

I. State Information

State Information

Plan Year

Federal Fiscal Year 2020

State Identification Numbers

DUNS Number 9640933500000

EIN/TIN 27-3327978

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

Agency Name State of Oregon-Oregon Health Authority

Organizational Unit Health Systems Division

Mailing Address 500 Summer Street NE E86

City Salem

Zip Code 97301-1118

II. Authorized Representative for the PATH Grant

First Name Steven

Last Name Allen

Agency Name Oregon Health Authority

Mailing Address 500 Summer St NE

City Salem

Zip Code 97301

Telephone

Fax

Email Address steven.j.allen@dhsaha.state.or.us

III. Expenditure Period

From 7/1/2020

To 6/30/2021

IV. Date Submitted

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

Submission Date 5/20/2020 5:50:22 PM

Revision Date 5/20/2020 5:50:30 PM

V. Contact Person Responsible for Application Submission

First Name Susan

Last Name Lind

Telephone 503-947-5533

Fax

Email Address susan.g.lind@dhsaha.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.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Steve Allen

Title

Behavioral Health Director

Organization

Oregon Health Authority Health Systems Division

Signature:

Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Steve Allen


Title

Behavioral Health Director

Organization

Oregon Health Authority Health Systems Division

Signature:



Date:

05/04/2020

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

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 2 CFR Part 182b):

- 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).

3. Certifications Regarding Lobbying

Per 45 CFR 75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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. 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) (31 U.S.C ? 3801- 3812)

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

Steve Allen

Title

Behavioral Health Director

Organization

Oregon Health Authority Health Systems Division

Signature:

Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

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 2 CFR Part 182b):

- 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).

3. Certifications Regarding Lobbying

Per 45 CFR 75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. 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. 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) (31 U.S.C ? 3801- 3812)

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

Steve Allen

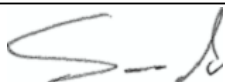
Title

Behavioral Health Director

Organization

Oregon Health Authority Health Systems Division

Signature:



Date: 05/04/2020

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2020

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory 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 (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from 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 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;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual 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 use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

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

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use 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 that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes 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;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains 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 shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide 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 use, 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, 2021, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

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

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

Charitable Choice Provisions:

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

Governor/Designee Name	Steve Allen
Title	Behavioral Health Director
Organization	Oregon Health Authority Health Systems Division

Signature:

Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2020

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory 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 (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from 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 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;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual 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 use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

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

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use 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 that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes 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;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains 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 shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide 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 use, 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, 2021, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

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

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

Charitable Choice Provisions:

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

Governor/Designee Name
Title
Organization

Signature: 

Date: 05/04/2020

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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

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: Steve Allen

Title: Behavioral Health Director

Organization: Oregon Health Authority Health Systems Division

Signature: _____

Date Signed: _____

mm/dd/yyyy

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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: Steve Allen

Title: Behavioral Health Director

Organization: Oregon Health Authority Health Systems Division

Signature:  _____

Date Signed: 05/04/2020

mm/dd/yyyy

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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.	

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

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.

Response:

Listed below are the Oregon PATH Provider Programs for 2020-2021.

Cascadia Behavioral Healthcare

- Type of Organization: Private Non-Profit Organization
- Service Area: Portland Metro Area
- Amount of Federal PATH Funds: \$155,000
- Amount of Matching Funds: \$51,150
- Source of Matching Funds: Multnomah Co. Joint Office of Homeless Services
- Number of Adult Individuals to be Contacted: 140
- Number of Those Individuals who are Literally Homeless: 140
- Number of Individuals to be Enrolled: 45
- Services to be Provided using PATH Funds: outreach; screening & diagnostic treatment services; habilitation & rehabilitation services; community mental health services; alcohol/drug treatment services; case management services, staff training.

Existing Intended Use Plan included in application. IUP including the Budget Narrative will be updated and submitted.

Deschutes County Health Services

- Type of Organization: Community Mental Health Center
- Service Area: Deschutes County
- Amount of Federal PATH Funds: \$96,937
- Amount of Matching Funds: \$43,552
- Source of Matching Funds: County general funds
- Number of Adult Individuals to be Contacted: 175
- Number of Those Individuals who are Literally Homeless: 100
- Number of Individuals to be Enrolled: 65
- Services to be Provided using PATH Funds: outreach; screening & diagnostic treatment services; habilitation & rehabilitation services; community mental health services; alcohol/drug treatment services; case management services, staff training.

Existing Intended Use Plan included in application. IUP including the Budget Narrative will be updated and submitted.

White Bird Clinic

- Type of Organization: Private Non-Profit Organization
- Service Area: Lane County
- Amount of Federal PATH Funds: \$252,047
- Amount of Matching Funds: \$84,070
- Source of Matching Funds: general funds, fundraising, dedicated funds through contracts
- Number of Adult Individuals to be Contacted: 500
- Number of Those Individuals who are Literally Homeless: 375
- Number of Individuals to be Enrolled: 200
- Services to be Provided using PATH Funds: outreach; screening & diagnostic treatment services; habilitation & rehabilitation services; community mental health services; alcohol/drug treatment services; case management services, staff training.

Existing Intended Use Plan included in application. IUP including the Budget Narrative will be updated and submitted.

New PATH Provider Program

Oregon Health Authority (OHA) is in process to select a new PATH Program Provider. Intended Use Plan and Budget will be submitted upon confirmation.

- Type of Organization: To be determined
- Service Area: Multnomah County
- Amount of Federal PATH Funds: \$101,813
- Amount of Matching Funds: \$33,938 (est.)
- Source of Matching Funds: To be determined
- Number of Adult Individuals to be Contacted: 165 (est.)
- Number of Those Individuals who are Literally Homeless: 124 (est.)
- Number of Individuals to be Enrolled: 63 (est.)
- Services to be Provided using PATH Funds: outreach; case management; SOAR support; housing support services; linkages to self sufficiency

Intended Use Plan including a Budget Narrative to be submitted following selection of program.

II. Executive Summary

2. State Budget

Planning Period From 7/1/2020 to 6/30/2021

* Indicates a required field

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

a. Personnel 15,533.00 5,177.00 20,710.00

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
PATH Administrator	88,824.00	17.00 %	0.17	15,533.00	5,177.00	20,710.00	<input type="text"/>

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

b. Fringe Benefits 32.94 % \$ 6,821.00 \$ 2,273.00 \$ 9,094.00

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

c. Travel \$ 0.00 \$ 0.00 \$ 0.00

d. Equipment \$ 0.00 \$ 0.00 \$ 0.00

e. Supplies \$ 0.00 \$ 0.00 \$ 0.00

f1. Contractual (IUPs) \$ 503,984.00 \$ 178,771.74 \$ 682,755.74

f2. Contractual (State) \$ 101,813.00 \$ 33,937.00 \$ 135,750.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 101,813.00	\$ 33,937.00	\$ 135,750.00	<input type="text" value="Program to be selected"/>

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) 12.26 % \$ 77,372.00 \$ 13,302.00 \$ 90,674.00

g2. Housing (State) \$ 0.00 \$ 0.00 \$ 0.00

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

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

j. Total Direct Charges (Sum of a-i minus g1) \$ 628,151.00 \$ 220,158.74 \$ 848,309.74

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

k. Indirect Costs (Administrative Costs) \$ 2,888.00 \$ 962.00 \$ 3,850.00

l. Grand Total (Sum of j and k) \$ 631,039.00 \$ 221,120.74 \$ 852,159.74

Allocation of Federal PATH Funds \$ 631,039 \$ 210,346 \$ 841,385

Source(s) of Match Dollars for State Funds:
State General Funds

BUDGET NARRATIVE

A. OHA Staffing

Position: Policy Analyst 3. Responsible for management of OHA PATH Program.

Estimated Annual Salary: \$88,824. Salary determined by SEIU Contract.

Percent of Time: 17%

PATH funds: \$15,533 Match: \$5,177 (source: state general funds)

B. OHA Fringe Benefits: 44% of salary. Benefits determined by SEIU Contract

PATH funds: \$6,821 Match: \$2,273 (source: state general funds)

C. OHA Travel: NA

D. OHA Supplies: NA

E. OHA Contracts: Executed with each local PATH Program Provider.

Budget narrative details to be submitted with update of each existing Program's Intended Use Plan post application submission. Intended Use Plan with budget narrative for the new PATH Program Provider will also be submitted post application submission.

Budget narratives will include justification of each cost required per Appendix C for both PATH funds and matching funds.

Footnotes:

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **07/01/2020**

Expenditure Period End Date: **06/30/2021**

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	\$155,000.00	\$51,150.00	140	45	1	0
Deschutes County Mental Health	Community mental health center	Deschutes County	\$96,937.00	\$43,552.00	170	85	0	0
White Bird Clinic	Social service agency	Lane County	\$252,047.00	\$84,069.74	500	200	2	100
Grand Total			\$503,984.00	\$178,771.74	810	330	3	100

* IUP with sub-IUPs

Footnotes:

Cascadia Behavioral Healthcare
 847 NE 19th Ave. Suite 100
 Portland, OR 97232
Contact: Kim James

Provider Type: Community mental health center
PDX ID: OR-011
State Provider ID: 4111
Contact Phone #: 503-849-5688

- **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 organization will receive.
- **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 activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **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 use disorder, 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.
- **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 and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe 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. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and 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.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

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 83,900.00 29,892.00 113,792.00

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	47,335.00	100.00 %	1.00	47,335.00	0.00	47,335.00	<input type="text" value="Bilingual Outreach Clinician"/>
Data Entry	38,089.00	25.00 %	0.00	0.00	9,522.00	9,522.00	<input type="text"/>
Data Entry	47,335.00	15.00 %	0.00	0.00	7,100.00	7,100.00	<input type="text" value="Housing Retention Case Manager"/>
Outreach worker	36,565.00	100.00 %	1.00	36,565.00	0.00	36,565.00	<input type="text" value="Qualified Mental Health Associate"/>
PATH Administrator	66,350.00	20.00 %	0.00	0.00	13,270.00	13,270.00	<input type="text"/>

