on the street in order to provide outreach services, to name a few.

- 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 to address mental health needs, housing stability, skills training, and coordination of medical needs. Clients with Medicaid/OHP have services that are billed to that insurance. Clients with Medicare have their mental health services supported by the Multnomah Treatment Fund (MTF). Use of those resources to cover provided mental health services allows the flexibility to use PATH funds to focus on reducing homelessness and case management in order to support independent living. PATH funds are also specifically used to provide low-barrier transitional housing to individuals who are unlikely to succeed in maintaining mental health and long-term housing stability without the additional supports that are provided by the transitional housing model.

- ANY GAPS THAT EXIST IN THE CURRENT SERVICE SYSTEMS:

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. Many of the referrals to the Bridgeview would actually benefit from a higher level of care, but based on the reality that this resource is also unavailable, they have no options outside of continued homelessness and chronic instability. 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. The dire shortage of affordable housing also leads to an increase in encampments in close proximity to the Bridgeview which in turn impacts the residents due to obvious substance use and criminal activity, dangerous conditions, and the continue exposure and reminder to a traumatic time in their recent history.

In the past few years, the ability to access appropriate acute care options has become far more difficult as a result of limited resources and overuse of resources by individuals who have no other options for housing and stabilization. At this point, it is incredibly difficult to help an individual who is living at Bridgeview to access acute care to address psychiatric needs or respite services based on a rising threshold of need that is a clear result of limited housing options, both short term and permanent.

Even after maintaining stability at the Bridgeview, it has become increasingly difficult to help individuals access permanent housing that they can afford due to the housing crisis that is occurring in this county (and other areas throughout Oregon).

- **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 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 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.

- **HOW THE LOCAL PROVIDER AGENCY PAYS FOR PROVIDERS OR OTHERWISE SUPPORTS EVIDENCED-BASED PRACTICES, TRAININGS FOR LOCAL PATH-FUNDED STAFF, AND TRAININGS TO SUPPORT COLLECTION OF PATH DATA IN HMIS:**
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:

- o Integrated Dual Disorders Treatment (IDDT)
- o Motivational Interviewing
- o Strengths Based Case Management
- o Cognitive Behavioral Therapy (CBT)
- o Dialectical Behavioral Therapy (DBT)
- o Seeking Safety
- o Wellness Management and Recovery
- o Trauma Informed Care
- o Solution Focused Therapy
- o Equity and Inclusion
- o Cultural Competency
- o Crisis De-escalation

Luke-Dorf has also 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. 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 are encouraged to attend.

- SPECIFIC EXAMPLES OF HOW THE AGENCY SERVES TO BETTER LINK CLIENTS WITH CRIMINAL JUSTICE HISTORIES TO HEALTH SERVICES, HOUSING PROGRAMS, JOB OPPORTUNITIES AND OTHER SUPPORTS (E.G., JAIL DIVERSION, ACTIVE INVOLVEMENT IN RE-ENTRY), OR SPECIFIC EFFORTS TO MINIMIZE THE CHALLENGES AND FOSTER SUPPORT FOR PATH CLIENTS WITH A CRIMINAL HISTORY (E.G. JAIL DIVERSION, ACTIVE INVOLVEMENT IN REENTRY): Luke-Dorf has an active working relationship with Multnomah County Department of Corrections to include probation and parole, federal probation, jail diversion programs, and mental health court. Bridgeview staff regularly collaborates with members of the criminal justice programs for client staffing meetings and referrals as appropriate.

Luke-Dorf has contracts with the Department of Criminal Justice to provide housing and support services that are specific to individuals who are involved in this system and Bridgeview staff can make referrals to these programs when it is appropriate to do so.

DATA – DESCRIBE THE PROVIDER’S STATUS ON THE TRANSITION TO COLLECT PATH DATA IN HMIS. IF PROVIDERS ARE NOT FULLY UTILIZING HMIS FOR PATH SERVICES, PLEASE DESCRIBE PLANS TO COMPLETE HMIS IMPLEMENTATION. FOR PROVIDERS WHO ARE FULLY UTILIZING HMIS, 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.

The Clinical Services Manager completed training in HMIS in Multnomah County on August 18, 2016 and October 10, 2016. Prior to that, the Clinical Services Manager was a primary utilizer of HMIS and worked with the HMIS coordinator for the county on developing training materials and programs.

Valerie McArthur-Burton (Clinical Services Manager) is the only staff entering PATH data and completing reports for the Bridgeview Community at this time.

SOAR – DESCRIBE THE PROVIDERS PLAN TO ENSURE THAT PATH STAFF HAVE COMPLETED THE SOAR ONLINE COURSE AND WHICH STAFF PLAN TO ASSIST CONSUMERS WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL AND TRACK THE OUTCOMES OF THOSE APPLICATIONS IN THE SOAR ONLINE APPLICATION TRACKING (OAT) SYSTEM. FOR THE GRANT YEAR THAT JUST ENDED, INCLUDE THE FOLLOWING DATA:

Currently, the Bridgeview has one 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 and ASSIST teams to support our mutual clients receiving benefits.

The Clinical Services Manager has completed the on-line SOAR training. At this time, there is the possibility that additional staff may complete this training as it seems appropriate or needed.

- THE NUMBER OF STAFF TRAINED IN SOAR:
1
- THE NUMBER OF STAFF WHO PROVIDED ASSISTANCE WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL:
1, but only to help them gather data as needed, not to complete the SOAR process.
- THE NUMBER OF CONSUMERS ASSISTED THROUGH SOAR:
0
- APPLICATION ELIGIBILITY RESULTS:
N/A
- THE NUMBER OF STAFF DEDICATED TO IMPLEMENTING SOAR, PART- AND FULL-TIME. IF THE PROVIDER DOES NOT USE SOAR, DESCRIBE THE SYSTEM USED TO IMPROVE ACCURATE AND TIMELY COMPLETION OF MAINSTREAM BENEFIT APPLICATIONS (E.G. SSI/SSDI), TIMELY DETERMINATION OF ELIGIBILITY, AND THE OUTCOMES OF THOSE APPLICATIONS (I.E., APPROVAL RATE ON INITIAL APPLICATION, AVERAGE TIME TO APPROVE THE APPLICATION.) ALSO DESCRIBE THE EFFORTS USED TO TRAIN STAFF ON THIS ALTERNATIVE SYSTEM AND WHAT TECHNICAL ASSISTANCE OR SUPPORT THEY RECEIVE TO ENSURE QUALITY APPLICATIONS IF THEY DO NOT USE THE SAMHSA SOAR TA CENTER:
Multnomah County has at least two great programs who help individuals apply for Social Security benefits using the SOAR model and Bridgeview staff regularly refers eligible individuals to the BEST team and the ASSIST program for assistance.

HOUSING – INDICATE THE STRATEGIES THAT WILL BE USED FOR MAKING SUITABLE HOUSING AVAILABLE FOR PATH CLIENTS.
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.

PATH funds a full time Housing specialist who assists residents in identifying suitable housing through Home Forward programs, REACH housing programs, as well as supportive housing programs through Cascadia and Central City Concern. If the individual has specific needs or resources that might help them access or find success in alternative housing, Bridgeview staff will work toward those options as well, such as housing for people who are connected to Department of Corrections, culturally specific housing options, or housing to address medical needs to name a few.

Luke-Dorf 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 are also referred to a variety of other affordable housing options in the community.

STAFF INFORMATION – DESCRIBE THE FOLLOWING DEMOGRAPHICS OF STAFF SERVING THE CLIENTS: HOW STAFF PROVIDING SERVICES TO THE POPULATION WILL BE SENSITIVE TO AGE, GENDER, DISABILITY, LESBIAN, GAY, BISEXUAL AND TRANSGENDER, RACIAL/ETHNIC, AND DIFFERENCES OF CLIENTS; THE EXTENT TO WHICH STAFF RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE AND HEALTH DISPARITIES.
There are 21 staff members at Bridgeview who are at least partially funded through

PATH or PATH-matching funds.

This includes 14 individuals who identify as female and 7 individuals who identify as male.

Ages: 18-34 years 9; 35-49 years 7; 50-64 years 5

Race/Ethnicity: Black or African American 1; White 15; 2 or more races 5

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 trainings, who speak to the entire staff to maintain and awaken new awareness of cultural issues. Annual trainings have been presented by Hanif Fazal of Open Meadow Schools, recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination.

The Board of Directors have retained a long-time Board member with personal experience as a family member of an individual with mental illness and a current staff member, a Peer Support Specialist with a history of homelessness, mental illness, and substance abuse (therefore formerly PATH-eligible), continues to act as a peer consultant to the Board of Directors. Most recently, Luke-Dorf identified and recruited two new Board members who each brought significant experience to the agency through their work with individuals diagnosed with mental illness in the areas healthcare and law enforcement.

