

REQUEST FOR APPLICATIONS
RE-POST Project for Assistance in Transition from Homelessness (PATH) RFA
Raleigh Only 06/30/2017

RFA Posted	May 16, 2017		
Questions Due	May 22, 2017		
Applications Due	June 9, 2017		
Anticipated Notice of Award	June 30, 2017		
Anticipated Performance Period	State Fiscal Year July 1, 2017 – June 30, 2018		
Service	Outreach and case management		
Issuing Agency	Division of Mental Health, Developmental Disabilities and Substance Abuse Services		
E-mail Applications and Questions to	Tammy Houck	Email	Tammie.B.Houck@dhhs.nc.gov

THIS REQUEST FOR APPLICATIONS (RFA) advertises the Division’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms and conditions specified herein.

Potential applicants may submit questions to Tammie.B.Houck@dhhs.nc.gov by May 22, 2017. Answers to the submitted questions will be posted on DMHDDSAS Grants page by June 9, 2017.

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1. INTRODUCTION

The PATH Program is authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990, subject to Public Health Service Act Part C, Section 521 (Refer to Attachment A) and administered by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), Homeless Programs Branch. The North Carolina PATH Program is administrated by the Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Community Mental Health Section.

PURPOSE

The goal of the PATH Program is to reduce or eliminate homelessness for individuals the age of 18 and older with a serious mental illness, or co-occurring mental illness and substance use disorder, who are homeless or at risk of homelessness. The NC PATH Program focuses on providing street outreach to adults living in outside locations such as street, camps, wooded areas, abandoned buildings or under bridges. Once the individual is determined to meet eligibility criteria, case management services are provided to connect the individual with community mental health services and assist with obtaining permanent housing.

BACKGROUND

DHHS manages the delivery of health- and human-related services for all North Carolinians, especially our most vulnerable citizens – children, elderly, disabled and low-income families. DHHS works closely with health care professionals, community leaders and advocacy groups; local, state and federal entities; and many other stakeholders to make this happen. In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians by advancing innovative solutions that foster independence, improve health and promote well-being for all North Carolinians.

DMHDDSAS provides quality support to achieve self-determination for individuals with intellectual and/or developmental disabilities and quality services to promote treatment and recovery for individuals with mental illness and substance use disorders.

The PATH Program is a formula grant authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH, the first major federal legislative response to homelessness, is administered by the SAMHSA, CMHS. PATH grants are distributed annually to all 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. Each state or territory solicits proposals and awards funds to local public or nonprofit organizations, known as PATH providers.

North Carolina has received PATH funding since 1993. The Point-In-Time count of individuals who are homeless for January 2015 identified 10,683 adults and children who were homeless. Out of this total, 8388 individuals were adults over age 18 and 1361 individuals meet the definition for chronically homeless. Approximately 22% of the adults self-identified as having a serious mental illness and 30% self identifies as having a substance use disorder. Individuals are reluctant to self-identify as having a mental health or substance use issue due to the stigma associated with these disorders. It is difficult to count individuals who are living in the street as they tend to be transient moving from place to place. The number of individuals who are homeless and have a mental health or co-occurring mental health and substance use disorder is estimated to be between 28% and 35%.

The PATH Program serves those individuals age 18 and older who historically were perceived as unreachable and “un-house-able.” These are individuals who have lived on the streets for years, who have the most debilitating mental and physical health conditions, and/or who have suffered significant adversity such as childhood abuse or neglect, long-term foster care placement and traumatic military combat that contributed to their homelessness. Despite being the primary consumers of substantial public resources, these special need groups have been consistently marginalized or ignored by conventional outreach, shelter and housing systems. These individuals are the most vulnerable and most in need of housing, supports and behavioral health treatment services and are considered to experience chronic homelessness. These individuals rarely receive mental health or substance use treatment. They may have received treatment in the past on more than one occasion but have not completed their treatment. These individuals are concerned with meeting basic needs such as food and surviving outside. The PATH Program is the only service in NC that provides outreach and case management to these individuals therefore, the NC PATH Program prioritizes these individuals meeting PATH eligibility and encourages prioritizing those individuals meeting PATH eligibility who are Veterans. Services are also provided to individuals in a short term shelter (first-come-first served basis or lottery system) and individuals at imminent risk of losing

their housing. The NC PATH Program enrollment does not include those individuals receiving mental health or substance use treatment services.

DMHDDSAS will contract directly with private, non-profit agencies or political subdivision of the state to implement the PATH Program Raleigh, NC.

2. ELIGIBILITY

Eligible applicants must be a private-non-profit community agency or a political subdivision of the state and located in the Raleigh, NC.

The agency shall provide clinical oversight of the PATH Program by a licensed mental health professional holding any of the following licenses: licensed psychologist, licensed psychological associate, licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, licensed psychiatric nurse practitioner, clinical nurse specialist certified as an advanced practice psychiatric clinical nurse specialist.

3. AWARD INFORMATION

PATH funds are determined yearly by Congress which is allocated to the 50 states and territories using a formula based on urban populations. The current NC allocation is \$1,380,314.00. The funding will be distributed as follows:

PATH Site	Estimated Allocation Amount	8% Admin Fee Amount	Allocation minus Admin fee	Number of Staff Positions	Required Match
Raleigh	\$392,658	\$31,413	\$361,245	6	\$131,460

Continued PATH funding is contingent upon the federal award the State receives for the PATH Program. DMHDDSAS reserves the right to adjust the PATH allocation to PATH Providers due to:

- Increase or decrease in the federal award;
- Lack of successful implementation of the PATH Program; or
- The PATH Provider's inability to meet the PATH goals.