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

b. Fringe Benefits 17.70 % \$ 20,136.00 \$ 7,174.00 \$ 27,310.00

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

c. Travel \$ 4,871.00 \$ 0.00 \$ 4,871.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Conference Registration Fee	\$ 825.00	\$ 0.00	\$ 825.00	<input type="text"/>
Gas	\$ 550.00	\$ 0.00	\$ 550.00	<input type="text"/>
Mileage Reimbursement	\$ 2,500.00	\$ 0.00	\$ 2,500.00	<input type="text"/>
Per Diem	\$ 300.00	\$ 0.00	\$ 300.00	<input type="text"/>
Other (Describe in Comments)	\$ 696.00	\$ 0.00	\$ 696.00	<input type="text" value="prorate of program vehicle (not lease or fuel) repairs, insurance"/>

d. Equipment \$ 1,460.00 \$ 0.00 \$ 1,460.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Car Lease	\$ 1,460.00	\$ 0.00	\$ 1,460.00	<input type="text"/>

e. Supplies \$ 500.00 \$ 4,000.00 \$ 4,500.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 0.00	\$ 1,000.00	\$ 1,000.00	<input type="text"/>
Office: Supplies	\$ 500.00	\$ 0.00	\$ 500.00	<input type="text"/>
Client: Other Supplies (Describe in Comments)	\$ 0.00	\$ 3,000.00	\$ 3,000.00	<input type="text" value="tents and blankets"/>

f. Contractual \$ 0.00 \$ 0.00 \$ 0.00

g. Housing \$ 10,162.00 \$ 8,702.00 \$ 18,864.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 10,162.00	\$ 8,702.00	\$ 18,864.00	<input type="text" value="Security Deposits"/>

h. Construction (non-allowable)

i. Other \$ 12,720.00 \$ 1,382.00 \$ 14,102.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Insurance (Property, Vehicle, Malpractice, etc.)	\$ 320.00	\$ 0.00	\$ 320.00	<input type="text"/>
Office: Rent Expenses	\$ 9,000.00	\$ 1,382.00	\$ 10,382.00	<input type="text"/>
Office: Utilities/Telephone/Internet	\$ 2,400.00	\$ 0.00	\$ 2,400.00	<input type="text"/>
Staffing: Training/Education/Conference	\$ 1,000.00	\$ 0.00	\$ 1,000.00	<input type="text"/>

j. Total Direct Charges (Sum of a-i) \$ 133,749.00 \$ 51,150.00 \$ 184,899.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 21,251.00	\$ 0.00	\$ 21,251.00	
l. Grand Total (Sum of j and k)	\$ 155,000.00	\$ 51,150.00	\$ 206,150.00	

Source(s) of Match Dollars for State Funds:

Joint Office of Homeless Services contract/grant for Mental Health Street Outreach Program. JOHS is under Multnomah County and is a special office which was created in July 2016 which merges City of Portland, Multnomah County and some funding from the City of Gresham to attain the larger vision of Home for Everyone. Or, outreach funding to Cascadia from the Multnomah County Drainage District for outreach services to people living outside within a geographic region along the Columbia River.

Estimated Number of Persons to be Contacted:	140	Estimated Number of Persons to be Enrolled:	45
Estimated Number of Persons to be Contacted who are Literally Homeless:	140		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	0

Cascadia Behavioral Healthcare

Local Provider Description

Type of organization: Community behavioral healthcare and housing provider

Region Served: Multnomah County, and on occasion areas within Clackamas County

Amount of Federal PATH Funds: \$107,269

Number of Individuals to Receive Outreach: 100

Number of Individuals to Receive Outreach who are Literally Homeless: 100

Number of Individuals to be Enrolled: 30

Note: There are over 4,000 people sleeping outside in our jurisdiction. As our team provides street and camp outreach, we will consistently outreach at a much higher rate than the GPRA for PATH programs. To provide effective service coordination, linkage and housing placement for the high acuity population we are serving through this project, we cannot commit to enrolling more than 30 individuals per year. Therefore, our proposal 30% of those outreached will be engaged.

Collaboration with HUD Continuum of Care Program

Cascadia operates 219+ units of permanent supportive housing in connection with the local HUD CoC and Multnomah County's Coordinated Access System for Homeless Adults. These permanent supported housing (PSH) units all receive some level of funding from the HUD CoC system. We have a dedicated full-time clinician funded under a separate contract with Multnomah County (Joint Office of Homeless Services) who is the single point of contact on behalf of these PSH units to allow for strong service and system collaboration for all referrals from the Multnomah County Coordinated Access System. Many of these PSH units serve single adults who are chronically homeless and experience a mental health disability. Other PSH units serve families with children, adult-only family households, and a few slots are available for households which do not meet the HUD chronic homeless criteria. Most participants receive a tenant-based rental subsidy, but approximately 80 of the PSH units linked to specific apartments or buildings based on funding model. All participants are offered home based retention supports, including mental health treatment. Services are voluntary and free of charge to the participant households.

Cascadia PATH Street Outreach workers and the Street Outreach Manager are all trained and regularly complete the local Coordinated Access (CA) Vulnerability Assessments (VSPIDAT) for both the adult and family CA system. Street Outreach staff will complete the VSPIDAT for almost all individuals and households who they engage during outreach services. PATH participants may choose not to complete a VSPIDAT, or the staff may recommend not to complete the assessment if it is immediately clear that the person/household won't score in as eligible given the VSPIDAT takes 45-60 minutes to complete and outcome of denial is likely to only upset the PATH enrolled client. This includes all staff who are involved in our PATH funded project.

Cascadia staff who are not PATH funded are actively involved in CoC planning activities. In addition, the Street Team Manager, who is funded at .10 FTE with PATH funds participates in the Safety off the Street Workgroup, Coordinated Access matching committee, and Coordinated

Access review committee. PATH outreach workers focus on direct care services, but have opportunity to provide feedback to the program manager and director who participate in the CoC planning activities. Our local community plan, A Home for Everyone, incorporates a wide range of workgroups and coordinated activities and we have staff attending and actively involved in the following:

- A Home for Everyone, Board - quarterly
- Housing Workgroup - monthly
- Health & Housing Workgroup - monthly
- Safety Off the Street Workgroup - monthly
- Community Providers Committee - monthly
- Coordinated Access – Matching Committee – 2x month
- Coordinated Access Leadership Committee - monthly
- Coordinated Access – Review Committee - monthly
- Various short-term workgroups as invited and available

Collaboration with Local Community Organizations

Outreach Teams: Cascadia’s Street Outreach Team coordinates efforts with outreach teams at JOIN, Janus Youth, Transition Projects, and other local programs. Outreach coordination varies by partner agency.

- Coordination with JOIN is between management staff, and between outreach workers and may happen daily or weekly via phone, in person, or email. In addition, PATH funded staff outreach to the JOIN day location for 2-3 hours per week. At times, both programs will serve a household if that is an agreed need.
- Coordination with Janus is primarily between the program managers, and is focused on referrals between programs via email and phone. If Janus connects with a person who is over 24, and appears to need mental health services they will provide a referral to our team. If our staff connects with a person under 24 and they have interest in youth focused supports, then we provide a referral to Janus. The staff may meet with the client for a smooth transition.
- Coordination with Transition Projects Inc. (TPI) is weekly, and typically involves several hours of late afternoon or early evening joint outreach. This has been provided to help TPI train their new team. Coordination on client specific services is also provided.
- Coordination with other local outreach programs also occurs related to specific referrals/service support needs. However, Cascadia, JOIN and Janus are the primary providers of outreach focused services in Multnomah County.
- The Cascadia 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 as our Intensive Street Engagement Program (ISEP).
- Coordination between the PATH-funded Cascadia outreach workers and the larger Cascadia outreach team and ISEP team happens on a day to day basis, and includes scheduled collaborative street and encampment outreach hours and collaborative partnerships with day shelter and drop-in locations with other agencies.

- Our PATH program also benefits from our formal ISEP partnership with Portland Police Outreach Neighborhood Response Team (NRT) officers. These NRT Officers refer individuals, couples and families they meet who are sleeping outside who are either high profile or significantly vulnerable, directly into our ISEP partnership for placement into housing and engagement into services. Weekly ISEP meetings are held, but not attended by the PATH team.
- Cascadia outreach leadership staff participate in a weekly Outreach coordination conference call facilitated by the Joint Office of Homeless Services which includes a wide range of participating enforcement entities as well as homeless outreach programs. The Outreach Manager also coordinates with local Park Rangers to support access into our services. Coordination is led by the Program Manager.

Health Insurance Access: Our street outreach staff are trained and authorized to act as Oregon Health Plan Assistors.

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 primary health care via Outside In, Old Town Clinic, NARA, the VA's Community Resource and Referral Center and Multnomah County's health clinics. Cascadia's outpatient clinics recently added primary medical care services, which are accessible to Street Outreach clients. In addition, Cascadia is a Certified Community Behavioral Health Clinic provider and our four outpatient clinics and our permanent supportive housing programs have adapted operations to include taking of medical vitals and tighter coordination with primary care providers, and have added Care Coordinators to teams who play a lead role in this effort. PATH staff from time to time and when appropriate, assist PATH participants related to primary care via setting up a primary care provider, scheduling appointments, transport to/from appointments and sitting in on medical appointments.

During street outreach, it is common for the outreach workers to encounter people with serious urgent health issues. Our staff will use creativity to attain successful urgent health care access, which may include: 1) utilizing our partnership with Portland Street Medicine or with an EMT with Portland Fire Department to do an in the field health check, 2) arranging for cab transport to emergency room/urgent care clinic, 3) calling 911 for EMT/ambulance check and transport.

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 continues to advocate for the needs of those experiencing homelessness into traditional outpatient mental health clinical services. Outreach staff 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. We currently have two weekly set-aside intake slots for Street Team referrals into Cascadia mental health outpatient care. The Street Outreach Team manager, Kim James, is a Licensed Professional Counselor and Certified Alcohol and Drug Counselor. The Street team includes four Qualified Mental Health Professional outreach workers, and two Qualified Mental Health Associate outreach workers, who are all able to provide short term direct mental health services to outreach program participants, including PATH-enrolled clients, while the Street Team serves as the connector into

mainstream clinical programs and Cascadia specialty programs, including permanent supportive housing. The Street Team (PATH included) clinical services are based on individual need, and are provided free of charge without regard to insurance status. The most common mental health services are behavioral health assessments, treatment planning, individualized skills training, case management, services navigation, individualized therapy, and crisis interventions. We do not have access to a prescriber within our program, and do not provide group focused services. The Street Outreach Team will typically schedule, pick-up and escort clients to their initial clinic intake/assessment appointment to provide practical and emotional support in the process.

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 whatever type of treatment is desired and clinically appropriate utilizing community partner referrals to detox programs, outpatient addictions treatment options, Methadone clinics, and residential addictions treatment and dual diagnosis treatment programs. PATH outreach workers utilize the Stages of Change approach in supporting participants with substance abuse issues.