In the last year, Luke-Dorf also implemented a mandatory training on Equity and Inclusion for all staff. This training is called Bridge 13 and is facilitated by SMYRC (Sexual and Gender Minority Youth Resource Center) and focuses on the cultural awareness and providing safe spaces for individuals who are lesbian, gay, bisexual, transgender and gender non-conforming. There was special focus on language and how to be aware of and address micro-aggressions in day-to-day situations.

In addition to this training, Luke-Dorf began an Equal Access workgroup to identify ways that the agency can be more inclusive to both staff and clients in regard to sexual orientation and gender identity. Out of this workgroup, there were updates made to Luke-Dorf's non-discrimination/harassment policy and the implementation of a policy regarding equal access for individuals participating in Luke-Dorf services.

CLIENT INFORMATION – DESCRIBE THE DEMOGRAPHICS OF THE CLIENT POPULATION, THE PROJECTED NUMBER OF ADULTS TO BE CONTACTED AND ENROLLED, AND THE PERCENTAGE OF ADULT CLIENTS BEING SERVED USING PATH FUNDS TO BE LITERALLY HOMELESS.

In the 16/17 fiscal year, 44 individuals were served by PATH, including 8 new enrollees. Of this 44, 14 individuals identified as female and 30 participants identified as male.

Ages: 24-30 years 7; 31-40 years 17; 41-50 years 17; 51-61 years 3

Race/Ethnicity: American Indian/Alaskan Native – 1; Asian – 1; Black or African American – 7; White – 31; Client doesn't know – 3; Refused to answer – 1

Non-Hispanic – 37; Hispanic – 2; Data Not Collected – 5

During the 16/17 fiscal year, Bridgeview's PATH program experienced a lot of staff turnover including the individual who was performing outreach. Partially due to this

staff change, the numbers of individuals served and enrolled were lower than projected on last year's IUP. At this time, outreach services have resumed and contacts and enrollees are increasing due to this effort. Another reason that overall numbers are lower is due to the difficulty with placing residents into permanent housing and transitioning them out of Bridgeview, which in turn limits our ability to serve as many people. Due to a lack of affordable permanent housing options available to our residents, participants are staying in Bridgeview's transitional housing for longer than they have in the past. Based on this factor and goal for this coming year, projected numbers for the 17/18 fiscal year will be somewhat increased from last year's projection. During the 17/18 fiscal year, Bridgeview's PATH program will have contact with approximately 150 individuals. Typically, 90% of these individuals will be literally homeless at first contact. 75 of the 150 contacts will be PATH eligible and 60 of those individuals will be entered into Bridgeview services. Of the remaining 15, Bridgeview staff will provide as much outreach and referral as possible and appropriate.

CONSUMER INVOLVEMENT - DESCRIBE HOW INDIVIDUALS WHO EXPERIENCE HOMELESSNESS AND HAVE SERIOUS MENTAL ILLNESS, AND THEIR FAMILY MEMBERS, WILL BE MEANINGFULLY 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. The Luke -Dorf Board recently added a board member with extensive history working within the homeless system including managing a homeless shelter in Washington County for several years before taking a lead role in planning and coordinating Washington County's twice yearly project homeless connect.

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.

Luke-Dorf also operates the Self Directed Services program in Multnomah County, which is a peer run program that works with participants on their health and overall wellness goals as a supplemental service to traditional mental health services. There are three programs offered, a one-year Wellness Program, a two-year Sustainable Housing Program and our Peer Outreach Program.

BUDGET NARRATIVE - PROVIDE A BUDGET NARRATIVE THAT INCLUDES THE LOCAL-AREA PROVIDER'S USE OF PATH FUNDS.

For FY17/18 fiscal year, the total PATH budget is \$334,139. The Federal PATH dollars of \$242,226 is paired with additional match dollars as required by PATH. Sources of match include \$91,913 provided by Multnomah County General Fund. This represents a 27.5% match.

On an annual base, Luke-Dorf runs billing reconciliation of each eligible PATH individuals to ensure that PATH Funds are not used to provide services that are reimbursable through other sources. For example, we have based our QMHP IDDT Service Coordinator at a .6 FTE under the PATH Federal Fund. This leaves up to .4 FTE to be covered under a different revenue sources like Medicaid or General Fund reimbursement.

PATH and PATH match funding will 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
- Housing services

For FY 17/18, PATH funding, both Federal PATH dollars and matching PATH fund, will specifically support a .7 FTE Outreach/Program Manager. This person will provide outreach services, screening and diagnostic treatment services, referral for primary health services, case management, habilitation and rehabilitation services and staff training. In addition, the PATH fund will cover a .6 IDDT Service Coordinator. The IDDT SC will provide case management, habilitation and rehabilitation services, screening and diagnostic services, community mental health services, alcohol or drug treatment services, job training, educational services, and referral for primary health services. The Services Coordinator Aid at a .3 FTE will provide referral for primary health services, educational services, supportive services in residential setting, case management, habilitation services and community mental health services. 4.4 FTE of Residential Counselor will provide supportive and supervisory services in residential setting, habilitation services, referral for primary health services, educational services, job training and community mental health services. A .2 FTE of register nurse will provide case management, community mental health services, referral for primary health services and educational services to PATH eligible individuals. Under the Housing Services of the budget, a .6 Housing Specialist will provide housing services, which include planning for housing, technical assistance in applying for housing assistance, and improve coordination of housing services.

Positions like IDDT Service Coordinator, Service Coordinator Aid, Registered Nurse, Outreach staff and Housing Specialist that are credentialed to bill for services and encourage to bill fee for services. On an annual base, Luke-Dorf runs billing reconciliation of each eligible PATH individuals to ensure that PATH Funds are not used to provide services that are reimbursable through other sources. By not funding a billable position 100% with federal PATH dollars, Luke-Dorf is able to track and reconcile PATH eligible individuals funding stream.

The total personnel cost using federal PATH dollars, including fringe benefit at 21%, equals \$214,162. Adding travel cost to the annual PATH conference and OCHH meeting of \$1,419 and administration cost at 11% or \$26,645, gives us a total PATH budget of \$242,226.

The match dollars from Multnomah County General Fund support 1.6 Residential Counselor and a .2 Registered Nurse as outlined above. The total matching fund for personnel cost including fringe benefit of 21% equals \$80,103. Multnomah County match dollars will also cover HMIS licenses and fee of \$500, insurance cost of \$1,200, and administrative overhead of 11% or \$10,110. The total cost covered by the matching dollars is \$91,913.

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. PATH funding are used to support the activities under the provision of PATH funded services. PATH funds are not used to support administration of programs/services other than PATH.

5. White Bird Clinic

341 East 12th Avenue

Eugene, OR 97401

Contact: Brenda Kosydar

Contact Phone #: 541-342-8255

Has Sub-IUPs: No

Provider Type: Social service agency

PDX ID: OR-006

State Provider ID: 4106

Geographical Area Served: Lane County

Planning Period From 7/1/2017 to 6/30/2018

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel \$ 57,349 \$ 22,589 \$ 79,938

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 33,405	0.00 %	0.22	\$ 7,349	\$ 0	\$ 7,349	<input type="text"/>
Outreach worker	\$ 31,200	100.00 %	1.00	\$ 31,200	\$ 0	\$ 31,200	<input type="text"/>
Outreach worker	\$ 31,200	15.00 %	0.15	\$ 4,680	\$ 0	\$ 4,680	<input type="text"/>
Social Worker	\$ 35,298	12.00 %	0.00	\$ 0	\$ 4,235	\$ 4,235	Crisis Counselor
Other (Describe in Comments)	\$ 35,298	40.00 %	0.20	\$ 7,060	\$ 7,059	\$ 14,119	Mental Health Counselor
Other (Describe in Comments)	\$ 35,298	40.00 %	0.20	\$ 7,060	\$ 7,059	\$ 14,119	Substance Abuse Counselor
Other (Describe in Comments)	\$ 35,298	12.00 %	0.00	\$ 0	\$ 4,236	\$ 4,236	CAHOOTS

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	------------	-------------------	-------------------	---------------	----------

b. Fringe Benefits 25.11 % \$ 20,070 \$ 7,906 \$ 27,976

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

c. Travel \$ 2,650 \$ 0 \$ 2,650

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 276	\$ 0	\$ 276	<input type="text"/>
Other (Describe in Comments)	\$ 2,189	\$ 0	\$ 2,189	Oregon Coalition on Housing and Homelessness Conference
Other (Describe in Comments)	\$ 185	\$ 0	\$ 185	PATH Provider meetings 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. Housing \$ 16,821 \$ 5,718 \$ 22,539

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 9,671	\$ 5,718	\$ 15,389	Security Deposits
Other (Describe in Comments)	\$ 7,150	\$ 0	\$ 7,150	One-time rental payments to prevent eviction

h. Construction (non-allowable)

i. Other \$ 0 \$ 0 \$ 0

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 96,890 \$ 36,213 \$ 133,103

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

k. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0

l. Grand Total (Sum of j and k) \$ 96,890 \$ 36,213 \$ 133,103

Source(s) of Match Dollars for State Funds:

City of Eugene Public Safety Funds, County General Funds, Non-Medicaid Fee-For-Service Billing

Estimated Number of Persons to be Contacted:	125	Estimated Number of Persons to be Enrolled:	72
Estimated Number of Persons to be Contacted who are Literally Homeless:	82		
Number staff trained in SOAR in grant year ending in 2017:	1	Number of PATH-funded consumers assisted through SOAR:	19

LOCAL PROVIDER DESCRIPTION – PROVIDE A BRIEF DESCRIPTION OF THE PROVIDER ORGANIZATION RECEIVING PATH FUNDS, INCLUDING NAME, TYPE OF ORGANIZATION, REGION SERVED, AND THE AMOUNT OF PATH FUNDS THE PROGRAM WILL RECEIVE.