4. DEFINITIONS, ACRONYMS AND ABBREVIATIONS

Acronyms

ACT	Assertive Community Treatment
CFR	Code of Federal Regulations
CMHS	Center for Mental Health Services
CoC	Continuum of Care
CST	Community Support Team
CTI	Critical Time Intervention
DHHS	Department of Health and Human Services
DMHDDSAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
EBP	Evidenced-Base Practice
PATH	Projects for Assistance in Transition from Homelessness
SAMHSA	Substance Abuse and Mental Health Services Administration
SOAR	SSI/SSDI Outreach, Access, Recovery

Definitions

DMHDDSAS Specific Definitions

Serious Mental Illness: NC presumes an individual to have a serious mental illness if he/she has a DSM-V diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depression, Psychotic Disorder, Bipolar Disorders and Posttraumatic

Stress Disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

Co-occurring Serious Mental Illness and Substance Use Disorder: The SAMHSA definition for co-occurring serious mental illness and substance use disorders refers to individuals who have at least one serious mental disorder and a substance use disorder, where the serious mental disorder and substance use disorder can be diagnosed independently of each other.

Homeless: - An individual is considered homeless when his/her living situation is as follows:

- He/she lacks a fixed, regular and adequate nighttime residence, and
- He/she has a primary residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations (short-term shelter using a lottery system or first come/first served for admission), or
- He/she lives in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (i.e., someone who sleeps in doorways, parks, bus stations, etc.)

Imminent Risk of Becoming Homeless: An individual is considered at imminent risk of becoming homeless under the following conditions:

- An individual in a doubled up living arrangement where the individual's name is not on the lease, OR
- Living in a condemned building without a place to move, OR
- An individual who has received an eviction notice, with no place to go but the street or woods, OR
- An individual living in temporary or transitional housing that carries time limits, OR
- An individual who is being discharged from a health care, psychiatric, or criminal justice institution without a place to live. Community Mental Health Treatment Services – supports and treatment provided in the community in locations such as home, shelter, or street.

Chronically Homeless: The HUD definition found at <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf> is an individual with a disability who lives in:

- A place not meant for human habitation, a safe haven, or in an emergency shelter, OR
- An institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.

In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

PATH Specific Definitions

Outreach: The process of identifying and engaging with individuals who are potentially PATH eligible.

Contact: An interaction between a PATH-funded worker or workers and an individual who is potentially PATH eligible or enrolled in PATH.

Date of engagement: The date of engagement is defined as the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. For PATH projects, the date of engagement must occur on or before the date of enrollment. The date of engagement and the date of enrollment is often the same date.

PATH eligible: Per the authorizing legislation, PATH eligible means that an individual has a serious mental illness, or serious mental illness and substance use disorder, and is experiencing homelessness or is at imminent risk of becoming homeless.

PATH enrolled: A PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual.

Staff training: Professional development programs and materials that emphasize best practices and effective service delivery for workers who address the needs of people experiencing homelessness.

Reengagement: The process of engaging with PATH-enrolled individuals who are disconnected from PATH services.

Screening: An in-person process during which a preliminary evaluation is made to determine a person's needs and how they can be addressed through the PATH program.

Clinical assessment: A clinical determination of psychosocial needs and concerns.

Habilitation/rehabilitation: Services that help a PATH client learn or improve the skills needed to function in a variety of activities of daily living.

Community mental health: A range of mental health and/or co-occurring services and activities provided in non-institutional settings to facilitate an individual's recovery. *Note: This category does not include case management, alcohol or drug treatment, habilitation, or rehabilitation, as they have definitions elsewhere in this document.*

Substance use treatment: Preventive, diagnostic, and other services and supports provided for people who have a psychological and/or physical dependence on one or more substances.

Case management: A collaboration between a service recipient and provider in which advocacy, communication, and resource management are used to design and implement a wellness plan specific to a PATH-enrolled individual's recovery needs.

Residential supportive services: Services that help PATH-enrolled individuals practice the skills necessary to maintain residence in the least restrictive community-based setting possible.

Housing minor renovation: Services, resources, or small repairs that ensure a housing unit is physically accessible and/or that health or safety hazards have been mitigated or eliminated.

Housing moving assistance: Monies and other resources provided on behalf of a PATH-enrolled individual to help establish that individual's household. *Note: This excludes security deposits and one-time rental payments, which have specific definitions.*

Housing eligibility determination: Determining whether an individual meets financial and other requirements to enter into public or subsidized housing.

Security deposits: Funds provided on behalf of a PATH-enrolled individual to pay up to two months' rent or other security deposits in order to secure housing.

One-time rent for eviction prevention: One-time payment on behalf of PATH-enrolled individuals who are at risk of eviction without financial assistance.

Referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service.

Attained referral: A PATH-enrolled client begins receiving services as the result of PATH assistance.

Community mental health referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that stabilizes, supports, or treats people for mental health disorders or co-occurring mental health and substance use disorders.

Substance use treatment referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers preventive, diagnostic, and other services and supports for individuals who have psychological and/or physical problems with use of one or more substances.

Primary health/dental care referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers physical and/or dental health care services.