Housing: The Street Outreach Team has prioritized access into several permanent supportive housing programs operated by Cascadia which are not funded or linked with the larger Coordinated Access (CA) system. In addition, PATH and other outreach staff support access of program participants into the Coordinated Access system by completing the required VSPIDAT assessments within the HMIS/Service Point database to support access into PSH, transitional housing, and rapid re-housing programs involved with CA. Street Outreach workers also track open waitlists and regularly assist participating households to apply for affordable housing opportunities with Cascadia Housing, Central City Concern, Home Forward, and other non-profit affordable housing providers in Multnomah County. The Street Outreach Team continues to build new relationships with private landlords and small housing providers across the area, and regularly reaches out to private market landlords to help our participants successfully access housing.

Employment: We assist PATH clients with access to employment services by connecting them with Central City Concern and other local employment programs.

Other Community Organizations: The Street Outreach Team partners with Neighborhood Response Team officers 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 advocates for the needs of people who are experiencing homelessness and impacted by mental health issues. In the past year new partnerships included setting up streamlined access for PATH and our larger Street Team program into multiple shelters and transitional housing programs, including Transition Projects (TPI) Women's Shelter, Salvation Army SAFEs shelter, City Team Ministries, Portland Rescue Mission, and Kenton Women's Village.

Service Provision

Cascadia's Street Outreach team prioritizes direct outreach and engagement at the street level. Caseloads are kept to moderate sizes (15-25 households per PATH FTE) to allow time to look for vulnerable individuals and households who are sleeping outside, network among communities of people living outside and follow-up on priority referrals. The Street Outreach team also communicates regularly with other outreach program staff, as well as Cascadia's Project Respond Mobile Crisis team, and frequently takes referrals from local hospitals. Our relationship with the Portland Police Bureau and Park Rangers also extends our awareness of the most vulnerable individuals in our community.

When referrals are received regarding individuals who are not actually street homeless or are staying in a shelter which offers needed services, 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 funding structure covers fifty percent of the FTE for two different QMHA clinicians, including one who is bilingual (Spanish/English); twenty-five percent of the FTE for a designated QMHP clinician, and the PATH team receives support and oversight from QMHP level supervisor.

The number of people in our community who would be eligible and need our services is significantly higher than our capacity. We are witnessing huge increases in the number of people living outside for extended periods here in Multnomah County, with large jumps in the number of people outside who are extremely vulnerable. Cascadia's PATH team serves those with mental health disabilities who are literally homeless. Many of the outreached PATH participants are extremely vulnerable due to a variety of serious and chronic health conditions; developmental/cognitive impairments; co-occurring mental health and substance abuse issues; and an increasing number of women who are in a late term pregnancy. Most participants need a permanent rental subsidy as their SSD/SSDI monthly benefits are lower than the current monthly rent rates for even SRO and small studio units within the Portland Metro Region. The team will assist PATH enrolled participants to apply for affordable housing and rental subsidy programs.

There are more gaps in the current service system than there are available solutions, resources and services.

Need #1: The current Social Security (SSI/SSDI) benefit locally is lower than the typical monthly rent for an SRO or studio apartment. The typical participant who receives SSI/SSDI in our program, receives a benefit payment under \$750 a month. A one-bedroom apartment monthly rent averages \$1,200 to \$1,400 a month. With the cost of housing in Portland consistently rising coupled with static SSI/SSDI income rate, we anticipate a large increase in the number of people who are disabled by serious and persistent mental health issues without a home, and at high risk of major medical issues and death.

Need #2: Women who are pregnant who are also impacted by mental illness and homelessness are often not accessing prenatal health services. This often results in high-risk pregnancies and low levels of access to primary health care for mothers and children. There is also a growing number of families with children who are unsheltered and sleeping outside in Multnomah

County, and a significant percentage of these parents have mental health issues. Oregon's TANF payment structure is currently inadequate to meet the needs of pregnant women and other higher need families and appears to be linked to the increase in local homelessness.

Need #3: The eligibility requirements for specialized supports for disabled adults is very restrictive and is a contributing factor in the number of disabled people who are currently experiencing homelessness. Every day our Street Team meets people sleeping outside with severe physical, mental, or cognitive disabilities who are not able to care for their day-to-day survival needs and are being victimized or at risk of victimization. During outreach, our team also meets elderly individuals with mental health issues who often have multiple health issues and are often reliant on mobility devices. Accessing services and specialized residential programs is almost impossible for this population of people experiencing homelessness. It is our hope that our local region, state and nation will be able to provide increased services for disabled adults who are financially impoverished at the rate of need, and remove system access barriers and funding related restrictions which are resulting in the increase of vulnerable people struggling to survive outside for years.

Need #4: Adults with acute mental health symptoms often face barriers to outpatient and residential mental health services. Barriers may be related to health insurance status. For example, if they have Medicare or are unable to complete the annual Medicaid renewal requirements they may be turned away from needed supports. For those who are experiencing homelessness, they often also have cognitive impairments which impact their ability to set, make, and keep appointments; arrange for transportation to arrive to appointments on time; or they not be able to gather the documentation they need without intensive supports to demonstrate eligibility or navigate system barriers successfully.

Need #5: There is a severe shortage of deeply subsidized housing units or tenant-based rental subsidies which are affordable to people relying on SSI/SSDI in the Portland Metro Region. For people impacted by serious and persistent mental health issues access to affordable housing is also a challenge due to the documentation requirements and high rate of housing screening barriers due to poor credit and renter history and bias related to their ability to be successful tenants. Criminal history is also a barrier.

Cascadia PATH services are available to people who have both a serious mental illness and a current substance use disorder. Our outreach staff work with each individual household to help them identify what services and supports are of greatest interest and value to them. Cascadia's PATH program does not require involvement in substance use disorder treatment services and operates within a Housing First and harm reduction modality. The outreach worker collaboratively schedules services with the participant which often will consider the person's substance use pattern. For example, they may schedule outreach or appointments to occur at specific time of the day when the person is most able to actively engage in and benefit from services. Financial assistance with PATH funding, or any housing related service is not restricted or based on participant sobriety or engagement in substance use disorder treatment services. The team prioritizes open dialogue with participants to help them consider the impact of substance use on their health and safety, and feel safe in communicating openly with staff about substance

use issues which allows for improved engagement outcomes, reduction in substance use, and potential full recovery from substance use.

Eligibility for Cascadia PATH program services is determined during in-person service encounters with the individual or household, this may happen after at least two encounters, or through a mix of in person contacts and follow-up with other parties. Eligibility criteria for our program includes: 1) the individual or household is literally homeless, 2) at least one adult member of the household has a mental health issue and is interested in receiving mental health services OR has acute mental health issues and will engage with our staff towards one or more of the following: securing housing, attaining an important system navigation goal, or accessing health supports, 3) the individual or household does not have adequate system supports in place to access care and housing independently. Enrollment occurs during in person encounters, which is often during street or camp outreach, or during in-reach at a partner agency or shelter site as soon as the individual or household is determined to meet basic project eligibility and states that they would like to engage with our services. At that time, the outreach worker will either initiate enrollment (paperwork) process or set a time to meet at a convenient location with the individual/household to complete enrollment paperwork. We do not require 3rd party verification of a mental health disability or completion of a comprehensive behavioral health assessment with diagnostics formulated to enroll in our PATH program. Our goal is to provide low-barrier and person-centered services access. After enrollment, ongoing clinical assessment will allow our clinicians to more accurately assess mental health issues and determine how substance use, recent and ongoing traumatic experiences, physical health issues, and mental health symptoms are connected.

Data

All clients are entered into HMIS /Service Point, which is administered by the Portland Housing Bureau. The City HMIS team created an “outreach” specific HMIS program structure to track and monitor outreach specific programs locally. HMIS outreach services entry and exit information will be gathered and entered into HMIS. If our PATH program places them into independent housing, then we will then enter data into HMIS for “Rapid Rehousing” program area and continue to track their participation for at least a year after end of any Cascadia provided short term or one time only rent assistance. After one year, we will enter exit data from HMIS/Service Point for participants opened in the “Rapid Rehousing” HMIS/Service Point program.

If they are placed into a supported housing program with another agency, that agency will then be responsible for gathering and entering information into HMIS as required for their program operation. If they are placed into a PSH program with Cascadia, the Cascadia PSH program staff will be responsible for gathering and entering information into HMIS.

Training and on-going support is offered by the HMIS/Service Point Team with the Portland Housing Bureau. The program manager attends periodic HMIS meetings, and trainings for the team are arranged as needed. Each outreach worker collects information on a paper form, or in an electronic sheet on their computer/i-pad that has the required data points for each new PATH enrolled client. This data collection occurs on the date of PATH enrollment. Upon return to the

office, the outreach worker reviews the data quality along with the Program Manager, makes a copy for the client's hard file, and then provides a copy to the Administrative Coordinator.

Quarterly PATH PDX reporting is a collaboration between the Administrative Coordinator, and the Program Manager. The Program Manager typically is the lead. Quarterly financial reporting is a collaboration between the assigned financial analyst, the program manager and the director. The financial analyst provides the bulk of the financial information, and a final review for accuracy is completed by the financial analyst and either the manager or director.

Health Disparities

Our program will serve people from a wide range of subpopulations including racial, ethnic, and sexual and gender minority groups vulnerable to behavioral health disparities. It is not possible to identify the number of individuals from each subpopulation as we engage people who are literally homeless and do not set a quota on the number to be served. Our goals are:

- 1) Racial/Ethnic Subpopulations: Serve at a higher level than the population is represented in relation to poverty or general demographics across the county.

Overall, our intention is that 35-55% of all served will be people of color, specifically, African American, Native-American, Latino/Hispanic, or Pacific Islander. Our Street Team has three separate grant/contract sources including our ISEP (Intensive Street Engagement Program) which is designed to effectively engage and support two culturally specific populations: African American, Native American. ISEP is a formal partnership with Urban League of Portland and NARA to provide culturally relevant services to these two populations who are over-represented within the Portland-Multnomah homeless population. We are dedicated to ensuring at least one of our six outreach workers is fluent in Spanish, to increase our effectiveness in engaging and assisting Latino/Hispanic households.

- 2) Sexual and Gender Subpopulations: Approximately 40-50% of all served will be female/women. While PATH data doesn't track data on sexual and gender subpopulations, the outreach tries to make sure that concerns related to this population for access into services is addressed. We estimate that 5-10% or more of all served will be lesbian, gay, bisexual or transgender.
- 3) Our PATH program will also prioritize families with children and pregnant women who are sleeping outside or in vehicles where the adult household member is impacted by mental illness.