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: \$96,890

White Bird Clinic has been providing care for over 47 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 911 system, health care enrollment assistance, homeless day access, and homeless outreach and case management, including benefits and insurance enrollment assistance.

COLLABORATION WITH HUD CONTINUUM OF CARE (COC) PROGRAM – DESCRIBE THE ORGANIZATION’S PARTICIPATION WITH LOCAL HUD CONTINUUM OF CARE (COC) RECIPIENT(S) AND 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(S) BRIEFLY EXPLAIN THE APPROACHES TO BE TAKEN BY THE AGENCY TO COLLABORATE WITH THE COC(S) IN THE AREA WHERE PATH OPERATES.

White Bird is committed to a close working relationship with the HUD Continuum of Care. The Homeless Program Coordinator is notified of all meetings and provides 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 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 people who are chronically homeless and/or disabled. Through Continuum of Care collaborations there are currently eight 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, Community Court, the Jail Program and Offender for Re-Entry Program through Providers.

In weekly participation in the Community Court program, we share intake and referral opportunities with other providers, allowing those with business in the court system to also access needed services.

COLLABORATION WITH LOCAL COMMUNITY ORGANIZATIONS – PROVIDE A BRIEF DESCRIPTION OF PARTNERSHIPS AND ACTIVITIES WITH LOCAL COMMUNITY ORGANIZATIONS THAT PROVIDE KEY SERVICES (E.G., OUTREACH TEAMS, PRIMARY HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, HOUSING, EMPLOYMENT) TO PATH-ELIGIBLE CLIENTS, AND DESCRIBE THE COORDINATION OF ACTIVITIES AND POLICIES WITH THOSE ORGANIZATIONS. PROVIDE SPECIFIC INFORMATION ABOUT HOW COORDINATION WITH OTHER OUTREACH TEAMS WILL BE 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 department worker goes to the mission every Tuesday, spending time with clients in the Men’s, Women’s, and Mothers/Children programs. Onsite 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, along with a mid-week meeting at Dizzy Dean's Donuts, with our local veterans where they can be assisted with housing options, medical and dental appointments, and Oregon Health Plan applications. This is an effort shared with several local programs including St. Vincent de Paul and The Hope Center, 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) mobile crisis unit teams, Eugene Municipal Court, Lane County Circuit Court, and Homeless Case Managers. We meet two times per week to brainstorm specific client interventions and focus care for homeless clients who regularly use multiple services with little or no change or improvement in their lives. One of those weekly meetings occurs in Alton Baker, Monroe, and Washington-Jefferson Parks which allow us to meet clients where they hang out. We involve clients in goal setting and encourage involvement with the local mental health department as a step in moving toward housing. We meet with clients and provide transportation for items such as EBT benefits, DMV needs, doctor appointments, and behavioral or substance abuse treatment meetings.

Catholic Community Services, Departments of Human Services in Springfield and Eugene, and the Eugene Service Station (a division of St Vincent de Paul), Lane County Department of Health Services, Lane Community College's Spanish Program in Cottage Grove, and the Lane County Jail. 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 and/or CAHOOTS crisis workers. 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.

Annual Health Care for the Homeless Picnic: in celebration of National Health Care for the Homeless Day, we plan to offer an onsite Oregon Health Plan enrollment, with 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 pay 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 47 years, providing telephone and walk-in crisis counseling and interventions.

White Bird CAHOOTS Teams partner with the Eugene and Springfield Police departments, EMS, 911, 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: Counseling/Chrysalis/CAHOOTS are represented at 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.

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-injured 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: we make referrals for the occasional clients interested in pursuing employment.

Goodwill Job Connections of Lane County: 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 and Laurel Hill.

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: including BiMart, Target, and Big Five who provide significant discounts/in-kind donations on items needed for homeless, including socks, jackets, sleeping bags, blankets, etc. These are seasonal requests and therefore we are not asking for in-kind match from these businesses.

SERVICE PROVISION – DESCRIBE THE ORGANIZATION’S PLAN TO PROVIDE COORDINATED AND COMPREHENSIVE SERVICES TO PATH ELIGIBLE CLIENTS, INCLUDING:

- 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: White Bird’s project aligns with PATH priority goals through focused 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 been quite easy.

Per PATH guidelines, we 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 find that being able to help with rent payments is a major boost for our clients. (See budget narrative.)

In addition to outreach to clients and their families, and case management, we provide 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.

- 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, enabling them 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 and Counseling Fees for Service allow us to provide treatment services to indigent homeless.

- 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 percent; the wait for Section 8 housing is more than 18 months, and two-thirds 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 and the 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 that are accessible to and accepting of this population.

- 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 for clients who have serious mental illness and/or substance use disorder.

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

- HOW THE LOCAL PROVIDER AGENCY PAYS FOR PROVIDERS OR OTHERWISE SUPPORTS EVIDENCED-BASED PRACTICES, TRAININGS FOR LOCAL PATH-FUNDED STAFF, AND TRAININGS TO SUPPORT COLLECTION OF PATH DATA IN HMIS:
The White Bird Healthcare for the Homeless program has provided services for nearly 30 years. Our clients have varied widely in presenting issues, age, traumas, expectations, degree of dysfunction, experiencing homelessness, 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:

- Motivational Interviewing
- Collaborative treatment Planning
- Cognitive-behavioral Therapy
- Dialectical Behavioral Therapy
- Mindfulness Based Cognitive 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.

- SPECIFIC EXAMPLES OF HOW THE AGENCY SERVES TO BETTER LINK CLIENTS WITH CRIMINAL JUSTICE HISTORIES TO HEALTH SERVICES, HOUSING PROGRAMS, JOB OPPORTUNITIES AND OTHER SUPPORTS (E.G., JAIL DIVERSION, ACTIVE INVOLVEMENT IN RE-ENTRY), OR SPECIFIC EFFORTS TO MINIMIZE THE CHALLENGES AND FOSTER SUPPORT FOR PATH CLIENTS WITH A CRIMINAL HISTORY (E.G. JAIL DIVERSION, ACTIVE INVOLVEMENT IN REENTRY):
This year, our Homeless Department is involved in a pilot project with Eugene Municipal Court. We are one of several local social service agencies working in collaboration with the Court to create a safe and positive alternative to a regular court room setting. Community Court is available every Friday at the Eugene Public Library. Services readily available for participants include St. Vincent De Paul Housing specialists, Looking Glass (for youth), VA, SSI Benefits Advocate, a representative from our local transit agency and White Bird Clinic offering medical, dental, counseling, drug and alcohol treatment and/or homeless case management.

The Eugene Community Court aims to improve public safety and reduce misdemeanor activity in the downtown core and to improve safety and quality of life for all. Individuals are eligible if their offense was committed within the designated geographic area, and they do not have any violence in their past criminal history. In addition, other community members may be referred or seek services without a citation or arrest.

DATA – DESCRIBE THE PROVIDER'S STATUS ON THE TRANSITION TO COLLECT PATH DATA IN HMIS. IF PROVIDERS ARE NOT FULLY UTILIZING HMIS FOR PATH SERVICES, PLEASE DESCRIBE PLANS TO COMPLETE HMIS IMPLEMENTATION. FOR PROVIDERS WHO ARE FULLY UTILIZING HMIS, DESCRIBE PLANS FOR CONTINUED TRAINING AND HOW PROVIDERS WILL SUPPORT NEW STAFF. The Homeless Program is developing policies and procedures to describe PATH data collection. These should be available during the first quarter of the new grant period.

Emily Lowery, Brenda Kosydar, and Cassidy Cockle are responsible for entering data into the HMIS.

Three 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.