Job training referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that helps prepare an individual to gain and maintain the skills necessary for paid or volunteer work.

Employment assistance referral: : Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance designed to lead to compensated work.

Educational services referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers academic instruction and training.

Income assistance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers benefits that provide financial support.

Medical insurance referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers coverage that provides payment for wellness or other services needed as a result of sickness, injury, or disability.

Housing services referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers assistance with attaining and sustaining living accommodations.

Temporary housing referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers shelter in a time-limited setting.

Permanent housing referral: Active and direct PATH staff support on behalf of or in conjunction with a PATH-enrolled individual to connect to an appropriate agency, organization, or service that offers residence in a stable setting where length of stay is determined by the individual or family without time limitations, as long as they meet the basic requirements of tenancy.

Homeless Management Information System: local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

5. SCOPE OF WORK

The PATH Program provides an array of services with primary focus on provided street outreach, case management and services which are not financially supported by mainstream behavioral health programs. PATH services cannot be provided to individuals with a sole diagnosis of a substance abuse disorder.

The PATH Program staff provides the following services:

- Reengagement
- Case Management
- Screening
- Residential Support Services
- Housing Moving Assistance
- Housing Eligibility Determination
- Security Deposits
- On-time Rent Eviction Prevention

It is expected that the organization receiving PATH funds has the resources and community connections to offer assistance to individuals served by PATH in obtaining the following:

- Community Mental Health
- Substance Abuse Treatment
- Primary Health/Dental Care
- Temporary Housing
- Permanent housing

- Income Assistance
- Employment Assistance
- Medical Insurance

Reengagement: The process of engaging with PATH-enrolled individuals who are disconnected from PATH services.

Screening: An in-person process during which a preliminary evaluation is made to determine a person's needs and how they can be addressed through the PATH program.

Clinical assessment: A clinical determination of psychosocial needs and concerns.

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PATH Outreach

Services provided in the NC PATH program begin with Outreach which is conducted where individuals meeting PATH eligibility can be found, i.e., streets, camps, park. PATH outreach includes observing individuals who appear to be experiencing homelessness and whose behavior, dress, speech, or affect appears to indicate a possible serious mental illness or co-occurring disorder, as previously outlined. Individuals who have a substance use issue only do not qualify for PATH services. Outreach is not providing PATH information to a group of individuals. The purpose of outreach is to identify those individuals meeting PATH eligibility. Outreach is face-to-face with the individual. Telephone contact is not counted as outreach.

PATH providers are required to enter information about individuals outreached and enrolled in PATH into NC Management Information System (NCHMIS). PATH Providers must meet the data entry requirements outlined in U.S. Department of Housing and Urban Development (HUD) PATH Program HMIS Manual. Every outreach contact and the enrollment information is entered in NCHMIS meeting the NCHMIS requirements. (NCHMIS PATH Program HMIS Manual, released December 2016 found at <https://www.hudexchange.info/resource/4446/path-program-hmis-manual/>).

It is expected that 90% of individuals receiving PATH services will meet the definition of literal and/or chronic homelessness.

PATH Enrollment and Service Delivery

An individual may become enrolled in the PATH Program when the PATH-eligible individual and the PATH provider have mutually and formally agreed to engage in services and the provider has initiated a PATH record for that individual. PATH

providers are required to open a PATH record and enter specific information on the individual in PATH in NCHMIS. The data entry occurs after all contacts made with and on behalf of the individual.

The requirements for the PATH record are listed in APSM – 45-2 DHHS, DMH/DD/SAS Records Management and Documentation Manual (<https://www.ncdhhs.gov/apsm-45-2-records-management-and-documentation-manuals>). The enrollment activities and required documents are as follows:

1. NCHMIS PATH Entry – SAMHSA requires all PATH data to be enter all data elements as listed in the NC HMIS required activities. However, it may take numerous conversations to obtain all of the required by SAMHSA and found in the HMIS Data Manual. It is expected for some of this information to be gathered during outreach and engagement information required by NCHMIS.

2. PATH Plan – The PATH staff and the individual develop the PATH Plan based on the individual's long-term and short-term goals. The specific activities and services PATH will provide are documented on the PATH Plan. The due date is short-term, i.e., the day of enrollment, within 1 week, 4 weeks. No due date is more than two to three months. The PATH Plan dictates the activities and services PATH staff provide. As the services/activities are provided and goals are met, the PATH Plan is revised and updated at least every three months. Individuals may decide to have assistance with something new and not work on a documented goal. The new goal and activities are documented on the PATH Plan. It is expected a goal or activity related to obtaining mental health or substance use treatment is what the individual wants, agrees to, and is committed to attending appointments.

It is uncommon for individuals PATH serves to ask for a referral for a clinical assessment at the time of enrollment. Some individuals may perceive this as a condition for obtaining assistance with housing and other services. Other individuals may agree to this but do not attend appointments. It is imperative PATH Program staff have a clear understanding of the individual's experiences with mental health and co-occurring services before discussing a referral. The referral is made when the individual demonstrates a commitment to working with the PATH Program and have met other goals such as medical, income, health insurance, food, or a place to live. PATH Program reports indicate individuals referred for an assessment, medication management or group therapy but do not attend and can no longer be located.

3. PATH Eligibility Verification – PATH staff must document the necessary information demonstrating the individual meets PATH eligibility.