Potential client outcome disparities are reviewed quarterly by analysis of our HMIS data, which reveal placement data by race, ethnicity, gender, and age. We analyze the demographic data for the PATH program and the larger Street Outreach Team. In 2015 we were awarded funding for the Intensive Street Engagement Program, which allowed us to outcome goals specific to African American, Native American and Latino populations. Each quarter we track and report on our progress regarding:

- Engagement/enrollment into Street Outreach
- Permanent housing placement numbers

- Housing retention – 6 and 12 months

We have consistently increased our rate of engagement for African American and Native American people in the past three years, attained appropriate ratio of housing placements for each population of those served (or attained higher rates), and realized consistent housing retention across demographic populations.

For Street Outreach there continues to be an intentional effort within the service model to address social justice issues, including a strong focus on how structural bias and systematic racism plays a major role in who is experiencing homelessness in our community. Daily our team should remain aware of how racism, discrimination and bias play out in the day to day lives of program participants. Ongoing training is needed to enhance understanding of bias and racism in relation to mental health care, primary health care, access to benefits and employment, and housing discrimination.

Cascadia assessments include consideration of age, gender, disability, racial/ethnic differences, and LGBTQ status.

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 and 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 as a larger organization 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. Efforts are made so that language is 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.

Cascadia's Street Outreach team is dedicated to maintaining a diverse staff who have expertise and lived experience across a broad spectrum of cultures and can provide linguistically appropriate services in the field. Our current team of 7 Cascadia specific direct services staff can provide services in Spanish, Japanese and American Sign Language.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Cascadia does not provide SOAR services. However, early in the engagement process the outreach worker will gather information from the participating household related to income, insurance status and current access to benefits and then work with each household to help them access benefits. The PATH team refers participants to SOAR trained staff with Central City Concern's BEST program.

Health Insurance: We have a support staff within the Homeless Services Division who can access insurance information on behalf of staff as many participants are unsure of their health insurance coverage. Street Outreach workers complete the OHP Assistor training to become authorized to act as Assistors for the Oregon Health Plan. This allows our staff to help all members of the household apply for insurance coverage

Food Stamps/Temporary Assistance for Needy Families: Outreach workers will provide hands on assistance as needed to help participants apply for eligible benefits.

SSDI/SSI: 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 can 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. For example, for participants who have Care Oregon coverage and do not have disability benefits, we have a point of contact who can help us identify if our client is eligible for their contracted benefits acquisition service with Healthcare Financial. Outreach staff will provide hands on assistance to participants as needed to access SSI benefits when they become age eligible.

In addition, PATH Street Outreach team completed the online SOAR training.

Housing

The Street Outreach team makes use of the range of different housing resources, depending on the need, resources and preferences of the client household. 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. Most of our client funds are via our contracted grants with the Joint Office of Homeless Services. Other than PATH funds, our Street Outreach programs receives no financial support from the Mental Health system. The majority of those outreached and engaged by our Street Team need high level supportive housing or specialty housing services.

Street Outreach workers also spend considerable efforts to coach and support clients during the housing application process and plan to address the significant mental health symptoms that our clients experience. The Street Outreach team works with property management staff as partners, allowing effective advocacy and housing crisis resolution. The team is supported to be knowledgeable 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.

The outreach workers assess screening barriers with each household, and typically help in removing barriers to housing placement which may include: 1) payment of housing debt; 2) appealing denials for apartments; 3) submitting reasonable accommodation requests, 4) providing funds to cover increased deposits due to screening barriers. The team also outreaches to local landlords with the goal of creating partnerships where screening is modified for our participants.

Supportive Housing:

When supportive housing is indicated, the Street Outreach Team will complete the vulnerability assessment to assist with accessing Permanent Supportive Housing programs, several Transitional Housing programs, and a range of Rapid Rehousing programs which are only accessible via Coordinated Access. Most households engaged by our outreach team will have our staffs help to complete either the adult system or family system VSPIDAT within HMIS. Cascadia has 219 units of PSH for households disabled by mental health issues and experiencing homelessness within the Coordinated Access system. We are the largest provider of PSH within Multnomah County Coordinated Access and we have a full-time clinician for our CA units, who works closely with the Street Outreach Manager to support smooth transitions for any clients that access Cascadia Permanent Supportive Housing Programs with our Homeless Division.

Our Street Outreach Team also has prioritized access into several Cascadia PSH programs which operate outside of the Coordinated Access system. The staff complete our internal application which is then reviewed and scored by managers participating in our PSH Selection Committee. Several of our staff are trained in completing a specialized vulnerability assessment specific to accessing The Apartments at Bud Clark Commons, which offers 130 studio apartments of permanent supportive housing in Old Town Portland.

Private Market and Affordable Housing:

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. Street Team are on several affordable housing provider lists and receive updates when affordable apartment community wait lists open. This includes affordable housing units operated by Cascadia Housing. Unfortunately, there is a severe shortage despite recent new investments in new affordable housing development. Most of our housing placements are into private market apartments, which requires short term financial assistance from Cascadia (PATH does not provide this service, so we leverage these resources for PATH clients) with a plan and hope for a move into subsidized housing within a year. This placement model is risky regarding long term housing retention, and for those who are medically fragile, highly vulnerable due to acuity of symptoms, or have infants/children it is essential for their safety.

Specialty Housing:

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. Unfortunately, those we serve experience significant barriers into these important specialized programs, despite high level of need.

Staff Information

New Hire Orientation/Cascadia Employee Annual Training includes a training on Trauma Informed Care and a Diversity specific training. All staff are also assigned and must complete annual trainings related to diversity, equity and inclusion which includes information related to culturally specific issues and health disparities.

Street Team Specific:

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. Five of the current seven direct services street team are actively attending one or more of the following: Becoming Race/Equity Allies Caucus; Pride Caucus; People of Color Caucus.

In addition, our team includes funded outreach workers employed by Urban League and 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.

Client Information

We anticipate that PATH funds will meet the following demographic service goals:

40-50% will be women; 50-60% will be men.

30% African American; 15% Native American; 10% Latino; and 5% Pacific Islander; and 40% Caucasian. 15% will be family households. Our intent is to serve women, transgender people, African Americans, Native Americans, Latino and Pacific Islanders at rates which exceed Multnomah County demographics for the general population, and in relation to those with

incomes at or below the federal poverty level. Most pregnant women and family households who are living outside in Multnomah County are people of color.

We anticipate outreaching to 100 clients in the next year. PATH funded staff will have a goal of 30 enrollments in the PATH program. There are over 4,000 people sleeping outside in our jurisdiction. As our team provides street and camp outreach, we will consistently outreach at a much higher rate than the GPRA for PATH programs. To provide effective service coordination, linkage and housing placement for the high acuity population we are serving through this project, we cannot commit to enrolling more than 30 individuals per year. Therefore, our proposal 30% of those outreached will be engaged.

100% of those who receive PATH funded services are expected to be literally homeless. We prioritize those sleeping outside for all services.

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.

Consumer Involvement

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 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 well as Peer Wellness staff in partnering programs that PATH funded participants 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.

At least once a year, the PATH program will organize a group activity for PATH consumers to provide input on the program, the services and help us identify unmet needs.

Budget Narrative

Our PATH outreach workers will assist households with enrollment and reinstating of Medicaid and Medicare insurance coverage as OHP approved Assistors. PATH participants will be assisted to enroll in community mental health services offered by local providers. If the participating PATH client chooses to enroll with Cascadia Outpatient mental health services, then any Medicaid funding received by Cascadia's PATH program for provision of mental health services via the PATH funded staff will be tracked and utilized first for operation of the PATH program prior to invoicing the Federal PATH Fund contact. PATH participants will also be assisted in accessing alternative resources for rental assistance, and other direct client assistance, as eligible and available to that household.

Amount of Federal PATH Funds: \$107,269

No more than 20 percent of federal PATH funds allocated may be expended for eligible housing services 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 with appropriate housing situations; and
- One-time rental payments to prevent eviction.

Amount of Match Funds: \$35,756

The PATH Provider 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 may be cash or in-kind, fairly evaluated, including plant, equipment or services. Funding, or services assisted or subsidized to any significant extent by the federal government, shall not be included when determining the amount of non-federal contributions.

Match Funds must be available at the beginning of the contract period.

- **Match Funds – Cash Amount: \$0**
 - **Source (if multiple sources, list source and amount):**
- **Match Funds – In-Kind Amount: \$35,756**
 - **Source (if multiple sources, list source and amount):** Joint Office of Homeless Services contract/grant for Mental Health Street Outreach Program. JOHS is under Multnomah County and is a special office which was created in July 2016 which merges City of Portland, Multnomah County and some funding from the City of Gresham to attain the larger vision of Home for Everyone.

Deschutes County Mental Health

2577 NE Courtney
Bend, OR 97701
Contact: Colleen Thomas

Provider Type: Community mental health center

PDX ID: OR-007

State Provider ID: 4107

Contact Phone #: 541-317-3153

- **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 organization will receive.
- **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 activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **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 use disorder, 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.
- **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 and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe 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. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and 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.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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 56,855.00 21,801.00 78,656.00

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	59,385.00	90.00 %	0.90	53,447.00	0.00	53,447.00	<input type="text"/>
PATH Administrator	89,208.00	3.00 %	0.00	0.00	2,676.00	2,676.00	<input type="text"/>
Social Worker	75,114.00	30.00 %	0.05	3,408.00	19,125.00	22,533.00	<input type="text"/>

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

b. Fringe Benefits 39.76 % \$ 31,270.00 \$ 11,992.00 \$ 43,262.00

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

c. Travel \$ 0.00 \$ 1,000.00 \$ 1,000.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Conference Registration Fee	\$ 0.00	\$ 900.00	\$ 900.00	<input type="text"/>
Mileage Reimbursement	\$ 0.00	\$ 100.00	\$ 100.00	<input type="text"/>

d. Equipment \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

e. Supplies \$ 0.00 \$ 200.00 \$ 200.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 0.00	\$ 200.00	\$ 200.00	<input type="text"/>

f. Contractual \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

g. Housing \$ 0.00 \$ 4,600.00 \$ 4,600.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0.00	\$ 1,800.00	\$ 1,800.00	<input type="text" value="Security Deposits"/>
Other (Describe in Comments)	\$ 0.00	\$ 2,800.00	\$ 2,800.00	<input type="text" value="One-Time Rental Payments to Prevent Eviction"/>

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 88,125.00 \$ 39,593.00 \$ 127,718.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 8,812.00	\$ 3,959.00	\$ 12,771.00	<input type="text"/>
l. Grand Total (Sum of j and k)	\$ 96,937.00	\$ 43,552.00	\$ 140,489.00	

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	170	Estimated Number of Persons to be Enrolled:	85
Estimated Number of Persons to be Contacted who are Literally Homeless:	100		
Number staff trained in SOAR in grant year ending in 2019:	0	Number of PATH-funded consumers assisted through SOAR:	0

Deschutes County Health Services

Local Provider Description

Type of organization: Community Mental Health Program (CMHP)

Region Served: Deschutes County

Amount of Federal PATH Funds: \$100,959

Number of potentially PATH-eligible individuals who will receive outreach services: 175

Number of individuals who receive outreach and are literally homeless: 100

Number of PATH-eligible individuals who will be enrolled in PATH: 85

Collaboration with HUD Continuum of Care Program

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 local CoC, facilitated through NeighborImpact, a local community action agency. 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 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 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 currently is the co-chair of the HLC. In this position, the case manager assists in organizing and facilitating the monthly HLC community meetings, attends community events to represent the HLC and participates in the preparation of the Consolidated Application for HUD.