SOAR – DESCRIBE THE PROVIDERS PLAN TO ENSURE THAT PATH STAFF HAVE COMPLETED THE SOAR ONLINE COURSE AND WHICH STAFF PLAN TO ASSIST CONSUMERS WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL AND TRACK THE OUTCOMES OF THOSE APPLICATIONS IN THE SOAR ONLINE APPLICATION TRACKING (OAT) SYSTEM. FOR THE GRANT YEAR THAT JUST ENDED, INCLUDE THE FOLLOWING DATA:

Referrals to both Homeless Outreach and Referral (specifically for OHP enrollment), funded by HRSA, and to our SHOP program, funded by Oregon Health Authority, are managed by our Homeless Outreach workers, Homeless Case Managers and many collaborating agencies.

- THE NUMBER OF STAFF TRAINED IN SOAR:

1

- THE NUMBER OF STAFF WHO PROVIDED ASSISTANCE WITH SSI/SSDI APPLICATIONS USING THE SOAR MODEL:

1

- THE NUMBER OF CONSUMERS ASSISTED THROUGH SOAR:

19

- APPLICATION ELIGIBILITY RESULTS:

Nineteen assisted, twelve submitted, application eligibility results still in process.

- THE NUMBER OF STAFF DEDICATED TO IMPLEMENTING SOAR, PART- AND FULL-TIME. IF THE PROVIDER DOES NOT USE SOAR, DESCRIBE THE SYSTEM USED TO IMPROVE ACCURATE AND TIMELY COMPLETION OF MAINSTREAM BENEFIT APPLICATIONS (E.G. SSI/SSDI), TIMELY DETERMINATION OF ELIGIBILITY, AND THE OUTCOMES OF THOSE APPLICATIONS (I.E., APPROVAL RATE ON INITIAL APPLICATION, AVERAGE TIME TO APPROVE THE APPLICATION.) ALSO DESCRIBE THE EFFORTS USED TO TRAIN STAFF ON THIS ALTERNATIVE SYSTEM AND WHAT TECHNICAL ASSISTANCE OR SUPPORT THEY RECEIVE TO ENSURE QUALITY APPLICATIONS IF THEY DO NOT USE THE SAMHSA SOAR TA CENTER:
One full-time staff.

HOUSING – INDICATE THE STRATEGIES THAT WILL BE USED FOR MAKING SUITABLE HOUSING AVAILABLE FOR PATH CLIENTS.

Case Managers and Crisis staff assist clients in accessing the Lane County Central Housing Waitlist by setting up appointments with housing specialists at St. Vincent de Paul and ShelterCare. This allows clients to access permanent housing that is either temporarily or permanently subsidized. We also work regularly 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' x 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

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 FOLLOWING DEMOGRAPHICS OF STAFF SERVING THE CLIENTS: HOW STAFF PROVIDING SERVICES TO THE POPULATION WILL BE SENSITIVE TO AGE, GENDER, DISABILITY, LESBIAN, GAY, BISEXUAL AND TRANSGENDER, RACIAL/ETHNIC, AND DIFFERENCES OF CLIENTS; THE EXTENT TO WHICH STAFF RECEIVE PERIODIC TRAINING IN CULTURAL COMPETENCE AND HEALTH DISPARITIES.

PATH-supported staff at white Bird identify age, gender and racial/ethnic differences in homeless clients, 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 as 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 recommend 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 an 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 ADULTS TO BE CONTACTED AND ENROLLED, AND THE PERCENTAGE OF ADULT CLIENTS BEING SERVED USING PATH FUNDS TO BE LITERALLY HOMELESS.

white Bird serves anyone who presents for treatment who qualifies for our services. Our demographics of our PATH clients can be stated as follows:

Age: 0 through 23 years: 11%, 24 – 30 years: 9%, 31 – 50 years: 38%, 51 – 61 years: 32%, over 62 years: 10%

Gender: 54% Female, 42% Male, 4% Transgender

Race: 75% white, 1% Black, 4% Hawaiian/Pacific Islander, 7% Native/Alaskan American, 13% two or more races

Ethnicity: 95% Non-Hispanic, 5% Hispanic

Criminal Histories: 40% with criminal histories but these are likely to be misdemeanors, not felonies.

The projected number of adult clients to be contacted during the coming program year is 125.

The projected number of adult clients to be enrolled during the coming program year is 70.

The percentage of adult clients served who are literally homeless will be 65 percent.

CONSUMER INVOLVEMENT - DESCRIBE HOW INDIVIDUALS WHO EXPERIENCE HOMELESSNESS AND HAVE SERIOUS MENTAL ILLNESS, AND THEIR FAMILY MEMBERS, WILL BE MEANINGFULLY 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.

Our mission supports consumer involvement, and reads:

White Bird is collective environment
Organized to enable people to gain control of
Their social, emotional & physical well-being
Through education, direct service & community

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 always reserved for an individual experiencing homelessness.
- 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.

White Bird Clinic Homeless Case Managers are trained and carefully apply the eligibility criteria as presented by PATH State staff who also monitor our submissions. We use other available funding to provide needed homeless services for non-eligible PATH applicants, including OHP enrollment through federal/state contracts plus fundraising. Referrals and collaborations are also important tools for meeting service needs and stretching funding.

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:

Standards for PATH Providers are described in Oregon Administrative Rule (OAR 309-032-0301 through 309-032-0351). These rules will be updated to align with the HEARTH Act definitions per SAMHSA's guidance in the 2017 Funding Opportunity Announcement. A copy of the current rules in their entirety is included as Attachment A.

**OREGON HEALTH AUTHORITY,
ADDICTIONS AND MENTAL HEALTH DIVISION: MENTAL HEALTH SERVICES**

DIVISION 32

COMMUNITY TREATMENT AND SUPPORT SERVICES

Mental Health Services For Homeless Individuals

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

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:

Oregon's PATH Providers were chosen through a competitive Request for Proposals (see Selection of PATH Local-Area Providers). Applicants were asked to "describe the services provided to homeless veterans, and the program's qualifications, experience and effectiveness in providing such services". Scoring was weighted to favor applicants with demonstrated effectiveness in serving veterans experiencing homelessness.

Oregon recognizes that military service creates a culture that is unique to military families and veterans, and experiences particular challenges providing services focused on this population as there are no concentrated areas of veterans and military families due to Oregon's lack of active military bases.

Local VA facilities* provide physical, dental, and behavioral health care for veterans who receive Veterans Administration (VA) pensions or other benefits. Oregon's PATH providers have established high quality relationships with their local VA facilities in order to connect eligible PATH clients to the services and supports they are entitled to through their local VA facilities. This also helps to ensure priority use of other available funding sources for PATH services.

The majority of veterans served by Oregon's PATH Providers are individuals with veteran-status issues who are ineligible for services through the local VA facilities. Oregon's PATH Outreach staff provide a first step for these underserved veterans in building trust and rapport with community-based service providers. 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. PATH Outreach staff are highly aware of the need to be mindful of the history of trauma that veterans have experienced, and incorporate trauma-informed practices in their delivery of services.

* VA facilities include: VA Health Care Systems, Medical Centers, Outpatient Clinics, Community Based Outpatient Clinics, and Vet Centers

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:

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 work with individuals enrolled in PATH to develop strategies to meet the individual's personal goals for improving health, obtaining permanent housing, finding a sense of purpose, and overall recovery. 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 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 the individuals they work with 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.

Below are descriptions provided by each of the PATH Providers of how PATH-funded services will reduce barriers to accessing effective services that sustain recovery within their specific service areas:

DESCHUTES COUNTY HEALTH SERVICES

"Providing outreach services and meeting clients in their environment to establish rapport, helps clients access the appropriate services when ready. Through rapport building, services are explained and discussed to ensure that individuals are willing to engage. This also helps keep clients engaged in services and decreases mistrust."

WHITE BIRD CLINIC

"PATH funds have allowed us to utilize staff time for collaboration with fellow social service agencies particularly serving the homeless clients with mental health and substance use disorders. Of the homeless referred to us by the Community Outreach Response Team, approximately 85% of the clients have mental health/substance use disorders."

LUKE-DORF, INC.

"Outreach staff utilizes Motivational Interviewing techniques to gain rapport with PATH eligible individuals. Contacts are low-pressure, geared towards answering questions regarding recovery, treatment, and housing, without agenda. Resources such as bus tickets, socks, and nutritious snacks are provided to further build relationships and provide a foundation for which to offer additional services."