4. PATH Service Note – It is required for all contacts with and on the behalf of the individual to be documented on the PATH Service Note. The service note describes all services and activities as specified on the PATH Plan as well as any issues or events with the individual.

5. PATH Discharge Summary –The PATH Discharge Summary documents the reason for the ending of PATH services and the specific outcomes for the individual. This serves as the final service note in the PATH record.

Transition to Community Mental Health Services

The most common diagnosis for adults who are experiencing literal homelessness is schizophrenia and manic-depressive disorders thus, making them more than likely to meet the eligibility criteria for Assertive Community Treatment, Community Support Team and Critical Time Intervention. PATH Providers begin the transition to Community Mental Health Services when the individual enrolled agrees and commits to participate in mental health services. At this time, the individual is assisted with a referral for mental health services. The transition steps are as follows:

1. The PATH staff assists the individual in keeping the initial appointments to a mental health or substance use provider by providing transportation and attending the appointment if requested by the individual. The initial appointments usually includes an appointment to complete the intake and the comprehensive clinical assessment. If the individual gives consent, the PATH staff may share observations and information to ensure appropriate services are provided.
2. It is expected for the PATH Program Staff to transport and accompany individuals to appointments in order to provide a warm hand-off to in ACT, CST, or CTI up to 60 days from enrollment to ACT, CST or CTI. At this point, PATH will transition the individual off the PATH case load. Once the warm hand-off is completed, the PATH staff shall not provide additional services to the individual.

The goal of PATH is for individuals enrolled in PATH to be transition to community mental health services and housing.

ACT, CST and CTI provide assistance in obtaining housing. Therefore, an individual shall be transitioned to these community mental health services even if they are not housed.

6. PROGRAMMATIC REQUIREMENTS

PATH Annual Application

SAMHSA requires each State to apply for PATH funds annually. The PATH Provider is required to apply for PATH funds for continuation of the PATH Program. The PATH Annual Application Packet includes:

- Intended Use Plan
- Budget
- Budget Narrative
- Local Match Narrative

PATH Reporting and Monitoring

As recipients of the PATH Grant, the PATH Provider is required to manage and monitor the PATH program. It is expected the PATH Provider shall:

- Ensure the PATH Team is implementing the PATH Program as outlined in all policies and requirements.
- Ensure all of the individuals enrolled in PATH meet the PATH eligibility criteria.
- Ensure all required reports are accurate and correct PRIOR to submission to DMHDDSAS.
- Ensure PATH Record contains the required documents and meet the documentation requirements.
- Ensure the PATH funds are:
 - Expended on individuals enrolled in PATH only;
 - Outlined in the SAMHSA and DMHDDSAS approved PATH Budget Narrative; AND
 - Meet the criteria for allowable charges.
- Ensure the PATH Local Match is met per the PATH Local Match Requirements and outlined in the SAMHSA and DMHDDSAS approved PATH Match Narrative
- Ensure all messages sent from DMHDDSAS are read and responses are provide as indicated.
- Ensure all documents, reports, requests, etc. are submitted by the due date.

7. PERFORMANCE STANDARDS AND EXPECTATIONS

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act Modernization Act of 2010 (GPRA) found at <https://www.gpo.gov/fdsys/pkg/PLAW-111publ352/pdf/PLAW-111publ352.pdf>. The current GPRA performance requirements for PATH are:

- Increase the percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services.
- Number of homeless persons contacted.
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services.
- Increase the number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.

In addition, SAMHSA asks that states report the following three outcome measures:

- Number of persons referred to and attaining housing.
- Number of persons referred to and attaining mental health services.
- Number of persons referred to and attaining substance abuse treatment services.

In addition, SAMHSA ask that states report the following three outcome measures. The specific PATH target expectations are:

- a. 58% of PATH-eligible individuals contacted through outreach is to be enrolled in the PATH program.
- b. 66% of the individuals who are enrolled in the PATH program are to be transitioned to Community Mental Health Services – to include Assertive Community Treatment, Community Support Team, and Critical Time Intervention.

The data related to referral outcomes that SAMHSA requires on the PATH annual report is:

- a. Number of PATH enrolled individuals who were assisted in obtaining Community Mental Health Services, Substance Abuse Treatment, Primary Health/Dental Care, Temporary Housing, Permanent Housing, Income Assistance, Employment Assistance, and Medical Insurance.
- b. Number of PATH enrolled individuals who actually received Community Mental Health Services, Substance Abuse Treatment, Primary Health/Dental Care, Temporary Housing, Permanent Housing, Income Assistance, Employment Assistance, and Medical Insurance.

8. REPORTING REQUIREMENTS

Required reports to be submitted Quarterly:

- A. The NC HMIS Report for each month included in the quarter. – The PATH staff enters the data in NC HMIS and the PATH Supervisor/Team Leader shall run the report for each quarter and review for accuracy.
- B. PATH Quarter Report – will be used until full utilization of NC HMIS reports.
- C. The Outreach Logs are used by PATH staff providing outreach and are reviewed by the PATH Supervisor/Team Leader for accuracy.
- D. PATH Outcome Report is completed on all individuals enrolled in PATH to track CMH and Housing Outcomes.
- E. The Benefit Specialist Report is completed by the Benefit Specialist and reviewed by the PATH Supervisor/ Team Leader for accuracy.