The DCHS PATH case manager also co-chairs Coordinated Entry System (CES) Committee for the Central Oregon HUD Continuum of Care- the Homeless Leadership Coalition (HLC); as well as the advocacy workgroup to promote education and advocacy efforts for individuals who are experiencing homelessness in the Central Oregon region.

By co-chairing the CES committee, the PATH case manager is responsible for facilitating and establishing the workgroup to implement coordinated entry for the Central Oregon region. The case manager participates in the CES by providing weekly-designated drop in times at the local Department of Human Services office as an entry points for Coordinated Entry. During these drop-in times, the case manager completes 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. The case manager also participates in case conferencing meetings regarding individuals that participate in CES and assists in housing placements for those individuals.

Collaboration with Local Community Organizations

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. DCHS also has a Forensic Diversion Team (FDT) which operates as a component of the crisis team. The FDT identifies and works with individuals who are frequently involved in the criminal justice system because of their severe and persistent mental illness. The goal of this team is to decrease jail recidivism and increase mental health stability. Often, 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 (CRT) works closely with the DCCHS Mobile Crisis and Forensic Diversion Teams and works with other DCCHS teams as needed to coordinate services for specific clients.

Cascade Youth and Family Services has 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 with individuals that are PATH eligible and 18 and over.

Central Oregon Veterans Outreach (COVO) offers services to individuals who are experiencing homelessness by providing camping supplies and necessities to homeless camps. The PATH case manager is contacted by COVO as needed 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 collaborates with Mosaic Medical, a federally qualified health clinic (FQHC), to provide integrated health care services onsite at two DCCHS locations. DCCHS' downtown behavioral health site houses a Mosaic Medical clinic known as Harriman Health Care (HHC). The clinic has been fully operational since 2014 and is open 5-days a week. In addition, Mosaic Medical began providing medical services May 2018 at the main DCCHS clinic location at Courtney. La Pine Community Clinic (LPCC), another FQHC, also provides onsite care at DCCHS' south county location. Services in any location are available to PATH clients who are also enrolled in behavioral health services and have a designated PCP with Mosaic or LPCC respectively.

Mosaic Medical also provides a mobile clinic that is stationed one-day a week at a community drop-in center for individuals experiencing homelessness. The PATH case manager refers several PATH eligible clients to this location and/or will assist them in accessing the service by

providing transportation and attending appointments. 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 as well as dental hygienist services on 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.

Deschutes County Health Services was selected to be part of a 2-year demonstration project as a Certified Community Behavioral Health Clinic (CCBHC) which began in 2017. CCBHCs provide extensive services 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 offering outreach and drop-in times once a month at the IYS drop-in center. The program 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 make referrals to outside agencies as appropriate.

Substance abuse

DCHS provides substance use disorder treatment services to Deschutes County residents. Services consist of assessment, individual, group and family treatment as well as care

coordination. PATH clients have access to these services as appropriate. During the intake process, the PATH case manager considers each individual's possible need for substance use disorder treatment and assists with referrals as appropriate.

DCHS also contracts with local providers including BestCare, 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

Deschutes County Health Services has 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 of 2016 and has 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.

The PATH case manager has worked hard to establish relationships with local property management companies and landlords to enhance referral opportunities. This includes prioritization for individuals that are participating with the local Coordinated Entry System.

DCHS operates FOUNDATIONS, a tenant-based rental-assistance program. FOUNDATIONS works with individuals with a severe and persistent mental illness to assist them in finding and funding housing. PATH staff make 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 a serious mental illness find employment. PATH enrolled clients who express an interest in work are referred to the DCCHS 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. In 2017, the PATH case manager assisted 63 individuals obtain health insurance through OHP.

Service Provision

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 can 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 who have a severe and persistent mental illness.

The PATH case manager works closely with community volunteers and 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 provides weekly outreach to known homeless camps in the town of Redmond as well as Bend. This approach allows 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 Department, Deschutes County Sheriff's Office, St. Charles Hospital, Bend-La Pine School District, and local shelters to assist literally homeless individuals access appropriate resources and supports.

The PATH case manager attends and co-chairs the local CoC, Homeless Leadership Coalition, to network with other community agencies and partners. This provides additional opportunities to identify individuals who are literally homeless and to make appropriate referrals.

Deschutes County Behavioral Health provides a tenant-based rental-assistance program, FOUNDATIONS. The FOUNDATIONS program is part of DCHS' Housing Team. FOUNDATIONS works with individuals with a severe and persistent mental illness and assists them in finding housing. PATH staff make referrals to this program when individuals meet criteria. FOUNDATIONS is designed to promote housing stability and act as a bridge to long-term assistance programs, such as Section 8, or to self-sufficiency. The Housing Team, of which PATH staff is a member, 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 transitions to the FOUNDATIONS rental assistance program for further assistance.

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 most recent report), the vacancy rate for all Central Oregon is at 1.04% and Bend specifically has a vacancy rate of .4%. 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 this resource is very limited. In addition, there is only one detoxification facility serving all Central Oregon. This program only has six available beds for both men and women.

In Deschutes County, there is one primary homeless 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 who are not fleeing domestic violence.

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 several 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 can 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 because of their mental illness. CRT also works closely with DCHS staff to best support individuals in crisis and connect them to appropriate services.

PATH eligibility is determined when the PATH case manager connects with an individual in the community by providing direct street outreach and literal homelessness status is identified. Eligibility is determined based on where the individual resided the night prior to outreach, this may also include an individual at imminent risk of homelessness. Per program requirements, the PATH case manager identifies whether a person meets SMI criteria based on the individual's self-report or documentation, such as a clinical assessment from a Qualified Mental Health Professional (QMHP).

Depending on the individual and his/her willingness to participate, enrollment into PATH will happen once the individual agrees to ongoing supportive services. The PATH case manager utilizes two forms to document eligibility: an initial screening form and an HMIS data entry form.

Data

The PATH case manager is responsible for HMIS data collection and entry as well as the quarterly PATH PDX reporting and entry. It is the agency's expectation that the PATH case manager collects the data when meeting with clients in the community and inputs data in a timely manner. The PATH case manager also participates 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.

DCHS's current Business Manager is responsible for the quarterly financial data reporting.

Currently the PATH case manager participates in the CoC's HMIS workgroup which meets on a quarterly basis to review the Continuum's policies and strategies to effectively implement HMIS standards.

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.

Health Disparities

It is estimated that the PATH case manager will provide outreach to at least 175 individuals over the next year and will enroll an estimated 65 eligible individuals. Of the 175 individuals, it is anticipated the majority will identify as Caucasian based on the 2015 American Community Survey Population Estimates and previous PATH data collected for Deschutes County.

In addition, based on data provided in the PATH Disparity Impact Statement, DCHS's PATH program saw a higher than anticipated number of individuals who identified as American Indian or Alaskan Native. This is attributed to the Warm Springs Reservation primarily located in neighboring Jefferson County. Jefferson County lacks available emergency shelters which has likely contributed to the number of Native American individuals accessing services in Deschutes County. It is anticipated that over the next year this trend will continue.

DCHS' Quality Improvement and Performance Management Plan identifies the use of program operational plans, program dashboards, and the Behavioral Health Quality Council (BHQC) to support improvement efforts relate to access to, use, and outcomes of service activities. Program operational plans are created and updated annually for every program at DCHS. These plans include program purpose, identified outcomes, process and outcome metrics, program core activities, and an annual action plan. The PATH program's operational plan details are included as a component of the Housing Team's overall plan. Operational plans are reviewed biannually with Behavioral Health leadership. Program dashboards are updated weekly and include data on services provided, clients served, and other program performance indicators. Relevant PATH details are included in the dashboard. The BHQC, with representatives from the various behavioral health programs in the department, ensures that the quality and performance standards established by DCHS-BH are monitored and maintained. Specifically, the BHQC utilizes knowledge gained from routine monitoring of performance to identify opportunities for advancement of the agency mission and guide data-driven changes that: 1) Increase consumer satisfaction; 2) Increase efficiencies in administrative processes; 3) Reduce rates of incidents, grievances and other negative client outcomes; 4) Ensure clients receive timely and appropriate care; and 5) Increase the percentage of clients served who achieve their self-defined hopes, dreams, and life goals.

It is DCHS' policy that all staff, including the PATH case manager, provide services that are respectful and sensitive to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientation and other diversity factors in a manner that recognizes, affirms and values the worth of individuals, families and communities and protects and preserve the dignity of each. PATH staff have taken measures to engage individuals and to provide services that are both readily accessible and culturally appropriate including offering qualified on-call interpreters in the event bilingual staff are unavailable. In addition, DCHS utilizes an Equity and Inclusion Committee to promote effective changes in policy, procedures and practices by the infusion of cultural and linguistic competency.

In addition, DCHS utilizes a recovery oriented, trauma-informed approach to treatment. DCHS has begun the process of implementing the Sanctuary Model of Trauma Informed Care as an organization.

SSI/SSDI Outreach, Access, Recovery (SOAR)

The PATH case manager has completed the SOAR training and assists individuals apply for SSI/SSDI when appropriate or requested. Now, the case manager does not use the OAT but utilizes a personal spreadsheet to track progress 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.