CASCADIA BEHAVIORAL HEALTH CARE

"Mental health: Cascadia is the primary mental health provider in the Portland area and operates four outpatient mental health clinics, including the Urgent walk-in Clinic for behavioral health support. Our division operates a wide variety of permanent supported housing (community) and a permanent supportive housing sites which is staffed 24/7. Cascadia's Street Team also refers outreach clients to other local mental health provider's, and coordinates care to support a successful engagement in mental health treatment. The Street Outreach Team serves as a 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 referred to these clinics for substance abuse treatment while also engaging in mental health services via Street Outreach clinicians. The Street Outreach Team assists PATH clients with access to whatever type of treatment is desired and clinically appropriate, utilizing community partner referrals to detox programs, outpatient treatment, Methadone clinics, and residential addictions treatment and dual diagnosis treatment

programs.”

MULTNOMAH COUNTY MENTAL HEALTH & ADDICTIONS SERVICES DIVISION

“Bridgeview staff focus on the ultimate transition to independent living that each of our residents is working toward from very early in their engagement. That said, it is Bridgeview staff’s primary focus to help individuals identify and obtain a variety of resources and benefits that will not only assist them while living at the Bridgeview, but will also help them be successful in their own independent housing upon moving out. Some of these resources include encouraging individuals to participate in activities outside of Bridgeview that are on-going and sustainable after they move out, linking residents to supports including primary care providers and mental health providers that will continue upon move out. Staff will also help individuals become familiar with the area that they intend to move, showing them the location of resources such as the grocery store, providers’ offices and other points of interest to ease the transition and increase the likelihood of their success.”

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:

Oregon's PATH Providers were chosen through a competitive Request for Proposals (see Selection of PATH Local-Area Providers). Applicants were asked to "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." Scoring was weighted to favor applicants with demonstrated alignment to PATH Goals.

Please see the Providers' Intended Use Plans for program-specific information on alignment with PATH goals.

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:

From Oregon's 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 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.

According to the Bazelon Center for Mental Health Law, studies have consistently shown that people with mental illness overwhelmingly prefer living in their own homes rather than in congregate settings with other people with mental illness. The benefits of supported housing include a reduction in the use of shelters for individuals who are homeless as well as reductions in hospital admissions and lengths of stay. According to the Center for Supportive Housing, a stable living situation improves a tenant's ability to participate in support services. Investments in housing and social services for individuals in recovery can result in significant reductions in the public cost for medical and criminal justice services.

OHA currently provides funding to aid the development of supported housing and rental assistance programs. Supported housing programs provide funding to develop affordable, community-based rental housing for individuals in recovery. These properties are funded with the stipulation that the units are integrated with non-disabled housing to assure an individual's right to reside in the least restrictive environment possible, consistent with the Americans with Disabilities Act (ADA) and the US Supreme Court's 1999 decision in *Olmstead v L.C.*

In SFY 2016, the number of people served in mental health rental assistance programs was 788 and the number serviced in substance use disorder rental assistance programs was 648. Rental assistance programs serve individuals in recovery for both mental illness and substance use disorders and provide the opportunity to locate and lease a rental unit with all the rights and responsibilities of any other resident.

In 2014, OHA partnered with the National Alliance for Mental Illness and the Oregon Residential Provider Association to secure funding, using proceeds from the state's tobacco tax, for the development of supported housing for individuals with a serious mental illness. As a result of this partnership, 143 new units of affordable housing, 36 set aside for individuals with a serious mental illness, have been developed in Oregon.

OHA also has had a long history of developing housing with private partnerships, notably in Villebois, a community located in Wilsonville on the site of the former Dammasch State Hospital. OHA will continue to work with the National Alliance for Mental Illness, Oregon Housing and Community Services, local service and housing 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.

To increase the number of people in recovery who are enrolled in Supported Housing Rental Assistance and to increase the number of individuals in supported housing, OHA will employ the following strategies:

- Implement rental assistance programs for individuals with mental illness;
- Fund rental assistance programs for individuals in recovery from substance use disorders;
- Continue the current practice of allocating General Fund, Community Mental Health Housing Trust Fund and Alcohol and Drug-Free dollars to the development of supported housing for individuals in recovery;

- Expand partnerships with stakeholder groups.

Oregon's PATH Program supplements the Health System Division's overall work to decrease homelessness and help to provide safe, affordable, recovery-friendly housing for adults with serious mental illness by providing the only funding dedicated to linking individuals with serious mental illness who are experiencing homelessness with 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:

A 10-year plan to end homelessness in Oregon was created by the Ending Homelessness Advisory Committee (EHAC) and unveiled in June of 2008. Unfortunately, EHAC dissolved in 2010, and work has ceased on the project.

In the absence of a comprehensive, statewide, cross-system plan to address the lack of low-barrier, affordable housing throughout Oregon, PATH Providers are only able to provide a band-aid to the system.

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 in hopes that when housing becomes available the individuals will fare better in the tenant selection process.

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. These events provide life-saving services and supports for individuals who experience significantly higher mortality rates than the general population.

Disaster preparedness and emergency planning for continuity of care have not been addressed in Oregon's PATH program. The State PATH Contact will work with the PATH Providers over the next year to ensure these areas are addressed in line with guidance in the 2017 FOA.

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:

Initial public input was included in the competitive application process (see Selection of Local-Area PATH Providers) 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.

As has been the practice since 2009, the FFY 2016 PATH application has been posted on the Health Systems Division's website since its submission. 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, and compiled for use in subsequent applications. Inquiries over the last year have been individuals seeking PATH services rather than providing feedback on the States Plan. This speaks to the ongoing need for PATH services, and further resources devoted to ending homelessness.

A copy of the 2017 PATH Application was sent to the current PATH providers; contacts for Oregon's Continuum of Care; Oregon Housing and Community Services; and the Oregon Coalition on Housing and Homelessness; and the Health Systems Division stakeholder mailing list which includes: the Directors of the Community Mental Health Programs (CMHPs) throughout Oregon, 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, and the Young Adults in Transition listserv. Persons receiving the notification were asked to forward the notice to other interested parties.

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:

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. Due to turnover in the role of the State PATH Contact site reviews have been postponed until the fall of 2017. The most recent site reviews for each provider can be found in Attachment C.

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.



ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor

Oregon
Health
Authority

March 8, 2016

500 Summer St NE E86

Salem, OR 97301-1118

Voice: 503-945-5763

Fax: 503-378-8467

TTY: 800-375-2863

www.oregon.gov/OHA/mentalhealth

Amy Joslin
Program Manager
Bridgeview Community
1508 S.W. 13th Ave
Portland, OR 97201

Dear Ms. Joslin:

Thank you for allowing me to visit the Bridgeview community to review the Projects for Assistance in Transition from Homelessness (PATH) program. As always, I appreciate hearing what is new with Bridgeview's program, and it is a pleasure meeting with you and the PATH program staff. I have attached a summary of my visit for your records.

I look forward to continued collaboration. Should you have any further questions or concerns, please feel free to call me at 503-945-6357 or e-mail me at Brenda.L.Dennis@state.or.us.

Sincerely,

Brenda Dennis
State PATH Contact

BD/ks

CC: File



**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), Health Systems Division (HSD) 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 to an upgrade version of the EHR.

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:	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

October 28, 2015

Liora Berry, MPA, QMHA
Alisa Fowler, MSW, QMHP
Cascadia Behavioral Healthcare
310 NW Flanders
Portland, OR 97210

Dear Ms. Berry and Ms. Fowler

Thank you for allowing me to visit Cascadia to review the Projects for Assistance in Transition from Homelessness (PATH) program. As always, I appreciate hearing what is new with Cascadia's program, and it is a pleasure meeting with you and the PATH program staff. I have attached a summary of my visit for your records.

I look forward to continued collaboration. Should you have any further questions or concerns, please feel free to call me at (503) 945-6357 or email me at Brenda.L.Dennis@state.or.us.

Sincerely,

Brenda Dennis
State PATH Contact

If you need this letter in alternate format, please call 503-945-5763 (Voice) or 800-375-2863 (TTY)
An Equal Opportunity Employer

**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



ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor

Oregon
Health
Authority

October 27, 2015

500 Summer St NE E86
Salem, OR 97301-1118
Voice: 503-945-5763
Fax: 503-378-8467
TTY: 800-375-2863

www.oregon.gov/OHA/mentalhealth

Kara Cronin, Community Support Services Supervisor
Deschutes County Behavioral Health
1128 N.W. Harriman
Bend, OR 97701

Dear Ms. Cronin:

Thank you for allowing me to visit Deschutes County Behavioral Health to review the Projects for Assistance in Transition from Homelessness (PATH) program. I appreciate the opportunity to hear about current successes and challenges; and as always it was a pleasure meeting with you and the PATH program staff. I have attached a summary of my visit for your records.

I look forward to continued collaboration as we work together to improve services for Oregonians experiencing mental health issues and living in homelessness.

Should you have any further questions or concerns, please feel free to call me at 503-945-6357 or e-mail me at Brenda.L.Dennis@state.or.us.

Sincerely,

Brenda Dennis
Oregon State PATH Contact

BD/ks

CC: File

If you need this letter in an alternate format, please call: 503-945-5763 (Voice) or 800-375-2863 (TTY).

An Equal Opportunity Employer



**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		Ensure service plan is available which notes housing and case

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	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. Outreach 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		As possible, prescriber notes and plans should also

description of the services delivered, and progress toward the enrolled individual's service plan goals.	YES	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

October 28, 2015

Cindy Peterson
White Bird Clinic
341 E 12th Ave
Eugene, OR 97401

Dear Ms. Peterson:

Thank you for allowing me to visit White Bird Clinic to review the Projects for Assistance in Transition from Homelessness (PATH) program. As always, I appreciate hearing what is new with White Bird's program, and it is a pleasure meeting with you and the PATH program staff. I have attached a summary of my visit for your records.

I look forward to continued collaboration. Should you have any further questions or concerns, please feel free to call me at (503) 945-6357 or email me at Brenda.L.Dennis@state.or.us.

Sincerely,

Brenda Dennis
State PATH Contact

If you need this letter in alternate format, please call 503-945-5763 (Voice) or 800-375-2863 (TTY)
An Equal Opportunity Employer

**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 the services delivered, and progress toward the enrolled individual’s service plan goals.	YES	Case management notes are present in file, are not integrated with ISSP 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

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:

Oregon's PATH grant funds were awarded in a competitive process through a Request for Proposals (RFP). A copy of the RFP is provided in Attachment D. By using a competitive process, funding was directed to those proposals which best aligned with the goals of PATH, and allowed the state to direct funding to programs that make the greatest impact. Proposals were reviewed and scored by a committee including Division staff, stakeholders from the Oregon Coalition on Housing and Homelessness and the Addictions and Mental Health Planning and Advisory Council, and an individual who was previously a PATH-eligible consumer. Contracts with the following providers were effective for July 1, 2013 through June 30, 2015.

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

Contracts were extended for the 2015-2017 biennium and the 2017-2019 biennium. Oregon expects to post a Request for Proposals in fall of 2018 for entities interested in becoming PATH providers for the 2019-2021 biennium.

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

Table of Contents

SECTION 1 – PURPOSE/OVERVIEW.....	3
1.1. Introduction	3
1.2. Overview and Background.....	3
1.3. Definitions.....	4
1.4. Authority	4
SECTION 2 – MINIMUM QUALIFICATIONS	5
SECTION 3 – SCOPE OF WORK.....	5
SECTION 4 – RFP PROCESS	7
4.1. Sole Point of Contact (SPC).....	7
4.2. Timeline for RFP and Proposal Submission	7
4.3. Closing Date for Submittal of Proposals.....	8
4.4. Pre-proposal Questions Relating to This RFP.....	8
4.5. Public Opening.....	8
SECTION 5 – PROPOSAL REQUIREMENTS	9
5.1. General Proposal Requirements.....	9
5.2. Technical Proposal Requirements.....	9
SECTION 6 – PROPOSAL EVALUATION	11
6.1. Pass/Fail Items.....	11
6.2. Evaluation Factors Checklist.....	12
6.3. Best and Final Offer	12
6.4. Responsible	12
6.5. Final Selection and Award	13
6.6. Proposal Rejection.....	13
SECTION 7 – GENERAL INFORMATION	13
7.1. Changes/Modification and Clarifications.....	13
7.2. Reservation of OC&P Rights	13
7.3. Protest of RFP	14
7.4. Award Notice	14
7.5. Protest of Award.....	14
7.6. Modification or Withdrawal.....	14
7.7. Release of Information.....	15
7.8. Public Information.....	15
7.9. Cost of Proposals.....	15
7.10. Statutorily Required Preferences.....	15
7.11. Contract Period.....	16
7.12. Contractual Obligation	16
7.13. Contract Documents	16
7.14. Insurance Requirements	16
ATTACHMENT 1 A - Proposal Cover Sheet.....	17
ATTACHMENT 1 B – Proposed Subcontractor Information.....	18
ATTACHMENT 2 - Proposer’s Designation of Confidential Materials.....	19
ATTACHMENT 3 - Form Contract	21
APPENDIX A – PUBLIC HEALTH SERVICES ACT.....	51
APPENDIX B – PATH SERVICE DEFINITIONS	59
APPENDIX C – Meaningful Consumer and Family Involvement.....	61
APPENDIX D – SAMHSA Guidelines for Assessing Cultural Competence	62
APPENDIX E – BUDGET FORM.....	63

SECTION 1 – PURPOSE/OVERVIEW

1.1. 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.

1.2. 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.

1.3. Definitions

For purposes of this RFP and the resulting Contract, the terms below shall have the following meanings:

- 1.3.1 **Contract** means the Contract awarded as a result of this RFP.
- 1.3.2 **Contractor** means the Proposer selected through this RFP to enter into a Contract with OHA to perform the Work.
- 1.3.3 **Governmental Proposal** means a Proposal submitted to OHA by a Governmental Proposer.
- 1.3.4 **Governmental Proposer** means a governmental entity that submits a Proposal.
- 1.3.5 **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.
- 1.3.6 **Office of Contracts and Procurement (OC&P)** means the entity that is responsible for the procurement process for OHA.
- 1.3.7 **Proposal** means a written response submitted to OC&P in response to this RFP.
- 1.3.8 **Proposer** means the person or entity that submits a Proposal.
- 1.3.9 **RFP** means Request for Proposal.
- 1.3.10 **Work** means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Work of this RFP.

1.4. 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:

1. Has a serious mental illness; **and**
2. May have a co-occurring substance use disorder; **and**
3. 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:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health
- Alcohol and drug treatment
- 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
- Case management
- Supportive and supervisory services in residential settings
- Referral for primary health services, job training, educational services, and relevant housing services
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act (PHS), 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
 - Costs associated with matching eligible individuals who are homeless with appropriate housing situations

- 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:

- Grant funds must be used for purposes supported by the program.
- No more than 4% of Federal PATH funds received shall be expended for administrative expenses.
- No more than 20% of the Federal PATH funds received may be expended for eligible housing services.
- Grant funds **may not** be expended:
 - To support emergency shelters
 - For inpatient psychiatric treatment
 - For inpatient substance abuse treatment
 - To make cash payments to intended recipients of mental health or substance abuse services
 - To pay for the purchase or construction of any building or structure to house any part of the grant program
 - For any lease arrangements in association with the proposed project utilizing PATH funds for:
 - A time period beyond the project period; **or**
 - 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,
 - 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.

¹ “PATH-funded” includes both Federal PATH funds and match funds.

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):

1. 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/ethnics 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:

- 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;
- 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;
- Waive any minor informality;
- Seek clarification of each Proposal;
- Negotiate the statement of work within the scope of work described in this RFP and to negotiate the rate;
- Amend or extend the term of any Contract that is issued as a result of this RFP;
- Engage Proposer by selection or procurement for different or additional services independent of this RFP process and any contracts/agreements entered into pursuant hereto;
- 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;
- 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 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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. The Proposer acknowledges receipt of all addenda issued under this RFP.
7. 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.
8. 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:

- 1) 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.
- 2) 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.
- 3) 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:

- The information must not be patented;
- It must be known only to certain individuals within an organization and used in a business the organization conducts;
- It must be information that has actual or potential commercial value; and,
- 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.]

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: _____

5. Contractor Data and Certification.

- a. 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

6. Signatures.

Contractor

By:

Authorized Signature Title Date

State of Oregon, acting by and through OHA

By:

Authorized Signature Title Date

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):

Authorized Signature Title Date

Office of Contracts and Procurement:

Contract Specialist Date

EXHIBIT A

Part 1 Statement of Work

- 1. 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.

- a. 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.
- b. 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.
- c. OHA, Contractor and any subcontractor will share information as necessary to effectively serve OHA clients.

2. Amendments.

- a. 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.
- b. 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.
- c. 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.

3. **Background Checks.**
4. **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.
5. **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.
6. **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.
7. **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

1. **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.
2. **Compliance with Applicable Law.**
 - a. 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)).
 - b. 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.
 - c. 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.
3. **Independent Contractor.**
 - a. Contractor is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.

- b. 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.
- c. 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.
- d. 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.

4. Representations and Warranties.

a. Contractor's Representations and Warranties. Contractor represents and warrants to OHA that:

- (1) Contractor has the power and authority to enter into and perform this Contract;
- (2) This Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms;
- (3) 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;
- (4) Contractor shall, at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; and
- (5) Contractor prepared its proposal related to this Contract, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.

b. Warranties Cumulative. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.

5. Time is of the Essence. Contractor agrees that time is of the essence under this Contract.

6. Funds Available and Authorized; Payments.

a. 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.

- b. 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.

7. **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 REPAYED. 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.