The accumulated reports listed above provide the information required for the PATH Annual report. The PATH Supervisor is required to monitor the accuracy of the PATH Quarterly Reports. The PATH Provider submits the PATH Annual Report via the PATH Data Exchange (PDX) (www.pathpdx.org). The PATH Provider will be notified when the reporting period is open and the due date for data entry to be completed. The Division PATH Program Manager reviews all data entries for accuracy, approves and submits the report to SAMHSA via PDX.

9. PROVIDER QUALIFICATIONS AND CAPACITY

DMHDDSAS will contract with nonprofit private entities (including community-based veterans' organizations and other community organizations) meeting the following qualifications to implement the PATH Program:

1. History of providing services to individuals who have a serious mental illness or co-occurring substance use disorders meeting the definition of literally homeless;
2. Have experience connecting permanent housing and supports as well as the ability to provide individuals newly enrolled into the PATH Program a safe place to stay while permanent housing is obtained. This may be provided by the PATH Provider or by another agency in which the PATH Provider has an agreement to use space.
3. Have experience working with individuals meeting PATH eligibility and have experience or comfort conducting outreach in outside locations such as the streets, woods, parks, under bridges, or abandoned buildings.

PATH Team Staff Positions

All PATH positions are full-time dedicated position except the Certified Peer Specialist position which may be filled by no more than 2 people. PATH staff provide only PATH services and shall not provide any other service or activity. All PATH positions are 40-hours per week. It is expected for all team members to collaborate and develop relationships with local landlords, mental health and substance abuse service providers, and other agencies/organizations providing services/support to individuals enrolled in PATH.

The Raleigh PATH Team consists of the following positions:

- 1 full time QMHP Team Leader
- 2 full time QMHP Case Managers
- 2 full time Benefit Specialist
- 1 FTE Certified Peer Specialist

The PATH positions are as follows:

Qualified Mental Health Professional Team Leader shall have prior supervisory experience and is responsible for ensuring the PATH staff is providing PATH services as required.

The Team Leader shall have experience shall meet the following requirements:

1. Have experience working with individuals with serious mental illness and co-occurring disorders who have experienced street homelessness; AND
2. Have mental health case management skills; AND
3. Knowledge of symptoms associated with individuals who have schizophrenia, schizoaffective disorder bipolar disorder, major depression, psychotic disorder, and posttraumatic stress disorder.

The Team Leader shall provide PATH services and is responsible for the same service delivery as the other team members. The Team Leader shall:

1. Conduct outreach/engagement activities in locations where individual are living outside such as the street, woods, abandoned building.
2. Enroll individuals meeting PATH eligibility.
3. Provide PATH services
4. Complete data entry in NCHMIS and meet the PATH record requirements.

The Team Leader's administrative responsibilities should be limited in order to provide PATH services. It is expected that no more than 30% of the total PATH Team Leader work time to be used for administrative tasks. The PATH Provider shall have the ability to provide the PATH Team with assistance such as clinical supervision, fiscal management and administrative support. The time spent on these activities may be used toward meeting the local match requirement. The expected Team Leader's administrative tasks include:

1. Supervision with PATH Team. This may best be conducted in a group with individual supervision with those needing extra guidance in meeting PATH requirements.
2. Complete Division reports and submit to the PATH Provider Supervisor/Director for review.
3. Maintain system to track costs using PATH or Match funds identified in the PATH Budget and Match Narratives under the "Other" category.
4. Ensure collaboration with local Continuum of Care.
5. Monitor data entry in NCHMIS such as accessing reports, compare outreach log to outreach contacts entered and number of individuals enrolled in PATH.

Qualified Mental Health Professional Case Manager shall meet the following requirements:

1. Have experience working with individuals with serious mental illness and co-occurring disorders who have experienced street homelessness; AND
2. Have mental health case management skills; AND
3. Knowledge of symptoms associated with individuals who have schizophrenia, schizoaffective disorder bipolar disorder, major depression, psychotic disorder, and posttraumatic stress disorder.

Certified Peer Specialist is an individual meeting the following requirements:

1. Has previously experience homelessness, preferably by living outdoors; AND
2. Living in recovery from a mental illness; AND
3. Completed the Peer Specialist certification process.

The Peer Specialist may be filled by 2 individuals in the advent one individual is unwilling to work full time. However, the Certified Peer Specialist may not work half time on the PATH Team and half time providing another service.

The Team Leader, Case Managers, and Certified Peer Specialist must have the ability to provide outreach to individuals in outside locations such as, wooded areas, homeless camps, downtown streets, abandoned buildings, or under bridges. The staff must have the ability to recognize symptoms of mental illness and co-occurring disorders in order to identify individuals meeting PATH eligibility. The staff must have the ability to approach individuals to engage in a conversation with the individual.

Benefit Specialists assist individuals enrolled in PATH with obtaining benefits by using the SSI/SSDI Outreach, Access, Recovery (SOAR) model. The Benefit Specialist shall not work with individuals unless they are enrolled in PATH. The Benefit Specialist must have the ability to meet individuals assigned to them where ever the individuals choose to meet such as the park, shelter, library, etc. The Benefit Specialist must have knowledge of symptoms of mental illness and co-

occurring disorders and the individual's functional limitations that will prevent the individual from obtaining gainful employment.

The agency shall provide clinical oversight of the PATH Program by a licensed mental health professional holding any of the following licenses: licensed psychologist, licensed psychological associate, licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, licensed psychiatric nurse practitioner, clinical nurse specialist certified as an advanced practice psychiatric clinical nurse specialist.