If the PATH case manager is unable to assist an individual utilizing the SOAR model, individuals are referred to local agencies including a Social Security Attorney to assist in completing an application for SSI/SSDI.

Housing

As mentioned previously, there are limited housing resources available for PATH clients due to the lack of affordable and accessible housing in Deschutes County. The PATH case manager works with the DCHS' Housing Team to assist with this issue, as the team focuses on streamlining available resources to work toward housing the most vulnerable individuals in our community.

The PATH case manager has also been a leading participant in the Coordinated Entry workgroup, providing feedback and coordination to help implement the system locally. The Coordinated Entry System, has begun to house individuals through the local Rapid Rehousing program through NeighborImpact.

As mentioned before, the PATH case manager works closely with DCHS' 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.

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-unit 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, a transitional housing complex for individuals with serious mental illness. Horizon House has been in operation since 2005. It is a 14-unit apartment complex tailored to meet the transitional housing needs of residents.

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

Staff Information

DCHS is committed to providing services that are sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial and ethnic diversity and differences of clients. 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; DCCHS also has all intake paperwork translated into Spanish. DCCHS contracts with several interpreter service organizations to ensure that language is not a barrier for individuals obtaining care. It is a DCCHS priority that all individuals can access needed services.

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

Client Information

It is estimated that in 2018 PATH staff will outreach at least 175 clients annually with approximately 70-80 being enrolled in PATH services. Additionally, in 2018 it is estimated that 75% of the clients served by PATH will be "literally homeless" with the remainder being at imminent risk of homelessness.

Consumer Involvement

DCCHS 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 DCCHS Housing Team. The PATH case manager collaborates closely with the FOUNDATIONS peer to provide housing support and transition into housing as needed.

DCCHS has three 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.

DCCHS also has a peer support specialist embedded in the Young Adult in Transition program who coordinates with the PATH case manager to identify young adults experiencing homelessness.

In addition, the 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 to provide as much community support as needed.

DCCHS 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 Board that provides input to Deschutes County Behavioral Health including planning recommendations and service evaluation. PATH enrolled individuals are eligible to apply to be a member of this Board if interested.

Currently there has not been a current or past PATH enrolled client hired as staff, but they do have every opportunity to apply as opportunities arise. PATH enrolled individuals also can participate in a satisfaction survey through DCHS which is available every six months. Although this does not specifically address the PATH program specifically, PATH enrolled individuals are encouraged to provide direct feedback to PATH staff at any time throughout the program.

Budget Narrative

Amount of Federal PATH Funds: \$100,959

No more than 20 percent of federal PATH funds allocated may be expended for eligible housing services 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 with appropriate housing situations; and
- One-time rental payments to prevent eviction.

Amount of Match Funds: \$44,765

The PATH Provider 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 may be cash or in-kind, fairly evaluated, including plant, equipment or services. Funding, or services assisted or subsidized to any significant extent by the federal government, shall not be included when determining the amount of non-federal contributions.

Match Funds must be available at the beginning of the contract period.

- **Match Funds – Cash Amount: \$ 44,765**
 - **Source (if multiple sources, list source and amount):** County General Fund
- **Match Funds – In-Kind Amount: \$0**
 - **Source (if multiple sources, list source and amount):**

White Bird Clinic
 341 East 12th Avenue
 Eugene, OR 97401
Contact: Cassidy Cockle

Provider Type: Social service agency
PDX ID: OR-006
State Provider ID: 4106
Contact Phone #: 541-246-1619

- **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 organization will receive.
- **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 activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **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 use disorder, 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.
- **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 and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe 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. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and 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.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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 122,148.00 33,682.50 155,830.50

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	37,440.00	10.00 %	1.00	37,440.00	0.00	37,440.00	
Case Manager	28,080.00	75.00 %	0.75	21,060.00	0.00	21,060.00	
Outreach worker	37,440.00	50.00 %	0.50	18,720.00	0.00	18,720.00	
Outreach worker	37,440.00	50.00 %	0.50	18,720.00	0.00	18,720.00	
Outreach worker	37,440.00	50.00 %	0.50	18,720.00	0.00	18,720.00	
PATH Administrator	66,945.00	10.00 %	0.00	0.00	6,694.50	6,694.50	
Peer Support Specialist	18,720.00	40.00 %	0.40	7,488.00	0.00	7,488.00	
Peer Support Specialist	9,360.00	75.00 %	0.00	0.00	7,020.00	7,020.00	
Other (Describe in Comments)	37,440.00	12.00 %	0.00	0.00	4,492.80	4,492.80	Crisis Triage
Other (Describe in Comments)	45,760.00	12.00 %	0.00	0.00	5,491.20	5,491.20	Substance Abuse Counselor
Other (Describe in Comments)	37,440.00	12.00 %	0.00	0.00	4,492.80	4,492.80	Crisis Counselor
Other (Describe in Comments)	45,760.00	12.00 %	0.00	0.00	5,491.20	5,491.20	Mental Health Counselor

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

b. Fringe Benefits 16.61 % \$ 25,884.30 \$ 37,055.64 \$ 62,939.94

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

c. Travel \$ 2,100.00 \$ 930.00 \$ 3,030.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Conference Registration Fee	\$ 1,000.00	\$ 470.00	\$ 1,470.00	
Mileage Reimbursement	\$ 0.00	\$ 300.00	\$ 300.00	
Per Diem	\$ 0.00	\$ 160.00	\$ 160.00	

Other (Describe in Comments)	\$ 1,100.00	\$ 0.00	\$ 1,100.00	Lodging
------------------------------	-------------	---------	-------------	---------

d. Equipment	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00	
---------------------	--------------------	--------------------	--------------------	--

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00	Wheelchair accessible van maintenance

e. Supplies	\$ 7,000.00	\$ 2,400.00	\$ 9,400.00	
--------------------	--------------------	--------------------	--------------------	--

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 7,000.00	\$ 0.00	\$ 7,000.00	Bus passes, taxi rides, hygiene kits, clothes
Office: Supplies	\$ 0.00	\$ 1,500.00	\$ 1,500.00	
Client: Other Supplies (Describe in Comments)	\$ 0.00	\$ 900.00	\$ 900.00	State STF taxi rides

f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	
-----------------------	----------------	----------------	----------------	--

No Data Available

g. Housing	\$ 67,210.00	\$ 0.00	\$ 67,210.00	
-------------------	---------------------	----------------	---------------------	--

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 42,210.00	\$ 0.00	\$ 42,210.00	One-Time Rental Payments to Prevent Eviction
Other (Describe in Comments)	\$ 16,250.00	\$ 0.00	\$ 16,250.00	Security Deposits
Other (Describe in Comments)	\$ 8,750.00	\$ 0.00	\$ 8,750.00	Technical Assistance in Applying for Housing Assistance

h. Construction (non-allowable)				
--	--	--	--	--

i. Other	\$ 1,500.00	\$ 600.00	\$ 2,100.00	
-----------------	--------------------	------------------	--------------------	--

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Staffing: Training/Education/Conference	\$ 1,500.00	\$ 600.00	\$ 2,100.00	

j. Total Direct Charges (Sum of a-i)	\$ 226,842.30	\$ 75,668.14	\$ 302,510.44	
---	----------------------	---------------------	----------------------	--

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

k. Indirect Costs (Administrative Costs)	\$ 25,204.70	\$ 8,401.60	\$ 33,606.30	
---	---------------------	--------------------	---------------------	--

l. Grand Total (Sum of j and k)	\$ 252,047.00	\$ 84,069.74	\$ 336,116.74	
--	----------------------	---------------------	----------------------	--

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 500 Estimated Number of Persons to be Enrolled: 200

Estimated Number of Persons to be Contacted who are Literally Homeless: 375

Number staff trained in SOAR in grant year ending in 2019: 2 Number of PATH-funded consumers assisted through SOAR: 100

White Bird Clinic

Local Provider Description

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: \$100,959

Number of Individuals to Receive Outreach: 120

Number of Individuals to Receive Outreach who are Literally Homeless: 90

Number of Individuals to be Enrolled: 70

White Bird Clinic has been providing care for over 48 years. We currently offer the following free or low-cost services: primary medical care, primary dental care, on-going counseling, 24/7 crisis intervention, human service and mental health information and referral services, outpatient alcohol and drug treatment, mobile crisis response through the local 9-1-1 system, 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 Program

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. One Homeless staff member will attend Continuum of Care meetings as they occur in the community. That staff member will bring notes and materials from CoC meetings back to the Homeless program and will review these materials and notes with the program at their weekly program meeting. The Homeless representative to these CoC meetings will also have an alternate if they cannot attend.

In 2017, the Poverty and Homeless Board (PHB) formed the Health Care Committee to “support collaboration among community health care organizations that serve people who are homeless and supportive housing community members” and “to develop expanded outreach and site based healthcare for people who are homeless and supportive housing community members.” The Lane County PHB 2016-2021 Strategic Plan identifies White Bird as a resource as one of the resources “to increase access to integrated health care for persons who are unstably housed, homeless or are community members in supportive housing.” Our participation on the workgroup allows us to collaborate with other agencies to make this happen. We currently have two White Bird staff who attend on a regular basis. Benjamin Brubaker, our Clinic Administrator, is on the Health Care Committee and reports back to the PATH providers and the Homeless program regularly.

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

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/Crisis Counselors/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, 9-1-1, and fire departments to provide on-the-street mobile crisis and medical interventions. CAHOOTS teams also screen for appropriate mental health respite placements at the Family Shelter Program and in temporary Conestoga huts.

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

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

- *Substance abuse*

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

Harm Reduction Coalition: 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.

Service Provision

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 the White Bird Crisis team and 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 assist with rent payments is a major boost for our clients.

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.

The Homeless Program is embedding a staff member at White Bird Medical Clinic to not only provide OHP assistance but to direct them to Homeless for other assistance as well. The Homeless Program is also participating in a newly formed Care Coordination group within the White Bird agency, and are implementing an agency wide Electronic Health Records system which will increase intra-agency referrals, communication, and service provision.

The Homeless Program is actively involved in the FUSE (frequent users system engagement) group in Lane County. Multiple agencies meet once a month to discuss most frequent offenders, create a work plan to help guide them into services. Top 100 people in area using hospitals, jails, services, etc.

The most glaring and stubbornly unchanging gap is lack of sufficient housing. Our community is impacted by high rents and minimal available affordable housing. Our apartment vacancy rate is 4.2%; the wait for Section 8 housing is more than 18 months, and two-thirds of the housing was created prior to 1980 and is believed to need 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 that are located on the east side of Eugene.