8. **Ownership of Work Product.**

- a. Definitions. As used in this Section 8, and elsewhere in this Contract, the following terms have the meanings set forth below:
- (1) "Contractor Intellectual Property" means any intellectual property owned by Contractor and developed independently from the Work.
 - (2) "Third Party Intellectual Property" means any intellectual property owned by parties other than OHA or Contractor.

- (3) “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.
- b. 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.
- c. 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.
- d. 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’s 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.

9. **Indemnity.**

- a. 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.
- b. 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.

- c. 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.

10. **Default; Remedies; Termination.**

- a. Default by Contractor. Contractor shall be in default under this Contract if:
- (1) 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
 - (2) 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
 - (3) 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.

b. 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).

c. 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.

d. 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.

e. Termination.

- (1) OHA's Right to Terminate at its Discretion. At its sole discretion, OHA may terminate this Contract:
 - (a) For its convenience upon 30 days' prior written notice by OHA to Contractor;
 - (b) 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

- (c) 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.
 - (d) 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.
- (2) 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:
- (a) 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;
 - (b) 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
 - (c) 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.
- (3) 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.
- (4) 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.
- (5) 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.

11. **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:
 - a. Cancel or modify the stop work order by a supplementary written notice; or
 - b. Terminate the work as permitted by either the Default or the Convenience provisions of Section 10., Default; Remedies; Termination.
 - c. 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.
12. **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.
13. **Insurance.** Contractor shall maintain insurance as set forth in Exhibit C, attached hereto.
14. **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:
 - a. Six years following final payment and termination of this Contract;
 - b. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
 - c. Until the conclusion of any audit, controversy or litigation arising out of or related to this Contract.

15. **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.
16. **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.
17. **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.
18. **Assignment of Contract, Successors in Interest.**
 - a. 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.
 - b. The provisions of this Contract shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.
19. **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.
20. **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.
21. **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.

22. **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.
23. **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.
24. **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.
25. **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:

26. **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.

27. **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.
28. **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.
29. **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.
30. **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:
 - a. Reducing or withholding payment under this Contract;
 - b. Requiring Contractor to perform at Contractor's expense additional work necessary to perform the statement of work or meet performance standards; and
 - c. 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:
- a.** 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.
 - b.** 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.
 - c.** 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.
 - d.** 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.
 - e.** 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.
 - f.** 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.

- g.** 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.
- h.** 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.

- 6. 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:

- a. 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”) or may be obtained from OHA.
- b. 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.

- c. **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.
7. **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.
8. **Audits.**
- a. 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.
- b. 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.
9. **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.
10. **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.

11. **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.).
12. **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:
 - a. 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).
 - b. Comply with all disclosure requirements of 42 CFR 1002.3(a) and 42 CFR 455 Subpart (B).
 - c. 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.
 - d. 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).

13. 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.

14. 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.

15. 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.

- 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.

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

- 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.

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.

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:

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, due to the inherent limitations of counting persons living in homelessness, as well as the lack of comprehensive statewide information from year to year.

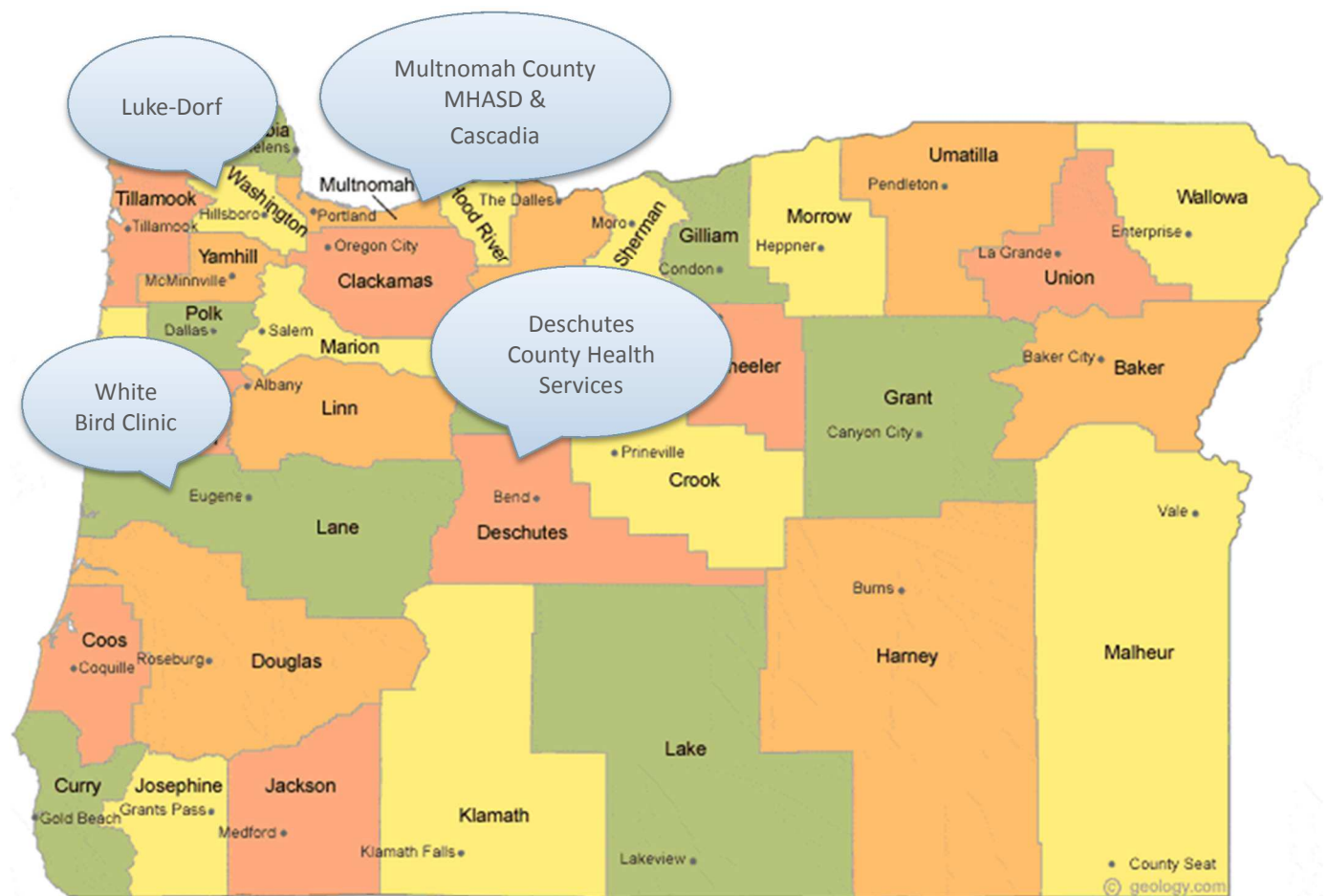
Oregon Housing and Community Services conducts annual counts of persons accommodated in and turned away from homeless shelters throughout the state. These counts also include persons who could not access a shelter or are living on the street, and those living in transitional housing. The count does not 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 most recent available data is from the January 2015 point in time count. This 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. Of the 13,049 homeless adults identified in January 2015, 1,878 self-disclosed having a mental or emotional disorder. Fifty-eight percent of this populations was unsheltered. The attached table provides 2015 point in time count data for each county.

County	Total Population 2015	Total Homeless 2015	Homeless with Serious Mental Illness		
			Total Adults with Serious Mental Illness 2015	Adults with Serious Mental Illness Sheltered 2015	Adults with Serious Mental Illness Unsheltered 2015
Baker	16,425	14	0	0	0
Benton	90,005	127	1	1	0
Clackamas	397,385	494	201	45	156
Clatsop	37,750	682	6	0	6
Columbia	50,390	317	49	18	31
Coos	62,990	612	12	9	3
Crook	21,085	36	7	1	6
Curry	22,470	86	0	0	0
Deschutes	170,740	503	133	32	101
Douglas	109,910	404	85	45	40
Gilliam	1,975	0	0	0	0
Grant	7,430	7	1	1	0
Harney	7,295	6	0	0	0
Hood River	24,245	69	5	4	1
Jackson	210,975	679	6	6	0
Jefferson	22,445	55	7	0	7
Josephine	83,720	883	103	28	75
Klamath	67,110	252	1	0	1
Lake	8,010	6	0	0	0
Lane	362,150	1,473	398	169	229
Lincoln	47,225	54	10	0	10
Linn	120,860	222	19	17	2
Malheur	31,480	104	7	4	3
Marion	329,770	732	4	1	3
Morrow	11,204	0	0	0	0
Multnomah	777,490	3,801	703	392	311
Polk	78,570	42	0	0	0
Sherman	1,765	0	0	0	0
Tillamook	25,690	106	0	0	0
Umatilla	79,155	52	1	1	0
Union	26,625	75	2	2	0
Wallowa	7,100	23	0	0	0
Wasco	26,370	47	0	0	0
Washington	570,510	591	114	18	96
Wheeler	1,348	0	0	0	0
Yamhill	103,630	495	3	2	1
Statewide	4,013,297	13,049	1,878	796	1,082

LOCATION OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESS WHO ARE EXPERIENCING HOMELESSNESS

INDICATE HOW THE NUMBERS WERE DERIVED AND WHERE THE SELECTED PROVIDERS ARE ON A MAP.