Staff Training

It is expected that PATH staff receive training each fiscal year to allow for continued growth and skill development. The following training is required:

1. Training provided by the Division PATH staff
 - Introduction to the PATH Program
 - Data Entry and Reporting
 - Housing PATH Recipients

2. Training Provided through PATH Funds, Local Match, or other funding source
 - Motivational Interviewing
 - Outreach and Engagement
 - Trauma-Informed Care
 - Cultural and Linguistic Competency
 - Recovery
 - Person-Centered Thinking
 - Crisis Response and Suicide Prevention such as Applied Suicide Intervention Skills Training (ASIST)
 - Housing First
 - Critical Time Intervention

The Benefit Specialists will use the SSI/SSDI Outreach, Access, Recovery (SOAR) model and shall receive training through the NC Coalition to End Homelessness SOAR Program and meet the requirements to become a Certified SOAR Case Worker within 3 months from the hire date. The Benefit Specialists shall participate in the SOAR Dialogue conference calls and all other SOAR Program trainings, calls or other expectations of a Certified SOAR Case Worker.

The Certified Peer Specialist shall maintain their certification by meeting additional required certification trainings, meetings or other as established by the NC Certified Peer Specialist Program. Individuals hired in this position without Certified Peer Specialist status shall have 6 months from date of hire to become certified.

PATH Provider Supervisors and PATH staff are required to participate in all Division Quarterly Conference Calls, Annual PATH Meeting and other meetings or trainings as requested.

10. BUDGET

The use of PATH funds and the Match requirements are governed by the following:

- Public Health Service Act, Title V, SAMHSA, Part C, PATH
- Code of Federal Regulation (CFR) – 200, Title 45, Part 75
(Refer to http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40cfr75_main_02.tpl)
- Requirements for use of PATH Funds (Refer to Attachment C)
- Requirements for Match (Refer to Attachment D)
- N. C. Administrative Code at 09 NCAC 03M.0201. (Note: Pending the change in reference from OMB Circular A-87 to 2 CFR, Part 200 Subpart E – Cost Principles found at http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.)

A. Allowable Cost

PATH funds support the salaries and fringe benefits for the indicated number/positions of staff on the PATH staff, as well as other costs necessary to support the Program, i.e., training, cell phone costs. Funds may be identified to be used as "other" such as utility and rent security deposits, medications, bus passes and copies of medical records. The PATH Application requires a Budget Narrative describing how PATH funds will be used. Only those costs identified on the approved PATH Budget Narrative will be reimbursed. Use of PATH funds for individuals not enrolled in PATH is not

allowed except for the use of conducting outreach to determine PATH eligibility. The full PATH allocation must be expended by June 30, 2018 and the PATH Provider must meet the minimum required local match as specified in the PATH Application.

B. Limitations and Restrictions

- PATH funds must be used for purposes described in this document.
- No more than 20% of the federal PATH funds allocated to the state may be expended for eligible housing services as specified in Section 522(h)(1) of the PHS act.
- Security deposits may be made on behalf of an individual enrolled and actively participating in the PATH Program to secure permanent housing only. The PATH Program must assist the individual in securing the housing and ensure the housing meets all codes and inspections. A case note is written to describe the assistance with housing, location of housing and the individual's PATH plan to pay the on-going rent.
- PATH assists individuals with obtaining housing. The total cost of rent to include utilities should not be over 40% of the individual's income. If the cost is over 40%, a detailed service note shall be completed explaining how housing will be maintained (i.e., interventions, anticipated date of rental subsidy approval and disbursement, etc.).
- PATH funds may not be used for utility assistance, to pay turn-off notices, to pay application fees or rental assistance other than to prevent eviction.

PATH funds may not be expended for the following:

- To support emergency shelters;
- To pay ongoing rent costs;
- For inpatient psychiatric treatment;
- For inpatient substance abuse treatment;
- To make cash payments to intended recipients of mental health or substance abuse services;
- To pay for the purchase or construction of any building or structure to house PATH program staff;
- For lease arrangements in association with the proposed project utilizing PATH funds may not be funded by PATH beyond the project period nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant;
- To purchase food, groceries or a meal/restaurant coupons or any other gift cards;
- To purchase items for the PATH Program Offices such as paper plates, paper cups, coffee filters, water or plastic utensils.
- To purchase household items or furniture.

C. Matching

The PATH Provider is responsible to fulfill the Federal matching funds requirement minimally of \$1 match for each \$3 PATH Funds. The Local Match is met through non-federal contributions and may be cash or in-kind to support the PATH Program and/or the individuals enrolled in PATH. Amounts provided by the Federal Government or services assisted or subsidized to any significant extent by the Federal Government, shall not be included when determining the amount of such non-federal contributions. Cash donations may be used to supplement staff salaries, pay for housing/utility security deposits for individuals enrolled in PATH or other line items categories identified on the PATH Budget form. The PATH Application requires a Match Narrative describing how the PATH Provider will meet the match requirement and uses the same line items categories as the PATH Budget Narrative. The items used as match must have clear, descriptive, supportive documentation. Only the items identified on the approved Match Narrative are allowable costs to meet the match. The match may be met through in-kind donations or cash specifically for the use of individuals enrolled in the PATH Program. The Match Narrative describes which expenses are in-kind and which are cash. The donations are appropriate services or items for an individual experiencing homelessness. The value of the donations is calculated by the fair-market cost of the donated item and the calculated cost of agency's donations based on the percentage of the donation use by the PATH staff.