We can 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 can 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

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 abuse disorders. Of the homeless referred to us by the Community Outreach Response Team, approximately 85% of the clients have mental health/substance abuse disorders.

Eligibility is determined first through verbal communication with clients, then officially through a needs assessment process, which is documented and entered into the client's file. Once the assessment has been completed and the client's information has been entered into Service Point, the client is considered PATH-enrolled. The details of eligibility determination are documented in the PATH policies and procedures manual that will be finalized and implemented on July 1, 2018, if not before.

Data

Homeless Program staff are trained in use of the HMIS software and best practices. Emily Lowry oversees HIMS data entry. Emily was trained at the Collaborate Oregon for Everyone Everywhere conference on April 23 and April 24, 2018. She also attends bi-monthly trainings at the Charnelton Community Clinic in Eugene.

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

Emily Lowery will provide the quarterly PATH PDX reports. Each staff member trained in HMIS data entry enters their own client information, which is then compiled in the quarterly report submissions. Miles Mabray will provide quarterly financial data reporting using the PATH policies and procedures developed to track all income and expenditures related to the PATH program.

Health Disparities

Based on the Disparity Impact Statement for Oregon's PATH program, specifically related to White Bird Clinic, the following are service targets for subpopulations expected to be served. These targets are based on the baseline data presented to White Bird staff.

Number of Individuals to Receive Outreach: 120

Number of Individuals to Receive Outreach who are Literally Homeless: 90

Number of Individuals to be Enrolled: 70

Race: 95% White, 1% Black, 0.21% Hawaiian/Pacific Islander, 1% Native/Alaskan American, 2.68% Asian

Ethnicity: 91% Non-Hispanic, 9% Hispanic

The Homeless program has a monthly meeting to discuss services offered through the program regarding the PATH grant. Emily Lowry works closely with the county and attends trainings on quality improvement practices, access, use, and outcomes, which are shared with and integrated into the Homeless department every month. The Homeless department also participates in an agency-wide Quality Improvement committee meeting that meets on a bi-weekly basis to identify various quality improvement initiatives for each program, of which the PATH program is a part. The Quality Improvement committee operates by identifying areas for improvement, developing PDSAs to address those areas, then collecting and monitoring data to track improvements.

White Bird Clinic is a Federally Qualified Health Center through the Bureau of Health and Human Services. As a part of this FQHC status, White Bird Clinic complies with all federal statutory requirements around national requirements and standards for cultural and linguistic services offered to all clients across the clinic. As a part of every new employees hiring process, staff undergo an extensive training which includes cultural competency training. White Bird also contracts with an interpreter service which is available whenever needed. These policies and procedures are being included in the PATH policy and procedure manual currently being finalized and which will be implemented as of July 1, 2018.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Brenda and Meaghan have completed the SOAR on-line training and will do training updates as these become available. Brenda and Meaghan will assist consumers with applications using the SOAR model and will use the OAT system to track outcomes.

Housing

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 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

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 recommended to all PATH-funded staff with the cost and paid time for such trainings covered.

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

White Bird maintains a Cultural Competency/Limited English Proficiency policy. Currently, White Bird employs bi-lingual staff and arranges translation when no staff can readily meet the language needs presented. To cover crisis and emergency situations, we have an agreement with

Certified Languages International, an interpreter service offering quick access to translation over 175 languages. Our capacity to serve the hearing/speech/visually impaired clients includes: staff trained in sign language, access to the State’s transcribing over the phone service for the deaf and hard of hearing, and referrals.

Our approach with clients is always trauma informed. We recognize that it can be re-traumatizing to conduct a formal intake requiring clients to disclose their entire medical, mental health and housing history in our first meeting and instead collect that information over time while establishing both relationship and trust. We then examine each client’s past experiences and base the style of our continued work with them around that.

We connect members of our populations, like drug users and people who are transgender, who are often stigmatized in a traditional medical setting to our more holistic medical staff. We meet with people on the sidewalk and front porch if they are not ready to trust meeting us alone behind a closed door. We respect the goals set by the clients themselves and empower them by finding their best course of action, whether we personally agree with their decisions or not.

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

Client Information

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 25 years: 0%, 26 – 35 years: 10%, 36 – 45 years: 10%, 46-55 years: 51%, over 56: 30%

Gender: 50% Female, 47% Male, 3% Transgender

Race: 84% White, 1% Black, 1% Hawaiian/Pacific Islander, 13% Native/Alaskan American,

Ethnicity: 95% Non-Hispanic, 5% Hispanic

The projected number of adult clients to be contacted during the coming program year is 120.

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 75%.

Consumer Involvement

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.
- We encourage staff, paid and volunteer, to utilize White Bird services and give feedback.

Budget Narrative

Amount of Federal PATH Funds: \$100,959

No more than 20 percent of federal PATH funds allocated may be expended for eligible housing services 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 with appropriate housing situations; and
- One-time rental payments to prevent eviction.

Amount of Match Funds: \$ 33,653

The PATH Provider 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 may be cash or in-kind, fairly evaluated, including plant, equipment or services. Funding provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, should not be included when determining the amount of non-federal contributions.

****Match Funds must be available at the beginning of the contract period.****

- **Match Funds – Cash Amount: \$ 33,653**
 - **Source (if multiple sources, list source and amount):**
 - Fee for service billing:
 - Chrysalis = \$2,647.35
 - Counseling = \$3,432
 - Fundraising/Donations = \$27,573.65

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	<p>Oregon Administrative Rule (OAR) 309-032-0311 (6)</p> <p>“Homeless Individual” means an individual who:</p> <ul style="list-style-type: none"> (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 Becoming Homeless:	<p>Oregon Administrative Rule (OAR) 309-032-0311(9)</p> <p>“Imminent Risk of Homelessness” means that an individual is:</p> <ul style="list-style-type: none"> (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.
Serious Mental Illness:	<p>Oregon Administrative Rule (OAR) 309-036-0105 (13)</p> <p>“Serious and Persistent Mental Illness” means the current Diagnostic and Statistical Manual of Mental Disorders diagnostic criteria for at least one of the following conditions as a primary diagnosis for an adult age 18 or older:</p> <ul style="list-style-type: none"> (a) Schizophrenia and other psychotic disorders; (b) Major depressive disorder; (c) Bipolar disorder; (d) Anxiety disorders limited to Obsessive Compulsive disorder (OCD) and Post Traumatic Stress Disorder (PTSD); (e) Schizotypal personality disorder; or (f) Borderline personality disorder.
Co-occurring Disorders:	<p>Oregon Administrative Rule (OAR) 309-032-0311(1)</p> <p>“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>

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

B. Collaboration

Narrative Question: Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

Response:

While OHA is responsible for health services in Oregon, Oregon Housing and Community Services (OHCS) focuses on housing, housing stability and programs created to support those needs. OHA and OHCS have worked to develop a strong collaborative relationship. This relationship has only strengthened in recent efforts such as a Statewide Supportive Housing Taskforce and subsequent Permanent Supportive Housing Institute. This year's Governor's Behavioral Health Action Council, which focused on housing a key driver, also employed heavy support from both OHA and OHCS to ensure aligned policy and programming to address the needs of those with severe mental illness and housing insecurity.

Past collaborative efforts have included the joint participation by OHA and OHCS in the Medicaid Innovation Accelerator Program (IAP) program in 2016 convened by CMS. With the support of the Technical Assistance Collaborative (TAC), this effort strengthened state-level collaboration between health and housing agencies by coordinating housing resources with Medicaid-covered housing related services. Products of this effort included an individualized State Action Plan and Housing Tenancy Crosswalk.

Another joint effort has been the Supportive Housing Workgroup, bringing together OHA, OHCS as well as stakeholders from across the state with the mission to advise on key program and policy considerations to develop an implementation framework supporting housing services and the health service needs of homeless individuals and those at risk of homelessness. Permanent supportive housing was examined as an affordable, low or no barrier option with tenancy supports and voluntary participation in services that lead to better outcomes at a lower cost.

In 2018, OHA entered into a partnership with OHCS through an Interagency Agreement to fund the development of supportive housing. OHCS contributed \$2.4 million of the total \$4.2 million awarded by OHA to local housing providers. Eight properties with 316 affordable housing units were funded, 91 of those units set aside for individual with serious mental illness in rural and urban communities across Oregon. Priority was given to projects serving individuals who are homeless.

A key component of the Oregon Participation Plan for Mental Health Services for Adults with Serious and Persistent Mental Illness is integration of housing focused on adults with serious mental illness. This document commits OHA to goals supporting individuals with SPMI having

the opportunity to live in the most integrated setting appropriate to their needs, achieve positive outcomes and prevent their unnecessary institutionalization.

Utilizing this partnership, OHA has worked recently with OHCS's Housing Stabilization Division to examine new PATH opportunities represented by local programs that have both a strong behavioral health and housing background. This includes existing linkages to local housing authorities, their local Continuum of Care organization as well as other regional non-profits focusing on housing stability. This effort will grow the PATH Program.

III. State Level Information

C. Veterans

Narrative Question:

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

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

C. Veterans

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

Response:

Oregon's PATH Providers were chosen through a competitive Request for Proposals. 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. This will extend to selection of a new program.

Oregon recognizes that military service creates a culture that is unique to military families and veterans. Programs experience 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 facilities¹ 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 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.

Most veterans served by Oregon's PATH Providers are individuals with veteran-status issues who are ineligible for services through the local VA facilities. The Outreach staff of PATH Programs 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.

¹ VA facilities include: VA Health Care Systems, Medical Centers, Outpatient Clinics, Community Based Outpatient Clinics, and Vet Centers

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

D. Alignment with PATH Goals

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

Response:

Oregon PATH Providers were initially chosen through a competitive Request for Proposal. Applicants were scored based on their responses describing “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.”

Identifying and securing a new program will be predicated on that program’s ability to meet the PATH goals.

Each Provider is bound contractually to adhere to the PATH goals. The Contract Statement of Work incorporates the PATH Program goals. Additionally, contract performance requirements incorporate eligible activities including assistance accessing benefits as well as require that programs provide specific services levels for outreach, enrollment, and engagement in community mental health services. Contractually, PATH providers must be active participants in their local Continuum of Care.

Tracking data from program Progress and Annual Reports allows OHA to identify if services support PATH goals are being met. If data shows goals not being met, OHA will work with a program on corrective action including technical assistance. Regular check-ins with programs will provide the opportunity to observe first-hand the operationalization of PATH goals and their effectiveness.