The numbers were derived from Portland State University Population Research Center 2015 Certified Population Estimate², and Oregon Housing and Community Services 2015 Point in Time Count Data Report³.



² Retrieved from <https://www.pdx.edu/prc/population-reports-estimates>

³ Retrieved from <https://www.oregon.gov/ohcs/Pages/research-point-in-time-homeless-count-in-oregon.aspx>

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:

A total of \$230,279 in non-Federal contributions will match PATH funds in FFY 2017. This exceeds the \$210,265 minimum match requirement for Oregon. All match funds will be available at the beginning of the grant period, and will be used only to support PATH-eligible services.

DESCHUTES COUNTY HEALTH SERVICES

- Amount of Matching Funds: \$41,690
- Source of Matching Funds: County General Funds

WHITE BIRD CLINIC

- Amount of Matching Funds: \$36,213
- Source of Matching Funds: City of Eugene Public Safety Funds, County General Funds, Non-Medicaid Fee-For-Service Billing

CASCADIA BEHAVIORAL HEALTH CARE

- Amount of Matching Funds: \$37,766
- Source of Matching Funds: Joint Office of Homeless Services contract/grant for Mental Health Street Outreach Program

LUKE-DORF, INC.

- Amount of Matching Funds: \$22,697
- Source of Matching Funds: County General Fund and Non-Medicaid Fee-For-Service Reimbursement

MULTNOMAH COUNTY MENTAL HEALTH & ADDICTION SERVICES DIVISION

- Amount of Matching Funds: \$91,913
- Source of Matching Funds: County General Fund, Non-Medicaid Fee-For-Service Billing

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:

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 designated to provide services for 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. 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:

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.

Now that HMIS has been fully implemented, Oregon's PATH program is working to ensure timely and accurate data entry. Please see the Providers' Intended Use Plans for program-specific information on HMIS training and support.

New Local-Area PATH Providers will not be added during the 2017 grant period.

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:

Historically, a small portion of Oregon's PATH allotment has been set aside to support PATH Provider trainings. This year those funds were included in the Providers' allocations to allow each PATH Provider to ensure their staff receive training tailored to their strengths and needs.

PATH Providers are expected to use a portion of these funds to support attendance of PATH-funded staff at the Oregon Coalition on Housing and Homelessness Conference, and any other relevant training including, but not limited to:

- 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.

In addition to the formal training events described above, the SPC routinely seeks out educational and technical assistance opportunities for PATH-funded staff including 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.

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:

SOAR training is strongly encouraged by the SPC for all Oregon PATH providers, but not required. Oregon's PATH allocation is not sufficient to support a dedicated SOAR position on each PATH Team, so PATH Providers refer to local organizations that do provide SOAR (or SOAR-like) services.

Currently, each site has at least one SOAR-trained staff member. Please see the Providers' Intended Use Plans for program-specific information on SOAR implementation.

III. State Level Information

P. Coordinated Entry

Narrative Question:

Describe how PATH is engaged with the local coordinated-entry processes of the CoC(s) in the jurisdictions in which PATH operates and roles of key partners.

Footnotes:

Below are descriptions provided by each of the PATH Providers of how they are engaged with the local coordinated-entry process of the CoC(s) within their specific service areas:

DESCHUTES COUNTY HEALTH SERVICES

"The current DCHS PATH case manager is the co-chair for the Coordinated Entry Committee for the Central Oregon HUD Continuum of Care- the Homeless Leadership Coalition (HLC). The case manager is also a voting member for the Continuum of Care and is also co-chairing the advocacy workgroup to promote education and advocacy efforts for individuals who are experiencing homelessness in the Central Oregon region."

"The PATH case manager is responsible for facilitating and establishing the workgroup to implement coordinated entry. The Homeless Leadership Coalition and the Coordinated Entry committee are looking to tentatively implement the coordinated entry process in the fall of 2017. Between now and then, the PATH case manager meets bi-weekly with the committee to strategize and work towards establishing the coordinated entry process. Once the process has been established, it is the goal that the PATH case manager will participate weekly in the assessments of individuals experiencing homelessness by using the Vulnerability Index Service Prioritization Decision Assistant Tool (VI-SPDAT) and submitting the results into the HMIS system."

WHITE BIRD CLINIC

"White Bird is committed to a close working relationship with the HUD Continuum of Care. The Homeless Program Coordinator is notified of all meetings and provides 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 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 people who are chronically homeless and/or disabled. Through Continuum of Care collaborations there are currently eight entry points for needs assessments with housing referrals based on assessed need."

LUKE-DORF, INC.

"The Luke-Dorf Homeless Outreach team participates in coordinated entry through identification as "mobile assessors", allowing individuals who would be otherwise unable to attend the screening appointments to be assessed. Luke-Dorf also regularly provides case management, referring new and established clients to Community Action for completion of their centralized screening."

CASCADIA BEHAVIORAL HEALTH CARE

"Cascadia has multiple leadership staff from our Homeless Services Division participating in HUD CoC program and Coordinated Access Projects. Cascadia was one of five agencies participating in and informing the pilot program for the local Coordinated Access system for adults without children, and the majority of our divisions Permanent Supportive Housing will be taking all referrals from the Coordinated Access system as of July 2017. The Street Outreach Team, including the PATH outreach worker will be completing the Coordinated Access vulnerability assessment with people they outreach /and engage to assist in accessing of the communities array of Permanent Supportive Housing Options. Locally, the vulnerability scoring will strongly prioritize those who have extensive histories of street homelessness, and multiple health vulnerabilities. Within the Homeless Services Division, the Street Outreach Team Manager attends local outreach meetings and trainings related to HUD CoC, and is planning on participating in the local Matching Committee Meeting related to Coordinated Access. The Housing Outreach Team Manager is the co-facilitator for the Home for Everyone Community Advisory Forum. The Senior Director actively participates in multiple Coordinated Access workgroups, attends bi-monthly Home For Everyone meetings;, and will be a participant in the Coordinated Access Leadership Committee. Cascadia's CEO is on the Home for Everyone Executive Team. 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 was involved in regional planning for coordinated access system for homeless adults.”

MULTNOMAH COUNTY MENTAL HEALTH & ADDICTIONS SERVICES DIVISION

“In 2016, the Clinical Services Manager of the Bridgeview began attending the Coordinated Access for Adults Task Force planning meetings to address how to expand the Coordinated Access for Adults system within Multnomah County to include all COC-funded Permanent Supportive Housing Programs. These meetings discussed and vetted screening tools to be used by the mobile navigation teams throughout the community. We also addressed a variety of topics such as how to connect with individuals and families who are literally homeless and how to include those who fall in the most vulnerable populations including people with severe and persistent mental health diagnoses. These meetings started taking place in November 2016 with a proposed implementation date of May 2017.”

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, reentry and other state programs, policies and laws.

Footnotes:

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 previous 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 previous SPC 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.

Please see the Providers' Intended Use Plans for program-specific information on local efforts to address these issues.

PATH Reported Activities

Charitable Choice for PATH

Expenditure Period Start Date: 7/1/2015 Expenditure Period End Date: 6/30/2017

Notice to Program Beneficiaries - Check all that apply:

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- State has developed specific referral system for this requirement.
- State has incorporated this requirement into existing referral system(s).
- SAMHSA's Treatment Facility Locator is used to help identify providers.
- Other networks and information systems are used to help identify providers.
- State maintains record of referrals made by religious organizations that are providers.
- _____ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

Footnotes:



KATE BROWN
Governor

June 27, 2017

Wendy Pang
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

RE: Oregon's Projects in Assistance for Transition from Homelessness (PATH)
Grant Application

Dear Ms. Pang:

This letter is regarding the state of Oregon's application for funds under the Projects for Assistance from Transition from Homelessness (PATH) grant. I have designated the Integrated Health Programs Director for the Oregon Health Authority Health Systems Division (HSD), to sign the application and set of agreements that certify Oregon's compliance with requirements for receiving the PATH grant on my behalf. This designation will remain in effect as long as I remain Governor, unless rescinded.

Sincerely,

Governor Kate Brown

KB: ca

cc: Sheryl Crawford, SAMHSA
Lynne Saxton, OHA
Varsha Chauhan, HSD
Marisha L. Elkins, HSD
File