These items are documented on the Match Report.

- Office furniture - desk, chair
- Supplies such as paper, cell phone cost,
- Equipment such as a printer, copy machine, cell phones
- Office space
- Administrative costs

These items are listed as "Other" on the Match Narrative and must be documented on the Consumer Assistance log:

- Clothing

- Non-perishable food items such as canned meat, vegetables, fruit, soup or bottled water, Gatorade.
- Personal hygiene products
- Household items such as bedding, cookware, towels
- Rent Deposits and Utility Security Deposits (payment of monthly rent is not an allowable cost)
- Bus tickets
- Medications
- Medical Records
- Items used for outreach/engagement of individual's possibly meeting PATH eligibility such as water, socks, gloves, Chap Stick, hygiene kits (\$500 limit).

SAMHSA requires each State to apply for PATH funds annually. The PATH Provider is required to apply for PATH funds for continuation of the PATH Program. The PATH Annual Application includes:

- Intended Use Plan
- Budget
- Budget Narrative
- Local Match Narrative

In addition, DHHS requires the following documents if the match is to include PATH Provider staff time.

- PATH Match Narrative – Personnel
- PATH Match Narrative – Fringe Benefits

11. INVOICING AND REIMBURSEMENT

Upon execution of the contract, the Contractor shall submit to the Division Contract Administrator, a monthly reimbursement request for services rendered the previous month by the 10th of each month and, upon approval by the Division, receive payment within 30 days. Monthly payment shall be made based on actual expenditures made in accordance with the approved budget on file with both parties and reported on the monthly expenditure report submitted by the Contractor. If this contract is terminated, the Contractor shall complete a final accounting report and return any unearned funds to the Division within 30 days of the contract termination date. The Division shall have no obligation for payments based on expenditure reports submitted later than 30 days after termination or expiration of the contract period. All payments are contingent upon fund availability.

12. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

- 1) Award or Rejection
All qualified applications will be evaluated and awards made to those agencies or organizations whose capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful Contractors will be notified by June 7, 2017.
- 2) Cost of Application Preparation
Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organizations sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.
- 3) Elaborate Applications
Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.
- 4) Oral Explanations
The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.
- 5) Reference to Other Data
Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.
- 6) Titles
Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.
- 7) Form of Application

Each application must be submitted on the form provided by the funding agency.

- 8) Exceptions
All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions.
- 9) Advertising
In submitting its application, agencies and organizations agree not to use the results thereof or as part of any news release or commercial advertising without prior written approval of the funding agency.
- 10) Right to Submitted Material
All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.
- 11) Competitive Offer
Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
- 12) Agency and Organization's Representative
Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.
- 13) Proprietary Information
Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.
- 14) Participation Encouraged
Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.
- 15) Contract
The Division will issue a contract to the recipient of the grant that will include their application.
- 16) Federal Certifications
 - i) Agencies or organizations receiving Federal funds will be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities.

Please be advised that successful Contractors may be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization's status. Also, the contract may include assurances the successful Contractor would be required to execute when signing the contract. Agencies or organizations receiving Federal funds will be required to execute a Consolidated Federal Certification form (as applicable). Private not for profit agency contracts will also include a conflict of interest policy statement.

13. THE APPLICATION PROCESS

The following is the description of the process by which agencies or organizations will be selected to complete the goal or objective.

- 1) RFA will be posted on the DMHDDSAS website.
- 2) Written questions concerning the RFA specifications will be received until the date specified on the cover sheet of this RFA. A summary of all questions and answers will be posted on the DMHDDSAS web site.
- 3) Applications will be received from agency or organization. The original must be signed and dated by an official authorized to bind the agency or organization.
- 4) All applications must be received by 5:00pm on June 9, 2017
- 5) The complete Application Packet must be submitted electronically to Tammy Houck at Tammie.B.Houck@dhhs.nc.gov. Indicate on the subject line "Agency name), Raleigh PATH RFA 2017".
- 6) **Agencies applying for the PATH Grant shall submit application packet which includes the following documents:**

1. PATH RFA Application Form
2. PATH Budget (Refer to Attachment D)
3. PATH Budget Narrative (Refer to Attachment E and F) to include description of use of PATH funds for administrative costs.
4. PATH Match Narrative (Refer to Attachment G and H)
5. An organizational chart identifying the personnel who will be assigned to work on this project.
6. Letters supporting the development of a PATH Program in the proposed city:
 - a. Community partners providing mental health and co-occurring mental health and substance use treatment and supports to target population.
 - b. Local Management Entity/Managed Care Organization
 - c. Local Continuum of Care
 - d. Housing Providers that serves the target population
 - e. Community partners providing other services and supports to the target population.
- 7) Applications will be evaluated according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
- 8) Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

15. EVALUATION CRITERIA AND SCORING

INITIAL QUALIFYING CRITERIA

The applicant's proposal must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any proposal receiving a "no" response to any of the following qualifying criteria shall be disqualified from consideration.

ITEM	APPLICATION ACCEPTANCE CRITERIA	RFA Section	YES	NO
1	Was the contractor's application received by the deadline specified in the RFA?			
2	Agency proposal is signed by agency CEO/Director or authorized representative.			
4	Agency meets eligibility requirements as stated in Section 2.			
5	Agency meets the minimum Qualification Requirements as described in Section 9.			

CRITERIA FOR SCORING PROPOSAL/APPLICATIONS

Qualifying application proposals will be collectively scored by a review team comprised of three staff at DMHDDAS, Community Adult Services, Homeless Service; an individual who has a mental illness and has experienced homelessness; an advocate for individuals who are homeless for a total of five reviewers. All qualified applications will be evaluated and awards made based on the following criteria considered, to result in awards most advantageous to the State. Applications will be scored on the content, quality, and completeness of the responses to the items in the application and award providers who demonstrate the ability to meet the PATH requirements. Please note that Contractors not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I will not be scored.

The Application includes the maximum score for each item with the 100 total possible points.

16. General Terms and Conditions

The DMHDDSA will contract with the selected agencies, who must agree to adhere to the contract General Terms and Conditions. (Refer to Attachment E)

17. ATTACHMENTS

- A. PATH Legislation**
- B. Staff Positions Definitions**
- C. PATH Funding Requirements**
- D. Match Requirements**
- E. General Terms and Conditions**
- F. Budget Form**
- G. Budget Narrative Template**
- H. Match Narrative Template**
- I. Description of Personal Time Used to Meet Match**
- J. Description of Fringe Benefits Used to Meet Match**

REQUEST FOR APPLICATIONS

Project for Assistance in Transition from Homelessness (PATH) – RFA

Location: Raleigh, NC

Organization/Agency Name	
Agency CEO/Director	
Address	
Name of Agency Contact Person	
Telephone No. of Agency Contact Person	
E-Mail Address of Agency Contact Person	
Name of City Agency Proposes a PATH Program	
THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT: (1) he or she is authorized to adhere to the terms of this RFA and Application; (2) agency agrees to provide services in the manner and at the costs described in this RFA and Application.	
Signature Agency CEO/Director or Authorized Representative	

Provide the following information. Be specific and use data or other supportive information.

- a. Describe the agency's mission and purpose. (1 pt)
- b. Describe the agency's current and past experience serving individuals who are literally homeless with a serious mental illness or co-occurring disorders. Be specific and provide information to support record of serving this population. (10 pts)
- c. Describe the Raleigh community response to ending homelessness. Provide specific strategies and successes using specific evidence and data to support success rate. (5 pts)
- d. Describe the agency's specific strategies/activities contributing to the Raleigh's success in ending homelessness. Provide specific information as it relates to individuals with mental health and co-occurring substance use and mental health disorder. (10 pts)
- e. Describe the agency's participation in the HUD Continuum of Care program. Be specific.(1 pts)
- f. Provide a brief description of partnerships the agency has with the local community organizations that provide key services (i.e., primary health, substance abuse, employment, etc.) to target population. Describe the coordination of activities and list any Memorandum of Agreement in place. (10 pts)
- g. Provide a brief description of partnerships the agency has with organizations or agencies that provide mental health support and services to target population. Describe the coordination of activities and list any Memorandum of Agreements. (10 pts)

- h. Provide specific data demonstrating the number of individuals the agency has referred for community mental health services and the number of individuals that attained mental health treatment. (5 pts)
- i. Provide specific data demonstrating the number of individuals the agency has referred for permanent supported housing and the number of individuals that attained permanent supported housing. (5 pts)
- j. Provide a brief description of partnerships the proposed agency has with organization or agencies providing: (1) housing; and (2) housing support and services, to target population. Describe coordination of activities and any Memorandum of Agreement. (1 pts)
- k. Describe how the agency will use PATH funds to meet the PATH goal to provide street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless. (10 pts)
- l. Provide a brief description of the current services the agency provides to the target population who has both a serious mental illness and a substance use disorder. If these services are referred to other agencies or organizations, describe the services and how the proposed agency successfully coordinates these services to the target population. (10 pts)
- m. Describe the evidenced-based practices (EBP) the agency incorporates in the services the agency provides and how the agency supports EBP. Describe and provide dates of the agency's training provided to staff for each EBP identified between January 2014 and December 2016. Provide the agency's identified EBP to be incorporated in the PATH service delivery and training plan for the PATH staff. (2 pts)
- n. PATH data must be entered into the NC Homeless Management Information System. Describe the agencies experience with NCHMIS.(1 pts)
- o. Describe the agency's experience using the SSI/SSDI Outreach, Access, Recovery (SOAR) model. Indicate the number of staff who are trained and utilize the model with the target population. Describe the trained staff's participation in the NC SOAR Program's SOAR Case Worker Certification and SOAR Dialogue conference calls. (1 pts)
- p. Describe the demographics of the agency's staff and how staff providing services to the target population will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. Describe experience with addressing health disparities with the national Culturally and Linguistically Appropriate Services (CLAS) standards found at <https://www.thinkculturalhealth.hhs.gov/>. (1 pt.)
- q. Describe the demographics of the target population in Raleigh. (1 pts)
- r. Describe how individuals who are homeless and have serious mental illnesses, and family members are involved at the organizational level in the planning, implementation, and evaluation services the agency provides. Indicate whether individuals of the target population are employed as staff or volunteers or serve on governing or formal advisory boards. (1 pts)
- s. Budget - The application must include the following documents:
 - Budget form (Attachment F)
 - Budget Narrative (Attachment G)
 - Match Narrative (Attachment H)
 - Description of Personal Time Used to Meet Match (Attachment I)
 - Description of Fringe Benefits Used to Meet Match (Attachment J) (15 pts)