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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

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.

Response:

Oregon's Mental Health Block Grant (MHBG) funds are targeted towards individuals with serious mental illness (SMI) and serious and persistent mental illness (SPMI). However, the funds do not have the flexibility and/or capacity to comprehensively address homelessness experienced by a significant proportion of this population. The PATH grant helps fill those gaps in the system.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; 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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

F. Process for Providing Public Notice AMENDED

Narrative Question: Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; 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.

Response:

PATH applications including Revision/Revised Applications are posted to the Oregon Health Authority website. Contact information for the State PATH Contact is included on all posted PATH applications as a contact point for any interested parties to provide comment. Comments will be accepted through the program year via phone, email or postal mail and compile for consideration of program improvements or for use in a subsequent application.

A Public Notice, FY2020-2021 Projects in Transition from Homelessness (PATH) Notice of Intent to Respond to Funding Opportunity Announcement was widely distributed through the Oregon Health Authority Health Systems Division list of contacts on April 20, 2020. Interested parties were invited to review the program information regarding the use of PATH funds provided in the Notice and provide comments and recommendations directly to the individual responsible for the Application submission. Any subsequent revision to the application will be noticed in the same method.

The list of contacts receiving the Notice includes 2,310 individual recipients representing a wide variety of organizations, governments and individuals throughout urban and rural Oregon. That list includes but is not limited to:

- Behavior Health Providers
- Housing Providers
- Coordinated Care Organizations
- Community/County Mental Health Programs
- Health Care Providers
- Recovery Treatment Providers
- Continuum of Care organizations
- Tribes
- City and County Governments
- Organizations representing individuals with Disabilities
- Organizations representing African American, Native American, Asian and Latinx Communities
- Mental Health Association of Oregon
- National Alliance on Mental Illness Oregon
- Fair Housing Council of Oregon
- Oregon Consumer Advisory Council
- Oregon Primary Care Association

III. State Level Information

F. Process for Providing Public Notice AMENDED

Narrative Question: Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; 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.

Response:

PATH applications including Revision/Revised Applications are posted to the Oregon Health Authority website. Contact information for the State PATH Contact is included on all posted PATH applications as a contact point for any interested parties to provide comment. Comments will be accepted through the program year via phone, email or postal mail and compile for consideration of program improvements or for use in a subsequent application.

A Public Notice, FY2020-2021 Projects in Transition from Homelessness (PATH) Notice of Intent to Respond to Funding Opportunity Announcement was widely distributed through the Oregon Health Authority Health Systems Division list of contacts on April 20, 2020. Interested parties were invited to review the program information regarding the use of PATH funds provided in the Notice and provide comments and recommendations directly to the individual responsible for the Application submission. Any subsequent revision to the application will be noticed in the same method.

The list of contacts receiving the Notice includes 2,310 individual recipients representing a wide variety of organizations, governments and individuals throughout urban and rural Oregon. That list includes but is not limited to:

- Behavior Health Providers
- Housing Providers
- Coordinated Care Organizations
- Community/County Mental Health Programs
- Health Care Providers
- Recovery Treatment Providers
- Continuum of Care organizations
- Tribes
- City and County Governments
- Organizations representing individuals with Disabilities
- Organizations representing African American, Native American, Asian and Latinx Communities
- Mental Health Association of Oregon
- National Alliance on Mental Illness Oregon
- Fair Housing Council of Oregon
- Oregon Consumer Advisory Council
- Oregon Primary Care Association

III. State Level Information

G. 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, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

G. 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, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

Response:

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 will conduct 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 will also encourage check in by phone and email for program updates and problem solving.

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.

III. State Level Information

H. 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).

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

H. 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).

Response:

The PATH Program Providers were initially selected through a Request for Proposal (RFP) competitive selection process conducted in 2013. 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.

Local programs have maintained participation in the PATH Program based on delivery of services in communities with significant populations of individuals eligible for the program. The 2020-2021 program year will include:

- Deschutes County Health Services
- White Bird Clinic (Lane County)
- Cascadia Behavioral Healthcare, Inc. (Portland Metro Area)

At the time application is being made, OHA is in the process of selecting a fourth program to provide PATH services in Multnomah County, the area with the highest need as substantiated by the 2019 Point in Time Census. Selection of a program will be based on that program's alignment with PATH goals including outreach to veterans with serious mental illness and experiencing homelessness, with an eye towards gaps in our system, specifically the program's ability to bring a strong SOAR component to the program. OHA is also using the selection process as an opportunity to collaborate with OHCS in an effort to ensure aligned programing across both agencies in meeting the needs of our target populations.

III. State Level Information

I. 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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

I. 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.

Response:

Oregon relies on the data generated by point-in-time counts conducted by Oregon Housing and Community Services (OHCS) to access statewide information regarding the location of individuals with serious mental illness who are experiencing homelessness. 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. However, anecdotal evidence provided by local service providers and their efforts to serve the homeless supports the data.

Oregon Housing and Community Services compiles the data from Point In Time (PIT) counts of individuals who meet the definition of homeless conducted at the county level. 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.

The 2019 Statewide PIT census identified 15,785 individuals as meeting the definition of homeless. Of those individuals, 3,123 individuals self-disclosed as having a serious mental illness.

The table on the next page provides 2019 PIT count data for each county. PATH programs will serve the counties with the highest aggregate counts, Multnomah and Lane Counties, of all counties in the state. A PATH program will also serve Deschutes County that has the highest population of homeless geographically located in the eastern side of the state, outside the population centers found along the 1-5 corridor.

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

	Total Population	Total Homeless	Adults (homeless) w SMI
Baker	16,820	14	0
Benton	94,360	331	77
Clackamas	423,420	471	110
Clatsop	39,330	894	2
Columbia	52,750	342	9
Coos	63,290	613	52
Crook	23,440	79	1
Curry	23,000	118	24
Deschutes	193,000	700	52
Douglas	112,250	542	143
Gilliam	1,990	0	0
Grant	7,360	0	0
Harney	7,360	59	1
Hood River	25,480	90	15
Jackson	221,290	712	143
Jefferson	23,840	58	1
Josephine	86,750	1,030	72
Klamath	68,190	207	45
Lake	8,080	0	0
Lane	378,880	2,165	759
Lincoln	48,260	260	0
Linn	126,550	277	50
Malheur	32,030	22	0
Marion	347,760	974	49
Morrow	12,680	2	1
Multnomah	821,730	4,015	1,227
Polk	82,940	121	9
Sherman	1,770	12	3
Tillamook	26,500	180	45
Umatilla	81,160	124	8
Union	26,840	32	0
Wallowa	7,150	16	0
Wasco	27,240	87	39
Washington	613,410	530	88
Wheeler	1,440	1	0
Yamhill	108,060	707	99

Statewide Total **4,236,400** **15,785** **3,123**

Source: PSU
Population Research Center
July 2019 estimates

Source: Oregon Housing
& Community Services
2019 Point in Time Count

III. State Level Information

J. 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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

J. 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.

Response:

A total of \$212,710 in non-Federal contributions will match PATH funds in FY2-2020, exceeding the minimum match required for Oregon. All match funds will be available to support programs and will be used only to support PATH-eligible services.

Cascadia Behavioral Health Care

- Amount of Matching Funds: \$51,150
- Source of Matching Funds: Multnomah County Joint Office of Homeless Services

Deschutes County Health Services

- Amount of Matching Funds: \$43,552
- Source of Matching Funds: County General Fund, Non-Medicaid Fee for Service Reimbursements

White Bird Clinic

- Amount of Matching Funds: \$84,070
- Source of Matching Funds: general funds, fundraising, dedicated funds through contracts

New Program (TBD)

- Amount of Matching Funds: \$33,930
- Source of Matching Funds: To be determined

III. State Level Information

K. Other Designated Fundings

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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

K. Other Designated Fundings

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.

Response:

PATH provides the OHA Health Systems Division with the only federal funding specifically designated to serve persons who are experiencing homelessness or at risk of homelessness as well as having a serious mental illness through outreach and case management. Other federal grant funds such as the Mental Health Block Grant, Substance Abuse Prevention and Treatment Block Grant are not designated for serving this target population.

OHA Health Systems Division's Rental Assistance Program, funded with state general funds, is available for individuals with serious and persistent mental illness who are homeless or at risk of homelessness statewide, offering more than 1,000 "slots" of rental assistance.

III. State Level Information

L. Data

Narrative Question:

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

L. Data

Narrative Question: Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

Response:

Currently all PATH Programs in the State are enrolled in a vendor-supplied HMIS system (ServicePoint), achieving the expectation that all PATH providers implement HMIS including training.

With full implementation, Oregon's PATH Program continues to support the timely and accurate entry of data. Each Program's Intended Use Plan provides program-specific information on individual HMIS training and support efforts.

III. State Level Information

M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, 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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, 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.

Response:

SOAR training is strongly encouraged, but not required, by the SPC for all Oregon PATH Providers. Currently, 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 provide SOAR (or SOAR-like) services. Please see the Providers' Intended Use Plans for program-specific information on SOAR implementation.

Oregon Health Authority (OHA) will be investigating ways to promote increased participation in SOAR activities and strengthening linkages with SOAR providers with intention to collaborate in an ongoing fashion.

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question: Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

Response:

Standards for PATH Providers are described in Oregon Administrative Rule 309-032-0301 through 309-032-0351.

Eligibility and enrollment are defined in OAR 309-032-0311:

- “Eligible Individual” means an individual who, as defined in these rules:
 - (a) Is homeless or at imminent risk of becoming homeless; and
 - (b) Has or is reasonably assumed to have a serious mental illness;
 - (c) May also have a co-occurring substance use disorder.
- “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.

Eligibility and enrollment documentation is addressed in OAR 309-032-0351:

- An individual’s eligibility shall be determined and documented at the earliest possible date.
- A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain the following:
 - 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.
 - A plan defining the enrolled individual’s goals and service objectives including one or more of the following:
 - Accessing community mental health services for the eligible individual, which includes reviewing the plan not less than once every three months;
 - Accessing and coordinating needed services for the eligible individual, as detailed in these rules.
 - Accessing income and income support services, including housing assistance, food stamps, and supplemental security income; and
 - Referral to other appropriate services.
 - 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
 - A termination summary describing reasons for the enrolled individual no longer being involved in service.

Please see the Providers’ Intended Use Plans for program-specific information on PATH eligibility and enrollment.

PATH Reported Activities

Charitable Choice for PATH

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes: