



# 2013

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year 2013 Projects for Assistance in Transition from Homelessness (PATH) grants. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico and four US Territories. The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance use disorders who are homeless or at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management and services which are not supported by mainstream mental health programs.



## State of Oregon Application

Comments on this application should be sent to:

**Marisha L. Johnson**  
State PATH Contact  
OHA – Addictions & Mental Health Division  
500 Summer St NE, E-86  
Salem, OR 97301  
[Marisha.L.Johnson@state.or.us](mailto:Marisha.L.Johnson@state.or.us)

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# SECTION A: EXECUTIVE SUMMARY

**EXECUTIVE SUMMARY**  
**Oregon's Federal PATH Allotment = \$561,000**

Name of Local-Area Provider	Geographic Area(s) to Be Served	Allocated PATH Funds	Amount and Source of Matching Funds	Estimated Number of Clients Who Will Be Contacted in FY 2012, including number who will be literally homeless adults	Estimated Number of Clients Who Will Be Enrolled
Cascadia Behavioral Health Care**	Portland Metro Area	\$88,328	<b>\$36,356</b>	# Contacted = 70 Literally Homeless Adults = 59	60
			<ul style="list-style-type: none"> <li>• City of Portland General Funds</li> <li>• Agency Funds</li> <li>• Short Term Rent Assistance Funds</li> </ul>		
Deschutes County Mental Health*	Deschutes County	\$94,000	<b>\$31,603</b>	# Contacted = 150 Literally Homeless Adults = 87	50
Luke-Dorf Hillsboro Site**	Washington County	\$50,096	<b>\$16,895</b>	# Contacted = 250 Literally Homeless Adults = 212	50
			<ul style="list-style-type: none"> <li>• Washington County General Funds</li> <li>• Agency Funds</li> </ul>		
Multnomah County MHASD* - The Bridgeview Community**	Multnomah County	\$219,713	<b>\$152,777</b>	# Contacted = 80 Literally Homeless Adults = 28	80
White Bird Clinic**	Lane County	\$81,923	<b>\$27,668</b>	# Contacted = 450 Literally Homeless Adults = 270	150
			<ul style="list-style-type: none"> <li>• City of Eugene Public Safety Funds</li> <li>• State General Funds</li> <li>• Donations</li> </ul>		

\* County Government Entity

\*\*Private Non-Profit Organization

**Services to be Provided Using PATH Funds**

In Oregon PATH will fund outreach, screening and diagnostic services, habilitation and rehabilitation services, community mental health services, alcohol and drug treatment services, staff training, case management services, supportive/supervisory services, referrals to other community services and resources, and housing services.

## **SECTION B: STATE-LEVEL INFORMATION**

## OPERATIONAL DEFINITIONS

Oregon Administrative Rules (OAR 309-032-0301 through 309-032-0351) prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program. The OARs in their entirety are included as Attachment A.

### **309-032-0311**

(6) “**Homeless Individual**” means an individual who:

- (a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
- (b) Is a resident in transitional housing that carries time limits.

### **309-032-0311**

(9) “**Imminent Risk of Homelessness**” means that an individual is:

- (a) Living in a doubled-up living arrangement where the individual’s name is not on the lease;
- (b) Living in a condemned building without a place to move;
- (c) In arrears in their rent or utility payments;
- (d) Subject to a potential eviction notice without a place to move; or
- (e) Being discharged from a health care or criminal justice institution without a place to live.

### **309-032-0311**

(17) “**Serious Mental Illness**” means a psychiatric condition experienced by an individual who is 18 years of age or older and who is:

- (a) Diagnosed by a [Qualified Mental Health Professional] as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or
- (b) Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:
  - (A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;
  - (B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;
  - (C) Establishment and maintenance of supportive relationships; or
  - (D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

### **309-032-0311**

(1) “**Co-Occurring Disorders**” (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

### ALIGNMENT WITH SAMHSA'S STRATEGIC INITIATIVE #3: VETERANS AND MILITARY FAMILIES

Oregon is unique in that it has no active duty military bases. Oregon's veterans are spread throughout the entire state, making service delivery difficult. It is common for veterans with serious mental illness to have distrust for "The System" and to engage only reluctantly in either Veteran's Administration (VA) or community mental health services. Historically, the local VA facilities including: VA Health Care Systems, Medical Centers, Outpatient Clinics, Community Based Outpatient Clinics, and Vet Centers provide the main community resource for veterans. Additionally, the funding stream for provision of services to veterans does not typically intersect with Medicaid funding for community mental health services. While veterans who receive VA pensions or other benefits utilize the VA for physical health care, dental health care, and hospitalization, the VA provides limited options for outreach and case management in a traditional community mental health setting.

The PATH Outreach staff in Oregon often provide a first step for veterans in building trust and rapport with service providers. PATH Outreach staff understand the unique needs and challenges of veterans experiencing serious mental illness and homelessness typically have more complex needs than other PATH service participants. PATH Outreach staff are highly aware of the need to be mindful of the history of trauma and PTSD that veterans have experienced. PATH Outreach staff incorporate trauma informed services, and identify underserved veterans receiving PATH services. They then work collaboratively with VA staff to engage and link veterans to the full array of services and supports they are entitled to.

Portland's local Veteran's Administration mandates that veterans receive their mental health services from their clinics. As a result, few PATH-funded services to veterans are provided in the Portland Metro area. Service providers in the Portland Metro area<sup>1</sup> do, however, assist veterans who are homeless to access local VA resources, including the recently opened Resource Center for homeless vets, VA ACT programs, the VA medical center, and the VA housing program. A small number of veterans are served by PATH providers in the Portland Metro area, and assistance is prioritized for veterans who are unable to access needed services from the VA due to veteran-status issues.

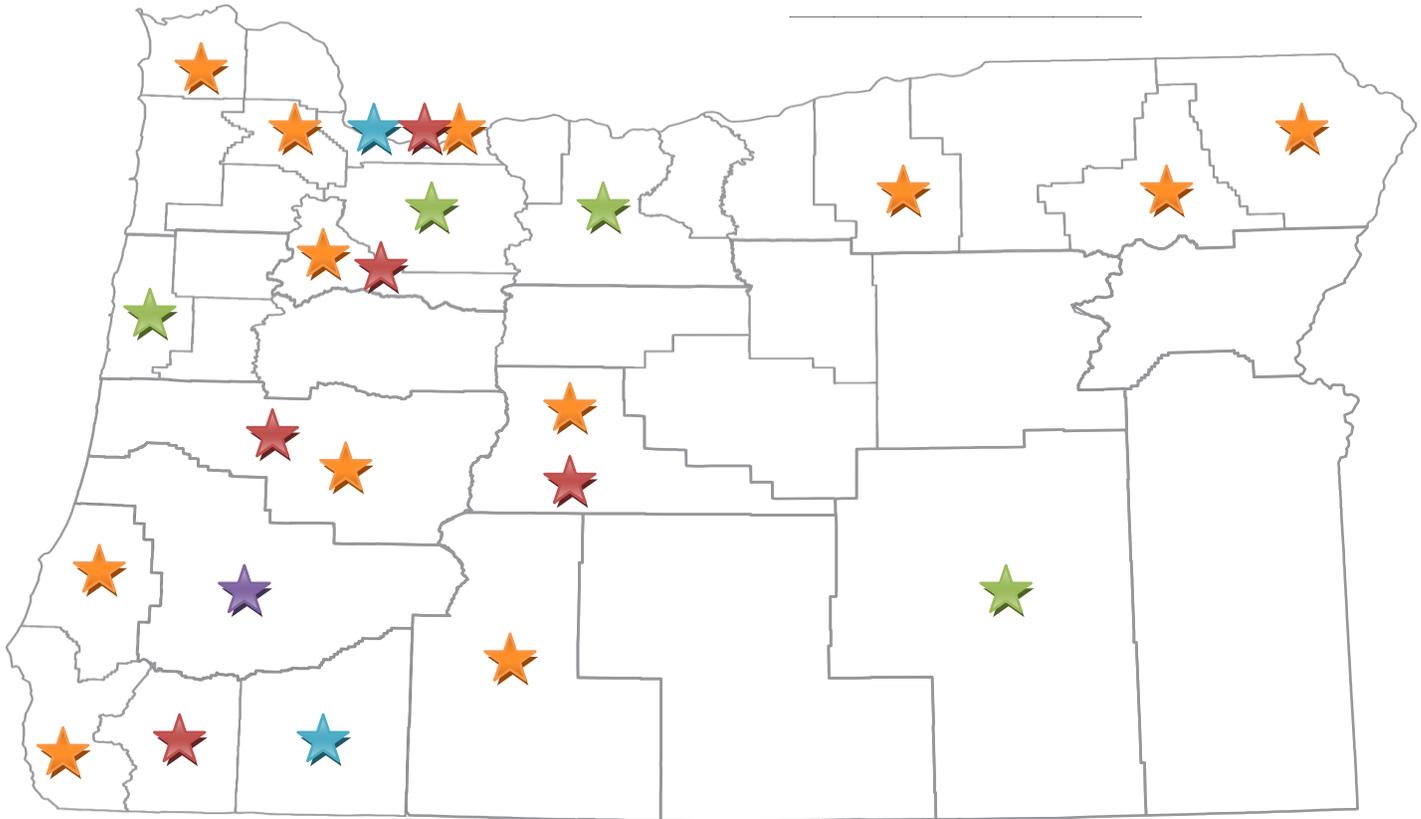
In rural communities, the VA contracts with local community mental health providers. In Deschutes County, the PATH Outreach Case Manager collaborates with Central Oregon Veteran's Outreach (COVO). COVO is a consumer-run organization of veterans who have experienced homelessness who provide outreach and advocacy services to veterans who are currently experiencing homelessness. The PATH Outreach Case Manager joins COVO staff on monthly camp outreach visits. In Lane County, PATH-funded staff partner and collaborate with local veterans service agencies like Vet Lift which provides temporary housing and other support services to veterans experiencing homelessness.

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

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

Figure 1.



-  VA Health Care System
-  VA Medical Center
-  Outpatient Clinic
-  Community Based Outpatient Clinic
-  Vet Center

**ALIGNMENT WITH SAMHSA’S STRATEGIC INITIATIVE #4:  
RECOVERY SUPPORT**

Adults with serious mental illness who are experiencing literal homelessness are the focus population for Oregon’s PATH program. Oregon Administrative Rule defines a literally homeless individual as “...an individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.” These are people who are sleeping on the street, in vehicles, and in camps as well as those sleeping in short-term homeless shelters. Accessing necessary services while experiencing homelessness is difficult enough, but when also trying to manage the symptoms of serious mental illness, access to services can be all but impossible.

Oregon’s PATH Providers will work with individuals enrolled in PATH to develop personal goals and strategies to address those goals. Motivational Interviewing techniques are used to build rapport, assess an individual’s motivation for change, and meet the individual where he or she is at. PATH Outreach Workers and Case Managers assist in accessing any and all available resources to help individuals meet their goals. In addition to reducing barriers at the individual level, PATH Providers act as advocates within city, county and state systems to address policies and procedures that present barriers to access for individuals with serious mental illness experiencing homelessness.

*Leading Change: A Plan for SAMHSA’s Roles and Actions* identifies four goals associated with SAMHSA’s Recovery Support Strategic Initiative. Table 2 lists these goals and examples of the strategies Oregon’s PATH Providers are using to address them.

Table 1.

<b>Goal</b>	<b>Strategies</b>
Promote health and recovery-oriented service systems for individuals with or in recovery from mental and substance use disorders.	<p>Oregon’s PATH Providers recognize that health and recovery-oriented service systems are integral in providing appropriate services for individuals with or in recovery from mental and substance use disorders. While each PATH program in Oregon looks different in operation, PATH services are based on the idea that recovery is possible and emphasizes the following recovery-oriented themes:</p> <ul style="list-style-type: none"> <li>• Hope</li> <li>• Dignity and self-respect</li> <li>• Restoration and personal growth</li> <li>• Personal responsibility and productivity</li> <li>• Self-management and autonomy</li> </ul>
Ensure that permanent housing and supportive services are available for individuals with or in recovery from mental and substance use disorders.	While PATH funds are not eligible to be used for housing development, PATH Providers throughout Oregon work tirelessly to increase access to safe, affordable, low-barrier

	permanent housing for individuals enrolled in PATH.
Increase gainful employment and educational opportunities for individuals with or in recovery from mental and substance use disorders.	Two PATH Providers have evidence-based Supported Employment programs that individuals enrolled in PATH are able to participate in, and all PATH Providers work with the Office of Vocational Rehabilitation or other vocational services provider to help individuals enrolled in PATH meet their employment and educational goals.
Promote peer support and the social inclusion of individuals with or in recovery from mental and substance use disorders in the community.	PATH Providers help connect individuals enrolled in PATH with community-based consumer-operated services where available. PATH Providers are encouraged to employ individuals formerly enrolled in PATH or who have been eligible for PATH services as either paid staff or volunteers.

## ALIGNMENT WITH PATH GOALS

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

### **Cascadia Behavioral Healthcare, Inc.**

Cascadia outreach and peer wellness staff will provide street level outreach, working in collaboration with JOIN (a local non-profit which specializes in providing street outreach services to individuals experiencing homelessness in the Portland Metro area) and local low-service shelter/day program sites, to identify highly vulnerable individuals and families who are homeless and not connected with community mental health services. Staff will engage and enroll clients into Cascadia outpatient services, and provide permanent housing placement followed by nine to twelve months of retention supports using the Critical Time Intervention model.

### **Deschutes County Health Services**

The PATH Outreach Case Manager has established numerous sites within the community to be able to meet with individuals living in homelessness. The focus has been to be available where people living in homelessness are congregating. In Deschutes County the primary places are the libraries and meal sites. Four times per week, the PATH Outreach Case Manager goes to these sites in Bend and Redmond and is able to successfully connect with individuals there.

Additionally, the PATH Outreach Case Manager has participated in homeless camp outreach with staff from the local veteran's organization, Central Oregon Veteran's Outreach (COVO). In this way the PATH Outreach Case Manager is able to go to camps and maintain personal safety. With continued funding, this outreach will be conducted on a monthly basis. Once the PATH Outreach Case Manager has made connections through outreach sites and camp visits, those individuals are assisted with whatever case management needs they have. Often this starts with getting identification and applying for medical or Social Security benefits. Beyond that, a significant amount of work is done connecting people with sustainable housing, health care and behavioral health support.

### **Luke-Dorf, Inc.**

The PATH-funded Homeless Outreach Program is specifically designed to target literally homeless individuals as a priority population. Street outreach is a priority service and staff spend significant time conducting this activity to identify PATH-eligible individuals. In order to reach the most vulnerable members of this population, staff travel extensively to areas where homeless people are known to camp, such as undeveloped green spaces, as well as areas that homeless people frequent including bottle return sites, community meals, and food pantries. This allows the prioritization of people who are literally homeless. The Outreach Team also responds to referrals from homeless individuals, hospital emergency rooms, jails, shelters, drop-in centers, colleagues and partner agencies, and other referral sources that reach this target population. The

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<sup>2</sup> See *Selection of PATH Local-Area Providers*.

program maintains weekly walk-in hours at two different sites (Hillsboro and Tigard) in order to build rapport with literally homeless individuals with the understanding that this population is typically difficult to engage. The drop-in hours provide a venue for individuals experiencing homelessness to receive information about services with no pressure to commit. Individuals deemed appropriate for PATH services can attend as often as they choose. Approximately 250 people will receive PATH-funded outreach services annually under this program, and approximately 85 percent of individuals enrolled in PATH will be literally homeless at first contact.

Case management is also a priority service for the program. If mental health services are necessary and desired by an individual identified via outreach as PATH-eligible, staff formally enrolls that person into the case management component of the program. Engagement and ongoing participation is encouraged through techniques including Motivational Interviewing and elements of Critical Time Intervention in order to ensure as many clients as possible receive case management. In addition to the provision of case management as a part of PATH enrollment, Outreach Specialists prioritize referral of engaged individuals to the community service provider and resources best suited to their needs for long-term services. Many individuals initially engaged in mental health services through the PATH Homeless Outreach program, eventually transition to long-term supports, including case management, mental health and addictions treatment, and housing through other Luke-Dorf programs as well as programs operated by partner agencies.

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

While street outreach services are not provided, case management is a priority service of the Bridgeview Community. All PATH-enrolled clients are connected with a Service Coordinator for strengths-based case management. Each participant collaborates with their Service Coordinator to develop and pursue an Individual Service and Support Plan (ISSP) which is reviewed at least every three months, and more often as necessary. The ISSP identifies concrete goals and intended outcomes. It then provides an outline of services and supports, including specific interventions, frequency and duration, to be provided to the resident in alignment with those goals and the person's assessed Level of Care. As a low-barrier housing program, clients are not required to engage in services in order to maintain housing. However, experience shows that those clients who participate meaningfully with available services have much greater success rates in terms of mental health and housing stability. Therefore, Service Coordinators actively encourage participation through engagement techniques such as Motivational Interviewing in order to ensure as many clients as possible choose to receive case management services. Engagement is also supported through the availability of a Peer Support Specialist. Through the unique perspective of shared experience, peers are often able to build an important level of trust and rapport with clients who may otherwise be unwilling to engage.

The Bridgeview Community targets literally homeless adults as a key population through the use of a weighted waitlist system in which individuals are prioritized by acuity of need. As units become available, literally homeless individuals, especially those currently unengaged with mental health services, are given preference, followed by those who are most imminently losing their housing, over those with housing resources. This ensures prioritization of the most

vulnerable populations. At least 85 percent of individuals enrolled will not be enrolled in community mental health services at first contact and will be connected to community mental health services as a result of program participation.

### **White Bird Clinic**

The White Bird PATH program is designed to reduce barriers to access and to support and sustain recovery from the mental health and substance use disorders of its clients experiencing homelessness. Services are targeted to adults who are literally and chronically homeless.

Referrals to the PATH program come to White Bird through the network of Lane County service agencies and through White Bird's in-house homelessness programs. Outreach services are provided to homeless persons on the streets, at their camping spots and hangout areas, the Eugene Rescue Mission, and meal sites throughout the Eugene-Springfield metro area. Outreach services are provided daily by White Bird's Homeless Case Managers and the CAHOOTS program<sup>3</sup>. PATH-funded staff also provide inreach to White Bird programs including the medical and dental clinics, Homeless Case Management and Benefits Advocacy, and the walk-in crisis intervention program.

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<sup>3</sup> More information on CAHOOTS is provided in White Bird Clinic's Intended Use Plan.

## ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

From Oregon's FFY 2012-2013 Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant application –

*People experiencing homelessness who have a serious mental illness are much less likely to access treatment services thus increasing the risk of further illness, mandated treatment and greater disability. As such, stable housing is a primary factor for facilitating recovery for people with serious mental illnesses. "Having a place to call home is necessary for adequate psychological health. It is very difficult for people with psychiatric disabilities to stabilize their psychiatric condition or begin to move towards recovery without having a place to call home. A home is a universal human need"<sup>4</sup>.*

*A safe, affordable, supportive place to live is essential to recovery from addictions and mental health disorders. When people are uncertain about where they will live or are forced to live in emotionally and physically dangerous environments their continued recovery is at risk. Unfortunately, most consumers of Oregon's publicly funded system live in these adverse living environments.*

*As the economy has worsened, housing insecurity has become more pronounced for people with substance use and mental health disorders. The urban areas of Oregon are some of the most expensive for rental housing and home ownership in the country. In rural Oregon the need for safe, affordable housing is even more pronounced due to the greater impact of the economic downturn. Oregon's historical focus has been on developing licensed housing. More resources are being utilized to develop scattered site supported housing and independent living opportunities.*

Services funded by the PATH grant will supplement the Addictions and Mental Health Division's overall work to decrease homelessness and help to provide safe, affordable, recovery-friendly housing for adults with serious mental illness by assisting individuals in accessing the services and supports necessary to attain and maintain housing.

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<sup>4</sup> Permanent Supportive Housing Toolkit, SAMHSA, 2010

## ALIGNMENT WITH STATE PLAN TO END HOMELESSNESS

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

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

The current PATH Providers are integral in accomplishing these goals. All PATH Providers support people at imminent risk of homelessness to help them stabilize and remain in their housing. This is achieved through providing direct rental assistance or by referring to other appropriate community resources.

While PATH funding is not used for housing development, PATH Providers work to help transition consumers quickly into permanent housing. Unfortunately, there is still a large need for safe and affordable permanent housing in Oregon, but PATH Providers are skilled at accessing all housing options available for the people they serve. PATH Providers offer an array of individualized supportive services for people enrolled in PATH to assist in attaining and maintaining permanent housing.

Through Motivational Interviewing techniques, PATH Providers meet consumers where they are and provide the support and encouragement needed to navigate the mental health and social services systems. Although skills training is not funded through PATH dollars, most individuals enrolled in PATH are referred to skills trainers who help them increase their self-sufficiency.

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

Data collection continues to be a high priority at the state level, and HMIS implementation will help to ensure meaningful data is collected and utilized.

## PROCESS FOR PROVIDING PUBLIC NOTICE

The FFY 2012 PATH application has been posted on AMH's website<sup>5</sup> since its submission in spring of 2012. Feedback and input on the application has been solicited and gathered since then to be used in the preparation of the subsequent year's application. Upon release of the FFY 2013 PATH Request for Applications, a request for review and feedback on the FFY 2012 application was sent to a broad array of stakeholder groups in preparation for writing the FFY 2013 application. The feedback received during this process, where applicable, has been incorporated in this year's PATH application.

Oregon's FFY 2013 PATH application was posted on the Addictions and Mental Health (AMH) webpage for public comment. Contact information for the State PATH Contact (SPC) was included for any interested parties to provide feedback on the application. Notification of the posting of the application was sent to: the Directors of the Community Mental Health Programs (CMHPs) throughout Oregon, the current PATH providers, the National Alliance on Mental Illness – Oregon, the Addictions and Mental Health Planning and Management Advisory Council, the Oregon Consumer Advisory Council, the Oregon Consumer/Survivor Coalition, the Young Adults in Transition listserv, contacts for Oregon's Continuum of Care, Oregon Housing and Community Services, and the Oregon Coalition on Housing and Homelessness. Persons receiving the notification were asked to forward the notice to other interested parties.

An additional level of public input was included through the competitive application process<sup>6</sup> utilized to select the FFY 2013 PATH providers. A Notice of Intent to Award was posted on the Oregon Procurement Information Network which provided an opportunity for the awards to be protested. No protests were received.

A copy of the submitted application will be posted on the AMH webpage in order for the State PATH Contact to gather ongoing feedback throughout the year via phone call, email or postal mail.

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<sup>5</sup> <http://www.oregon.gov/OHA/amh>

<sup>6</sup> See *Selection of PATH Local-Area Providers*

## PROGRAMMATIC AND FINANCIAL OVERSIGHT

Oregon PATH Providers must comply with the Oregon Administrative Rules governing PATH-funded services. 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.

PATH Providers submit quarterly data based on the information required for the annual Federal report. These reports will be updated to comply with the recently released revisions to the annual PATH report. The State PATH Contact compiles this data to prepare the annual report for each provider.

On-site program evaluations are conducted by the State PATH Contact annually for each PATH Provider. Site reviews were conducted in summer 2012 and will be conducted again in summer 2013. The most recent site reviews for each provider can be found in Attachment B.

## SELECTION OF PATH LOCAL-AREA PROVIDERS

A competitive application for Oregon's PATH grant funds was released on January 8, 2013. A copy of the Request for Proposals is included as Attachment C. A committee including representatives of AMH, a representative of the Addictions and Mental Health Planning and Advisory Council, and a representative of the Oregon Coalition on Housing and Homelessness reviewed and scored all applications received, and a Notice of Intent to Award (pending approval of Oregon's PATH application) was issued on May 6, 2013, for the following organizations:

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

Contracts are in the process of being negotiated and finalized, and will begin July 1, 2013.

## LOCATION OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES WHO ARE EXPERIENCING HOMELESSNESS

AMH obtains data on homeless persons with mental illness primarily from Oregon's Point in Time Homeless Count data. While it provides an indication of the extent of homelessness among persons with mental illness throughout the state, it is not considered comprehensive or complete due to the inherent difficulty of counting homeless persons and the limitations of its implementation.

Oregon Housing and Community Services (OHCS) conducts counts of persons accommodated in and turned away from homeless shelters throughout the state. These counts also include persons who could not access a shelter or are living on the street, and those living in transitional housing. The count does not include individuals in a crisis respite program, short-term acute psychiatric facility, corrections facility or in temporary housing. A street count is also conducted; however, not every county completes a street count each year. The most recent count available is the January 2011 count. It identified a total of 15,422 homeless adults who were sheltered or turned away from shelter. The survey format asks individuals whether they are eligible for services due to a mental or emotional disorder, substance abuse, or dual diagnosis. Of the 15,442 homeless adults identified in January 2011, 3,022 self-disclosed having a mental or emotional disorder.

Table 2 shows the breakdown, by county, of individuals with serious mental illness experiencing homelessness as reported by 2011 Annual Point in Time Count data (current PATH Providers are highlighted). Figure 2 below indicates the counties where FFY 2013 PATH funds will be allocated for services to persons with serious mental illness who are homeless or at imminent risk of homelessness. PATH-funded programs serve the counties with approximately 50.4 percent of Oregon's homeless population, and 82.9 percent of Oregon's homeless population who experience serious mental illness.

Table 2.

County	Population <sup>7</sup>	Homeless Adults <sup>8</sup>	Homeless Adults with SMI <sup>9</sup>
Baker	16,210	6	1
Benton	86,785	87	38
Clackamas	381,680	1,508	290
Clatsop	37,190	283	42
Columbia	49,680	175	30
Coos	62,890	624	118
Crook	20,650	173	38
Curry	22,295	79	15
<b>Deschutes</b>	<b>160,140</b>	<b>953</b>	<b>102</b>
Douglas	108,195	496	117
Gilliam	1,900	0	0
Grant	7,450	0	0
Harney	7,315	3	0
Jackson	204,630	753	193
Jefferson	21,940	131	19
Josephine	82,445	728	102
Klamath	66,740	246	59
Lake	7,920	36	3
<b>Lane</b>	<b>354,200</b>	<b>1,756</b>	<b>467</b>
Lincoln	46,295	29	11
Linn	118,035	117	45
Malheur	31,395	32	4
Marion	320,495	755	176
Mid-Columbia <sup>10</sup>	50,125	488	40
Morrow/Wheeler	12,725	7	1
<b>Multnomah</b>	<b>748,445</b>	<b>4,137</b>	<b>798</b>
Polk	76,625	107	19
Tillamook	25,305	267	20
Umatilla	77,120	128	26
Union	23,175	21	9
Wallowa	7,015	0	0
<b>Washington</b>	<b>542,845</b>	<b>932</b>	<b>218</b>
Yamhill	100,550	365	21
<b>State Totals:</b>	<b>3,883,735</b>	<b>15,422</b>	<b>3,022</b>

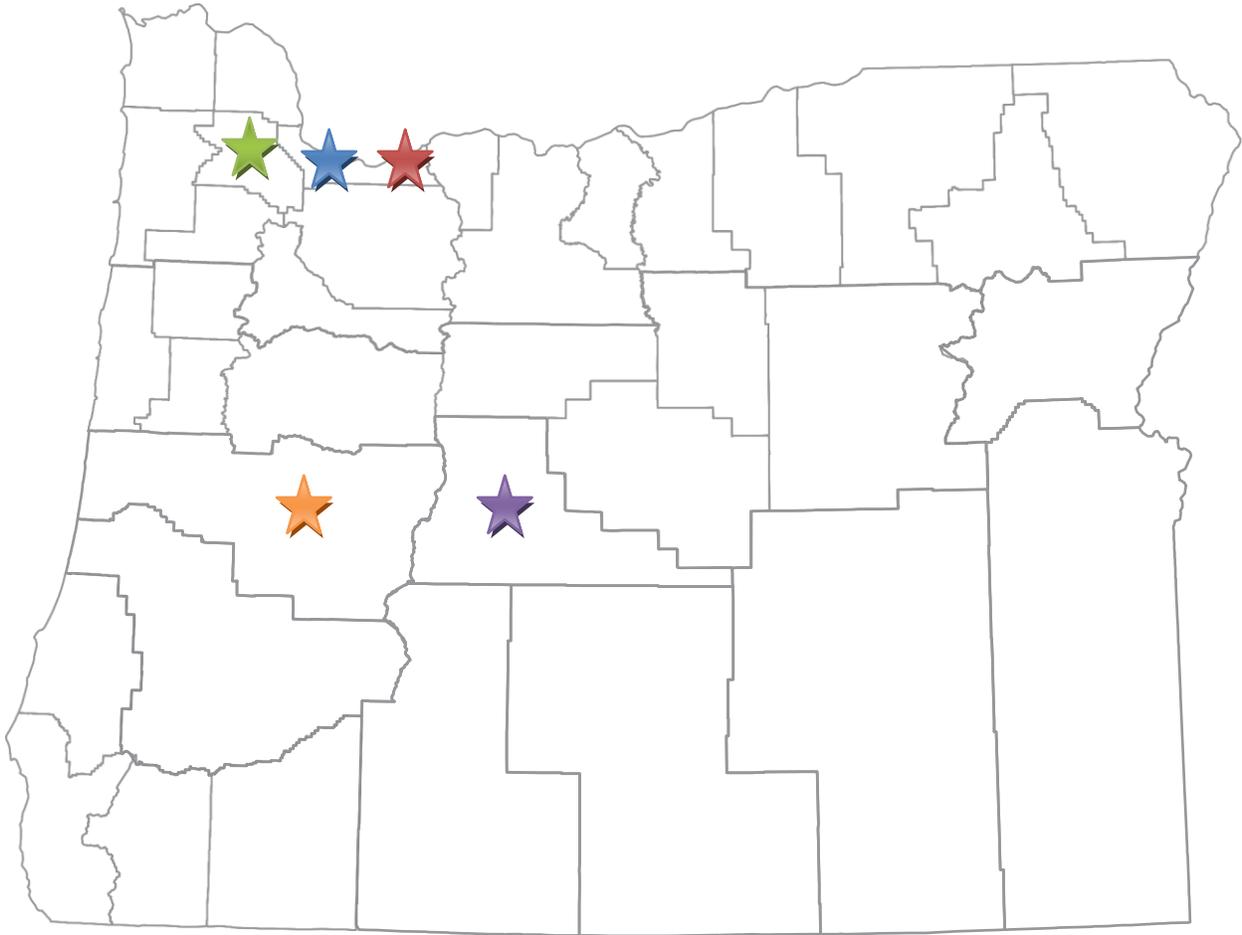
<sup>7</sup> Portland State University 2012 Annual Population Report

<sup>8</sup> Point in Time Count data available at [www.oregon.gov/ohcs/pages/ra\\_point\\_in\\_time\\_homeless\\_count.aspx](http://www.oregon.gov/ohcs/pages/ra_point_in_time_homeless_count.aspx)

<sup>9</sup> Point in Time Count data available at [www.oregon.gov/ohcs/pages/ra\\_point\\_in\\_time\\_homeless\\_count.aspx](http://www.oregon.gov/ohcs/pages/ra_point_in_time_homeless_count.aspx)

<sup>10</sup> Mid-Columbia includes the counties of Hood River, Sherman and Wasco

Figure 2.



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

## MATCHING FUNDS

A total of \$222,750.00 in non-Federal contributions will match PATH funds in FFY 2013. This well-exceeds the \$187,000.00 minimum match requirement for Oregon.

- Cascadia Behavioral Healthcare will provide \$36,356 using City of Portland General Funds, agency funds, and Short-Term Rent Assistance funds.
- Deschutes County Health Services will provide \$31,603 using Deschutes County General Funds.
- Luke-Dorf will provide \$16,895 using a combination of Washington County General Funds and agency funds.
- Multnomah County Mental Health and Addictions Services Division will provide \$152,777 using Multnomah County General Funds.
- White Bird Clinic will provide \$27,668 using City of Eugene Public Safety funds, State General Funds, and donations.

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

## OTHER DESIGNATED FUNDING

PATH funds are the only funds designated specifically for serving people who are experiencing homelessness and serious mental illness. While the Mental Health Block Grant (MHBG), Substance Abuse Prevention and Treatment Block Grant (SAPTBG), and general revenue funds pay for many of the mainstream services that PATH funds help provide access to, they are not specifically designated for serving people who are experiencing homelessness and serious mental illness.

Significant movement in preparing PATH providers to utilize HMIS has taken place over the last year.

When use of HMIS was first required by HUD, three of Oregon's CoCs (Clackamas County CoC, Washington County CoC, and Multnomah County CoC) implemented the use of a vendor-supplied HMIS system called ServicePoint. The remaining five CoCs, representing the remaining 33 counties, implemented the use of OPUS. Oregon Housing and Community Services (OHCS) developed OPUS, an HMIS system available to any Continuum of Care (CoC) wishing to use it. Unfortunately, budget cuts and workforce reductions at OHCS resulted in the OPUS system becoming out-of-date with Federal HMIS standards. Data-entry for OPUS was not very user-friendly and significant updates and changes would be required for PATH data to be collected through OPUS.

OHCS, Representatives of the Rural Oregon Continuum of Care and other CoCs utilizing OPUS worked in coordination with Home Forward (formerly Portland Housing Bureau) to implement the use of ServicePoint throughout Oregon. Implementation for the five CoCs was phased in beginning with the Lane County CoC on August 5, 2011.

All CoCs in Oregon now have access to ServicePoint as their HMIS software; however, PATH providers have varying degrees of involvement in their local CoC (see provider Intended Use Plans), and further collaboration and negotiation will be necessary to ensure access to ServicePoint. The SPC is working closely with Home Forward to ensure HMIS implementation for all PATH providers within the next 12 months.

## TRAINING

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

- Oregon Coalition on Housing and Homelessness Conference. PATH funds for FFY 2012 were allocated for registration and travel costs for two PATH-funded staff from each PATH provider to be able to attend the 2013 conference. Funds for FFY 2013 will be allocated for attendance at the 2014 conference. Attachment D is the 2013 conference agenda.
- PATH Webinars and Conference Calls. PATH Providers are encouraged to attend webinars and conference calls provided by the PATH Technical Assistance Center.
- Trauma Informed Services and Best Practices for Street Outreach. The SPC collaborated with representatives from SAMHSA's Housing and Homelessness Resource Network to provide training on using Trauma Informed Services to provide best practices for street outreach to individuals who have a serious mental illness and are experiencing homelessness. This two-day training was held in Salem, Oregon, in September, 2012, and was attended by PATH-funded staff from all of the Oregon PATH providers and other interested parties. Attachment E is the agenda from the training.
- SSI/SSDI, Outreach, Access and Recovery (SOAR). The SPC is working closely with Policy Research Associates, Inc. to plan SOAR training for Oregon's PATH providers.

In addition to the formal training events described above, the SPC and other AMH staff are available to provide technical assistance to PATH program staff on an ongoing basis. The SPC routinely disseminates information on training opportunities that may be of interest to PATH providers. AMH also sponsors quarterly Housing Technical Assistance meetings where grant opportunities are discussed, information is shared, and networking occurs.

**SECTION C:  
LOCAL –AREA PROVIDER  
INTENDED USE PLANS**

**Provider Description:**

**Name:** Cascadia Behavioral Healthcare, Inc.

**Type of Organization:** Non-profit behavioral health services and housing provider

**Region Served:** Multnomah County, Clackamas County, Lane County

**Federal PATH Funds Received:** \$88,328

Cascadia provides a continuum of crisis intervention, a range of residential treatment, supportive housing and homeless services, and housing, mental health and addictions outpatient services, forensic services, medical services, and affordable housing development. Cascadia is unique in that they are the largest, and in many cases the only, provider of housing services for individuals experiencing serious mental illness, addictions, or co-occurring disorders. Cascadia currently manages 42 properties with 625 units of housing for people with disabilities.

**Collaboration with HUD Continuum of Care:**

Cascadia’s Homeless Services leadership team is actively involved in the HUD Continuum of Care and local planning, coordinating and assessment activities related to ending homelessness. The Senior Director of Homeless Services at Cascadia is a member of the Multnomah County CoC, and the Homeless Services Program Manager is the co-chair of its planning committee. The Homeless Services Program Manager and the PATH Program Manager have both received individual awards for leadership in efforts to end homelessness from the Multnomah County CoC.

Cascadia’s Letter of Support from the Multnomah County CoC is included in Attachment F.

**Collaboration with Local Community Organizations:**

PATH services will be supported by access and linkage to our new SAMHSA-funded Integrated Health Program, OPHI. OPHI is a partnership between Oregon Health and Science University, Outside In Health Clinic, and Cascadia to bring integrated health care and wellness services to vulnerable adults who have serious mental health issues and other chronic health conditions. Cascadia’s Wellness Center is an OPHI site. OPHI includes, but is not limited to, a primary care physician, primary care and psychiatric nursing staff, and peer wellness staff. Outside In operates a full-service mobile medical van to provide primary care services.

Housing is core to Cascadia’s operations. Cascadia controls front door access and mental health services to 250 units of supportive housing. Cascadia has existing long-term contractual agreements with Inovative Housing and Home Forward for set-aside apartments and permanent rent subsidies via the Shelter Plus Care (S+C) voucher program. Cascadia partners with Home Forward for three independent grants and includes tenant- and project-based S+C vouchers. Cascadia’s housing and homeless services programs are interwoven, with Cascadia Housing

providing asset and property management while the Homeless Services Division provides rental subsidies and supportive services.

Cascadia also has a strong existing partnership with JOIN. JOIN is recognized as the premiere street outreach and housing placement service agency in Portland. JOIN's office also serves as a day services site which offers easy to access services and other supports including: showers, hygiene products, laundry, and storage lockers for people who are sleeping outside. Cascadia's homeless outreach staff are co-located at JOIN, and have a shared vision of deep integration, close coordination, and a desire to have alignment of philosophical and key operational approaches.

## Service Provision:

### Gaps:

There are significant gaps in the current service system which result in adults who are struggling with serious mental illness and also experiencing homelessness getting caught in endless cycle of poverty and homelessness. Cascadia has seen an 8 percent increase in homelessness in the city of Portland. Pre-Medicaid costs for services used by Cascadia's target population averaged \$42,075 per person. These costs significantly decrease as people have access to resources that promote preventative maintenance of health concerns. For example, hospital stays are 36 percent longer and use of emergency rooms are four times higher for a person who is homeless versus a person who is housed. Cascadia's target population lacks the financial resources essential to having a home, health care, and access to behavioral health treatment.

There are inadequate shelter and housing resources to meet the demand in Portland. It is common for those struggling with mental health symptoms to have less success accessing what resources exist. Due to untreated symptoms they often struggle with social interactions and find themselves unable to abide by shelter guidelines or successfully secure an apartment. Those with symptoms of psychosis are particularly at risk, and responding to hallucinations and delusions typically results in their being shunned, avoided, inadequately supported, or terminated from services. In addition the majority, approximately 65-70 percent, of adults with serious mental illness who are homeless are without adequate insurance coverage and do not receive disability benefits.

PATH staff will focus on three goals with each participant:

1. Building and maintaining a trusting therapeutic alliance;
2. Increasing access to mainstream benefits; and
3. Rapid placement into housing with retention support.

Primary system gaps which would be addressed via PATH-funded services include: barriers to service access related to acuity and frequency of mental health symptoms such as disorganization, delusions, confusion, paranoia, anxiety, and low cognitive functioning which impair individuals ability to identify resource options, schedule and maintain outpatient appointments, manage money/resources, meet dietary needs, self-administer medications, control symptoms, and/or meet basic personal safety and self-care needs.

PATH-funded services will provide intensive short term supports by highly trained and skilled clinicians who will assist participants in navigating resources, health care and housing systems while also providing them with therapeutic supports and services to reduce or control symptoms

and engage in care. PATH staff will closely coordinate with JOIN to connect with individuals and households affected by mental illness who are sleeping outside or in low-service shelters. Cascadia's PATH Outreach Workers will employ client-centered services and timely access to basic supports to quickly engage the target population into rapid housing placement services.

Integrating harm reduction principles, participation in PATH services will not require "adherence" to treatment, enrollment in traditional treatment programs, or sobriety but simply consenting (via signed form) to enroll in services and an interest to secure housing. For participants placed in supportive housing via Cascadia, the team will provide time-limited transitioning supports. For participants placed in independent, affordable housing, the team will provide home-based supports using Critical Time Intervention which includes focusing on time-limited, client-centered goals for nine to twelve months after placement. Critical Time Intervention emphasizes supporting each individual to build their unique network of formal and informal supports and promotes independence, recovery and hope.

## **Services**

Seventy eligible individuals will receive PATH-funded services including outreach and engagement services. Sixty people will be enrolled in PATH, and approximately seventy will receive outreach services. Eighty-five percent or more of individuals served through PATH will be enrolled in Cascadia's outpatient services through either the Homeless Service Division or at one of Cascadia's three Portland Clinic sites. Eighty-five percent of individuals served with PATH funds are projected to be literally homeless.

The Street Outreach Worker is a Qualified Mental Health Professional (QMHP) who provides street outreach using client-centered engagement approaches and Motivational Interviewing techniques with a focus on developing a relationship built on trust, respect and follow-through. The Peer Wellness Staff works in close collaboration with the Outreach Worker to engage and support participants, escort them to key appointments, and provide peer coaching and emotional supports. Primary mental health services include: assessments, treatment planning, skills training, case management, crisis intervention, and psychotherapy services.

Staff assist the participants in setting up ongoing mental health and physical health care access, escorting them to initial visits to help with engagement. Staff also work with each participant to create a working relationship with their property manager and provide information and contact information to help minimize housing crisis. Using the Critical Time Intervention model, PATH staff assist each participant to develop and attain their own individualized informal support system after placement into housing. This often includes building or re-building important friendships, community and family relationships.

The team will provide hands-on assistance in gathering essential documents required for housing placement (e.g. photo ID, birth certificate, social security card, etc.); identifying housing options including permanent supportive housing; coordinating tours of apartments; and helping participants submit housing applications and reasonable accommodation requests. The PATH team will assist each participant in applying for Medicaid, SNAP, and connecting with local benefits acquisition support programs as needed. It is anticipated that approximately 40 percent of participants will be without insurance or income upon initial contact. Each participant will be

assisted in accessing benefit options available to them locally. Staff also coach and provide emotional support to participants throughout the housing search and encourage them to seek out a home that best meets their personal needs and preferences.

For participants who are struggling with acute mental health symptoms and want supportive housing, the team will complete applications in collaboration with the individual and accompany them to any interviews. Staff also assist each household prepare for the move into their new apartment by helping them plan for and set-up their new home. This includes assistance with donated furnishings, household items, and shopping for essential needs. Cascadia will leverage client assistance funds to assist households without an income or otherwise need financial assistance in this process.

Cascadia's PATH team has full access to rent assistance as well as transitional and permanent supportive housing options. As a division, Homeless Services manages front door access to over 250 units of supportive housing, all specifically set aside for highly vulnerable individuals and families who have a disabling mental health condition, and are homeless at entry into services. The PATH Case Manager is based out of the Royal Palm Wellness Center in Old Town Portland, and will assist participants with rent subsidy and short-term rental assistance applications in coordination with Cascadia's Housing Outreach Team (HOT). HOT receives local Short-Term Rent Assistance funds, two HUD McKinney grants to serve chronically homeless adults, and numerous HUD McKinney rent assistance vouchers (primarily Shelter Plus Care).

### **Services for Individuals Experiencing Co-Occurring Mental Health and Substance Use Disorders**

All services outlined above will be available for individuals who have both serious mental illness and a substance use disorder. Cascadia operates within a harm reduction model, and approximately 80 percent of the Homeless Service Division's clients have current or historic substance abuse issues. All staff are trained and experienced at providing integrated treatment services with an emphasis on recovery. Cascadia's supportive housing portfolio is primarily harm reduction, but also includes 15 units of alcohol- and drug-free housing and a 15-unit supportive housing facility specifically for individuals/households experiencing co-occurring mental health and substance use disorders.

### **Support and Training for Evidence-Based Practices (EBPs) and HMIS**

Cascadia is committed to training all clinical staff on key evidence-based practices. As such, Cascadia will continue to invest in ongoing training for PATH-funded and other Homeless Service Division staff on evidence-based practices. In the past 18 months, the Homeless Service Division has focused significant resources on training management staff in Trauma Informed Care, Motivational Interviewing, and Critical Time Intervention.

The Homeless Service Division is engaged in a year-long Trauma Informed Care learning community as a part of the National Council for Community Behavioral Health Care, which kicked-off with attendance at a national training and conference last spring. Leaders in the Homeless Service Division are clinically knowledgeable and can provide quality trainings on Motivational Interviewing, Housing First, Harm Reduction, and Illness Management and Recovery, among other EBPs, for PATH staff. Cascadia's leadership staff participated in an

extended training and coaching session on Critical Time Intervention from a nationally recognized leader in Critical Time Intervention programming.

The State PATH Contact will work closely with Cascadia to implement PATH data collection and entry in HMIS.

### **Data**

Cascadia will implement PATH data collection and entry in HMIS by June 30, 2013.

### **SSI/SSDI Outreach, Access and Recovery (SOAR):**

PATH-funded staff at Cascadia will access any local SOAR training opportunities available. Additionally, the State PATH Contact is working with the SOAR Technical Assistance Center to provide training to Oregon's PATH-funded staff.

### **Access to Housing:**

Cascadia will provide information to each participant on the range of housing options, including transitional housing, permanent supportive housing, and permanent independent housing. For participants who are extremely vulnerable with acute needs. Cascadia will also explore structured housing opportunities available (residential treatment homes, residential treatment facilities, and adult foster homes) if those options are desirable and meet their specific needs. The team has access to rental assistance funds and access to Cascadia's supportive housing programs. The team also utilizes [www.housingconnections.org](http://www.housingconnections.org), a website that connects people with affordable housing in the Portland metro area, and is trained to effectively assist clients in applying for independent housing.

Staff provide appropriate coaching to participants to help them make time-sensitive housing decisions and address symptoms such as anxiety, confusion, disorganization and delusions which have been barriers to housing placement in the past. Cascadia staff are also trained to work with property management agencies as partners which allows for effective advocacy resolving housing crises. Staff are also well-versed in Oregon Landlord-Tenant law, Fair Housing law, and HIPAA. Approximately 50 percent of PATH participants are anticipated to move into Cascadia housing.

### **Cultural Competency:**

Cascadia maintains a 14 member 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 has recently identified an additional 14 staff to broaden employee expertise in understanding and performing in culturally-competent ways. There is a plan to add consumers to the team as well. This committee also crafted Cascadia's updated cultural relations policy to meet the new Oregon Administrative Rules and is revising the agency's strategic plan to embed diversity and cultural competency as core values.

Cascadia's new clinical cultural competency policy has been amended to include federally mandated CLAS standards. This policy states:

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, state, and federal requirements.

Cascadia considers all individuals for entry without regard to race, ethnicity, gender, gender identity, gender presentation, sexual orientation, religion, creed, national origin, age, except when program eligibility is restricted to children, adults or older adults, family status, marital status, source of income, or disability.

Language will not be a barrier to services. Cascadia will provide or arrange for language services to facilitate cultural and linguistic communication between limited or non-English proficient participants 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 the use of best practices in deliver of culturally competent services.

Further, Cascadia's Homeless Service Division has instituted specific outcome measures during state fiscal year 2012-2013 related to culturally specific goals including goals related to hiring and training of staff, access to Cascadia's supportive housing, and community outreach.

### **Staff Information**

Cascadia has placed a high priority on developing a workforce that is a reflection of those they serve. Currently, 13 percent of Cascadia's employees are African-American, 2 percent are of Asian heritage, and 3 percent are Hispanic. Cascadia currently employs three outreach staff, the demographics of which, are:

- 66 percent are male
- 33 percent are female
- 66 percent are African-American
- 33 percent are Hispanic
- 33 percent are Caucasian

Additionally, one outreach worker is fluent in both written and verbal Spanish and English.

### **Client Information**

Homeless adults with serious mental illness face multiple challenges which are often made more complex by substance abuse. Most are struggling to meet basic survival needs, lacking income or

insurance, or accessing mainstream resources. This population has extremely high rates of trauma which leads to distrust, anxiety and are often challenging to engage in treatment and housing placement activities. Many will need significant help completing paperwork and getting to initial health and housing appointments.

The culture of homelessness creates an insulted microcosm that resists interface with government entities and treatment providers. Some become distrustful of authority, culturally isolated from the community, and unwilling to interact with others. Cascadia currently provides a range of homeless services including a small outreach program. The current racial/ethnic demographics of the participants in the outreach program are:

- 50 percent male
- 50 percent female
- 72 percent Caucasian
- 15 percent African-American
- 4 percent Native American
- 3 percent Hispanic
- 1 percent Asian or Pacific Islander
- 5 percent Unknown
- 86 percent are between the ages of 26 and 65

## **Training**

New employee orientation includes a unit on the basic framework of cultural competence, Cascadia's policies and procedures related to delivery of culturally competent services, as well as Cascadia's anti-bias policy. In addition, all staff receive mandatory annual training on basic cultural competency and training on clinical requirements and documentation to include protocols, policies, procedures and resources related to cultural competence.

The Homeless Service Division recently provided all division staff with a special half-day training on diversity. Cascadia has several other training sessions scheduled specifically for homeless services staff and are dedicated to providing culturally relevant and competent services.

Each year Multnomah County conducts a cultural survey. Cascadia's staff participation in this year's survey increased by 34 percent over last year, reflecting the organization's increased attention to race and culture. Cascadia received improved scores in the domains of "Knowledge of Communities" and "Organizational Policy and Procedure". Cascadia also scored above average in "Personal Involvement", "Resources and Linkages", and "Reaching Out to Communities". While we are proud of the efforts that earned Cascadia high scores, Cascadia is also looking at areas for improvement by reviewing all domains with the Diversity Steering Committee, the Quality Improvement Committee, and the Consumer Advisory Council in order to set goals and develop education for the coming year.

## **Consumer Involvement:**

Cascadia staff work to involve consumers and their family members at the organizational level in the planning, implementation, and evaluation of PATH-funded services through multiple existing consumer and family involvement efforts currently underway at Cascadia.

Overall, Cascadia maintains a meaningful consumer and family involvement clinical policy that all staff are required to endeavor. This policy states that all staff will seek to engage and maintain individual and family involvement in all phases of assessment, service planning and the individual's treatment and agency operations. Cascadia extends the term "family" to include, but not be limited to:

- 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 natural, formal or informal support persons identified by the individual. Further this policy incorporates the use of person-centered, evidence-based, family-driven, culturally competent, gender-specific, and trauma informed care planning. Additionally, Cascadia's person-centered planning approach incorporates the principles of Wellness Recovery Action Plans (WRAP). An integral part of every part of assessment, treatment planning, and service delivery is focused on assisting the client to lead their own treatment process.

Cascadia created a peer wellness program two years ago to establish an organizational culture driven by peers and wellness. The state-approved Peer Recovery Support Services curriculum was developed in Benton County, Oregon, by Meghan Caughey who is now Cascadia's Senior Director of Peer and Wellness Services. Peer Wellness Specialists undergo a rigorous 11-week, college-accredited training course followed by an internship prior to employment. Peer Wellness Specialists support clients in healthy eating, exercise, smoking cessation, and other health practices. Peer Delivered Services are an emerging best practice which incorporates peers in the delivery of evidence-based practices and other client support services. Peer Wellness Specialists help participants engage in integrated care as well as to empower them to take control their own healthy living habits.

At this time, Cascadia has six homeless program participants who have completed or are enrolled in Cascadia training to become Peer Wellness Specialists. Two have recently been hired and are working in the OPHI integrated health care program which is connected to Cascadia's Supportive Housing and Outpatient Clinic. PATH services include a Peer Wellness Specialist as a key member of the team.

Cascadia operates multiple Consumer Advisory Councils across the four primary divisions. Each is composed of consumers of mental health services, and their mission is to advocate on behalf of their peers at the program, agency, local, state, and federal level. The Homeless Service Division has an active Consumer Advisory Council and participants at the Homeless Service site

are part of the Core Trauma Informed Care Planning Team. PATH participants are welcome and encouraged to participate.

Finally, Cascadia's Quality Improvement Committee includes members of Cascadia's leadership teams, community members and consumers. This committee reviews all quality indicators, grievances and associated quarterly aggregate data, and advises Cascadia on areas for improvement. PATH participants are welcome and encouraged to participate.

**Provider Description:**

**Name:** Deschutes County Health Services (DCHS)

**Type of Organization:** Community Mental Health Program

**Region Served:** Deschutes County

**Federal PATH Funds Received:** \$94,000

DCHS provides integrated mental health and addictions services. Services are provided to both children and adults and include:

- 24-hour crisis intervention
- Outpatient mental health and addictions services
- Longer-term case management and support to individuals with a serious mental illness.
- Individual Placement and Supports Supported Employment
- A bridge program for individuals involved in the corrections system
- Oversight of residential and supported housing programs
- Assertive Community Treatment

Housing programs include two foster care homes, three residential treatment homes, one secure residential treatment facility, three supported housing programs (33 units), and one 14-unit transitional housing program. Additionally, DCHS contracts with St. Charles Medical Center in Bend when acute psychiatric hospitalization is needed for uninsured individuals or for those on the Oregon Health Plan (Medicaid). DCHS has also been providing PATH services since 2004 as part of services available to individuals with a serious mental illness. PATH services have primarily consisted of outreach and case management including connections with housing, benefits/entitlements, mainstream behavioral health services provided by DCHS, as well as initial assessments to assist with transition to community-based behavioral health services.

**Collaboration with HUD Continuum of Care:**

The HUD Continuum of Care 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 and the CoC through Neighbor Impact the local community action agency. The HLC offers representation for Central Oregon covering Deschutes, Crook and Jefferson counties. Groups currently involved with the HLC include:

- Oregon Department of Human Services
- Central Oregon Council on Aging
- Central Oregon Veteran’s Outreach
- Law enforcement
- School advocates
- Community members (both housed and un-housed)

- The faith community
- The Partnership to End Poverty
- Housing Works
- Neighbor Impact
- Legal Aid
- Libraries

The PATH Outreach Case Manager has been a member of the HLC for the past seven years, serving as co-chair for two of those years. The HLC meets on a monthly basis in an effort to unite agencies in coordinating support for the population of individuals experiencing homelessness. The HLC also forms subcommittees to address target issues, an example being homeless camp support, as well as planning events such as the Point in Time Count and Project Connect. The PATH Outreach Case Manager was part of the work group for the 10-Year Plan to End Homelessness which was released in December 2011.

Deschutes County's Letter of Support from the Central Oregon CoC is included in Attachment F.

### Collaboration with Local Community Organizations:

DCHS coordinates closely with a variety of community organizations to link individuals with needed services. PATH staff will connect homeless clients with other key services in the community, as needed, and will maintain extensive knowledge of available community resources as well as a working relationship with referral agencies. These include, but are not limited to, the following:

- *Primary Health Care:* There are a number of resources within Deschutes County that provide health services to low-income clients without insurance. These include Mosaic Medical Center, La Pine Community Clinic, Volunteers in Medicine, and Deschutes County Health Department. Mosaic Medical Center is a primary referral resource for PATH participants needing primary health care. In addition, Mosaic Medical (a federally qualified health center) and DCHS are working in partnership to have Mosaic Medical provide primary health care services on-site at DCHS. This project began in the fall of 2012, currently operates one day per week, and serves over 100 individuals. Plans for the next fiscal year include expanding the project to five days per week.
- *Mental Health/Substance Abuse:* DCHS provides integrated mental health and addictions (both substance abuse and pathological gambling) services. PATH-enrolled individuals are eligible for ongoing services with DCHS as needed, and DCHS will be the primary provider of these services. PATH staff will be integrated into a DCHS treatment team serving individuals with a serious mental illness, making for a seamless referral to ongoing services.
- *Housing:* Housing Works provides rental assistance to low-income individuals/families in Central Oregon. The PATH Outreach Case Manager works regularly with Housing Works to coordinate submitting applications for housing vouchers, as well as assisting with completion of applications for apartments that accept vouchers. Bend also offers four project-based subsidized apartment complexes (charging 30 percent of income towards rent). The PATH Outreach Case Manager currently has strong relationships with the managers of local subsidized housing projects and makes regular referrals to these locations. Bethlehem Inn (BI), the local homeless shelter, provides approximately 70

beds of temporary shelter housing for men, women, and families. BI provides onsite office space for the DCHS PATH-funded staff, and staff provide regular support and “inreach” to individuals with serious mental illness who live at BI. In partnership with Housing Works, DCHS also manages and provides supportive services at four supported housing projects for individuals with mental illness. PATH clients have access to these programs along with other populations served by DCHS.

- *Employment:* DCHS has an Individual Placement and Support Supported Employment program for individuals with serious mental illness which is integrated into treatment services. The Supported Employment program has maintained fidelity as an evidence-based practice model since 2008. PATH-enrolled individuals who express an interest in work are referred to the DCHS Supported Employment program. Vocational Rehabilitation is also a local referral resource for individuals with disabilities who need assistance to achieve and maintain employment.
- *Other Community Organizations:* 2013 started the second year that the PATH Outreach Case Manager has collaborated with the Deschutes Public Library system to meet the needs of the homeless population. This collaboration has proved successful in meeting homeless individuals where they are at, as many utilize the libraries as a safe place to stay during the daytime hours. Additionally, collaboration with the Family Kitchen, a primary meal site in Bend, has proved a successful environment to meet with those who are literally homeless and have been more challenging to connect with. The PATH Outreach Case Manager also coordinates and makes referrals to: Neighbor Impact, which provides emergency rent, utility and food assistance for the local community; the local Latino Community Association; and Central Oregon Veteran’s Outreach, to connect these populations with other supportive services in the community.

## Service Provision:

### Gaps

There are several gaps in the current system that impact services for individuals experiencing homelessness. The lack of sufficient ongoing rental assistance for these individuals is probably the most significant barrier to permanent housing. In addition, poor rental histories, lack of funds for initial move-in costs and criminal backgrounds also present barriers to obtaining permanent housing. Lack of resource to purchase medications may impact an individual’s ability to stabilize symptoms of mental illness and impact the ability to successfully maintain housing. A lack of health insurance may also impact the ability to access needed health care and treatment services.

PATH-funded services are critical to addressing these gaps in a variety of ways. In an effort to address the rental assistance gap, the PATH Outreach Case Manager has connected with local subsidized housing programs that provide affordable housing for a 10-15 month period. Individuals are placed on multiple housing lists upon PATH enrollment. All clients are also put on the housing lists through Housing Works, the local housing authority for Central Oregon, when they open their enrollment on an annual basis. Poor rental histories and criminal background issues are addressed through the PATH Outreach Case Manager building relationships with local landlords that are willing to be flexible with rental guidelines. One effective method has been providing an appeal letter from DCHS supporting the client’s ability to maintain housing and offering assistance to the landlord as needed throughout the client’s

tenancy. In an effort to address the need for prescriptions, DCHS has been able to coordinate with Mosaic Medical, a local Federally Qualified Health Center, where qualifying patients can receive prescription vouchers and medication assistance. Mosaic also provides sliding-scale care for the uninsured. All clients are put on the Oregon Health Plan waitlist upon meeting with the PATH Outreach Case Manager. In addition, funds to assist with initial move-in costs are included in the annual PATH budget.

## **Services**

It is estimated that the PATH staff will serve up to 150 clients annually – approximately 50 to 60 of which will be enrolled in PATH services, and approximately 90 to 100 will receive outreach services only. At least 85 percent of individuals contacted will not be enrolled in community mental health services at first contact. In FFY 2012, more than 66 percent of clients served have been literally homeless. In FFY 2013, it is estimated that 85 percent of individuals served with PATH funds will continue to be literally homeless with remainder being homeless or at imminent risk of homelessness.

DCHS currently provides an array of services to low income individuals in Deschutes County, many of who are homeless or experience homelessness during their service period. Proposed PATH services include:

- Outreach
- Screening and diagnostic services
- Case management
- Habilitation and rehabilitation services
- Transitional community mental health services

Services will be provided by a two-person team, a Bachelor's level case manager and a Master's level clinician. This will allow for case management as well as appropriate diagnostic level services and some transitional/consultative treatment services. Outreach services are best described as "inreach", with the PATH Outreach Case Manager having offices at the local homeless shelter, the Bend and Redmond libraries, and the Family Kitchen meal site. More traditional outreach services are conducted on a monthly basis in conjunction with the local veteran's organization. In addition to housing assistance, case management services will also include assistance in accessing benefits, referrals for primary health care, supported employment or other needed treatment services. Because the majority of individuals served by the PATH program have no resources upon initial contact, the PATH Outreach Case Manager spends a significant amount of time working with Social Security and the Department of Human Services to access much needed entitlements. The PATH Outreach Case Manager also provides referral and initial habilitative/rehabilitative support services to individuals recently placed in housing to ensure successful placement. This may include placement in a supported housing complex based on the Housing Plus model or other community-based placements. The PATH Outreach Case Manager also maintains relationships with community organizations that provide key services to the homeless population.

The PATH-funded staff are integrated into the Community Support Services (CSS) team at DCHS. The CSS team provides medication management, co-occurring disorders treatment, case management, supported employment, supported housing, and other needed treatment services for individuals with serious mental illness and co-occurring addiction issues. This integration into

the CSS team allows for a seamless connection to other services not provided by PATH and to ongoing community-based behavioral health services once PATH services are complete.

### **Services for Individuals Experiencing Co-Occurring Mental Health and Substance Use Disorders**

PATH staff facilitate appropriate referrals to needed services provided by the CSS team and other community partners. Based on clinical need, PATH clients may be enrolled in behavioral health services at DCHS or referred to available services with community partners. Available services at DCHS include:

- Medication management (including RN support and access to patient medication assistance programs)
- Individual and group therapy
- Case management
- Supported employment
- Supported housing

The CSS team also provides integrated mental health and substance abuse disorder services to individuals with these co-occurring disorders, with multiple staff dually credentialed to serve both treatment needs. CSS team services will continue as needed even after PATH services are complete. DCHS also provide 24/7 crisis services and has contracts with the local hospital for clients needing acute hospitalization. All PATH clients have access to crisis and hospitalization services when needed.

### **Support and Training for Evidence-Based Practices (EBPs) and HMIS**

DCHS supports training for its entire staff, including those funded by PATH dollars. For full-time behavioral staff, DCHS typically provides up to five paid days to attend trainings. In recent years, DCHS has also organized and provided in-house trainings in an effort to reach more staff on key topics, including EBPs. Some examples of trainings include:

- Motivational Interviewing
- ASAM Criteria
- Collaborative Documentation
- Solution-Focused Brief Therapy
- Cultural Competency
- Drugs of Abuse
- Infectious Disease Risk Assessment
- Ethics
- Clinical Documentation

The PATH Outreach Case Manager typically attends an average of 30 hours of training per year that include enhancing skills for implementing evidence-based practices such as Housing Plus, SOAR, and Motivational Interviewing. The PATH QMHP attended 32 hours of training in 2012, which included a PATH-sponsored training on best practices for street outreach. PATH staff regularly attend the annual Oregon Coalition on Housing and Homelessness conference which addresses a variety of issues specific to the PATH population.

DCHS utilizes a variety of EBPs in its delivery of services to clients. Once enrolled in mainstream services, PATH participants have access to these services. Examples include: Supported Employment, Integrated Dual Disorders Treatment, Dialectical Behavior Therapy, Seeking Safety, and Assertive Community Treatment. Having all of these services under one roof, as well as having PATH staff integrated into a DCHS service team, also prevents service fragmentation and addresses the issue of individuals needing to navigate mental health, vocational and substance abuse systems on their own. Other EBPs also particularly key to PATH services include SSI/SSDI Outreach, Access, and Recovery (SOAR); Housing Plus; and Supported Housing.

The State PATH Contact will work closely with DCHS to implement PATH data collection and entry in HMIS.

### **Data**

Deschutes County Health Services will implement PATH data collection and entry in HMIS by June 30, 2013.

### **SSI/SSDI Outreach, Access and Recovery (SOAR):**

PATH-funded staff at Deschutes County Health Services will access any local SOAR training opportunities available. Additionally, the State PATH Contact is working with the SOAR Technical Assistance Center to provide training to Oregon's PATH-funded staff.

### **Access to Housing:**

Housing Works, formerly Central Oregon Regional Housing Authority, has a strong partnership with DCHS and a history of working very closely with DCHS to provide suitable housing for residents in the community who have a serious mental illness. There are several housing resources that are available to PATH participants because of this partnership. There are currently four supported housing programs, where Housing Works owns the building and DCHS provides on-site supportive services. Emma's Place is an 11-unit supported housing apartment complex for individuals with serious mental illness. Emma's Place has been in operation since 2000 and has been very successful in providing safe and stable housing for this population. Gateway Commons, a 16-unit apartment complex in Redmond, opened in July 2010 and provides permanent supported housing to individuals receiving mental health services from DCHS. Housing Works has also provided space for the DCHS Redmond satellite office to operate at the Gateway location. Barbara's Place, a six-unit permanent housing complex, also targeted at the homeless population with a serious mental illness, opened in November 2010. Barbara's Place is the first project based on the Housing Plus model. Housing Works also build Horizon House, a transitional housing program 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 needs of transitional housing. Individuals can stay for up to two years and receive intensive skills training to improve independent living skills. Although a transitional setting, DCHS staff provide assistance to find placement in permanent housing upon completion of the Horizon House program. All supported housing programs include on-site office space for DCHS staff.

PATH staff can refer PATH participants as appropriate to any housing resource managed by DCHS. The PATH Outreach Case Manager also works with local landlords, shelters and the

client's family and friends to assist in finding safe and affordable living arrangements in the community. The PATH Outreach Case Manager also regularly works with clients to make timely applications for housing vouchers when these become available.

### **Cultural Competency:**

DCHS is committed to providing service that is sensitive to age, gender and race/ethnic diversity. Evaluation of cultural factors that influence the individual's functioning is an expected part of the evaluation process for all individuals enrolled in services. Behavioral health brochure information is available in both English and Spanish, and DCHS also has all intake paperwork translated into Spanish. The PATH Outreach Case Manager also regularly connects individuals with the local Latino Community Association (located across the street from PATH staff office) which is an essential connecting point for the local immigrant community.

### **Client Information**

While the population of Deschutes County is predominantly Caucasian (88 percent), the Hispanic/Latino population is the next most prevalent in representation within the county (7.7 percent) as well as the mental health services population (6 percent) and PATH population (3-9 percent) in recent years.

### **Staff Information**

The demographics of DCHS and PATH-funded staff mirror the demographics of Deschutes County. The ethnic background of staff is predominantly Caucasian. For new hires, consideration is also given to individuals who are bilingual and/or bicultural. There are several Spanish-speaking individuals currently employed by DCHS. While current PATH-funded staff are not Spanish-speaking, the PATH program has access to other DCHS Spanish-speaking staff, as well as interpreters, as needed to provide services for PATH participants.

### **Training**

DCHS provides paid leave and financial assistance for staff to attend trainings. The PATH Outreach Case Manager regularly attends a homelessness conference each year which addresses cultural issues related to homelessness. In addition, the staff has attended conferences related to trauma and homelessness, poverty and chronic homelessness, and has taken courses in workplace Spanish. DCHS has provided in-house cultural competency training available to all staff. A training committee plans for yearly in-house trainings and includes cultural competency issues when evaluating training needs.

### **Consumer Involvement:**

DCHS values involving consumers in the planning, implementation and evaluation of services. The PATH Outreach Case Manager recognizes there are many forms of family within this population, as several of the clients have been estranged from biological family for years. With this in mind, the PATH Outreach Case Manager strives to connect with individuals' chosen family to seek ideas and support to better enhance the services provided to the client. In the past, monthly forum meetings were made available for PATH consumers and families to gather and voice their ideas about the program. Attendance of these meetings was low, and they were subsequently replaced with a different forum for feedback. Over the past year, DCHS has started

to provide opportunities for anonymous written feedback, through forms made available at each outreach site. Individuals are given stamped, addressed envelopes with surveys returned directly to a DCHS quality improvement staff. While thus far, these have had a relatively low response rate (15 percent), 100 percent of responses received have been positive related to PATH services provided. The PATH Outreach Case Manager strives to create a comfortable environment for individuals that is always open for growth and feedback.

The Mental Health/Alcohol & Drug Advisory Board (MHADAB) is a citizen advisory board that provides input to Deschutes County Behavioral Health to plan, guide and evaluate how publicly-funded mental health services are delivered in Deschutes County. There are currently six members on the board which includes one consumer and one family member. There are currently three additional individuals being recommended for appointment to the board. Of these, one is a consumer and one is a family member. Transportation is provided for consumers as needed to facilitate attendance. It has been found that is more difficult to involve individuals on advisory boards while they are homeless. However, consumers tend to get more involved once more stability is achieved, and those involved with advisory boards often have a history of homelessness either personally or with a family member.

DCHS also values having consumers in paid and leadership positions providing services for individuals with mental illness. This is accomplished in a variety of ways. DCHS currently has two part-time peer specialist positions on staff working with adult consumers on their recovery goals. In addition, the DCHS Assertive Community Treatment team employs consumer/ family members on a contracted basis to assist with outreach activities. DCHS also provides support to the Cascade Peer and Self-Help Center, the local peer-run mental health organization. Support is provided in the form of rent-free on-site space for the operation of the program, annual monetary support to fund peer positions and other operating expenses, and a staff liaison to the program. Peers have participated in Wellness and Intentional Peer Support training, and utilize skills learned to practice advocacy and leadership in their roles. Some individuals with a history of PATH services have occupied these paid and leadership peer roles and an even greater number have life experiences with homelessness, even if not served by PATH.

PATH-enrolled individuals also complete DCHS intake paperwork which includes informed consent and consumer rights and responsibilities. Individuals are also involved in the treatment planning process. DCHS has recently implemented the use of Collaborative Documentation – a process in which service documentation is completed in the session in collaboration with the individual served. The PATH Outreach Case Manager has been utilizing this and has been receiving very positive feedback from the individuals she works with.

**Provider Description:**

**Name:** Luke-Dorf, Inc.

**Type of Organization:** Non-profit behavioral health services and housing provider

**Region Served:** Washington County

**Federal PATH Funds Received:** \$50,096

Luke-Dorf has 24 facilities throughout both Multnomah and Washington Counties. Washington County facilities include two outpatient service centers, five state-licensed mental health residences with a total of 30 beds, and four supported housing programs with a total of 49 beds. Throughout these programs, a broad continuum of community mental health services and supports provide for the various needs of individuals with mental illness. These include:

- Mental health treatment and services at both rehabilitation and outpatient levels
- Case management
- Integrated Dual Disorders Treatment
- Psychiatric services
- Medication monitoring
- Skills training
- Assistance obtaining benefits
- Physical health care coordination
- Homeless outreach
- Peer delivered services
- Housing placement and supports

Because mental illness often coincides with additional challenges, several Luke-Dorf programs are designed to serve mentally ill individuals with varying distinct profiles of homelessness, substance use, and/or criminal involvement. Two of the agency's Washington County supported housing programs focus specifically on individuals experiencing serious mental illness and homelessness. The Garret Lee Smith Safe Haven program is a 10-bed low-barrier supported housing program that operates under a Housing First model. The Hartner House is a 14-bed facility for chronically homeless individuals with co-occurring disorders, the majority of whom have histories of forensic involvement.

Luke-Dorf currently operates two PATH-funded programs including the Washington County Homeless Outreach Program described in this Intended Use Plan, as well as the Bridgeview Community, a transitional housing program in downtown Portland funded through Multnomah County's PATH program<sup>11</sup>. The Homeless Outreach Program connects with the county's homeless population, identifying adults (age 18 and older) with serious mental illness who are

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<sup>11</sup> See Multnomah County Mental Health and Addiction Services Division Intended Use Plan

homeless or at imminent risk of homelessness (i.e. PATH-eligible). The purpose of the program is to identify individuals experiencing mental illness within the homeless population, and connect them with housing, mental health services, and other community resources. Services provided under this program fall into three categories:

- Outreach,
- Emergency assistance, and
- Case management

Outreach services involve daily work in the field to engage homeless individuals and identify those who are PATH-eligible. Emergency assistance provides the most urgent needs, including hygiene, food and shelter, for these individuals. PATH-eligible individuals are enrolled in case management in order to engage them in available mental health and housing resources to support long-term stability. The vast majority, at least 85 percent, of service recipients are literally homeless at first contact and a small percentage is at imminent risk of homelessness.

### **Collaboration with HUD Continuum of Care:**

Luke-Dorf actively partners with Washington County Adult Mental Health for the provision of PATH-funded outreach services in Washington County. Both agencies are members of the local HUD Continuum of Care planning body. The local CoC planning process is coordinated by Washington County's Housing Department. The CoC committee has an ongoing goal of increasing access to housing for the severely disabled/homeless with special needs. Luke-Dorf serves on a subcommittee designated to address this issue and participates in all CoC processes and initiatives. As a part of Luke-Dorf's recently awarded SAMHSA grant, the recently restructured Mental Health and Special Needs Community Consortium subcommittee has proven particularly effective in increasing collaboration between homeless service providers involved in the Continuum of Care.

The Continuum of Care applied for and received HUD McKinney funds to develop a Safe Haven project and a dual-diagnosis housing facility in Washington County, both of which are for chronically homeless adults. Luke-Dorf is the sponsor for both projects and has renovated a 10-bed residential facility for adults experiencing serious mental illness and homelessness (Garret Lee Smith Safe Haven) as well as the 14-bed Hartner House. The outreach team collaborates closely with both programs.

Luke-Dorf's Letter of Support from the Washington County CoC is included in Attachment F.

### **Collaboration with Local Community Organizations:**

The Homeless Outreach Program maintains close networking and mutual referral relationships with many local service agencies. PATH outreach staff go beyond referral to accompany clients to appointments, assist in accessing services, make introductions to provider staff, and advocate for receipt of services. Staff also help clients to problem solve and improve their ability to seek assistance on their own. Staff coordinate with partner providers on a regular basis to ensure a comprehensive, community-based approach to services for PATH-enrolled clients.

Forums for collaboration include the Washington County Housing Services and Supports Network and associated subcommittees. The following is a list of important service providers with whom Luke-Dorf actively collaborates.

- *Mental Health Care:* Luke-Dorf provides a complete continuum of mental health and addictions services. PATH-enrolled individuals can easily transition to participation in any of Luke-Dorf's programs. Other local mental health and addiction providers include Sequoia Mental Health, LifeWorks NW, Western Psychological Services, CODA, and DePaul. Luke-Dorf maintains relationships with these providers in order to place individuals in services that are most appropriate to their needs and to continue to improve the county's mental health services as a whole. All agencies primarily serve individuals covered by the Oregon Health Plan (Medicaid) as well as those without insurance coverage.
- *Primary Health Care:* For individuals covered by Oregon Health Plan, or other insurance, resources include: Virginia Garcia Clinics in Hillsboro and Beaverton, Legacy Health System, Tuality Healthcare, Providence Health Systems, Oregon Health and Sciences University (OHSU), Beaverton Clinic, and Salud Medical. Most of these programs also serve uninsured clients and many charge sliding scale-based fees. For individuals without health coverage, additional resources that may charge sliding scale-based fees include: the Washington County Essential Health Clinic and Virginia Garcia. Veterans are referred to the VA Hospital and clinics. For prenatal care, staff refer to Opening Doors.
- *Dental Care:* Staff make referrals to private dentists who participate in low-cost or sliding scale services for low-income persons. Organizations include: Dental Care Today, OHSU Dental School, Salud Dental, Virginia Garcia Dental, and Willamette Dental.
- *Employment Services:* Vocational service programs provide readiness assessments, training, and job coaching. Luke-Dorf offers in-house employment assistance as a part of case management services and also refers to external providers including LifeWorks NW, the State Department of Vocational Rehabilitation, the State Employment Department, Better People, Homeless to Work, the Veteran's Administration, Worksystems, Inc., and Goodwill Industries.
- *Housing:* The Washington County Department of Housing offers assistance accessing affordable housing, Shelter Plus Care vouchers, and public housing that is accessible to those with very limited incomes.

Luke-Dorf has well-established relationships with low-income housing and support service providers such as Community Partners for Affordable Housing, Community Action and Cascade Management. Staff regularly refer individuals to severe weather shelters such as St. Anthony's and St. Francis during active times as well as programs such as Jubilee Transition Homes, Homeless to Work, and local Oxford Houses. There are several licensed residential program options available in Washington County for people with serious mental illness operated by both Luke-Dorf as well as other mental health providers. These provide 24-hour care and skills training in the areas of symptom management, activities of daily living, and community mobility/safety. Luke-Dorf provides 30 state-licensed residential treatment beds throughout four locations in Washington County. Additional facilities are operated by Sequoia, LifeWorks NW, and private foster care providers.

- *Emergency Services:* Washington County has a 24-hour mental health crisis line and mobile-capable crisis outreach through a partnership with LifeWorks NW. These services provide support for county residents experiencing an mental health crisis. The crisis line

can offer assistance in accessing emergency care, and can provide information and referrals to mental health providers. For individuals enrolled with Luke-Dorf, the agency has a clinician on-call through the crisis system after hours and on weekends.

- *Culturally Specific Services:* To help individuals of different ethnicities, staff refers to culturally specific providers such as Native American Rehabilitation Association (NARA), Asian Health Services, and others.
- *Benefits:* Luke-Dorf staff help individuals enroll in benefit programs such as SSI/SSDI, Oregon Health Plan, SNAP, Section 8, veteran's programs, and any other programs they may qualify for.

## Service Provision:

### Gaps

The recent economic climate has resulted in new gaps in the social service system. While the need for housing and support services is ever-growing, funds available to provide these resources continue to diminish. Funding cuts statewide, including specific cuts to mental health system funding levels in Washington County, are an increasing threat to vulnerable populations. This further reduces the already limited pool of resources available to this population. Remaining funding sources are more critical than ever to maintain important components of the local safety net.

Many of the same gaps that have challenged individuals with mental illness and their service providers in the past will persist in the coming year. These include limited access to financial and insurance benefits and appropriate housing options. People in the target population generally lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent participation in the cumbersome process of applying for SSI/SSDI benefits. Even for individuals who achieve enough stability to seek employment, availability of appropriate positions is increasingly limited in the current economic climate. To address this, Luke-Dorf has trained staff in techniques used to expedite SSI/SSDI applications for severely disabled homeless people using SOAR. In addition to a significant lack of income, many individuals have difficulty accessing service due to lack of insurance. Often individuals have complex medical and mental health issues but no insurance for treatment and medications. Many services are limited to individuals who are covered by Oregon Health Plan or those funded by State General Funds. Coordinating income and insurance benefit applications is emphasized as a priority for all individuals newly enrolling in services. Staff conduct benefit assessments as quickly as possible upon engaging homeless individuals, ensuring that all new participants begin the process of enrolling in, or updating, benefits immediately and are provided ongoing support throughout participation.

Due to a growing general population, the urban sprawl from downtown Portland, and the persisting economic climate, the population of individuals with serious mental illness who are homeless or on the verge of homelessness in Washington County continues to increase. However, Washington County has limited resources such as emergency shelters and transitional housing. Currently, the county has no shelters or emergency beds for single individuals outside of the severe weather shelters which are only open based on below freezing temperatures and for a maximum of 90 days annually. Mentally ill individuals have much greater and more specified needs than the average homeless person and even more limited services exist that are specific to

mentally ill homeless individuals. Hospitals and jails have few local resources to call upon when discharging/releasing individuals who have serious mental illness and are homeless. Often these individuals must be referred to Multnomah County (Portland) to find shelters and homeless outreach, placing an increased strain on already over-utilized services in the urban area. Moreover, mentally ill individuals who have been homeless for significant periods of time are difficult to engage in these limited resources, as many have developed a distrust of traditional services providers. They, therefore, often remain on the streets for significant periods of time. PATH outreach staff specialize in engagement techniques that support linking this population with the services best suited to their needs, on a timeline that meets their individual desires.

Without the ability to access and engage in resources, as provided by this PATH-funded program, mentally ill individuals experiencing homelessness are faced with a variety of barriers to stability and independence. This results in significant health and safety risks for this population and places an undue burden on costly community resources. Those unable to access resources are likely to fall through the cracks of the current system. Outreach staff fill a critical gap in identifying mentally ill homeless individuals and connecting them with the resources needed to obtain, and then maintain, housing and mental health stability.

## **Services**

Approximately 250 people will receive PATH-funded outreach services annually through this program. Of those who receive outreach, an estimated 50 people experiencing serious mental illness who are homeless or at imminent risk of becoming homeless, will be enrolled in PATH services. Approximately 85 percent of those who are PATH-enrolled will be literally homeless as first contact.

The Homeless Outreach Team consists of one full-time and one part-time Outreach Specialist. These staff members connect with people throughout the county who are homeless, or at imminent risk of homelessness, and identify and assist those in the population with mental illness. They are available to respond to referrals from homeless individuals, hospital emergency rooms, jails, homeless shelters, drop-in centers, policy, colleague and partner agencies, and the general community. The purpose of this program is to find mentally ill homeless people not currently participating in services and return them to engagement in services designed to stabilize their recovery and stabilize them in housing. Services provided under this program fall into three categories:

- Outreach,
- Emergency assistance, and
- Case management

Both the outreach and case management elements are PATH-funded. Emergency assistance is funded through match sources. All participation in services is voluntary and participants are fully informed of service benefits and risk upon PATH-enrollment.

The Outreach Team generally travels to the people being referred. This involves daily travel to areas where homeless people are known to camp, such as industrial yards, undeveloped green spaces, or the extensive rural areas of western Washington County. The Outreach Specialists meet with the homeless individuals conduct an assessment to determine whether the person is PATH-eligible. An intake is conducted for those who are PATH-eligible. The intake is done ideally within 24 hours, and no longer than three working days after referral.

The outreach component of this program often goes beyond identification and subsequent enrollment of PATH-eligible persons. Many of the mentally ill individuals who become engrained in the homeless culture are fearful of and resistant to outside assistance from established agencies. Thus, the Outreach Team works creatively to establish trust and rapport with each individual they contact. Motivational Interviewing techniques as well as Trauma Informed Care and Critical Time Intervention principles are utilized to dispel fears and guide individuals toward engagement in a supportive and welcoming manner. Engagement in services is conducted on a timeline that meets their individual needs and desires. After an intake is completed, staff begin assisting clients in addressing their most urgent needs.

The Outreach Team is available for urgent needs. They work with homeless individuals to help them access emergency supplies such as food, hygiene items, clothing, blankets, and sleeping bags as needed. Staff can also offer transportation for individuals to a hospital when it is medically necessary, as well as to access resources when public transportation is not available. Homeless individuals also receive referrals to local resources including the Washington County 24-hour crisis line in the event of a mental health emergency, emergency shelters, and local churches that provide meals. Emergency assistance also acts as a form of outreach as it builds a relationship of trust between individuals. After assisting in addressing urgent and basic needs, the Outreach Team focuses attention on linking the client with ongoing services and supports. PATH funding pays for the case management portion of emergency assistance (including support services and referrals) and match dollars supplement this to fund emergency items, transportation, et cetera.

If mental health services are necessary and desired by the individual identified as PATH-eligible, the Outreach Team formally enrolls that person into the case management component of the program. This involves assistance in accessing an array of services including:

- Community mental health services: All individuals who are PATH-enrolled are engaged in community mental health services. Case management is initially provided by the PATH Outreach Specialists. These staff then refer and support a transition of clients either to Luke-Dorf's continuum of services or other area mental health providers for long-term services depending on the needs of the individual. The spectrum of services and supports provided by these agencies includes mental health screenings and assessments, urgent and ongoing case management, prescriber and medication monitoring services, skills training, employment assistance, housing resources, and support for maintaining housing tenancy.
- Substance abuse services: Clients identified as having co-occurring substance use disorders are connected with substance abuse treatment and/or Integrated Dual Disorders Treatment including individual and group counseling, education, and structured alcohol and drug residential services. This may be through Luke-Dorf or other area mental health providers for long-term services depending on the needs of the individual.
- Housing services: Assistance in obtaining housing at various levels including shelters, transitional, or permanent housing. This involves referrals to housing in Luke-Dorf residences, Luke-Dorf supported subsidized community-based housing, various local housing providers, or other independent community-based housing.

- **Benefits/Entitlements:** Clients are assisted in applying for benefits they are eligible for such as SNAP benefits, SSI/SSDI, Oregon Health Plan, veteran's assistance programs, Section 8, or Shelter Plus Care vouchers.

## **Services for Individuals Experiencing Co-Occurring Mental Health and Substance Use Disorders**

Agency wide, Luke-Dorf has a strong commitment to dual diagnosis services and is a state-licensed provider of both mental health and addictions services. The agency offers evidence-based Integrated Dual Disorders Treatment and has implemented an intensive program to address co-occurring disorders with the population served by PATH funds. The Outreach Team has particular experience addressing co-occurring disorders. Historically, a high percentage of homeless mentally ill people served by this program have co-occurring substance abuse disorders (In FY 2011-2012, out of the 49 PATH participants, 22 were diagnosed co-occurring disorders), therefore staff have significant experience and expertise in this discipline.

Generally, PATH-funded homeless outreach services provided to individuals with co-occurring disorders are parallel to those listed above, but tailored to the unique needs and challenges of this subset of the population. As a priority, clients are first assisted in meeting basic needs (shelter, food, and clothing) and accessing mental health and recovery services. Initial assessments include identification of substance abuse. Early diversion to detoxification options is arranged when appropriate. Currently in Washington County, most services to clients with co-occurring disorders are provided through area non-profit mental health agencies. These services can include assessments using ASAM criteria, counseling, prescriber services, and case management.

Many PATH-enrolled individuals in need of substance abuse services are referred within Luke-Dorf. The agency operates Integrated Dual Disorders Treatment at various sites in both Washington and Multnomah Counties, including both residential and outpatient service center locations. This includes a SAMHSA-funded dual disorders program located in Hillsboro. Services are available to chronically homeless individuals with serious mental illness who reside either in the program's 14-bed supported housing facility, Hartner House, or in the community. Dually diagnosed individuals identified by the program are often referred to both the Safe Haven and Hartner House. If referred to other housing options in the community, individuals can enroll in Luke-Dorf outpatient services for comprehensive Integrated Dual Disorders Treatment.

In addition to Luke-Dorf, area providers of co-occurring disorders services include LifeWorks NW, CODA, ChangePoint, and DePaul. Both DePaul and CODA offer residential treatment in addition to outpatient care. As mentioned above, services are generally limited to those covered by Oregon Health Plan or funded by State General Funds. Referrals may be made to recovery programs outside of the mental health provider network. In these cases, the Outreach Team ensures that cross-consultations with mental health providers occur on a regular basis.

## **Support and Training for Evidence-Based Practices (EBPs) and HMIS**

Luke-Dorf has a robust schedule of in-service trainings available to all employees. The agency also provides paid leave and financial assistance so that employees can attend external trainings on HMIS as well as evidence-based and best practices. Luke-Dorf provides a monthly Dialectical Behavioral Therapy (DBT) consult from the Portland DBT Clinic that is regularly attended by

the Outreach Team. Training for evidence-based practices specifically utilized by Luke-Dorf's PATH program includes:

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

Each of Luke-Dorf's program's has a budget line item dedicated to training costs. These are paid for through a variety of fund streams. Many grants have training budgets for the associated practices built in. Luke-Dorf match funds also support ongoing training and supervision.

The State PATH Contact will work closely with Luke-Dorf to implement PATH data collection and entry in HMIS.

## Data

Luke-Dorf currently enters data for PATH-funded services in HMIS; however, HMIS is not utilized for PATH reporting purposes. Luke-Dorf will implement PATH data collection and entry in HMIS by June 30, 2013.

## SSI/SSDI Outreach, Access and Recovery (SOAR):

PATH-funded staff at Luke-Dorf will access any local SOAR training opportunities available. Additionally, the State PATH Contact is working with the SOAR Technical Assistance Center to provide training to Oregon's PATH-funded staff.

## Access to Housing:

As mentioned above, 85 percent of the individuals served by this program are literally homeless at first contact. Thus, providing access to suitable housing is a high priority. This is essential in order to reduce safety risks and because without safe shelter, continued mental health treatment is very difficult to sustain and substance abuse treatment is almost impossible. Depending on the stage of engagement, assistance in obtaining housing may be provided by the Outreach Team or the mental health agency to which the individual is referred to. During FY 2011-2012, approximately 80 percent of individuals provided housing assistance by the Outreach Team obtained housing. Numerous options are available including emergency, transitional, licensed, supported, and independent housing. The purpose of the PATH Outreach Team is to provide the engagement needed to begin the process of obtaining housing and working towards stability in both mental health symptoms as well as in permanent housing.

While permanent housing is ideal, it is not always immediately available for PATH-enrolled individuals. Therefore, all shelter and transitional housing options are utilized to obtain housing as quickly as possible for participants. These include local emergency and severe weather shelters, respite, inpatient, and transitional housing. When immediate, but short-term, shelter is found at these types of facilities, the Outreach Team continues to work with the participant to obtain lasting housing. Many homeless, mentally ill individuals encountered by the PATH team, especially those who have been homeless long-term, are resistant to the arduous transition to

living indoors and some may not desire housing immediately. In these situations, temporary shelters, coupled with educational and trust-building techniques, can be a step toward engagement, helping homeless individuals to recognize options for an improved life.

The ultimate goal of outreach is to get individuals off the streets and into housing settings that are conducive to continued involvement in mental health services. The team refers individuals to more stable housing options within Luke-Dorf's network of programs, through other area providers, and independently within the community.

Luke-Dorf owns and operates many housing options internally and has the ability to refer to other community housing providers as well. Agency programs ranging from supported housing with varying levels of structure and independence to licensed facilities with 24-hour care include:

- Safe Haven: PATH-enrolled individuals are often referred to the Safe Haven, a 10-bed facility based on the Housing First model that provides low-barrier housing to individuals experiencing serious mental illness and homelessness.
- Hartner House: a 14-bed supported housing program for individuals experiencing chronic homelessness and co-occurring mental health and substance use disorders. Many residents of Hartner House also struggle with past criminal justice involvement.
- State-Licensed Mental Health Residences: Christopher House and Meusch House are both five-bed residential treatment homes, Connell House is an eight-bed residential treatment facility, and Sandvig House is a seven-bed residential treatment facility.
- Sage House: a five-bed, alcohol- and drug-free, semi-independent, supported housing program.
- PLUSS Apartments: a 20-unit, semi-independent, supported housing program.

In addition, in 2012 Luke-Dorf developed the innovative new Housing TEAM (Transition, Engagement And Mentoring) program. Through a combination of SAMHSA grant funding and project-based Section 8 vouchers allocated by Washington County, it has the capacity to provide permanent housing and related mental health and substance abuse services and supports over a three year period to 90 individuals who have experienced chronic homelessness. The program adds a critical element to Washington County and is an excellent resource for PATH to refer individuals to.

Other area non-profits that provide a variety of housing options include:

- LifeWorks NW and Sequoia offer transitional housing for individuals with serious mental illness. Typically these programs are accessible to those with very limited income.
- A variety of local adult foster care providers provide permanent housing placements for adults with disabilities.
- Luke-Dorf has Memoranda of Understanding for collaborative services with many low income housing providers.
- Washington County operates low-income public housing options such as Kaybern Terrace, a 12-unit apartment complex for older adults and adults with disabilities.
- The Homeless to Work program provides transitional housing while the participant seeks employment.
- Jubilee House is a recently developed, faith-based transitional housing program.

Housing assistance involves referral to these housing options as well as assistance completing application materials and accessing housing subsidies. The Outreach Team oversees Shelter Plus Care resources for the agency and ensures that all eligible participants apply for the waiting list. The program also assists in applications for Section 8 vouchers and VA supported housing vouchers. The Outreach Team works with individuals to obtain benefits such as SSI/SSDI which support long-term housing stability. For PATH participants who are able to start receiving income, the program can assist them to obtain housing in independent settings throughout the greater community.

If individuals experiencing serious mental illness and homelessness are unable to get their needs met in Washington County, Outreach Specialists may also refer them to resources in Multnomah County including the Salvation Army and Transition Projects, Incorporated. Luke-Dorf operates various mental health housing programs in Multnomah County and has built strong relationships with Multnomah County providers and resources as well.

A small portion of clients served by this program will be at an imminent risk of homelessness. While they may have existing housing, they may be either headed toward eviction or have temporary housing with a limited timeline. In the case of potential evictions, clients will receive eviction-prevention interventions, which may include emergency assistance to retain the housing and prevent homelessness. For those in unstable transitional housing, program staff will assist in referring to and applying for more stable and permanent housing.

Luke-Dorf is highly aware of the need for continuity of care for individuals struggling with serious mental illness. Mental illness is a cyclical challenge and most individuals enrolled in PATH will need continued assistance. Thus, whether participants transition into other Luke-Dorf operated housing options or are referred to colleague agencies, staff ensure that supports are put in place for ongoing recovery and stability. Individuals may either retain case management and support services indefinitely with Luke-Dorf or the Outreach Specialists arrange a transfer of services to colleague agencies. Luke-Dorf operates four outpatient service centers, two of which are located in Washington County.

### **Cultural Competency:**

Washington County has a provision in its contracts for service delivery to ensure that services honor diversity. Staff identify age, gender, and race/ethnicity differences in participants in order to be sensitive to such differences and customize services in a way that minimizes barriers to treatment.

Luke-Dorf maintains a cultural competency plan that is updated annually. The plan involves non-discrimination standards, current profiles of staff and client diversity, training requirements, and provisions for accommodating ADA, language, and culturally specific needs. All Luke-Dorf services sites meet ADA accessibility requirements, and Luke-Dorf employs bilingual staff in several programs who are available for translation in languages including: Spanish, Vietnamese, Chinese, Japanese, French and German. Staff facilitate outside translation services as necessary. The plan also identifies the following cultures as target cultures for competence: mental illness, poverty, dual diagnosis, street homelessness, persons with forensic backgrounds, African-

Americans, Asian-Americans, and Latinos. Luke-Dorf places emphasis on identifying and providing for these subculture populations.

In addition to more traditionally considered cultural elements of ethnicity, religion and language, Luke-Dorf is highly sensitive to the unique cultural distinctions of the target population of mental illness. Staff cultural competence requirements focus on the subcultures of mental illness, poverty, drug and alcohol addiction, and homelessness. Individuals with serious mental illness often become estranged from traditional family and natural social support systems, and look to other individuals experiencing similar challenges to make up the subcultural group that they identify with. This can result in a perpetuated distrust of service providers and a reluctance to engage in available resources. Luke-Dorf's focus on using the peer providers and other trauma informed engagement strategies that are mindful of the needs of those subcultures ensures that clients feel culturally safe throughout their engagement and participation.

### **Client Information**

Demographics of individuals served by Luke-Dorf's PATH program in FY 2011-2012 are as follows:

- 75 percent were male
- 25 percent were female
- 89 percent were Caucasian
- 4 percent were African-American
- 4 percent were Latino
- 2 percent were Asian
- 96 percent were between the ages of 18 and 64

### **Staff Information**

This funding supports two PATH Outreach Specialists. Their demographics are as follows:

- 50 percent male
- 50 percent female
- 100 percent Caucasian
- 100 percent between the ages of 18 and 64

### **Training**

Cultural competence is prioritized throughout Luke-Dorf in order to ensure appropriate and effective service delivery to all participants. All Luke-Dorf staff are trained upon hire and provided regular training and supervision around the agency's philosophy of person-centered and trauma informed service delivery. These philosophies inherently support cultural competence, requiring that all services reflect awareness and respect for each individual's cultural and developmental needs, desired family and community involvement, and right to self-determination. Staff are also trained upon hire on the agency-wide cultural competence plan and agency policies and procedures, which include non-discrimination standards as well as strategies to increase cultural sensitivity in the agency by means of staff training, facility structure and ADA accessibility, décor, interpreter and translation services, and other interventions.

The agency provides a robust schedule of trainings around the philosophies of person-centered and trauma informed services delivery as well as peer delivered services which, as explained

above, all are inherently requiring of cultural competence. Luke-Dorf participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides professional trainers, as needed, to educate staff on cultural issues. Trainings have been presented by Hanif Fazal of Open Meadow Schools, recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination.

### **Consumer Involvement:**

Luke-Dorf has demonstrated a strong commitment to the inclusion of consumers and their families in agency planning, services delivery, and evaluation/improvement processes. The agency's mission is to provide exemplary community mental health and addiction services that promote lasting wellness. This supported by five key values:

1. Hope and Healing
2. Recovery and Wellness
3. Individual Empowerment
4. Community Integration
5. Family and Social Supports

Throughout agency history, Luke-Dorf has maintained a policy of actively recruiting and employing peers whenever qualified candidates are available. Peers have served as Housing Specialists, Residential Counselors, Facility Administrators, Program Managers, and a host of other roles. Unique peer delivered services were formally initiated in 2005 through a supported employment program that was almost completely peer delivered and developed. Since then, Luke-Dorf has made the commitment to develop resources to hire Peer Support Specialists who assist with case management, education, recreation programs, skills training, community involvement, and a wide variety of other peer delivered services as identified by the State of Oregon's Peer Delivered Services Initiative. Luke-Dorf has supported many peer staff by funding their participation in state-certified trainings. The agency has consistently expanded the number of peer staff employed and their availability to serve as many clients as possible. With multiple new peer positions opened in FY 2012 alone, Luke-Dorf's team currently includes 14 employees who self-identify as peers. Twelve of these employees are in service delivery roles. These peers are employed throughout multiple agency programs across both Washington and Multnomah Counties and offer supports to supplement the agency's traditional mental health and addictions services.

Luke-Dorf takes steps to create a strong sense of peer community and peer involvement in all programs. In addition to peer employees, Luke-Dorf focuses on involving existing clients in service delivery and development. Many sites have peer-led groups and peer councils. Peers that are both employees and existing clients participate in facilitating groups, on the Luke-Dorf Quality Improvement Committee, and in the peer delivered service program. Having significantly expanded the number of peers employed by the agency, Luke-Dorf partnered with Mental Health America of Oregon to hold a peer supervision training for agency management in 2012, including eight licensed supervisors who oversee at least one employee who identifies as a peer. This training served to educate supervisors about the many benefits, and unique supervisory opportunities of having peer positions integrated in their programs' service delivery. The half-day training brought supervisors together in the goal of having peer representation in

each team. Luke-Dorf invited four staff from partner agencies, Sequoia and LifeWorks NW, so that the content could reach others in the provider community.

The Outreach Team specifically relies on input from the population to guide decision making about target areas and safety procedures. Peers help to identify best outreach procedures and accompany Outreach Specialists in specific instances where it is felt to be the most client-centered approach. A recent United Way grant expanded provision of peer delivered services, adding a full-time Peer Support Specialist whose responsibilities include assistance with outreach and engagement. This employee has been successful in building trust and rapport with homeless individuals who would otherwise be unwilling to engage with traditional service providers.

The individuals served by this program have often become estranged from family supports, and Outreach Specialists seek to identify family members, rebuild relationships and involve them in services where possible. Individual service plans in all agency programs are person-centered and strengths-based and are developed as collaboration between staff and participants. When clinically indicated and desired by the participant, families are included in treatment planning and implementation. Family involvement is always supported through the signing of appropriate releases of information and education on rights protection.

The PATH project's quality assurance process includes regular reviews of both mental health and substance abuse services. This process is based on satisfaction and feedback surveys from individuals utilizing these services. Access to project and agency meetings are made available to participants experiencing homelessness, and they are encouraged to bring in any problems, issues, and recommendations for discussion.

As an agency, Luke-Dorf operates a quality improvement committee that meets monthly to review practices throughout all programs. Currently, there are no PATH-enrolled individuals involved, however, there are three peers who are regularly involved in this committee. Consumer councils for outpatient sites and group homes provide input about services and feedback to program management throughout the agency. Two members of Luke-Dorf's Board of Directors have personal experience with mental illness of family members. Luke-Dorf's Director participates annually in the planning and key leadership component of the area-wide homeless services fair, Project Homeless Connect, which brings all homeless providers together in a single event and opens the services arena to hundreds of homeless participants.

Luke-Dorf also participates in the annual point in time homeless count. This is an ideal opportunity for consumer involvement. Peer volunteers assist in the count and individuals currently experiencing serious mental illness and homelessness are able to provide feedback on the type of assistance they require. Findings of this annual account are sent back to the state level, in part to guide program development.

**Provider Description:**

**Name:** Multnomah County Addiction and Mental Health Services Division

**Type of Organization:** Community Mental Health Program

**Region Served:** Multnomah County

**Federal PATH Funds Received:** \$219,713

Multnomah County Mental Health and Addiction Services Division (MHASD) is the primary proposer to provide PATH-funded services in Multnomah County. MHASD is the Community Mental Health Program, as well as the Local Mental Health Authority and a Mental Health Organization. The organization provides mental health services to adults, children and families through an extensive system of care that includes outpatient, inpatient, residential treatment, and transitional housing. In addition, MHASD provides alcohol, drug, and gambling addiction prevention and treatment services to adults and youth.

Multnomah County MHASD will continue to subcontract PATH-funded services at the Bridgeview Community transitional housing program to Luke-Dorf, Inc. Luke-Dorf is a private, non-profit mental health agency and a licensed provider of mental health and addictions treatment services in both Washington and Multnomah Counties. The agency has 24 facilities throughout both counties. Multnomah County facilities include two outpatient service centers, five state-licensed mental health residences with a total of 45 beds (one of which is a five-bed residential treatment home currently pending licensure by AMH), a 15-bed state-licensed drug and alcohol treatment residence, three supported housing programs with a total of 70 beds, a peer-run brokerage program, and the 48-bed Bridgeview Community transitional housing program. Throughout these programs, Luke-Dorf offers a broad continuum of services to provide for the various needs of individuals with serious mental illness.

Luke-Dorf operates two PATH-funded programs including the Multnomah County Bridgeview Community described in this Intended Use Plan as well as the Homeless Outreach Program in Washington County. The program outlined in this proposal serves Multnomah County and is concentrated in the urban downtown area; services do not extend to other counties. The Bridgeview Community provides safe, low-barrier housing for adults (age 18 and older) with serious mental illness who are experiencing homelessness or are at imminent risk of becoming homeless. The program is designed to bring these individuals off the streets, engage them in mainstream mental health treatment, and help them transition toward independent and permanent housing. Located in downtown Portland, the Bridgeview Community includes 39 PATH-funded transitional units and an additional nine rooms of subsidized long-term housing. Residents have an individual, single room occupancy unit with a private half-bath. Showers and common spaces are shared and three meals are provided daily. The secure building is staffed seven days a week, 24 hours a day by professional and paraprofessional mental health staff. As a low-barrier housing program, residency is not tied to participation in services. Residents have access to a full range of

mental health services and supports including case management, mental health and substance abuse treatment, recovery supports, skills training, assistance obtaining mainstream benefits, vocational and educational supports, psychosocial rehabilitation, peer delivered services, psychiatric services, medication management, access to primary health care, referral to community resources and connection to social supports. Residents may self-determine their level of participation in and connection to available services and social supports. Staff actively seek to engage residents in services and develop Individual Service and Support Plans (ISSP) that will promote stability and independence.

### **Collaboration with HUD Continuum of Care:**

Luke-Dorf, Inc. and MHASD are active members of Multnomah County's Continuum of Care planning process, which is coordinated by the City of Portland and the city's 10-Year Plan to End Homelessness. Luke-Dorf and MHASD staff regularly attend the collaborative process that involves all levels of community partners. The process is overseen by the Coordinating Committee to End Homelessness (CCEH), which meets monthly to review community strategies for reducing homelessness and coordinating housing efforts city-wide. Staff are actively involved in these efforts as well as in other coordination such as attending regular neighborhood and community safety meetings. Program staff are involved in the Downtown Neighborhood Association and the Goose Hollow Neighborhood Association as well as the Portland Safety Neighborhood Association and Enhanced Safety Properties. Luke-Dorf and MHASD both worked for several months with the Office of Neighborhood Involvement to establish a Good Neighbor Agreement.

Multnomah County's Letter of Support from the Multnomah County CoC is included in Attachment F.

### **Collaboration with Local Community Organizations:**

MHASD and Luke-Dorf seek to provide a holistic level of care to all program participants. The programs provide a wide range of services, as described above, and also maintain close networking and mutual referral relationships with many agencies in the downtown area that work with adults experiencing serious mental illness and homelessness. Staff go beyond referral, accompanying clients to appointments, assisting them in accessing services, introducing them to other agency staff, advocating for them to receive services, and helping them to problem solve and begin to seek assistance on their own. The following is a list of providers of important services with whom Luke-Dorf and MHASD actively collaborate to ensure a comprehensive, community based approach to services for individuals enrolled in PATH.

In addition to Luke-Dorf, other local mental health providers include Central City Concern, LifeWorks NW, Cascadia, and Western Psychological Services. Luke-Dorf maintains collaborative, mutual referral relationships with these agencies in order to place individuals in services most appropriate for their needs and to continue to improve the county's mental health services as a whole. MHASD actively partners with these agencies to ensure that recipients of emergency vouchers receive support for their mental health needs. All agencies serve primarily individuals enrolled in the Oregon Health Plan and individuals whose services are paid for by State General Funds.

For individuals who are covered by the Oregon Health Plan, or other insurance, MHASD and Luke-Dorf staff refer PATH participants needing physical health care to Legacy Health System, Providence Health Systems, Oregon Health and Sciences University (OHSU), and Multnomah County Health Department Clinics. Most of these programs also serve uninsured clients and may charge sliding scale-based fees. In addition, many clients are referred to the Central City Concern Old Town Clinic and Outside In's Federally Qualified Health Center; the latter is located less than a mile from the Bridgeview. Luke-Dorf and MHASD partner with these programs to link each participant to a primary care provider and coordinate ongoing provision of physical health care services. The aim is to identify and treat immediate medical issues, manage chronic diseases, encourage wellness practices and have each resident at the Bridgeview Community develop a relationship with a primary care provider.

Staff make referrals to private dentists who participate in low-cost or sliding scale dental services for low-income individuals. Organizations include Dental Care Today, OHSU Dental School, and Willamette Dental. Clients may also be able to receive emergency dental work from Russell Street Dental Clinic, Multnomah County NE Dental Clinic, or the Medical Teams International dental vans.

Through an active Memorandum of Understanding, staff work closely with the Home Forward (formerly the Housing Authority of Portland), owner of the James Hawthorn Building which houses the Bridgeview Community. Home Forward offers the following services to those needing assistance accessing affordable housing (under the Rental Assistance Program): Section 8 Housing and Shelter Plus Care Vouchers, public housing, and multiple affordable housing complexes. Luke-Dorf sponsors Shelter Plus Care vouchers in an agreement with Home Forward and oversees vouchers assigned to the sub-grantee LifeWorks NW. Two other mental health providers, LifeWorks NW and Cascadia, own and operate both permanent and transitional housing and varying levels of structure for individuals with serious mental illness. Transition Projects Incorporated offers a shelter system and mutual referrals occasionally occur. Central City Concern also operates a variety of housing programs to which program participants are often referred. These options are typically accessible to those with very limited income, as the vast majority of service recipients are. Finally, Luke-Dorf has Memoranda of Understanding for collaborative services with low-income housing providers such as Community Partners for Affordable Housing, Innovative Housing Inc., and REACH.

Luke-Dorf has a clinician on-call after hours and on weekends. Multnomah County has a 24-hour mental health crisis line and a long-standing street outreach crisis team (Project Respond); these services provide support for all Multnomah County residents experiencing a mental health crisis. The Crisis Line offers assistance in accessing emergency care, and provides information and referrals to area mental health providers. To help individuals of different ethnicities, staff refer to culturally specific providers such as Native American Rehabilitation Association (NARA), Asian Health and Services, and Immigrant and Refugee Community Organization.

Staff also prioritize assisting individuals participating in PATH with access to and enrollment in benefit programs such as SSI/SSDI, Oregon Health Plan, SNAP benefits, Section 8, veteran's programs and any other programs they may qualify for.

## Service Provision:

### Gaps

The recent economic climate has resulted in new gaps in the social service system. While the need for housing and support services is ever growing, funds available to provide these resources continue to diminish. Funding cuts statewide, including specific cuts to mental health system funding levels in Multnomah County, are an increasing threat to vulnerable populations. For example, a 2.5 percent reimbursement rate cut across the board took effect May 15, 2012. Remaining funding sources are more critical than ever to maintain important components of the Multnomah County safety net.

Many ongoing gaps continue to challenge individuals with mental illness and their service providers. These include limited access to both financial benefits and appropriate housing options. People in this target population often lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent participation in the cumbersome process of applying for SSI/SSDI. To address this, Luke-Dorf has trained staff in techniques used to expedite applications for individuals with serious disabilities experiencing homelessness utilizing SOAR techniques. The Bridgeview Community has identified one clinician as a benefits specialist. This staff member is primarily responsible for benefits coordination, ensuring that all new residents begin the process of enrolling in or updating benefits immediately upon entry and providing ongoing support throughout participation.

Due to a growing general population, a sluggish economy, and an influx of people underserved by the nearby suburban area, there continue to be increasing numbers of individuals with serious mental illness experiencing homelessness or at imminent risk of homelessness in Multnomah County. There are also few local providers to call upon when individuals with serious mental illness are released from hospitals and institutions with nowhere to live. The need for permanent housing continues to outweigh available resources in Multnomah County. An increasing number of younger adults transitioning out of youth systems of care creates an additional burden. As the largest transitional housing facility in Oregon, the Bridgeview Community is specifically designed to combat this challenge. The transitional housing model allows the program to serve a large number of participants, helping them transition to stable, permanent community settings as individually appropriate. For some participants, however, if it is determined that a higher, more structured Level of Care is preferable for the long-term for some individuals, there is limited availability of appropriate structured care.

The consequence of these gaps is that many people experiencing serious mental illness and homelessness are unable to access housing and mental health services and thus place an undue burden on costly community resources including hospitals, emergency rooms, law enforcement, detoxification facilities, and shelters. The Bridgeview Community transitional housing plays a significant role in closing these gaps in the Portland area, ensuring access to both housing and mental health services for program participants.

### Services

Approximately 80 individuals receive comprehensive housing and mental health services annually through the Bridgeview Community. Outreach services are not provided through the Multnomah County PATH program. Approximately 35 percent of participants in the Bridgeview

Community will be literally homeless at first contact, including living in places not meant for human habitation or emergency shelters. The majority of participants will be at imminent risk of homelessness with many coming out of the hospital or incarceration. In these instances, participants would have to exit these settings directly to homelessness if not for the Bridgeview Community. Many other participants are coming from precarious “couch surfing” situations which, while incredibly high need, are not defined as literally homeless.

Services at the Bridgeview Community provided through PATH funds (federal and match) include:

- **Screening and Diagnostic Services:** Complete mental health assessments and Individual Service and Support Plans (ISSPs) are completed by the Program Manager and Master’s level service coordinators. ISSPs are finalized within 30 days of program entry and are reviewed at least every three months. All residents participate voluntarily and are fully informed of services benefits and risks upon PATH-enrollment.
- **Community Mental Health Services:** All individuals who are enrolled in PATH will be engaged in community mental health services.
- **Psychiatric Habilitation and Rehabilitation Services:** Cognitive and creative therapy is provided by Master’s level clinicians in both one-on-one and group sessions. Residential staff are on site 24 hours per day to assist with recovery goals, skills training, supportive services, coaching on behavior and interactions, medication and symptom management and daily structure.
- **Alcohol and Drug Treatment:** Individuals with co-occurring substance use disorders are provided Integrated Dual Disorders Treatment services. This includes re-engagement, engagement, and recovery support for chemical dependence within a health-focused, harm reduction model utilizing Motivational Interviewing and stages of change. Available onsite services include 12-step groups, one-to-one supports, drug related information, and relapse prevention services.
- **Case Management:** Strengths-based case management is conducted by onsite Master’s level service coordinators. Each participant works with an assigned service coordinator to develop and pursue an ISSP which is reviewed at least every three months, and more often as necessary.
- **Medication Management:** A licensed psychiatric medical practitioner and registered nurse conduct on-site medication assessment and medication management. Staff assist with administration of medications on a daily basis.
- **Housing Services:** Additional housing services, including minor renovations and repairs are provided by Luke-Dorf maintenance staff. As a transitional housing program for a high-need population, the Bridgeview’s building is subject to consistent wear and tear that requires regular upkeep and repair. Property management at the Bridgeview Community, funded through match dollars, is contracted to Infinity Property Management, who handles all landlord responsibilities to coordinate housing and services in the building. This includes assistance screening prospective tenants, completion of necessary move-in and move-out paperwork, rent collection, advising on legislation and fair housing questions, and coordination with Luke-Dorf or outside contractors if needed, on repair orders.

## **Services for Individuals Experiencing Co-Occurring Mental Health and Substance Use Disorders**

It is well-known that mental illness and substance abuse are often interrelated; therefore, MHASD and Luke-Dorf both have a strong commitment to the provision of co-occurring disorders services. Both entities provide mental health and addictions services with an integrated approach. Luke-Dorf is a state-licensed provider of both mental health and addictions treatment. Luke-Dorf provides evidence-based Integrated Dual Disorders Treatment at multiple locations, including the Bridgeview Community, and has implemented an intensive program to address co-occurring disorders with the populations served by PATH funds.

The Bridgeview Community is maintained as drug-free transitional housing. The program's drug and alcohol use policy provides a guideline for residents' behavior in the facility by establishing clear expectations and consequences for behaviors associated with substance abuse. The dual diagnosis element of the Bridgeview Community focuses a great deal on engagement. This involves identifying individuals with co-occurring disorders among the population and developing trust and rapport in order to engage them in integrated mental health and addictions recovery services. Historically, a high percentage of individuals served by the Multnomah County PATH program have co-occurring substance use disorders; therefore, staff have significant experience and expertise in this discipline. Staff utilize Motivational Interviewing techniques to help participants to understand the effects of substance used on their recovery. The Bridgeview Community also endorses the harm reduction philosophy of gradualism. This philosophy promotes the understanding that the move toward sobriety may be gradual and require supports on multiple levels. These supports are put in place to help clients work toward sobriety as an ultimate goal, supported by high expectations for involvement in treatment, as well as reinforcement of lifestyle changes.

Services provided to Bridgeview residents with co-occurring disorders are generally parallel to those listed above, but tailored to the unique needs and challenges of this subset of the population. Dual disorders services at the Bridgeview include full ASAM assessments, individual and group counseling, prescriber services, and case management. Referrals may also be made to recovery programs outside of the mental health provider network.

## **Support and Training for Evidence-Based Practices (EBPs) and HMIS**

Luke-Dorf has a robust schedule of in-service trainings available to all employees. The agency also provides paid leave and financial assistance so that employees can attend external trainings on HMIS as well as evidence-based and best practices. Luke-Dorf provides a monthly Dialectical Behavioral Therapy (DBT) consult from the Portland DBT Clinic that is regularly attended by the Outreach Team. Training for evidence-based practices specifically utilized by Luke-Dorf's PATH program includes:

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

Each of Luke-Dorf's program's has a budget line item dedicated to training costs. These are paid for through a variety of fund streams. Many grants having training budgets for the associated practices built in. Luke-Dorf match funds also support ongoing training and supervision.

The State PATH Contact will work closely with Multnomah County MHASD and the Bridgeview Community to implement PATH data collection and entry in HMIS.

### Data

The Bridgeview Community currently enters data for PATH-funded services in HMIS; however, HMIS is not utilized for PATH reporting purposes. The Bridgeview Community will implement PATH data collection and entry in HMIS by June 30, 2013.

### SSI/SSDI Outreach, Access and Recovery (SOAR):

PATH-funded staff at the Bridgeview Community will access any local SOAR training opportunities available. Additionally, the State PATH Contact is working with the SOAR Technical Assistance Center to provide training to Oregon's PATH-funded staff.

### Access to Housing:

The Bridgeview Community is specifically focused on making suitable housing available to individuals enrolled in PATH, with 100 percent of individuals served transition or maintain housing as a result of their participation. The Bridgeview Community is a short-term, transitional housing program that provides stabilization services for individuals experiencing serious mental illness and homelessness. Participation serves as the first step in building a positive rental history, engaging in behavioral health services, and developing essential life skills. Residents sign a six-month lease and are expected to move to more independent and permanent housing within 18 months, with a maximum stay of 24 months. The purpose of the Bridgeview Community is to provide the tools and resources necessary for residents to obtain immediate housing and to work toward stable, permanent housing.

A full-time Housing Specialist is employed on-site to assist residents with the transition to more permanent and independent housing that is appropriate to each individual's needs. The staff member conducts a full housing assessment to identify barriers and establish a strength-based action plan for obtaining and maintaining permanent housing. Depending on resident needs and desires, the Housing Specialist will help participants to identify housing options, refer them to suitable ongoing housing, and assist in the completion of application materials and access to housing subsidies such as Section 8 and Shelter Plus Care vouchers. The Housing Specialist acts as both a liaison and advocate to potential landlords and housing providers on behalf of residents at the Bridgeview.

Luke-Dorf operates or provides case management for a wide continuum of housing options ranging from supported housing with varying levels of structure and independence, to licensed facilities with 24-hour care. These facilities are located throughout the county, both in the urban core and in residential neighborhoods. Bridgeview residents may be referred to these options, as is appropriate to their needs, desires, and eligibility criteria. Luke-Dorf operated housing options in Multnomah County include:

- Sandy Community: 14 studio apartment units of minimally-structured supported housing. The program also includes community space and on-site staff offices.
- Clifford Apartments: An 84-unit affordable housing program operated in partnership with Innovative Housing, Inc. Luke-Dorf oversees 45 of the units, providing supported housing services for individuals with psychiatric disabilities.
- Halsey Manor: 11 semi-independent units for individuals under the supervision of the Psychiatric Security Review Board.
- State-Licensed Mental Health Residences: Glynn Terrace and Wallula Place are 15-bed Residential Treatment Facilities, Valeo House and Estuesta are five-bed Residential Treatment Homes, and Sisters' House is a five-bed adult foster care home pending re-licensing as a Residential Treatment Home.

### Cultural Competency:

Multnomah County has a provision in its contracts for service delivery to ensure that services honor diversity. Staff identify age, gender, and race/ethnicity differences in participants in order to be sensitive to such differences and customize services in a way that minimizes barriers to treatment.

Luke-Dorf maintains a cultural competency plan that is updated annually. The plan involves non-discrimination standards, current profiles of staff and client diversity, training requirements, and provisions for accommodating ADA, language, and culturally specific needs. All Luke-Dorf services sites meet ADA accessibility requirements, and Luke-Dorf employs bilingual staff in several programs who are available for translation in languages including: Spanish, Vietnamese, Chinese, Japanese, French and German. Staff facilitate outside translation services as necessary. The plan also identifies the following cultures as target cultures for competence: mental illness, poverty, dual diagnosis, street homelessness, persons with forensic backgrounds, African-Americans, Asian-Americans, and Latinos. Luke-Dorf places emphasis on identifying and providing for these subculture populations.

In addition to more traditionally considered cultural elements of ethnicity, religion and language, Luke-Dorf is highly sensitive to the unique cultural distinctions of the target population of mental illness. Staff cultural competence requirements focus on the subcultures of mental illness, poverty, drug and alcohol addiction, and homelessness. Individuals with serious mental illness often become estranged from traditional family and natural social support systems, and look to other individuals experiencing similar challenges to make up the subcultural group that they identify with. This can result in a perpetuated distrust of service providers and a reluctance to engage in available resources. Luke-Dorf's focus on using the peer providers and other trauma informed engagement strategies that are mindful of the needs of those subcultures ensures that clients feel culturally safe throughout their engagement and participation.

### Client Information

Demographics of individuals served by Multnomah County's PATH program in FY 2011-2012 are as follows:

- 56 percent were male
- 54 percent were female

- 79 percent were Caucasian
- 12 percent were African-American
- 1 percent were Latino
- 3 percent were Asian or Pacific Islander
- 100 percent were between the ages of 18 and 64

## **Staff Information**

The demographics of staff providing PATH services in Multnomah County are as follows:

- 50 percent are male
- 50 percent are female
- 60 percent are Caucasian
- 7 percent are American Indian/Alaskan Native
- 4 percent are Asian or Pacific Islander
- 100 percent between the ages of 18 and 64

## **Training**

Cultural competence is prioritized throughout Luke-Dorf in order to ensure appropriate and effective service delivery to all participants. All Luke-Dorf staff are trained upon hire and provided regular training and supervision around the agency’s philosophy of person-centered and trauma informed service delivery. These philosophies inherently support cultural competence, requiring that all services reflect awareness and respect for each individual’s cultural and developmental needs, desired family and community involvement, and right to self-determination. Staff are also trained upon hire on the agency-wide cultural competence plan and agency policies and procedures, which include non-discrimination standards as well as strategies to increase cultural sensitivity in the agency by means of staff training, facility structure and ADA accessibility, décor, interpreter and translation services, and other interventions.

The agency provides a robust schedule of trainings around the philosophies of person-centered and trauma informed services delivery as well as peer delivered services which, as explained above, all are inherently requiring of cultural competence. Luke-Dorf participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides professional trainers, as needed, to educate staff on cultural issues. Trainings have been presented by Hanif Fazal of Open Meadow Schools, recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination.

## **Consumer Involvement:**

Luke-Dorf has demonstrated a strong commitment to the inclusion of consumers and their families in agency planning, services delivery, and evaluation/improvement processes. The agency’s mission is to provide exemplary community mental health and addiction services that promote lasting wellness. This supported by five key values:

1. Hope and Healing
2. Recovery and Wellness
3. Individual Empowerment
4. Community Integration

## 5. Family and Social Supports

Throughout agency history, Luke-Dorf has maintained a policy of actively recruiting and employing peers whenever qualified candidates are available. Peers have served as Housing Specialists, Residential Counselors, Facility Administrators, Program Managers, and a host of other roles. Unique peer delivered services were formally initiated in 2005 through a supported employment program that was almost completely peer delivered and developed. Since then, Luke-Dorf has made the commitment to develop resources to hire Peer Support Specialists who assist with case management, education, recreation programs, skills training, community involvement, and a wide variety of other peer delivered services as identified by the State of Oregon's Peer Delivered Services Initiative. Luke-Dorf has supported many peer staff by funding their participation in state-certified trainings. The agency has consistently expanded the number of peer staff employed and their availability to serve as many clients as possible. With multiple new peer positions opened in FY 2012 alone, Luke-Dorf's team currently includes 14 employees who self-identify as peers. Twelve of these employees are in service delivery roles. These peers are employed throughout multiple agency programs across both Washington and Multnomah Counties and offer supports to supplement the agency's traditional mental health and addictions services.

Luke-Dorf takes steps to create a strong sense of peer community and peer involvement in all programs. In addition to peer employees, Luke-Dorf focuses on involving existing clients in service delivery and development. Many sites have peer-led groups and peer councils. Peers that are both employees and existing clients participate in facilitating groups, on the Luke-Dorf Quality Improvement Committee, and in the peer delivered service program. Having significantly expanded the number of peers employed by the agency, Luke-Dorf partnered with Mental Health America of Oregon to hold a peer supervision training for agency management in 2012, including eight licensed supervisors who oversee at least one employee who identifies as a peer. This training served to educate supervisors about the many benefits, and unique supervisory opportunities of having peer positions integrated in their programs' service delivery. The half-day training brought supervisors together in the goal of having peer representation in each team. Luke-Dorf invited four staff from partner agencies, Sequoia and LifeWorks NW, so that the content could reach others in the provider community.

At the Bridgeview specifically, staff work with residents on the vital skills of developing friendships and feeling safe and connected in their home. A well-attended community meeting is conducted weekly, providing a forum for residents to discuss issues pertaining to both residents and staff. Residents give feedback to staff on program operations and facility livability, and address any issues they may have with fellow residents. Peer participation played a large role in preparing and acclimating residents in the move to the new James Hawthorne building in 2010. Regularly scheduled informational meetings were held with the residents to invite their input on issues such as building design. Skills trainers helped them navigate the pedestrian paths to the new location well in advance of the move. Residents were invited to the neighborhood safety meetings, Good Neighbor Agreement meetings, and National Night Out in the new neighborhood.

Currently there are multiple peer-run groups at the Bridgeview Community, including a weekly game night, a peer support group, a peer advocate group (volunteers who orient new residents to the Bridgeview and the neighborhood), a morning coffee group, and a peer-run group that organizes outings in the neighborhood. Staff members work with interested residents to facilitate such groups, in order to develop format, purpose and goals. A recent United Way grant expanded provision of peer delivered services at the Bridgeview Community. The grant provides for a half-time Peer Support Specialist who works with both the Bridgeview and Luke-Dorf's nearby Columbia House Intensive Case Management program. This employee has been very successful in promoting and modeling engagement and recovery for participants.

The individuals served by the program have often become estranged from family supports, and the Service Coordinators seek to identify family members, rebuild relationships and involve them in service where possible. When clinically indicated and desired by the participant, families are included in treatment planning and implementation. Family involvement is always supported through the signing of appropriate releases of information and education on rights protection. Bridgeview works with Multnomah County NAMI to make family members aware of resources for family education and support. Family members are invited into the program for holiday celebrations and special occasions. Wherever possible, family members also participate actively in the planning for moving participants to independent housing. Individual service plans in all agency programs are person-centered and strengths-based, and are developed as collaboration between staff and participant.

As an agency, Luke-Dorf operates a quality improvement committee that meets monthly to review practices throughout all programs. Currently, there are no PATH-enrolled individuals involved, however, there are three peers who are regularly involved in this committee. Consumer councils for outpatient sites and group homes provide input about services and feedback to program management throughout the agency. Two members of Luke-Dorf's Board of Directors have personal experience with mental illness of family members. Luke-Dorf's Director participates annually in the planning and key leadership component of the area-wide homeless services fair, Project Homeless Connect, which brings all homeless providers together in a single event and opens the services arena to hundreds of homeless participants.

## WHITE BIRD CLINIC

### Provider Description:

**Name:** White Bird Clinic

**Type of Organization:** Non-profit behavioral health services provider

**Region Served:** Lane County

**Federal PATH Funds Received:** \$81,923

White Bird Clinic is a 42-year-old 501(c)(3) social service agency serving Lane County, Oregon. White Bird Clinic provides the following free or low-cost services through its in-house programs: homeless outreach and case management, crisis intervention services including a mobile crisis intervention team, mental health services, substance use disorder treatment, and physical and dental health care services.

### Collaboration with HUD Continuum of Care:

The local HUD Continuum of Care planning process is coordinated by Lane County Health and Human Services. White Bird Clinic has actively participated in the Continuum of Care planning for the last six years. This integration has led to funding which supports White Birds homeless outreach, case management, and benefits assistance services. The relationship also assists in the identification of additional resources for the services and supports needed by individuals enrolled in PATH.

### Collaboration with Local Community Organizations:

White Bird Clinic seeks collaboration with all local service providers to best meet the needs of the individuals it serves. The following are some of the many partnerships that White Bird Clinic has built over the last four decades.

- White Bird Clinic partners with ShelterCare to provide advocacy, counseling, shelter, residential treatment, and housing services.
- St. Vincent DePaul's Egan Warming Center opens on nights when the temperature is below freezing to provide shelter for individuals who are either unable or unwilling to access traditional emergency shelters in the Lane County area, often due to mental health or co-occurring disorders. White Bird staff provide crisis intervention training for the volunteers providing direct services and supports at the Egan Warming Center.
- White Bird Clinic works closely with Lane County Behavioral Health and Sacred Heart to streamline crisis services for individuals enrolled with Lane County Behavioral Health and accessing White Bird's crisis services. Additionally, Sacred Heart provides \$15,000 worth of unit-dosed medications for the White Bird Medical Clinic and \$10,000 to support dental care for individuals without dental insurance.
- Peace Health Medical group has provided financial support for the two-way lab interface which integrates with White Bird's electronic health records.

- Oregon Medical Group, the second largest physician group in Lane County, requires all new physicians, nurse practitioners, and physician’s assistants to volunteer one half-day each month in a safety net clinic which includes White Bird’s Medical Clinic.
- White Bird Clinic also provides medical and crisis intervention for residents of the Eugene Rescue Mission. Once a week residents of the Mission are transported by White Bird staff in order to receive medical health services from the White Bird Medical clinic. In addition, White Bird Homeless Case Managers are on-site twice per week to provide benefits assistance, case management, and referrals to PATH services. White Bird Medical clinic staff also provide on-site assessments, minor medical care, screening and referrals at the Mission three days per week.
- White Bird Clinic’s mobile crisis services provide transportation to Buckley House Sobering and Detox Center for individuals experiencing homelessness and in need of sobering and/or detoxification services. Mental health professionals from White Bird Clinic provide daily on-site consultation for individuals with co-occurring mental health disorders which often includes referral to PATH services.
- White Bird Clinic’s counseling and homeless services departments network with the Veteran’s Administration for veterans experiencing homelessness.

## Service Provision:

### Gaps

Gaps in the current service system continue to widen and create greater challenges in meeting the needs of adults with serious mental illness experiencing homelessness, thus making projects like PATH even more essential. The number of people experiencing homelessness has increased significantly over the last decade. Even after the recovery from a major spike in homelessness in 2010, homelessness in Lane County still stands at levels higher than 2006. Estimates of Lane County’s homeless population are now above 11,000 annually, with at least 1,300 experiencing symptoms of serious mental illness.

The first and most glaring gap is the lack of sufficient and affordable housing. The Eugene-Springfield 2010 Consolidated Plan found that “the demand for housing with support services vastly outweighs the supply, creating long waiting lists and forcing families to double up or become involved in the emergency shelter system.” Our community is also impacted by high rents and minimal available housing. Our apartment vacancy is 4.2 percent; the wait for Section 8 housing is generally 18 months, while two-thirds of the housing was created prior to 1980 and is believed to be in need of rehabilitation.

For individuals and families with low-incomes, the rising cost of housing creates additional problems. It is reported that 44 percent of Lane County households have housing cost burdens – that is, housing costs in excess of 30 percent of their household income. According to the 2011 Low Income Housing Coalition analysis, 1.5 full-time jobs are needed at the mean renter wage to afford a two-bedroom rental at the fair market rate.

Lane County residents have very limited access to specialty shelters and supervised living programs. The most recent Continuum of Care Housing Gap Analysis indicates that there is an unmet need for 339 emergency shelter beds, 345 transitional housing beds, 783 permanent

supportive housing beds for individuals; and 842 transitional housing beds and 149 permanent supportive housing beds for families.

Other service gaps include adequate funding medications, consistent access to Oregon Health Plan, sufficient integrated treatment for individuals with co-occurring disorders, a health care system that is more user-friendly, sufficient help with employment and socialization, and a day center accessible to and accepting of this population.

## **Services**

Approximately 450 eligible individuals will receive PATH-funded services, approximately 150 of whom will become enrolled in PATH. At least 85 percent of individuals will not be enrolled in mainstream mental health services at first contact. Of those served, approximately 60 percent will be experiencing literal homelessness.

The PATH-funded services prioritized for adults with serious mental illness experiencing homelessness include:

- Outreach services for individuals living on the streets, at their camping spots, and hang-out areas throughout the Eugene-Springfield metro area daily
- Outreach to individuals experiencing homelessness utilizing other local homeless service providers
- Inreach to individuals experiencing homelessness being served in various White Bird programs
- Eligibility screenings and diagnostic assessments plus an initial meeting to determine service needs and readiness for mental health treatment
- Enrollment for PATH services including assignment of a counselor, therapeutic support, and referral to additional services and supports
- Substance use disorder treatment services
- Case management
- Referral for housing services

Once screened for eligibility and readiness, the client will attend an intake appointment to clarify needs, reach agreements about referrals and treatment goals, to enroll the applicant for PATH counseling/ substance abuse treatment and housing services, and motivation and stage of readiness for change. At this point, a counselor and treatment schedule is agreed upon, an individual file is established, informed consent forms are completed, and advocacy and referrals begin.

Within the agency White Bird is able to coordinate, advocate, refer, and provide medical care, medication management, dental care, special transportation, benefits assistance, crisis stabilization, acupuncture, outpatient substance use disorder treatment, mail and messages, crisis intervention, and case management for individuals enrolled in PATH.

White Bird Clinic is able to provide additional services for individuals enrolled in PATH by collaborating with ShelterCare and St. Vincent DePaul; employment assistance through Vocational Rehabilitation; and additional substance use disorder treatment services through Willamette Family Treatment Services. PATH-funded staff introduce clients to new resources by

direct referral or accompaniment. White Bird Clinic also refers clients for a variety of transitional services from other providers to facilitate an end to homelessness. Counselors and case managers are very knowledgeable about community resources through both training and practice and benefit as well from the countywide HELP Directory of Lane County resources which is published by White Bird's Info Line. A database of mental health services is updated and maintained by the White Bird Crisis Intervention Team.

### **Services for Individuals Experiencing Co-Occurring Mental Health and Substance Use Disorders**

Any individual receiving services through White Bird Clinic is referred, when appropriate, to mental health counseling or substance use disorder treatment services. All counseling and case management staff have experience addressing co-occurring disorders. A specific outpatient alcohol and drug treatment component is included among White Bird's eight service areas and early diversion to detoxification options is arranged when appropriate.

The complications that can arise when co-occurring disorders are involved are taken into consideration when medications are prescribed. Medication management clinics support individuals enrolled in PATH who choose to utilize psychiatric medications. White Bird's mental health and substance use disorder treatment components coordinate care, provide cross-consultation and are located within the same city block.

### **Support and Training for Evidence-Based Practices (EBPs) and HMIS**

White Bird Clinic provides an annual training budget for each PATH-funded staff along with paid time off for training evidence-based practices in order to assist staff maintain their licensures with required continuing education units, and to increase their clinical skills. Staff share the information they receive at trainings with their coworkers so that all staff benefit from an enhanced perspective for their professional challenges.

The State PATH Contact will work closely with White Bird Clinic to implement PATH data collection and entry in HMIS.

#### **Data**

White Bird Clinic will implement PATH data collection and entry in HMIS by June 30, 2013.

#### **SSI/SSDI Outreach, Access and Recovery (SOAR):**

PATH-funded staff at White Bird Clinic will access any local SOAR training opportunities available. Additionally, the State PATH Contact is working with the SOAR Technical Assistance Center to provide training to Oregon's PATH-funded staff.

#### **Access to Housing:**

Because available housing is so scarce and the fact that, without safe shelter, mental health treatment is very difficult and substance abuse treatment often impossible, a portion of PATH-funding will be dedicated to optimizing housing services through partnering with ShelterCare.

White Bird's strategy is to have a Housing Specialist from ShelterCare available three hours per week to meet with individuals enrolled in PATH to assess their needs and match them with available housing placements and waiting lists. All shelter options – emergency shelter, respite, residential services, foster care, interim and ongoing supportive housing – are considered for individuals enrolled in PATH, as well as informal housing arrangements with the individuals' family and friends.

### **Cultural Competency:**

White Bird Clinic was originally established in 1970 to serve low-income and homeless individuals who were struggling with medical, mental health and/or recreational drug problems. We continue to provide these basic medical, counseling and crisis services. Since then, White Bird has grown to include substance use disorder treatment; dental care; information, referral and case management for individuals experiencing homelessness; benefits assistance; and advocacy. As Lane County has become more ethnically and culturally diverse, White Bird staff have also changed. White Bird Clinic has developed the skills to address an ever-expanding and diverse homeless population with evermore diverse needs.

White Bird maintains and is guided by a cultural competency/limited English proficiency policy. Currently White Bird employs six bilingual staff and arranges translation services when staff are not able to meet the language needs presented. To cover crisis and emergency situations, White Bird has an agreement with Certified Languages International which provides interpreter services offering quick access to translation in over 175 languages. White Bird also employs staff trained in sign language, and has access to Oregon's transcribing over the phone service for the deaf and hard of hearing.

White Bird staff understand that cultural diversity includes people of different sexual orientations and has staff comfortable with and experienced in addressing these issues. One therapist has attended multiple trainings in LGBTQ service delivery and has shared materials with other White Bird staff in weekly meetings. White Bird employs the Harry Benjamin standards of working with transgendered clients.

PATH-funded staff at White Bird identify the age, gender, and racial/ethnic status of the individuals they serve, are sensitive to differences, and individualize their services to minimize barriers to treatment. Issues arising from these differences are identified and innovative approaches are discussed during regular weekly staff meetings. In addition, community forums and networking opportunities often include information about ongoing issues, protocols, and feedback about working with the differences inherent in the community.

Demographics of individuals served by White Bird Clinic's PATH program in FY 2011-2012 are as follows:

- 45 percent were male
- 55 percent were female
- 80 percent were Caucasian
- 6 percent were African-American
- 6 percent were Latino
- 5 percent with Native American or Alaskan Native

- 3 percent were Asian or Pacific Islander
- 93 percent were between the ages of 18 and 64

## **Staff Information**

The demographics of staff providing PATH services in Multnomah County are as follows:

- 48 percent are male
- 52 percent are female
- 93 percent are Caucasian
- 5 percent are American Indian or Alaskan Native
- 1 percent are African-American
- 1 percent are Asian or Pacific Islander
- 89 percent are between the ages of 18 and 64

## **Training**

White Bird Clinic provides paid leave, financial assistance and encouragement for staff to attend trainings. In addition, trainings in cultural awareness and sensitivity are recommended to all PATH-funded staff, with the costs and paid time for such trainings covered by the agency.

## **Consumer Involvement:**

White Bird Clinic's Mission Statement reflects the core value of inclusion in order to improve client's situations and outcomes.

White Bird is a collective environment organized to enable people to gain control of their social, emotional and physical well-being through direct service, education and community.

Individuals eligible for or enrolled in PATH services and their families have been and are encouraged to continue providing input into the services and supports offered at White Bird Clinic. Examples include:

- White Bird clients experiencing homelessness were involved in service planning and implementation at the beginning of the PATH project at White Bird.
- All program and agency meetings are open to individuals enrolled in services. An exception to this is when client-specific, clinical staffings are in progress.
- Focus groups are conducted semi-annually which include individuals experiencing serious mental illness and homelessness. Recommendations and proposals resulting from these focus groups are shared with the Board of Directors, Administrators, and the full staff.
- One position on White Bird's Board of Directors is reserved for an individual who has experienced homelessness. This position is currently filled by an individual who has experienced homelessness and co-occurring mental health and substance use disorders.
- White Bird staff provide support for family members of individuals enrolled in PATH services. Feedback and suggestions are elicited from family members in order to improve PATH-funded services.
- White Bird Clinic actively recruits and trains volunteers who have received or are receiving services through White Bird.

- White Bird Clinic solicits daily feedback from consumers, and employs customer satisfaction surveys throughout its programs.
- White Bird also receives ongoing feedback regarding its services through its relationships with consumer-run organizations in Lane County.

# Attachment A: Oregon Administrative Rules

### **309-032-0301**

#### **Purpose and Scope**

These rules prescribe the standards for community-based programs that serve individuals with a serious mental illness experiencing homelessness under the Projects for Assistance in Transition from Homelessness (PATH) program.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

### **309-032-0311**

#### **Definitions**

- (1) “Co-Occurring Disorders” (COD) means the existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.
- (2) “Community Mental Health Program” (CMHP) means an entity that is responsible for planning and delivery of services for individuals with substance use or mental illness diagnoses, operated in a specific geographic area of the state under an intergovernmental agreement or a direct contract with the Addictions and Mental Health Division (AMH).
- (3) “Division” means the Addictions and Mental Health Division of the Oregon Health Authority (OHA).
- (4) “Eligible Individual” means an individual who, as defined in these rules:
  - (a) Is homeless or at imminent risk of becoming homeless and
  - (b) Who has, or is reasonably assumed to have, a serious mental illness.
  - (c) The individual may also have a co-occurring substance use disorder.
- (5) “Enrolled” means an eligible individual who:
  - (a) Receives services supported at least partially with PATH funds and
  - (b) Has an individual service record that indicates enrollment in the PATH program.
- (6) “Homeless Individual” means an individual who:
  - (a) Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
  - (b) Is a resident in transitional housing that carries time limits.
- (7) “Individual” means an individual potentially eligible for or who has been enrolled to receive services described in these rules.
- (8) “Individual Service and Support Plan” (ISSP) means a comprehensive plan for services and supports provided to or coordinated for an eligible individual that is reflective of the intended outcomes of service.
- (9) “Imminent Risk of Homelessness” means that an individual is:
  - (a) Living in a doubled-up living arrangement where the individual’s name is not on the lease;
  - (b) Living in a condemned building without a place to move;
  - (c) In arrears in their rent or utility payments;
  - (d) Subject to a potential eviction notice without a place to move; or
  - (e) Being discharged from a health care or criminal justice institution without a place to live.
- (10) “Individual Service Record” means the written or electronic documentation regarding an enrolled individual that summarizes the services and supports provided from point of entry to service conclusion.

(11) “Literally Homeless Individual” means an individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.

(12) “Local Mental Health Authority” (LMHA) means one of the following entities:

(a) The Board of County Commissioners of one or more counties that establishes or operates a CMHP;

(b) The tribal council of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services or

(c) A regional LMHA comprised of two or more boards of county commissioners.

(13) “Outreach” means the process of bringing individuals into treatment who do not access traditional services.

(14) “Projects for Assistance in Transition from Homelessness” (PATH) means the Formula Grants, 42 U.S.C. 290cc-21 to 290-cc-35.

(15) “Qualified Mental Health Professional” (QMHP) means any person who meets one of the following minimum qualifications as authorized by the LMHA or designee:

(a) A Licensed Medical Practitioner;

(b) A graduate degree in psychology, social work, or recreational, art or music therapy;

(c) A graduate degree in a behavioral science field;

(d) A bachelor’s degree in occupational therapy and licensed by the State or Oregon; or

(e) A bachelor’s degree in nursing and licensed by the State of Oregon.

(16) “Secretary” means the Secretary of the U.S. Department of Health and Human Services.

(17) “Serious Mental Illness” means a psychiatric condition experienced by an individual who is 18 years of age or older and who is:

(a) Diagnosed by a QMHP as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or

(b) Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:

(A) Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;

(B) Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;

(C) Establishment and maintenance of supportive relationships; or

(D) Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

### **309-032-0321**

#### **Eligible Services**

(1) Effective outreach to engage people in the following array of services:

(a) Identification of individuals in need;

- (b) Screening for symptoms of serious mental illness;
- (c) Development of rapport with the individual;
- (d) Offering support while assisting with immediate and basic needs;
- (e) Referral to appropriate resources; or
- (f) Distribution of information including but not limited to:
  - (A) Flyers and other written information;
  - (B) Public service announcements; or
  - (C) Other indirect methods of contact.
- (2) Methods of active outreach including but not limited to face-to-face interaction with literally homeless people in streets, shelters, under bridges and in other non-traditional settings, in order to seek out eligible individuals.
- (3) Methods of in-reach, including but not limited to placing outreach staff in a service site frequented by homeless people, such as a shelter or community resource center, where direct, face to face interactions occur, in order to allow homeless individuals to seek out outreach workers.
- (4) Screening and diagnosis.
- (5) Habilitation and rehabilitation services.
- (6) Community mental health services.
- (7) Alcohol or drug treatment services.
- (8) Staff training, including the training of those who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services.
- (9) Case management including the following.
  - (a) Preparing a plan for the provision of community mental health services to the eligible individual and reviewing the plan not less than once every three months;
  - (b) Assistance in obtaining and coordinating social and maintenance services for the eligible individual, including services related to daily living activities, personal financial planning, transportation, and housing services;
  - (c) Assistance to the eligible individual in obtaining income support services including housing assistance, food stamps and supplemental security income benefits;
  - (d) Referring the eligible individual for such other services as may be appropriate and
  - (e) Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act [42 U.S.C. 1383(a)(2)] if the eligible individual is receiving aid under title XVI of such act [42 U.S.C. 1381 et seq.] and if the applicant is designated by the Secretary to provide such services;
- (10) Supportive and supervisory services in residential settings;
- (11) Housing services, which shall not exceed twenty percent of all total PATH expenses and which may include:
  - (a) Minor renovation, expansion and repair of housing;
  - (b) Planning of housing;
  - (c) Technical assistance in applying for housing assistance;
  - (d) Improving the coordination of housing services;
  - (e) Security deposits;
  - (f) The costs associated with matching eligible individuals with appropriate housing situations; or
  - (g) One time rental payments to prevent eviction; and

(12) Referrals to other appropriate services or agencies, for those determined ineligible for other PATH services.

(13) Other appropriate services as determined by the Secretary.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

### **309-032-0331**

#### **Staff Qualifications and Training Standards**

(1) Staff delivering case management and outreach services to individuals shall have demonstrated ability to:

- (a) Identify individuals who appear to be seriously mentally ill;
- (b) Identify service goals and objectives and incorporate them into an ISSP; and
- (b) Refer the individuals for services offered by other agencies.

(2) All staff delivering PATH services shall have training, knowledge and skills suitable to provide the services described in these rules.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

### **309-032-0341**

#### **Rights of Eligible Individuals**

(1) In addition to all applicable statutory and constitutional rights, every eligible individual receiving services has the right to:

- (a) Choose from available services and supports;
- (b) Be treated with dignity and respect;
- (c) Have all services explained, including expected outcomes and possible risks;
- (d) Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 192.515 and 42 CFR Part 2 and 45 CFR Part 205.50;
- (e) Give informed consent to services in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law;
- (f) Inspect their Individual Service Record in accordance with ORS 179.505;
- (g) Not participate in experimentation;
- (h) Receive medications specific to the individual's diagnosed clinical needs;
- (i) Receive prior notice of service conclusion or transfer, unless the circumstances necessitating service conclusion or transfer pose a threat to health or safety;
- (j) Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- (k) Have religious freedom;
- (l) Be informed at the start of services and periodically thereafter of the rights guaranteed by these rules;
- (m) Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian or representative assist with understanding any information presented;
- (n) Have family involvement in service planning and delivery;
- (o) Make a declaration for mental health treatment, when legally an adult;

- (p) File grievances, including appealing decisions resulting from the grievance; and
- (q) Exercise all rights described in this rule without any form of reprisal or punishment.
- (2) The provider will give to the individual and if applicable, to the guardian, a document that describes the preceding individual rights.
  - (a) Information given to the individual must be in written form or, upon request, in an alternative format or language appropriate to the individual's need;
  - (b) The rights and how to exercise them will be explained and
  - (c) Individual rights will be posted in writing in a common area.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

### **309-032-0351**

#### **Enrollment and Record Requirements**

- (1) An individual's eligibility shall be determined and documented at the earliest possible date.
- (2) A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain the following:
  - (a) An enrollment form which includes:
    - (A) The individual's name and PATH enrollment date;
    - (B) A list or description of the criteria determining the individual's PATH eligibility; and
    - (C) The individual's PATH services discharge date.
  - (b) A plan defining the enrolled individual's goals and service objectives including one or more of the following:
    - (A) Accessing community mental health services for the eligible individual, which includes reviewing the plan not less than once every three months;
    - (B) Accessing and coordinating needed services for the eligible individual, as detailed in these rules.
    - (C) Accessing income and income support services, including housing assistance, food stamps, and supplemental security income; and
    - (D) Referral to other appropriate services.
  - (c) Progress notes that provide an on-going account of contacts with enrolled individual, a description of services delivered, and progress toward the enrolled individual's service plan goals; and
  - (d) A termination summary describing reasons for the enrolled individual no longer being involved in service.
- (3) A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:
  - (a) A description of the potentially eligible individual, which may include but not be limited to:
    - (A) A physical description of the individual;
    - (B) The location where the individual was served; and
    - (C) A description of the individual's personal belongings.
  - (b) A preliminary assessment of the potentially eligible individual's needs based on available information; and
  - (c) A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.

(4) Records shall be confidential in accordance with ORS 179.505, 45 CFR Part 2 and OAR 032-1535 pertaining to individuals' records.

Stat. Auth.: ORS 413.042 & 430.640

Stats. Implemented: ORS 430.610 – 430.695

Hist.: MHS 7-2011, f. & cert. ef. 9-26-11; MHS 9-2011(Temp), f. & cert. ef. 11-22-11 thru 5-18-12; MHS 2-2012, f. & cert. ef. 2-9-12

# Attachment B: Site Reviews

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit  
Deschutes County Mental Health  
June 22, 2012**

The site review took place at the Deschutes County Mental Health (DCMH) Annex building and outreach sites on June 22, 2012. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with PATH Outreach Case Manager, Sarah Elliott
- Interview with Lori Hill, Program Manager
- Interview with Jim Denman, Community Support Services Program Supervisor
- Interview with PATH consumers
- Accompaniment on outreach activities
- Chart Review

**PATH-Eligible Services:**

Deschutes County began receiving PATH funds in 2004. The funding for the 2010 Federal Fiscal Year supports an Outreach Case Manager at 1.0 FTE. The Outreach Case Manager, Sarah Elliott, has regular office hours at the DCMH Annex, the Bethlehem Inn, the Red Door Church meal site and the Bend Public Library. PATH eligible services provided by Sarah include: outreach; screening; case management; referral for primary health services, job training, educational services, and relevant housing services; technical assistance in applying for housing assistance; and community mental health services (in the form of referrals to appropriate services). PATH consumers, who are eligible for and choose to, receive on-going services through DCMH.

Agency management has designated a QMHP to work with PATH consumers that enroll in DCMH services. This ensures that PATH consumers are able to quickly access community mental health services. Sarah works closely with the QMHP and they have frequent communication regarding mutual clients.

**Housing:**

Last year's review noted the addition of permanent, affordable housing opportunities for individuals who are PATH-eligible. These housing opportunities have helped several individuals in the PATH program access and maintain permanent housing since the last review. There is still a significant need for affordable permanent housing in Central Oregon, and Sarah helps to address this as a member of the Homelessness Leadership Coalition which serves at the HUD Continuum of Care for Central Oregon.

Security deposits and one-time rental payments to prevent eviction are provided for PATH enrolled consumers that do not have access to and/or do not qualify for other rental assistance resources.

**Consumer Interview and Outreach Activities:**

The reviewer was able to meet with four current PATH consumers. All four consumers expressed appreciation and satisfaction with the services that Sarah is able to provide. After meeting with the consumers, the reviewer was able to sit in while Sarah met with three of the consumers that were interviewed. It was a wonderful example of the working relationships that

Sarah has been able to build, and the level of mutual trust and respect between Sarah and the individuals she works with. When asked if there was anything about the program that could be improved, the consumers stated they would not make any changes to the work that Sarah does.

The reviewer also had the opportunity to accompany Sarah to the Red Door Church meal site where she checked in with a few individuals that are enrolled in PATH. The reviewer wishes to recognize the work that Sarah has done in collaboration with the Bend Public Library. This is a perfect example of taking ideas from urban homelessness service programs and adapting it to fit a rural community. It is apparent to the reviewer that Sarah has been able to develop significant relationships with community partners which allows her to provide high quality services to PATH consumers in Deschutes County.

**File Review:**

PATH consumers’ files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

<b>Requirement for PATH-Enrolled Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
An individual’s eligibility shall be determined and documented at the earliest possible date.	<b>YES</b>	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	<b>YES</b>	
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.	<b>YES</b>	If using CPMS for this purpose, please be sure to note eligibility in the progress notes if “Housing Status” is coded other than “97”.
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	<b>YES</b>	
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual’s service plan goals.	<b>YES</b>	
A termination summary describing reasons for the enrolled individual no longer being involved in services.	<b>YES</b>	

<b>Requirement for PATH-Eligible Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	<b>YES</b>	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual’s personal belongings.	<b>YES</b>	
A preliminary assessment of the potentially eligible individual’s needs based on available information.	<b>YES</b>	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	<b>YES</b>	

**Reporting and Fiscal Controls:**

The reviewer has been working with all of the PATH providers on data collection and reporting. The reviewer will continue to work with Deschutes County on data collection, tracking, and reporting.

Federal PATH funds and County match funds have a separate cost-center from other funding streams. All PATH expenses and revenue are tracked in this cost-center.

Quarterly data reports are consistently submitted complete and on-time.

**Recommendations:**

The Deschutes County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2011. The services provided appear to be PATH eligible as well as being individualized to each consumer’s unique strengths and needs. The reviewer makes the following recommendations:

- Continue with outreach services provided at the library and meal sites.
- Work closely with the IT department while implementing the electronic health record to ensure that PATH recordkeeping requirements are incorporated.

The reviewer wishes to commend the Deschutes County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit  
Marion County Mental Health  
June 7-8, 2012**

The site review took place at Marion County Adult Behavioral Health (MCABH) on June 8, 2012, and Northwest Human Services Homeless Outreach and Advocacy Project (HOAP) on June 7, 2012. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Sara Cornell, MCABH Homeless Specialist Case Manager
- Interview with Ed King, MCABH PATH Program Supervisor
- Interview with Dr. Roderick Calkins, MCABH Administrator; and Scott Richards, MCABH Division Director
- Interview with Ericka Neighbors, HOAP Program Director; Char Tong, NW Human Services Clinical Director; Verena Wessel, HOST Program Coordinator; and Pamela Blanchard, HOAP Day Center-Safe Haven Liaison
- Interview with PATH consumers
- Chart Review

**PATH-Eligible Services:**

Marion County has received PATH funding since PATH's inception. Marion County subcontracts a portion of the funds to HOAP. The funding for the 2011 Federal Fiscal Year supports a Homeless Specialist Case Manager (0.8 FTE), Mental Health Associate (0.2 FTE), and Peer Mentor (.25 FTE) at MCABH; and a Clinician (0.2 FTE), Case Manager (0.1 FTE) and an Outreach Liaison (.15 FTE) at HOAP. Both MCABH and HOAP use PATH funds for supervision of PATH staff (0.15 FTE and 0.09 FTE respectively). The PATH eligible services provided by MCABH and HOAP include: outreach; screening and diagnostic services; community mental health services; case management; and referral for primary health services, job training, educational services, and relevant housing services.

Historically, PATH services at MCABH have focused on on-going case management and community mental health services. Outreach services were mostly in the form of inreach at local homeless shelters. PATH staff at MCABH have implemented street outreach within the city of Salem. The reviewer commends MCABH for implementing this critical component to PATH services.

HOAP's PATH services focus on street outreach with services targeted at linking PATH eligible individuals with on-going services through other funding streams. Because of this targeted approach and quick transition, many PATH eligible individuals are not formally enrolled in PATH resulting in a low outreach to enrollment ratio. While this number may be low, the services provided are inline with PATH's mission of linking eligible individuals with mainstream services that they are not currently connected with.

The question of when an individual may be enrolled in PATH services was addressed at both sites. Currently, eligible individuals are enrolled in PATH when they are enrolled in services at either MCABH or HOAP. If an eligible individual chooses not to engage in formal services, they are not enrolled in PATH. The reviewer encourages the programs to open PATH enrollment to

eligible individuals regardless of whether or not they engage in formal services with the agency. This will allow PATH staff to work with individuals who may not otherwise have access to services that enable them to find and maintain housing.

**Housing:**

Access to permanent housing remains a challenge in Marion County. Interviews at both PATH sites highlight the need for additional affordable permanent housing options. That being said, PATH staff at both sites work closely with the local Continuum of Care, subsidized housing programs, and private landlords to access housing for PATH-enrolled individuals. The reviewer applauds both PATH sites for their commitment to finding safe, affordable, permanent housing for PATH consumers.

**Consumer Interview:**

The reviewer met with two PATH consumers at MCABH and one at HOAP. Through the PATH program, they have been able to receive case management, recovery support, medication management, referral to substance abuse treatment, and referrals for permanent housing. All of the consumers reported that PATH services have been beneficial to them and wished to express their gratitude for the program and staff. When asked if there was anything about the program that could be improved, the consumers stated they would not make any changes to the program.

**Chart Review:**

PATH consumers’ files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

<b>Requirement for PATH-Enrolled Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
An individual’s eligibility shall be determined and documented at the earliest possible date.	<b>YES</b>	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	<b>YES</b>	
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.	<b>No</b>	An example of an enrollment form is enclosed with this report.
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	<b>YES</b>	

Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	<b>YES</b>	
A termination summary describing reasons for the enrolled individual no longer being involved in services.	<b>YES</b>	
<b>Requirement for PATH-Eligible Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	<b>YES</b>	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	<b>YES</b>	
A preliminary assessment of the potentially eligible individual's needs based on available information.	<b>YES</b>	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	<b>No</b>	Develop a system to track ongoing contact with individuals receiving outreach services.

**Reporting and Fiscal Controls:**

The reviewer has been working with all of the PATH providers on data collection and reporting. The reviewer will continue to provide technical assistance and support in this area.

Federal PATH funds and County match funds have a separate cost-center from other funding streams at both sites. All PATH expenses and revenue are tracked in this cost-center.

**Recommendations:**

The Marion County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2011. The services provided appear to be PATH eligible as well as being individualized to each consumer's unique strengths and needs. The reviewer makes the following recommendations:

- Continue with street outreach services.
- Allow eligible individuals to be enrolled in PATH services without having to formally enroll in services with the agency.
- Include a PATH enrollment form in the file. An example is included with this visit summary.

The reviewer wishes to commend the Marion County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit  
Multnomah County Mental Health  
June 29, 2012**

The site review took place at The Bridgeview on June 29, 2012. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Lisa Davila, Bridgeview Program Manager
- Interview with Erin Fischer, Director of Services, Luke-Dorf
- Interview with Terri Harbaugh and Rosa Nguyen, Multnomah County Community & Family Services Division
- Interview with Kelsi Villareal; Austin Edwards; and Jeff Burnham, PATH-funded staff
- Interview with PATH consumers
- Chart Review

**PATH-Eligible Services:**

Multnomah County has received PATH funding since 1990. Multnomah County Community & Family Services Division retains a portion of the PATH funds to administer a one-time rental assistance and security deposit program for PATH-eligible individuals and subcontracts the remainder of the funds to Luke-Dorf. Luke-Dorf utilizes the PATH funds received from Multnomah County to support The Bridgeview, a transitional housing program for persons with serious mental illness who are homeless or at risk of homelessness.

The PATH eligible services provided at The Bridgeview are: screening and diagnostic services; habilitation and rehabilitation services; community mental health treatment; substance abuse treatment; case management; supportive and supervisory services in residential settings; and referral for primary health services, job training, educational services, and relevant housing services. The PATH eligible services provided by Multnomah County Community & Family Services Division are: security deposits, and one-time rental payments to prevent eviction. PATH funds in Multnomah County do not support outreach services.

**Housing:**

PATH funding at The Bridgeview supports a Housing Coordinator to assist PATH consumers in accessing permanent housing. PATH consumers are placed on housing program waiting lists as soon as possible, and are assisted with obtaining benefits and entitlements. Every effort is made to ensure that consumers transition from The Bridgeview into permanent housing that is appropriate for the individual's needs.

**Consumer Interview:**

The reviewer met with four PATH consumers living at The Bridgeview. All four reported being satisfied with the PATH services they are receiving at The Bridgeview. Each consumer was asked what, if anything, could make the PATH program better. The responses included having access to a computer for job search activities, being allowed overnight guests, and increasing community activities including outings.

**Chart Review:**

Records of Multnomah County Community & Family Services Division’s PATH services clearly indicated which eligible services were provided. Sample enrollment forms were provided to the reviewer, and show that information necessary to determine PATH-eligibility is collected. The forms also show that the necessary demographic information is being gathered for annual reporting to SAMHSA.

The Bridgeview’s PATH consumers’ electronic records were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

<b>Requirement for PATH-Enrolled Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
An individual’s eligibility shall be determined and documented at the earliest possible date.	<b>YES</b>	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	<b>YES</b>	
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.	<b>YES</b>	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	<b>YES</b>	
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual’s service plan goals.	<b>YES</b>	
A termination summary describing reasons for the enrolled individual no longer being involved in services.	<b>YES</b>	
<b>Requirement for PATH-Eligible Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	<b>N/A</b>	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual’s personal belongings.	<b>N/A</b>	

A preliminary assessment of the potentially eligible individual's needs based on available information.	N/A	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	N/A	

**Reporting and Fiscal Controls:**

The reviewer has been working with all of the PATH providers on data collection and reporting. Multnomah County's PATH program exceeds expectations in this area. The quarterly reports are completed accurately and submitted on-time. The Bridgeview has been inputting PATH data in their Homeless Management Information System (HMIS), Service Point, and is already using HMIS to generate data needed for the quarterly reports to AMH. The Bridgeview is well positioned for when HMIS becomes a mandatory component for PATH providers.

Federal PATH funds and County match funds are included in The Bridgeview's budget. Expenditures are tracked through Luke-Dorf's fiscal management software. Expenditures for PATH-funded services through Multnomah County Community & Family Services Division are tracked by the County's fiscal management department.

**Recommendations:**

The Multnomah County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2011. The services provided appear to be PATH eligible as well as being individualized to each consumer's unique strengths and needs. The reviewer makes the following recommendations:

- All PATH programs are encouraged to implement and/or further develop a street outreach services component.

The reviewer wishes to commend the Multnomah County PATH program for your commitment to providing services to PATH-eligible consumers in your area. Your dedication is evident in the lives you touch each day.

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit  
Washington County Mental Health  
June 28, 2012**

The site review took place at Luke-Dorf in Tigard on June 28, 2012. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Mona Knapp, Interim Director
- Interview with Valerie Burton and Nicole Christoff, PATH Outreach Workers
- Interview with Melanie Tong, Washington County Health and Human Services
- Observation of outreach activities
- Interview with PATH consumer
- Chart Review

**PATH-Eligible Services:**

Washington County has received PATH funding since 2004, and subcontracts with Luke-Dorf to provide PATH services. The funding for the 2011 Federal Fiscal Year supports two Outreach Workers – one at 1.0 FTE (Valerie Burton) and the other at 0.2 FTE (Nicole Christoff). The PATH eligible services provided by Luke-Dorf include: outreach; screening and diagnostic services; habilitation and rehabilitation services; community mental health services; case management; and referral for primary health services, job training, educational services, and relevant housing services.

Washington County's PATH program embodies the intent of PATH by focusing on outreach services to literally homeless individuals with serious mental illness. Valerie reports that she and Nicole spend 50 percent or more of their time providing street outreach throughout Washington County.

The reviewer had the opportunity to observe outreach activities with both PATH Outreach Workers. It was very clear that the Outreach Workers have built strong relationships with community partners providing services to PATH-eligible individuals. The PATH Outreach Workers appear to be well known within the homeless community as well. The Outreach Workers appear to be a trusted resource for PATH-eligible individuals, and the reviewer commends them for the reputation they have built in the community.

**Housing:**

Access to permanent housing remains a challenge in Washington County. Washington County has no year-round emergency shelters which makes finding even temporary shelter a challenge. That being said, the PATH Outreach Workers work closely with the local Continuum of Care, subsidized housing programs, and private landlords to access housing for PATH-enrolled individuals. The reviewer applauds them for their commitment to finding safe, affordable, permanent housing for PATH consumers.

**Consumer Interview:**

The reviewer met with a PATH consumer at Luke-Dorf. The consumer corroborates the need for affordable housing in Washington County, especially for individuals with a criminal history. The

consumer stated that PATH services have been very helpful for him despite not having been able to find housing yet. He identified the PATH Outreach Workers as having been critical in his recovery process. When asked if there was anything about the program that could be improved, he stated he would not make any changes to the work that Valerie and Nicole do.

**Chart Review:**

PATH consumers’ files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

<b>Requirement for PATH-Enrolled Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
An individual’s eligibility shall be determined and documented at the earliest possible date.	<b>YES</b>	
A record shall be maintained for each enrolled individual receiving services under this rule.  The record shall contain:	<b>YES</b>	
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.	<b>YES</b>	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	<b>YES</b>	
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual’s service plan goals.	<b>YES</b>	
A termination summary describing reasons for the enrolled individual no longer being involved in services.	<b>YES</b>	When a consumer is discharged from PATH but remaining in services through Luke-Dorf, ensure that a termination summary is included in the PATH section of the EHR.

<b>Requirement for PATH-Eligible Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	<b>YES</b>	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual’s personal belongings.	<b>YES</b>	
A preliminary assessment of the potentially eligible individual’s needs based on available information.	<b>YES</b>	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	<b>YES</b>	

**Reporting and Fiscal Controls:**

The reviewer has been working with all of the PATH providers on data collection and reporting. The Washington County PATH program exceeds expectations in this area. The quarterly reports are completed accurately and submitted on-time. Luke-Dorf has been inputting PATH data in their Homeless Management Information System (HMIS), Service Point, and is well-positioned for when HMIS reporting becomes mandatory for PATH providers.

Federal PATH funds and County match funds are included in the Hillsboro site’s budget, and expenditures are tracked through Luke-Dorf’s fiscal management software.

**Recommendations:**

The Washington County PATH program appears to be providing services that are consistent with the Intended Use Plan submitted for Federal Fiscal Year 2011. The services provided appear to be PATH eligible as well as being individualized to each consumer’s unique strengths and needs. The reviewer makes the following recommendations:

- Ensure that a termination summary is included in the PATH section of the EHR when a consumer is discharged from PATH services and continues in Luke-Dorf services.

The reviewer wishes to commend the Washington County PATH program for your commitment to providing PATH services to consumers in your area. Your dedication is evident in the lives you touch each day.

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit  
White Bird Clinic  
June 1, 2012**

The site review took place at White Bird Clinic on June 1, 2012. Marisha Johnson from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Cindy Peterson, PATH Program Coordinator
- Interview with Chuck Gerard, Administrator
- Interview with Brenda Koysdar, Norman Riddle, Ameer Markwardt, and Noelle Osborn, White Bird staff
- Chart Review

**PATH-Eligible Services:**

Lane County has received PATH funding since 2003, and subcontracts with White Bird Clinic to provide PATH services. The PATH eligible services provided by White Bird include: outreach; screening and diagnostic services; habilitation and rehabilitation services; community mental health services; outpatient alcohol and drug treatment; case management; and referral for primary health services, job training, educational services, and relevant housing services.

***FINDING:*** While the Intended Use Plan for fiscal year 2011 assigns PATH funding to specific positions, the PATH Program Coordinator is unable to identify which staff are funded by PATH and at what FTE.

White Bird subcontracts with ShelterCare to provide PATH-enrolled individuals with assistance in applying for the various housing programs throughout the county.

***FINDING:*** During the chart review, expenditures utilizing “PATH wraparound funds” were noted. These expenditures included purchasing a massage, a gym membership, a taxi-driving license and mediation services for various PATH-enrolled individuals. These are not PATH-eligible expenditures (see Federal PATH regulations enclosed), and White Bird is to discontinue these expenditures immediately.

**Housing:**

Access to affordable, permanent housing remains a challenge in Lane County. Housing programs administered by ShelterCare and St. Vincent De Paul were identified by staff as the most accessible for PATH-enrolled consumers with an income. For those without income, little to no long-term housing is available. Access to residential treatment homes and adult foster homes is also limited. Due to the limited housing availability, consumers remain enrolled in PATH services longer than in areas with more access to housing.

**Consumer Interview:**

The reviewer was unable to interview a consumer of PATH services as the consumer scheduled to meet the reviewer was unable to attend at the last minute. It is suggested that two or three consumers are invited to participate in subsequent reviews to mitigate the risk of one person not showing up.

**Chart Review:**

PATH consumers' files were accessible for the review, stored in a secure and confidential manner, and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

<b>Requirement for PATH-Enrolled Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
An individual's eligibility shall be determined and documented at the earliest possible date.	<b>YES</b>	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	<b>NO</b>	<i><b>FINDING:</b></i> Individuals enrolled in PATH may have multiple files at multiple locations. A file showing all PATH services is not available for PATH-enrolled consumers.
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.	<b>NO</b>	<i><b>FINDING:</b></i> Enrollment forms were not included in all of the files provided to the reviewer.
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	<b>YES</b>	While all enrolled PATH consumers had an ISSP, four of the seven charts reviewed did not address housing needs on the individual's ISSP.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	<b>YES</b>	While contacts and services were documented in each chart, there was little documentation referencing what steps were being taken to access housing.
A termination summary describing reasons for the enrolled individual no longer being involved in services.	<b>YES</b>	
<b>Requirement for PATH-Eligible Consumers</b>	<b>Met – Yes or No</b>	<b>Comments</b>
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	<b>NO</b>	<i><b>FINDING:</b></i> A tracking system for individuals receiving outreach services is not in place.

A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	<b>NO</b>	<b>FINDING:</b> A tracking system for individuals receiving outreach services is not in place.
A preliminary assessment of the potentially eligible individual's needs based on available information.	<b>NO</b>	<b>FINDING:</b> A tracking system for individuals receiving outreach services is not in place.
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	<b>NO</b>	<b>FINDING:</b> A tracking system for individuals receiving outreach services is not in place.

**Reporting and Fiscal Controls:**

The reviewer has been working with all of the PATH providers on data collection and reporting. The reviewer will continue to work closely with White Bird on data collection, tracking, and reporting. Accurate data collection and reporting is hampered by not having identified PATH-funded staff. Identifying specific staff to perform PATH functions will increase White Bird's ability to accurately track and report data.

**FINDING:** PATH funds are not tracked separately from other agency funds. White Bird does not currently have a process for tracking and ensuring that Federal and match funds are spent solely for PATH services.

**Action Plan:**

It is clear that White Bird Clinic provides essential services to individuals with serious mental illness experiencing homelessness; however, there are several items that demand attention in order for PATH funding to be continued. The following items are to be addressed and implemented upon receipt of this letter:

- Discontinue ineligible expenditures (i.e. PATH Wraparound Funds).

In addition, the following items are to be completed within 90-days of this letter:

- Develop and implement the use of a central file for PATH-enrolled consumers.
- Develop and implement a system for gathering required information for individuals receiving outreach and not enrolled in PATH.
- Develop and implement a system for tracking expenditures of Federal and match PATH funds.
- Designate specific staff as being PATH-funded to ensure accurate collection and reporting of PATH data.

A follow-up review will be completed no later than November 15, 2012, to ensure these items have been addressed. Failure to address these findings may result in discontinuation of PATH funding. Please call Marisha Johnson at 503-947-5544 to schedule the re-review. At your request, Marisha Johnson is available to provide technical assistance to address the findings in this report.

**Attachment C:  
Oregon's PATH Request for  
Proposals**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhsalt@state.or.us](mailto:dhsalt@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

**The State of Oregon  
Oregon Health Authority**

**Issues the Following**

**Request for Proposals**

**for**

**Projects for Assistance in Transition from Homelessness (PATH)**

**RFP #3519**

Date of Issuance: **January 8, 2013**

Proposals Due by: **3:00 P.M. Local Time, February 26, 2013** at the Issuing Office.

Postmarks and faxes will not be considered.

Proposal Public Opening: **3:15 P.M. Local Time, February 26, 2013** at Issuing Office in Room 306

Issuing Office: Contracts and Procurement  
Sharon M. Landis, Contracts Specialist  
250 Winter Street NE, Room 306  
Salem, OR 97301  
Telephone: 503-945-6939  
Fax: 503-373-7889  
Email: [sharon.m.landis@state.or.us](mailto:sharon.m.landis@state.or.us)

## SECTION 1 – PURPOSE/OVERVIEW

### **1.1. Introduction**

The State of Oregon, Oregon Health Authority (OHA), requests Proposals from County Mental Health Providers (CMHP), tribes, Community Mental Health Programs, and 501(c)(3) non-profits or consortiums to provide PATH program services. Collaborations between CMHPs and community based homeless service providers are strongly encouraged.

OHA intends to award five to eight proposals to provide PATH program services. Initial contracts resulting from this RFP will be for a period beginning July 1, 2013 through June 30, 2015. OHA reserves the right to amend the resulting contracts for additional services reasonably within the scope of services described in the RFP, additional money not to exceed three times the initial contract amount, and additional time not to exceed a total contract term of four (4) years. Funding is allocated annually and is contingent on the continuation and amount of Oregon's Federal PATH allocation. Funds awarded will be disbursed in 12 substantially equal payments. Programs exceeding the performance requirements may be eligible for a performance bonus.

All persons or firms submitting Proposals are referred to as Proposers in this Request for Proposals (RFP); after execution of the Contract, the awarded Proposer will be designated as Contractor.

The scope of the Contractor services and deliverables for the Contract is described in Section 3, "Scope of Work". The parties will negotiate the final Statement of Work to be included in the Contract.

**GOVERNMENTAL PROPOSERS:** Governmental Proposers do not compete on the same basis as private sector Proposers. However, OHA will initially review Governmental Proposals according to the same evaluation criteria described in this RFP. Governmental Proposers must comply with all applicable requirements described in this RFP.

OHA reserves the right to enter into an ORS Chapter 190 agreement with any Governmental Proposer for the services or Work; to cancel this RFP pursuant to Section 7.2 and enter into an ORS Chapter 190 agreement with a governmental entity.

### **1.2. Overview and Background**

**Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) Focus:** AMH is conducting a Request for Proposals (RFP) process in order to meet continued funding requirements and to encourage and support creative program development. The focus of the RFP is to better align with the federal goals for the Projects for Assistance in Transition from Homelessness (PATH) program: to target street outreach and case management and maximize serving the most vulnerable adults who are literally and chronically homeless. To meet this goal, AMH will implement specific performance goals and outcome measures to ensure that services are provided to help end homelessness for PATH-eligible individuals and assist in stabilizing their recovery as independently as possible. AMH is also strengthening the emphasis on creating

partnerships between the community mental health programs (CMHP) and organizations providing homeless services around the State.

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the PATH program. The PATH program is a federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the Virgin Islands. The PATH program supports the delivery of outreach and services to persons who are homeless or at imminent risk of homelessness, with serious mental illnesses and/or co-occurring substance use disorders.

The states and the United States (U.S.) territories receive PATH funding from the Center for Mental Health Services (CMHS), a division of the Substance Abuse and Mental Health Services Administration (SAMHSA), a Public Health Service agency within the U.S. Department of Health and Human Services (HHS). States and territories solicit proposals and award funding to local public or nonprofit organizations to provide a variety of essential services to individuals who have serious mental illnesses and/or co-occurring substance use disorders and are homeless or at imminent risk of homelessness. Over 480 providers focus on these vulnerable members of our society and provide services mainstream mental health programs do not support. The PATH funding leverages state and local resources (at least one dollar for every three dollars of federal funds), creating a network of human service organizations accessible to people who are homeless with mental illness or co-occurring mental health and substance use disorders.

Proposers are encouraged to visit the Federal PATH Program's website at [www.pathprogram.samhsa.gov](http://www.pathprogram.samhsa.gov) to learn more.

### **1.3. Definitions**

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

- 1.3.1 Contract** means the Contract awarded as a result of this RFP.
- 1.3.2 Contractor** means the Proposer selected through this RFP to enter into a Contract with OHA to perform the Work.
- 1.3.3 Governmental Proposal** means a Proposal submitted to OHA by a Governmental Proposer.
- 1.3.4 Governmental Proposer** means a governmental entity that submits a Proposal.
- 1.3.5 Key Personnel or Key Persons** means the person or persons on Proposer's staff to be assigned to perform the Work under the Contract. For Key Persons not identified prior to Proposal submission, a position description must be submitted.
- 1.3.6 Office of Contracts and Procurement (OC&P)** means the entity that is responsible for the procurement process for OHA.

**1.3.7 Proposal** means a written response submitted to OC&P in response to this RFP.

**1.3.8 Proposer** means the person or entity that submits a Proposal.

**1.3.9 RFP** means Request for Proposal.

**1.3.10 Work** means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Work of this RFP.

#### **1.4. Authority**

OHA issues this RFP under the authority of ORS.413.033

### **SECTION 2 – MINIMUM QUALIFICATIONS**

Proposers must meet all of the following minimum qualifications:

1. Demonstrate that Proposer meets the “responsible Proposer” requirements identified in Oregon Revised Statute 279B.110. Access to this statute can be achieved at the following website: <http://www.leg.state.or.us/ors/279b.html>
2. The successful Proposers must be able to provide services immediately upon contract award. Any exceptions must be OHA approved and include a mutually agreed upon start-up time period.
3. Proposer must be organized as a single legal entity. If a group or more than one legal entity chooses to submit a proposal, one member of the group or one legal entity must submit the offer to provide services and must assume complete responsibility for the fulfillment of the resulting contract.

### **SECTION 3 – SCOPE OF WORK**

Pursuant to ORS 279B.060(2)(c) OHA requires that the Contractor meets the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services.

#### **3.1 PATH SERVICES:**

The intent of the PATH program is to provide PATH-eligible services that contact and engage individuals eligible for PATH services who are not currently connected to mainstream services. PATH services are prescribed in OAR 309-032-0301 through 309-032-0351.

PATH-eligible means an individual who:

1. Has a serious mental illness; **and**
2. May have a co-occurring substance use disorder; **and**
3. Is homeless or at imminent risk of homelessness

PATH-enrolled means an individual who

1. is PATH-eligible; **and**
2. for whom an individual record or file is developed

Eligible services through PATH are as follows:

- Outreach
- Screening and diagnostic treatment
- Habilitation and rehabilitation
- Community mental health
- Alcohol and drug treatment
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services
- Case management
- Supportive and supervisory services in residential settings
- Referral for primary health services, job training, educational services, and relevant housing services
- Housing services as specified in Section 522(b)(10) of the Public Health Service Act (PHS), including:
  - Minor renovation, expansion, and repair of housing
  - Planning of housing
  - Technical assistance in applying for housing assistance
  - Improving the coordination of housing services
  - Security deposits
  - Costs associated with matching eligible individuals who are homeless with appropriate housing situations
  - One-time rental payments to prevent eviction

Additional information regarding the service definitions is available in Appendix B - PATH Service Definitions.

Although PATH funds can be used to support this array of services, applicants are encouraged to use the resources to fund street outreach and case management services for literally and chronically homeless adults with serious mental illness. AMH also emphasizes that PATH funding of community mental health services, alcohol and drug treatment services, and supportive and supervisory services in residential settings is meant to be transitional.

### **3.2 PARTICIPATION REQUIREMENTS:**

- 3.2.1 Services provided must be eligible services as stated in, Appendix A - the Public Health Services Act Section 522(b).
- 3.2.2 At least 85% of individuals contacted shall not be enrolled in community mental health services at first contact.
- 3.2.3 Of the total individuals who are PATH-enrolled, 75% must be transitioned into housing.
- 3.2.4 All individuals enrolled in PATH must be connected to community mental health services.
- 3.2.5 Active participation in the local Continuum of Care.
- 3.2.6 Attendance at semi-annual PATH provider meetings.

- 3.2.7 Attendance at PATH technical assistance and trainings as requested by OHA.
- 3.2.8 Development of an annual PATH Intended Use Plan including a line item budget and budget narrative using the format supplied by OHA.
- 3.2.9 Submission of quarterly utilization, demographic data, and expenditure reports to OHA.
- 3.2.10 Participation in annual PATH program site reviews conducted by AMH.
- 3.2.11 Participation in Federal site reviews as needed or requested by OHA.

### **3.3 SPECIAL CONSIDERATION REGARDING VETERANS:**

As specified in section 522(d) of the PHS Act, in making grants using PATH appropriations, the State must give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

### **3.4 SPECIAL RULE REGARDING SUBSTANCE USE:**

Grants will not be made to any organization that (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

### **3.5 COST SHARING AND FUNDING RESTRICTIONS:**

Cost sharing is required as specified in Section 523(a) of the PHS Act. The grant recipients must match directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal PATH funds. Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

Required PATH match contributions must be available at the beginning of the grant period.

In addition, grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than 4% of Federal PATH funds received shall be expended for administrative expenses.
- No more than 20% of the Federal PATH funds received may be expended for eligible housing services.
- Grant funds **may not** be expended:
  - To support emergency shelters
  - For inpatient psychiatric treatment
  - For inpatient substance abuse treatment
  - To make cash payments to intended recipients of mental health or substance abuse services

- To pay for the purchase or construction of any building or structure to house any part of the grant program
- For any lease arrangements in association with the proposed project utilizing PATH funds for:
  - A time period beyond the project period; **or**
  - Purposes not supported by the grant

SECTION 4 – RFP PROCESS

**4.1. Sole Point of Contact (SPC)**

Sharon M. Landis, OPBC  
 Office of Contracts and Procurement  
 250 Winter Street NE, Room 306  
 Salem, OR 97301  
 Telephone: 503-945-6939  
 Fax: 503-373-7889  
 Email: sharon.m.landis@state.or.us  
 TTY: 503-378-3523

All communications with OC&P concerning this RFP must be directed only to the SPC named above. Any unauthorized contact regarding this RFP with other State employees or officials may result in Proposal rejection. Any oral communications will be considered unofficial and non-binding. The Oregon Procurement Information Network (ORPIN) will be used to distribute all information regarding this RFP. Any additional information received in writing from the SPC is also considered official.

**4.2 Timeline for RFP and Proposal Submission**

RFP Opens .....	January 8, 2013
RFP Questions Due.....	January 29, 2013 at 5:00 P.M. (Local Time)
RFP Answers Returned (approximately) .....	February 5, 2013
RFP Closes. Proposals Due .....	February 26, 2013 at 3:00 P.M. (Local Time)
Public Opening .....	February 26, 2013 at 3:15 P.M. (Local Time)
Public Opening Location .....	Issuing Office, Room 306
Notice of Intent to Award (estimated)).....	April 16, 2013
Estimated Contract Start Date .....	July 1, 2013
Estimated Contract End Date .....	June 30, 2015

#### **4.3. Closing Date for Submittal of Proposals**

**4.3.1** OC&P must receive Proposals by the date and time specified in Section 4.2, “Timeline for RFP and Proposal Submission”. Proposals received after closing date and time are late, will not be considered and will be destroyed following any protest period. Postmarks after closing date and time, faxed, and electronic Proposals will not be considered.

**4.3.2** Proposals shipped must be addressed as follows:

Office of Contracts & Procurement  
RFP #3519  
Attn: Sharon M. Landis, OPBC  
250 Winter Street NE, Room 306  
Salem, OR 97301

**4.3.3** Hand delivery of Proposals is optional. Hand delivered Proposals must be received at the address listed in Section 4.3.2 by the date and time specified in Section 4.2. Subject to Section 4.2, OC&P will receive Proposals during its normal Monday – Friday business hours of 8:00 am to 5:00 pm (Local Time), except during State of Oregon holidays, mandatory furlough days, and other times when OC&P is closed. OC&P will provide all Proposers who hand deliver their Proposals a completed receipt of delivery at the time of Proposal delivery. Proposals must be submitted in a sealed package addressed as shown above in Section 4.3.2 with the name of the SPC and the RFP # visible on the outside of the package.

#### **4.4. Pre-proposal Questions Relating to This RFP**

Questions about this RFP document, including specifications, Contract terms and conditions, or the Solicitation process must be submitted and received by the SPC by the date and time specified in Section 4.2. Questions may be submitted by fax or e-mail. Notification of any substantive clarifications provided in response to any question will be provided and published on the ORPIN web site at <http://orpin.oregon.gov/open.dll/welcome>.

For complete RFP documentation, please go to the ORPIN web site. OC&P will not automatically mail copies of any addenda or answers but will publish Addenda and Questions and Answers on ORPIN. Addenda may be downloaded from ORPIN. Proposers are responsible to frequently check ORPIN until date of RFP Closing.

#### **4.5 Public Opening**

In accordance with ORS 279B.060(6)(a) and OAR 137-047-0450, a public opening will be held on the date and time, and at the location, stated on the first page of this RFP, unless changed by addendum. The Proposals received will not be opened except to identify Proposer if the Proposer’s name is not otherwise identifiable. Only the name of

the Proposer will be read at the opening, no other information will be made available at that time. Proposals received will not be available for inspection until after the evaluation process has been completed and the notice of intent to award is issued pursuant to OAR 137-047-0630.

## SECTION 5 – PROPOSAL REQUIREMENTS

All Proposals shall include the items listed in this Section. Proposals must address all Proposal and submission requirements set forth in this RFP, and must describe how the services will be provided. Proposals that merely offer to provide services as stated in this RFP will be considered non-responsive to this RFP and will not be considered further.

OHA will evaluate the overall quality of content and responsiveness of Proposals to the purpose and specifications of this RFP.

### **5.1 General Proposal Requirements**

**5.1.1** Proposals must be submitted using only 8 ½” x 11” white paper. Proposals should be typed without extensive art work, unusual printing or other materials not essential to the utility and clarity of the Proposals.

**5.1.2 A signed original and five (5) copies of the Proposal must be submitted.** Proposals must be submitted in a sealed package addressed to the SPC as shown in Section 4.3.2 above with the Proposer’s name, the SPC’s name, and the RFP # clearly visible on the outside of the package.

**5.1.3** A representative authorized to bind the Proposer must sign the Proposal in ink. Failure of the authorized representative to sign the Proposal may subject the Proposal to rejection by OC&P.

### **5.2 Technical Proposal Requirements**

The Technical Proposal shall include the following items in the order listed below. Page limits are noted, when relevant. Unless otherwise specified, no particular form is required.

#### **5.2.1 Proposal Cover Sheet**

Complete all sections of the Proposal Cover Sheet ([Attachment 1](#)) including signature from the authorized representative. This page should be included as the top page of the Proposal.

#### **5.2.2 Project Narrative (150 points):**

1. Describe the roles and qualifications of all organizations involved in providing PATH-funded<sup>12</sup> services under this application including:
  - a. the organization name,

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<sup>12</sup> “PATH-funded” includes both Federal PATH funds and match funds.

- b. type of organization,
  - c. services provided, and
  - d. region served.
2. Provide an organizational chart showing how the PATH program will fit in the agency's overall work.
  3. Provide, as an appendix, the job description(s) for PATH-funded staff.
  4. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
  5. Describe any gaps in the current service system to adults with serious mental illness experiencing homelessness and how PATH-funded services will help address those gaps.
  6. Describe the organization's plan to provide coordinated and comprehensive services to individuals who are PATH-eligible, including:
    - a. the projected number of eligible individuals who will receive PATH-funded services. Please include the number of people who will be enrolled in PATH as well as the number of people to receive outreach services. Indicate what percentage of individuals served with PATH funds are projected to be literally homeless (See Appendix B - PATH Service Definitions);
    - b. a description of services to be provided using PATH funds (see Appendix A - Public Health Services Act);
    - c. a description of services available (whether paid for using PATH funds or not) for individuals who have both a serious mental illness and substance use disorder; and
    - d. indicate what strategies are used for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).
  7. Describe the capability, administrative expertise, and experience of the primary applicant organization in developing and delivering PATH-eligible services.

**5.2.3 Use of Evidence-Based Practices (50 points):**

1. Describe which evidence-based practices will be used in the delivery of PATH services, and how they will be incorporated in the delivery of PATH services.
2. Describe how the Proposer(s) pay for or otherwise support training in evidence-based practices for PATH-funded staff.

**5.2.4 Community Collaboration (150 points):**

1. Describe the coordination with community organizations that provide key services including, but not limited to: primary health, mental health, substance abuse, housing and employment for individuals eligible for PATH. Include as appendices letters of cooperation from community

organizations that will be collaborating with the program. It is the expectation of AMH that collaboration between homeless service providers, community mental health providers, and housing services providers is clearly identified.

2. Describe your organization's involvement in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities related to ending homelessness. Include as an appendix a letter from the local Continuum of Care's Chair or Vice Chair describing your organization's role and participation in the local Continuum of Care.

**5.2.5 Meaningful Consumer and Family Involvement (75 points):**

Describe how individuals who are or have been homeless and have serious mental illnesses and family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are or have been PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. Describe efforts that have been implemented to engage individuals who are or have been homeless and have serious mental illnesses and family members for meaningful involvement. (See Appendix C - Meaningful Consumer and Family Involvement)

**5.2.6 Cultural Competency (30 points):**

Describe:

1. the demographics of the client population;
2. the demographics of the staff serving the clients;
3. how staff providing services to the target population will be sensitive to age, gender and racial/ethnic differences of clients;
4. the extent to which staff receive periodic training in cultural competence. (See Appendix D - SAMHSA Guidelines for Cultural Competence)

**5.2.7 Services to Veterans (60 Points):**

The State must give special consideration to entities with a demonstrated effectiveness in serving homeless veterans. Describe the services provided to homeless veterans, and the program's qualifications, experience and effectiveness in providing such services.

**5.2.8 Budget (125 points):**

1. Provide a line item budget for the PATH program (See Appendix E - Budget Form).
2. Provide a budget narrative that provides details regarding the expenditure of PATH funds, and includes a description and source of match funds to be used.
3. Describe how expenditures of PATH funds (Federal and match) will be tracked and monitored.

SECTION 6 – PROPOSAL EVALUATION

Proposals must be complete at the time of submission and include the required number of copies.

OC&P will verify the Proposals received meet the Minimum Qualifications identified in Section 2 and General Proposal Requirements in Section 5.1. Those Proposals meeting these requirements will then be evaluated and scored.

OC&P will conduct a comprehensive and impartial evaluation of the Proposals received. Proposals will be evaluated by a Review Panel selected by OHA. The Review Panel will evaluate the Proposals and rank them according to the scoring system described below.

Proposals must provide a concise description of the Proposer's ability to satisfy the requirements of the RFP with emphasis on completeness and clarity of content. Evaluators will consider brevity and clarity of responses in scoring Proposals.

Proposals will be scored by the Review Panel. Maximum point values and evaluation criteria for each section are described below.

Award, if one is made, will be made to the highest ranked responsive, responsible Proposer subject to Section 6.7.

#### **6.1 *Pass/Fail Items***

The items listed below will be scored on a pass/fail basis. Proposers who fail to meet these standards will not be reviewed further.

**6.1.1** Does the Proposer meet the requirements of Section 2 Minimum Qualifications?

**6.1.2** Does the Proposal comply with Section 5, 5.2.1 Proposal Cover Sheet?

#### **6.2 *Evaluation Factors Checklist***

Each Proposal must clearly meet the pass/fail criteria and address the scored criteria. Evaluation factors and maximum points are presented below.

<b>PASS OR FAIL CRITERIA</b>	
<a href="#">Section 2</a> Minimum Qualifications	Pass or Fail
<a href="#">Section 5</a> Proposal Cover Sheet (Attachment A)	Pass or Fail

<b>SCORED CRITERIA</b>	
<b>Evaluation Criteria</b>	<b>Maximum Possible Score</b>
<a href="#">Section 6.2</a> Technical Proposal Evaluation:	
Project Narrative	150
Use of Evidence-Based Practices	50
Community Collaboration	150
Meaningful Consumer & Family Involvement	75
Cultural Competency	30
Veterans Services	60
Budget	125
<b>TOTAL POINTS</b>	<b>640</b>

### **6.3 *Best and Final Offer***

The “Best and Final Offer” permits OC&P to request a “Best and Final Offer” from one or more Proposers if additional information is required to make a final decision. Proposer may be contacted asking that they submit their “Best and Final Offer”, which must include any and all discussed and negotiated changes. OC&P reserves the right to request a “Best and Final Offer” for this RFP based on any factor.

### **6.4 *Responsible***

Prior to award, OC&P intends to evaluate whether the highest ranked Proposer meets the applicable standards of responsibility identified in OAR 137-047-0500. In doing so, OC&P may request information in addition to that already required in the RFP when OC&P, in its sole discretion, considers it necessary or advisable.

OC&P reserves the right, pursuant to OAR 137-047-0500, to investigate and evaluate, at any time prior to award and execution of the Contract, the highest ranked Proposer’s reasonability to perform the Scope of Work. Submission of a signed Proposal shall constitute approval for OC&P to obtain any information OC&P deems necessary to conduct the evaluation. OC&P shall notify the highest ranked Proposer in writing of any other documentation required, which may include but is not limited to: recent profit-and-loss history; current balance statements; assets-to-liabilities ratio, including number and amount of secured versus unsecured creditor claims; availability of short and long-term financing; bonding capacity; credit information; and facility and personnel information. Failure to promptly provide this information shall result in Proposal rejection.

OC&P may postpone the award of the Contract after announcement of the apparent successful Proposer in order to complete its investigation and evaluation. Failure of the apparent successful Proposer to demonstrate Responsibility, as required under OAR 137-047-0500, shall render the Proposer non-responsible.

#### **6.5 *Final Selection and Award***

Award, if one is made, will be made to the highest ranked responsive, responsible Proposer. Proposer ranking will be determined by the sum of its scores on the Technical Proposal. OHA will enter into negotiations with the highest ranked Proposer. OHA may choose to not award a Contract. In the event that Contract negotiations with the highest ranked Proposer are not successful within a reasonable time frame, OHA reserves the right to terminate negotiations with the highest ranked Proposer, and negotiate with the next highest ranked Proposer and so on, until successful negotiations are completed or OHA decides to terminate all negotiations and cancel the solicitation. The determination of what constitutes a reasonable time frame for purposes of this paragraph shall be solely at the determination of OC&P. This protocol will be followed until a Contract has been signed. If all Proposals are rejected, Proposers will be promptly notified.

#### **6.6 *Proposal Rejection***

**6.6.1** OC&P will reject a Proposer's Proposal if the Proposer attempts to influence a member of the Proposal Review Panel regarding the Proposal review and evaluation process.

**6.6.2** OC&P may reject a Proposal for any of the following additional reasons:

- (a) The Proposer fails to substantially comply with all prescribed solicitation procedures and requirements, including but not limited to the requirement that Proposer's authorized representative sign the Proposal in ink; or
- (b) The Proposer makes any unauthorized contact regarding this RFP with State employees or officials other than the SPC.

### SECTION 7 – GENERAL INFORMATION

#### **7.1 *Changes/Modification and Clarifications***

When appropriate, OC&P will issue revisions, substitutions, or clarifications as addenda to this RFP. Changes and modifications to the RFP shall be recognized only if in the form of written addenda issued by OC&P and posted on the ORPIN website, <http://orpin.oregon.gov/>

#### **7.2 *Reservation of OC&P Rights***

OC&P reserves all rights regarding this RFP, including, without limitation, the right to:

- Amend or cancel this RFP without liability if it is in the best interest of the State to do so, in accordance with ORS 279B.100;

- Reject any and all Proposals received by reason of this RFP upon finding that it is in the best interest of the State to do so, in accordance with ORS 279B.100;
- Waive any minor informality;
- Seek clarification of each Proposal;
- Negotiate the statement of work within the scope of work described in this RFP and to negotiate the rate;
- Amend or extend the term of any Contract that is issued as a result of this RFP;
- Engage Proposer by selection or procurement for different or additional services independent of this RFP process and any contracts/agreements entered into pursuant hereto;
- Enter into direct negotiations to execute a Contract with a responsive Proposer, in the event that the Proposer is the sole Proposer to this RFP, and OC&P determines that the Proposer satisfies the minimum RFP requirements;
- Reject any Proposal upon finding that to accept the Proposal may impair the integrity of the procurement process or that rejecting the Proposal is in the best interest of the State.

### **7.3 *Protest of RFP***

Subject to ORS 279B.405 and OAR 137-047-0730, any prospective Proposer may submit a written protest of the procurement process or this RFP no later than ten (10) calendar days prior to the close of this RFP. Any written protest to the procurement process or this RFP shall be delivered to the SPC identified in Section 4.1 and shall contain the following information:

- (a) Sufficient information to identify the solicitation that is the subject of the protest;
- (b) The grounds that demonstrate how the procurement process is contrary to law or how the solicitation document is unnecessarily restrictive, is legally flawed or improperly specifies a brand name;
- (c) Evidence or supporting documentation that supports the grounds on which the protest is based;
- (d) The relief sought; and
- (e) A statement of the desired changes to the procurement process or the RFP that the will remedy the conditions upon which the prospective Proposer based its protest.

### **7.4 *Award Notice***

The apparent successful Proposer shall be notified in writing and OC&P will set the time lines for Contract negotiation as applicable.

### **7.5 *Protest of Award***

Every Proposer shall be notified of its selection status. A Proposer shall have 7 calendar days after the date of the notice of intent to award to submit a written protest to the SPC

identified in Section 4.1. Award protests must meet the requirements of ORS 279B.410 to be considered. OC&P will not consider any protests that are received after this deadline.

#### **7.6 *Modification or Withdrawal***

- (a) **Modifications:** A Proposer may modify its Proposal in writing prior to the closing. A Proposer must prepare and submit any modification to its Proposal to OC&P in accordance with Paragraph 4.3, above. Any modification must include the Proposer's statement that the modification amends and supersedes the prior Proposal. The Proposer must mark the submitted modification "Proposal Modification RFP # 3519," and be addressed to the attention of the SPC.
- (b) **Withdrawals:** A Proposer may withdraw its Proposal by written notice submitted signed by an authorized representative of the Proposer, delivered to the SPC in person or in the same manner as set forth in Paragraph 4.3, above. The Proposer must mark the written request to withdraw "Proposal Withdrawal to RFP # 3519."

#### **7.7 *Release of Information***

No information shall be given to any Proposer (or any other individual) relative to their standing with other Proposers during the RFP process.

#### **7.8 *Public Information***

- (a) After the notice of intent to award, the procurement file is subject to public disclosure in accordance with OAR 137-047-0630, and the Oregon Public Records Law (ORS 192.410–192.505). If any part of a Proposal or protest is considered a trade secret as defined in Oregon Revised Statutes 192.501(2) or otherwise exempt from disclosure under Oregon Public Records Law, the Proposer shall, at the time of submission: (1) clearly designate that portion as confidential in Part I of [Attachment 2](#) (Proposer's Designation of Confidential Materials); and (2) explain the justification for exemption under the Oregon Public Records Law in Part II of Attachment 2, in order to obtain protection, if any, from disclosure. Application of the Oregon Public Records Law shall determine if the confidential information claimed to be exempt is in fact exempt from disclosure.
- (b) Any person may request copies of public information. However, copies of Proposals will not be provided until the evaluation process has been closed and the notice of intent to award has been issued. Requests for copies of public information shall be in writing. Requestors will be charged according to the current policies and rates for public records requests in effect at the time OC&P receives the written request for public information. Fees, if applicable, must be received by OC&P before the records are delivered to the requestor.

#### **7.9 *Cost of Proposals***

All costs incurred in preparing and submitting a Proposal in response to this RFP will be the responsibility of the Proposer and will not be reimbursed by OHA.

### **7.10 Statutorily Required Preferences**

The following Preferences and rules apply to this RFP:

- (a) Preference for Oregon Supplies and Services, pursuant to ORS 279A.120;
- (b) Preference for recycled materials and products, pursuant to ORS 279A.125 and OAR 137-046-0320;
- (c) Performance within the state of public printing, binding and stationery work, pursuant to ORS 282.210; and
- (d) The Proposer shall use recyclable products to the maximum extent economically feasible in the performance of the Work set forth in this document pursuant to ORS 279B. 060(2)(f).

### **7.11 Contract Period**

Initial term of the Contract shall be for the period stated in Section 1.1. If OHA determines that the work performed has been satisfactory, OHA may, at its option, amend or extend the Contract for additional time and for additional dollars without further solicitation for a total Contract term of up to four (4) years. Modifications or extensions shall be by written amendment duly executed by the parties to the original Contract; see Form Contract, [Attachment 3](#).

### **7.12 Contractual Obligation**

All Proposers who submit a Proposal in response to this RFP understand and agree that OHA is not obligated thereby to enter into a Contract with any Proposer and, further, has absolutely no financial obligation to any Proposer.

### **7.13 Contract Documents**

The final Contract will be based on the Form Contract, which is attached as Attachment 3 to this RFP, and will include all exhibits and attachments identified in the Contract. The terms and conditions included in [Attachment 3](#), other than Exhibit A, "Statement of Work" are not subject to negotiation.

### **7.14 Insurance Requirements**

The apparently successful Proposer will be required to secure insurance as described in the [Attachment 3](#) Form Contract, Exhibit C (Insurance Requirements) prior to execution of the Contract.

ATTACHMENT 1 A - Proposal Cover Sheet

**Proposer Information - RFP # 3519**

Proposer Name: \_\_\_\_\_  
\_\_\_\_\_

For non-governmental organizations, check one box:

Proposer is a  publicly held company or  privately held company.

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
\_\_\_\_\_

Name and title of the person(s) authorized to represent the Proposer in any negotiations and sign any Personal Services Contract that may result:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_

By signing this page and submitting a Proposal, the Authorized Representative certifies that the following statements are true:

1. No attempt has been made or will be made by the Proposer to induce any other person or organization to submit or not submit a Proposal.
2. Proposer does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin, nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a minority, women or emerging small business enterprise certified under ORS 200.055.
3. Information and costs included in this Proposal shall remain valid for 90 days after the Proposal due date or until a Contract is approved, whichever comes first.
4. The statements contained in this Proposal are true and complete to the best of the Proposer's knowledge and Proposer accepts as a condition of the Contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.
5. The Proposer, by submitting a Proposal in response to this Request for Proposals, certifies that it understands that any statement or representation contained in, or attached to, its Proposal, and any statement, representation, or application the Proposer may submit under any contract DHS may award under this Request for Proposals, that constitutes a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), is subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.

6. The Proposer acknowledges receipt of all addenda issued under this RFP.
7. If the Proposer is awarded a Contract as a result of this RFP, the Proposer will be required to complete, and will be bound by, a Personal Services Contract as attached to this RFP and found on the ORPIN website. At the time of signing the Contract with DHS the Proposer will be required to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable.
8. Pursuant to ORS 279B.060(2)(c), the Proposer, if awarded a Contract, agrees to meet the highest standards prevalent in the industry or business most closely involved in providing the appropriate goods or services as stated in the scope of work.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized to Bind Proposer)

**\*\*\* THIS PAGE SHOULD BE THE TOP PAGE OF THE PROPOSAL \*\*\***

ATTACHMENT 1 B – Proposed Subcontractor Information

**Proposer Information - RFP # 3519**  
**MUST BE COMPLETED BY ALL PROPOSERS**

1. Proposed Subcontractor:  
 Yes (Complete sections 2 and 3 below)     No (Complete section 3 below)

2. Proposed Subcontractor Information:

Entity Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

3. **Authorization to Propose for PATH funding from AMH:**  
The signature below is provided by a duly authorized official of the Proposer agency and indicates that the proposal has been reviewed and approved for submittal.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name and Title

ATTACHMENT 2 - Proposer's Designation of Confidential  
Materials

**RFP # 3519**

**Proposer Name:** \_\_\_\_\_

**Instructions for completing this form:**

As a public entity, OC&P is subject to the Oregon Public Records Law which confers a right for any person to inspect any public records of a public body in Oregon, subject to certain exemptions and limitations. See ORS 192.410 through 192.505. Exemptions are generally narrowly construed in favor of disclosure in furtherance of a policy of open government. Your Proposal will be a public record that is subject to disclosure except for material that qualifies as a public records exemption.

It is OC&P's responsibility to redact from disclosure only material exempt from the Oregon Public Records Law. It is the Proposer's responsibility to only mark material that legitimately qualifies under an exemption from disclosure. To designate a portion of a Proposal as exempt from disclosure under the Oregon Public Records Law, the Proposer should do the following steps:

- 1) Clearly identify in the body of the Proposal only the limited material that is a trade secret or would otherwise be exempt under public records law. If a Proposal fails to identify portions of the Proposal as exempt, Proposer is deemed to waive any future claim of non-disclosure of that information.
- 2) List, in the space provided below, the portions of your Proposal that you have marked in step 1 as exempt under public records law and the public records law exemption (e.g., a trade secret) you believe applies to each portion. If a Proposal fails to list in this Attachment a portion of the Proposal as exempt, Proposer is deemed to waive any future claim of non-disclosure of that information.
- 3) Provide, in your response to this Attachment, justification how each portion designated as exempt meets the exemption criteria under the Oregon Public Records Law. If you are asserting trade secret over any material, please indicate how such material meets all the criteria of a trade secret listed below. Please do not use broad statements of conclusion not supported by evidence.

Application of the Oregon Public Records Law shall determine whether any information is actually exempt from disclosure. Prospective Proposers are advised to consult with legal counsel regarding disclosure issues. Proposer may wish to limit the amount of truly trade secret information submitted, providing only what is necessary to submit a complete and competitive Proposal.

In order for records to be exempt from disclosure as a trade secret, the records must meet all four of the following requirements:

- The information must not be patented;
- It must be known only to certain individuals within an organization and used in a business the organization conducts;
- It must be information that has actual or potential commercial value; and,
- It must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Keep in mind that the trade secret exemption is very limited. Not all material that you might prefer be kept from review by a competitor qualifies as your trade secret material. OC&P is required to release information in the Proposal unless it meets the requirements of a trade secret or other exemption from disclosure and it is the Proposer’s responsibility to provide the basis for which exemption should apply.

In support of the principle of an open competitive process, “bottom-line pricing” – that is, pricing used for objective cost evaluation for award of the RFP or the total cost of the Contract or deliverables under the Contract – will not be considered as exempt material under a public records request. Examples of material that would also not likely be considered a trade secret would include résumés, audited financial statements of publicly traded companies, material that is publicly knowable such as a screen shot of a software interface or a software report format.

To designate material as confidential and qualified under an exemption from disclosure under Oregon Public Records Law, a Proposer must complete this Attachment form as follows:

**Part I:** List all portions of your Proposal, if any, that Proposer is designating as exempt from disclosure under Oregon Public Records Law. For each item in the list, state the exemption in Oregon Public Records Law that you are asserting (e.g., trade secret).

“This data is exempt from disclosure under Oregon Public Records Law pursuant to [insert specific exemption from ORS 192, such as a “ORS 192.501(2) ‘trade secret’”], and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.410 through 192.505.”

In the space provided below, state Proposer’s list of material exempt from disclosure and include specific pages and section references of your Proposal.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*[This list may be expanded as necessary.]*

**Part II:** For each item listed above, provide clear justification how that item meets the exemption criteria under Oregon Public Records Law. If you are asserting trade secret over any material, state how such material meets all the criteria of a trade secret listed above in this Attachment.

In the space provided below, state Proposer's justification for non-disclosure for each item in the list in Part I of this Attachment:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*[This list may be expanded as necessary.]*

**RFP# 3519**

**Contract Number 000000**

**STATE OF OREGON  
PERSONAL/PROFESSIONAL SERVICES CONTRACT**

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In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us) or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

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This Contract is between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as “OHA,” and,

**Contractor**  
**d.b.a. Facility or Assumed Name**  
**Address**  
**Address**  
**Telephone: (required)**  
**Facsimile: (required)**  
**E-mail address: (required)**  
**Contractor's home page URL, if applicable (optional)**

hereinafter referred to as “Contractor.”

Work to be performed under this Contract relates principally to the OHA’s

**(Fill in with name of Office, Program, etc.)**  
**(Insert address)**  
**(Insert city, state, zip)**  
**Contract Administrator: (Insert Name) or delegate**  
**Telephone: (Insert)**  
**Facsimile: (Insert)**  
**E-mail address: (Insert)**

1. **Effective Date and Duration.** This Contract shall become effective on the date this Contract has been fully executed by every party and, when required, approved by Department of Justice or on [insert start date], whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Contract shall expire on [insert end date]. Contract termination shall not extinguish or prejudice OHA's right to enforce this Contract with respect to any default by Contractor that has not been cured.

2. **Contract Documents.**

a. This Contract consists of this document and includes the following listed exhibits which are incorporated into this Contract:

- (1) Exhibit A, Part 1: Statement of Work
- (2) Exhibit A, Part 2: Payment and Financial Reporting
- (3) Exhibit A, Part 3: Special Provisions
- (4) Exhibit B: Standard Terms and Conditions
- (5) Exhibit C: Insurance Requirements
- (6) Exhibit D: Required Federal Terms and Conditions
- (7) Exhibit E: *Required Subcontractor Provisions (optional if not used replace with Reserved)*

There are no other contract documents unless specifically referenced and incorporated in this Contract.

b. This Contract and the documents listed in Section 2., Contract Documents, Subsection a. above, shall be in the following descending order of precedence: this Contract less all exhibits, Exhibits D, A, B, C, and E.

3. **Consideration.**

a. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is [insert amount]. OHA will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work, and will not pay for Work performed before the date this Contract becomes effective or after the termination or expiration of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.

b. Interim payments to Contractor shall be subject to ORS 293.462, and shall be made in accordance with the payment schedule and requirements in Exhibit A, Part 2, "Payment and Financial Reporting."

c. OHA will pay only for completed Work under this Contract. For purposes of this Contract, "Work" means the tasks or services and deliverables accepted by OHA, and which are described in Exhibit A, Part 1, "Statement of Work."

4. **Vendor or Sub-Recipient Determination.** In accordance with the State Controller's Oregon Accounting Manual, policy 30.40.00.102, OHA's determination is that:

Contractor is a sub-recipient;      OR       Contractor is a vendor.

Catalog of Federal Domestic Assistance (CFDA) #(s) of federal funds to be paid through this Contract: \_\_\_\_\_

**5. Contractor Data and Certification.**

- a. Contractor Information.** Contractor shall provide information set forth below. This information is requested pursuant to ORS 305.385.

**Please print or type the following information**

**Contractor Name (exactly as filed with the IRS):**

\_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: ( ) - \_\_\_\_\_ Facsimile: ( ) - \_\_\_\_\_

**Is Contractor a nonresident alien**, as defined in 26 USC § 7701(b)(1)?

(Check one box):  YES  NO

**Contractor Proof of Insurance:**

All insurance listed must be in effect at the time of provision of services under this Contract.

Professional Liability Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Commercial General Liability Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Workers' Compensation:** Does Contractor have any subject workers, as defined in ORS 656.027?

(Check one box):  YES  NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Business Designation:** (Check one box):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Professional Corporation  | <input type="checkbox"/> Nonprofit Corporation         | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership                   | <input type="checkbox"/> Other               |

Contractor shall provide proof of Insurance upon request by OHA or OHA designee.

- b. Certification.** The Contractor acknowledges that the Oregon False Claims Act, ORS 180.750 to 180.785, applies to any "claim" (as defined by ORS 180.750) that is made by (or caused by) the Contractor and that pertains to this Contract or

to the project for which the Contract work is being performed. The Contractor certifies that no claim described in the previous sentence is or will be a “false claim” (as defined by ORS 180.750) or an act prohibited by ORS 180.755. Contractor further acknowledges that in addition to the remedies under this Contract, if it makes (or causes to be made) a false claim or performs (or causes to be performed) an act prohibited under the Oregon False Claims Act, the Oregon Attorney General may enforce the liabilities and penalties provided by the Oregon False Claims Act against the Contractor. Without limiting the generality of the foregoing, by signature on this Contract, the Contractor hereby certifies that:

- (1) Under penalty of perjury the undersigned is authorized to act on behalf of Contractor and that Contractor is, to the best of the undersigned’s knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, “Oregon Tax Laws” means a state tax imposed by ORS 320.005 to 320.150 and 403.200 to 403.250 and ORS chapters 118, 314, 316, 317, 318, 321 and 323 and the elderly rental assistance program under ORS 310.630 to 310.706 and local taxes administered by the Department of Revenue under ORS 305.620;
- (2) The information shown in this Section 5., Contractor Data and Certification, is Contractor’s true, accurate and correct information;
- (3) To the best of the undersigned’s knowledge, Contractor has not discriminated against and will not discriminate against minority, women or emerging small business enterprises certified under ORS 200.055 in obtaining any required subcontracts;
- (4) Contractor and Contractor’s employees and agents are not included on the list titled “Specially Designated Nationals and Blocked Persons” maintained by the Office of Foreign Assets Control of the United States Department of the Treasury and currently found at:  
<http://www.treas.gov/offices/enforcement/ofac/sdn/t11sdn.pdf>;
- (5) Contractor is not listed on the non-procurement portion of the General Service Administration’s “List of Parties Excluded from Federal procurement or Non-procurement Programs” found at:  
<https://www.sam.gov/portal/public/SAM/>;
- (6) Contractor is not subject to backup withholding because:
  - (a) Contractor is exempt from backup withholding;
  - (b) Contractor has not been notified by the IRS that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends; or
  - (c) The IRS has notified Contractor that Contractor is no longer subject to backup withholding; and
- (7) Contractor is an independent contractor as defined in ORS 670.600.

- c. Contractor is required to provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN) as applicable to OHA. By Contractor's signature on this Contract, Contractor hereby certifies that the FEIN or SSN provided to OHA is true and accurate. If this information changes, Contractor is also required to provide OHA with the new FEIN or SSN within 10 days.

**CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CONTRACTOR HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.**

**CONTRACTOR: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS**

**6. Signatures.**

**Contractor  
By:**

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Authorized Signature	Title	Date
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**State of Oregon, acting by and through OHA  
By:**

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Authorized Signature	Title	Date
----------------------	-------	------

**Approved for Legal Sufficiency:**

With Protect Form on, click here	With Protect Form on, click here	
Assistant Attorney General		Date

*Enter name of any other required Signatures (remove if not needed):*

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<i>Authorized Signature</i>	<i>Title</i>	<i>Date</i>
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**Office of Contracts and Procurement:**

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Contract Specialist	Date
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## **EXHIBIT A**

### **Part 1 Statement of Work**

- 1. Services to be Provided by Contractor shall include:**
  - a. (as described in proposal)

## **EXHIBIT A**

### **Part 2 Payment and Financial Reporting**

**1. Payment Provisions.**

**2. Travel and Other Expenses.**

OHA shall not reimburse Contractor for any travel or additional expenses under this Contract.

## **EXHIBIT A**

### **Part 3 Special Provisions**

#### **1. Confidentiality of Client Information.**

- a.** All information as to personal facts and circumstances obtained by the Contractor on the client shall be treated as privileged communications, shall be held confidential, and shall not be divulged without the written consent of the client, the responsible parent of a minor child, or his or her guardian except as required by other terms of this Contract. Nothing prohibits the disclosure of information in summaries, statistical, or other form, which does not identify particular individuals.
- b.** The use or disclosure of information concerning clients shall be limited to persons directly connected with the administration of this Contract. Confidentiality policies shall be applied to all requests from outside sources.
- c.** OHA, Contractor and any subcontractor will share information as necessary to effectively serve OHA clients.

#### **2. Amendments.**

- a.** OHA reserves the right to amend or extend the Contract under the following general circumstances:
  - (1) OHA may extend the Contract for additional periods of time up to a total Contract period of 4 years, and for additional money associated with the extended period(s) of time. The determination for any extension for time may be based on OHA's satisfaction with performance of the work or services provided by the Contractor under this Contract.
  - (2) OHA may periodically amend any payment rates throughout the life of the Contract proportionate to increases in Portland Metropolitan Consumer Price Index; and to provide Cost Of Living Adjustments (COLA) if OHA so chooses. Any negotiation of increases in rates to implement a COLA will be as directed by the Oregon State Legislature.
- b.** OHA further reserves the right to amend the Statement of Work based on the original scope of work of RFP #3519 for the following:
  - (1) Programmatic changes/additions or modifications deemed necessary to accurately reflect the original scope of work that may not have been expressed in the original Contract or previous amendments to the Contract;
  - (2) Implement additional phases of the Work; or
  - (3) As necessitated by changes in Code of Federal Regulations, Oregon Revised Statutes, or Oregon Administrative Rules which, in part or in combination, govern the provision of services provided under this Contract.

- c. Upon identification, by any party to this Contract, of any circumstance which may require an amendment to this Contract, the parties may enter into negotiations regarding the proposed modifications. Any resulting amendment must be in writing and be signed by all parties to the Contract before the modified or additional provisions are binding on either party. All amendments must comply with Exhibit B, Section 21. "Amendments; Waiver; Consent," of this Contract.
3. **Background Checks.**
4. **Equal Access to Services.** Contractor shall provide equal access to covered services for both males and females under 18 years of age, including access to appropriate facilities, services and treatment, to achieve the policy in ORS 417.270.
5. **Media Disclosure.** The Contractor will not provide information to the media regarding a recipient of services purchased under this Contract without first consulting the OHA office that referred the child or family. The Contractor will make immediate contact with the OHA office when media contact occurs. The OHA office will assist the Contractor with an appropriate follow-up response for the media.
6. **Mandatory Reporting.** The Contractor shall immediately report any evidence of child abuse, neglect or threat of harm to DHS Child Protective Services or law enforcement officials in full accordance with the mandatory Child Abuse Reporting law (ORS 419B.005 to 419B.045). If law enforcement is notified, the Contractor shall notify the referring OHA caseworker within 24 hours. Contractor shall immediately contact the local DHS Child Protective Services office if questions arise as to whether or not an incident meets the definition of child abuse or neglect.
7. **Nondiscrimination.** The Contractor must provide services to OHA clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients.

## **EXHIBIT B**

### **Standard Terms and Conditions**

- 1. Governing Law, Consent to Jurisdiction.** This Contract shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding collectively, "Claim" between OHA or any other agency or department of the State of Oregon, or both, and Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the State of Oregon of the jurisdiction of any court or of any form of defense to or immunity from any Claim, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise. **CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.**
- 2. Compliance with Applicable Law.**

  - a.** Contractor shall comply and cause all sub-contractors to comply with all state and local laws, regulations, executive orders and ordinances applicable to the Contract or to the performance of Work as they may be adopted, amended or repealed from time to time, including but not limited to the following: (i) ORS Chapter 659A.142 and (ii) all other applicable requirements of state civil rights and rehabilitation statutes, rules and regulations. These laws, regulations, executive orders and ordinances are incorporated by reference herein to the extent that they are applicable to this Contract and required by law to be so incorporated. OHA's performance under this Contract is conditioned upon Contractor's compliance with the provisions of ORS 279B.220, 279B.225, 279B.230, 279B.235 and 279B.270, which are incorporated by reference herein. Contractor shall, to the maximum extent economically feasible in the performance of this Contract, use recycled paper (as defined in ORS 279A.010(1)(gg)), recycled PETE products (as defined in ORS 279A.010(1)(hh)), and other recycled products (as "recycled product" is defined in ORS 279A.010(1)(ii)).
  - b.** In compliance with the Americans with Disabilities Act, any written material that is generated and provided by Contractor under this Contract to OHA clients, including Medicaid-Eligible Individuals, shall, at the request of such OHA clients, be reproduced in alternate formats of communication, to include Braille, large print, audiotape, oral presentation, and electronic format. OHA shall not reimburse Contractor for costs incurred in complying with this provision. Contractor shall cause all subcontractors under this Contract to comply with the requirements of this provision.
  - c.** Contractor shall comply with the federal laws as set forth or incorporated, or both, in this Contract and all other federal laws applicable to Contractor's performance

under this Contract as they may be adopted, amended or repealed from time to time.

**3. Independent Contractor.**

- a. Contractor is not an officer, employee, or agent of the State of Oregon as those terms are used in ORS 30.265 or otherwise.
- b. If Contractor is currently performing work for the State of Oregon or the federal government, Contractor by signature to this Contract, represents and warrants that Contractor's Work to be performed under this Contract creates no potential or actual conflict of interest as defined by ORS Chapter 244 and that no statutes, rules or regulations of the State of Oregon or federal agency for which Contractor currently performs work would prohibit Contractor's Work under this Contract. If compensation under this Contract is to be charged against federal funds, Contractor certifies that it is not currently employed by the federal government.
- c. Contractor is responsible for all federal and state taxes applicable to compensation paid to Contractor under this Contract and, unless Contractor is subject to backup withholding, OHA will not withhold from such compensation any amounts to cover Contractor's federal or state tax obligations. Contractor is not eligible for any social security, unemployment insurance or workers' compensation benefits from compensation paid to Contractor under this Contract, except as a self-employed individual.
- d. Contractor shall perform all Work as an independent contractor. OHA reserves the right (i) to determine and modify the delivery schedule for the Work and (ii) to evaluate the quality of the Work Product, however, OHA may not and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work.

**4. Representations and Warranties.**

- a. **Contractor's Representations and Warranties.** Contractor represents and warrants to OHA that:
  - (1) Contractor has the power and authority to enter into and perform this Contract;
  - (2) This Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms;
  - (3) Contractor has the skill and knowledge possessed by well-informed members of its industry, trade or profession and Contractor will apply that skill and knowledge with care and diligence to perform the Work in a professional manner and in accordance with standards prevalent in Contractor's industry, trade or profession;
  - (4) Contractor shall, at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work; and

- (5) Contractor prepared its proposal related to this Contract, if any, independently from all other proposers, and without collusion, fraud, or other dishonesty.
  - b. Warranties Cumulative.** The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- 5. Time is of the Essence.** Contractor agrees that time is of the essence under this Contract.
- 6. Funds Available and Authorized; Payments.**
  - a.** Contractor shall not be compensated for Work performed under this Contract by any other agency or department of the State of Oregon or the federal government. OHA certifies that it has sufficient funds currently authorized for expenditure to finance the costs of this Contract within OHA's current biennial appropriation or limitation. Contractor understands and agrees that OHA's payment for Work performed is contingent on OHA receiving appropriations, limitations, allotments or other expenditure authority sufficient to allow OHA, in the exercise of its reasonable administrative discretion, to continue to make payments under this Contract.
  - b. Payment Method.** Payments under this Contract will be made by Electronic Funds Transfer (EFT), unless otherwise mutually agreed, and shall be processed in accordance with the provisions of OAR 407-120-0100 through 407-120-0380 or OAR 410-120-1260 through OAR 410-120-1460, as applicable, and any other OHA Oregon Administrative Rules that are program-specific to the billings and payments. Upon request, Contractor shall provide its taxpayer identification number (TIN) and other necessary banking information to receive EFT payment. Contractor shall maintain at its own expense a single financial institution or authorized payment agent capable of receiving and processing EFT using the Automated Clearing House (ACH) transfer method. The most current designation and EFT information will be used for all payments under this Contract. Contractor shall provide this designation and information on a form provided by OHA. In the event that EFT information changes or the Contractor elects to designate a different financial institution for the receipt of any payment made using EFT procedures, the Contractor shall provide the changed information or designation to OHA on a OHA-approved form. OHA is not required to make any payment under this Contract until receipt of the correct EFT designation and payment information from the Contractor.
- 7. Recovery of Overpayments.** IF BILLINGS UNDER THIS CONTRACT, OR UNDER ANY OTHER CONTRACT BETWEEN CONTRACTOR AND OHA, RESULT IN PAYMENTS TO CONTRACTOR TO WHICH CONTRACTOR IS NOT ENTITLED, OHA, AFTER GIVING WRITTEN NOTIFICATION TO CONTRACTOR, MAY WITHHOLD FROM PAYMENTS DUE TO CONTRACTOR SUCH AMOUNTS, OVER SUCH PERIODS OF TIME, AS ARE NECESSARY TO RECOVER THE AMOUNT OF THE OVERPAYMENT UNLESS CONTRACTOR PROVIDES A WRITTEN OBJECTION WITHIN 14 CALENDAR DAYS FROM THE DATE OF THE NOTICE. ABSENT TIMELY WRITTEN OBJECTION, CONTRACTOR HEREBY REASSIGNS TO OHA ANY RIGHT CONTRACTOR MAY HAVE TO RECEIVE

SUCH PAYMENTS. IF CONTRACTOR PROVIDES A TIMELY WRITTEN OBJECTION TO OHA'S WITHHOLDING OF SUCH PAYMENTS, THE PARTIES AGREE TO CONFER IN GOOD FAITH REGARDING THE NATURE AND AMOUNT OF THE OVERPAYMENT IN DISPUTE AND THE MANNER IN WHICH THE OVERPAYMENT IS TO BE REPAID. OHA RESERVES ITS RIGHT TO PURSUE ANY OR ALL OF THE REMEDIES AVAILABLE TO IT UNDER THIS CONTRACT AND AT LAW OR IN EQUITY INCLUDING OHA'S RIGHT TO SETOFF.

**8. Ownership of Work Product.**

- a.** Definitions. As used in this Section 8, and elsewhere in this Contract, the following terms have the meanings set forth below:
- (1) "Contractor Intellectual Property" means any intellectual property owned by Contractor and developed independently from the Work.
  - (2) "Third Party Intellectual Property" means any intellectual property owned by parties other than OHA or Contractor.
  - (3) "Work Product" means every invention, discovery, work of authorship, trade secret or other tangible or intangible item and all intellectual property rights therein that Contractor is required to deliver to OHA pursuant to the Work.
- b.** Original Works. All Work Product created by Contractor pursuant to the Work, including derivative works and compilations, and whether or not such Work Product is considered a "work made for hire," shall be the exclusive property of OHA. OHA and Contractor agree that all Work Product is "work made for hire" of which OHA is the author within the meaning of the United States Copyright Act. If for any reason the original Work Product created pursuant to the Work is not "work made for hire," Contractor hereby irrevocably assigns to OHA any and all of its rights, title, and interest in all original Work Product created pursuant to the Work, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Upon OHA's reasonable request, Contractor shall execute such further documents and instruments necessary to fully vest such rights in OHA. Contractor forever waives any and all rights relating to original Work Product created pursuant to the Work, including without limitation, any and all rights arising under 17 U.S.C. §106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
- c.** In the event that Work Product created by Contractor under this Contract is Contractor Intellectual Property, a derivative work based on Contractor Intellectual Property or a compilation that includes Contractor Intellectual Property, Contractor hereby grants to OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display Contractor Intellectual Property and the pre-existing elements of the Contractor Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.

- d. In the event that Work Product created by Contractor under this Contract is Third Party Intellectual Property, a derivative work based on Third Party Intellectual Property or a compilation that includes Third Party Intellectual Property, Contractor shall secure on OHA' behalf and in the name of OHA an irrevocable, non-exclusive, perpetual, royalty-free license to use, reproduce, prepare derivative works based upon, distribute copies of, perform and display the Third Party Intellectual Property and the pre-existing elements of the Third Party Intellectual Property employed in the Work Product, and to authorize others to do the same on OHA's behalf.

**9. Indemnity.**

- a. GENERAL INDEMNITY. CONTRACTOR SHALL DEFEND, SAVE, HOLD HARMLESS, AND INDEMNIFY THE STATE OF OREGON AND OHA AND THEIR OFFICERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL CLAIMS, SUITS, ACTIONS, LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES OF ANY NATURE WHATSOEVER, INCLUDING ATTORNEYS FEES, RESULTING FROM, ARISING OUT OF, OR RELATING TO THE ACTIVITIES OF CONTRACTOR OR ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS, OR AGENTS UNDER THIS CONTRACT.
- b. INDEMNITY FOR INFRINGEMENT CLAIMS. WITHOUT LIMITING THE GENERALITY OF SECTION 9.a., CONTRACTOR EXPRESSLY AGREES TO DEFEND, INDEMNIFY, AND HOLD OHA, THE STATE OF OREGON AND THEIR AGENCIES, SUBDIVISIONS, OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES HARMLESS FROM ANY AND ALL CLAIMS, SUITS, ACTIONS, LOSSES, LIABILITIES, COSTS, EXPENSES, INCLUDING ATTORNEYS FEES, AND DAMAGES ARISING OUT OF OR RELATED TO ANY CLAIMS THAT THE WORK, THE WORK PRODUCT OR ANY OTHER TANGIBLE OR INTANGIBLE ITEMS DELIVERED TO OHA BY CONTRACTOR THAT MAY BE THE SUBJECT OF PROTECTION UNDER ANY STATE OR FEDERAL INTELLECTUAL PROPERTY LAW OR DOCTRINE, OR OHA' USE THEREOF, INFRINGES ANY PATENT, COPYRIGHT, TRADE SECRET, TRADEMARK, TRADE DRESS, MASK WORK, UTILITY DESIGN, OR OTHER PROPRIETARY RIGHT OF ANY THIRD PARTY; PROVIDED, THAT THE STATE OF OREGON SHALL PROVIDE CONTRACTOR WITH PROMPT WRITTEN NOTICE OF ANY INFRINGEMENT CLAIM.
- c. CONTROL OF DEFENSE AND SETTLEMENT. CONTRACTOR SHALL HAVE CONTROL OF THE DEFENSE AND SETTLEMENT OF ANY CLAIM THAT IS SUBJECT TO THIS SECTIONS 9.a. OR 9.b.; HOWEVER, NEITHER CONTRACTOR NOR ANY ATTORNEY ENGAGED BY CONTRACTOR SHALL DEFEND THE CLAIM IN THE NAME OF THE STATE OF OREGON OR ANY AGENCY OF THE STATE OF OREGON, NOR PURPORT TO ACT AS LEGAL REPRESENTATIVE OF THE STATE OF OREGON OR ANY OF ITS AGENCIES, WITHOUT FIRST RECEIVING FROM THE ATTORNEY GENERAL, IN A FORM AND MANNER DETERMINED APPROPRIATE BY

THE ATTORNEY GENERAL, AUTHORITY TO ACT AS LEGAL COUNSEL FOR THE STATE OF OREGON, NOR SHALL CONTRACTOR SETTLE ANY CLAIM ON BEHALF OF THE STATE OF OREGON WITHOUT THE APPROVAL OF THE ATTORNEY GENERAL. THE STATE OF OREGON MAY, AT ITS ELECTION AND EXPENSE, ASSUME ITS OWN DEFENSE AND SETTLEMENT IN THE EVENT THAT THE STATE OF OREGON DETERMINES THAT CONTRACTOR IS PROHIBITED FROM DEFENDING THE STATE OF OREGON, OR IS NOT ADEQUATELY DEFENDING THE STATE OF OREGON'S INTERESTS, OR THAT AN IMPORTANT GOVERNMENTAL PRINCIPLE IS AT ISSUE AND THE STATE OF OREGON DESIRES TO ASSUME ITS OWN DEFENSE.

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

- a.** Default by Contractor. Contractor shall be in default under this Contract if:
- (1) Contractor institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis; or
  - (2) Contractor no longer holds a license or certificate that is required for Contractor to perform its obligations under the Contract and Contractor has not obtained such license or certificate within 14 calendar days after OHA' notice or such longer period as OHA may specify in such notice; or
  - (3) Contractor commits any material breach or default of any covenant, warranty, obligation or agreement under this Contract, fails to perform the Work under this Contract within the time specified herein or any extension thereof, or so fails to pursue the Work as to endanger Contractor's performance under this Contract in accordance with its terms, and such breach, default or failure is not cured within 14 calendar days after OHA's notice, or such longer period as OHA may specify in such notice.
- b.** OHA's Remedies for Contractor's Default. In the event Contractor is in default under Section 10.a., OHA may, at its option, pursue any or all of the remedies available to it under this Contract and at law or in equity, including, but not limited to:
- (1) termination of this Contract under Section 10.e.(2);
  - (2) withholding all monies due for Work and Work Products that Contractor has failed to deliver within any scheduled completion dates or has performed inadequately or defectively;
  - (3) initiation of an action or proceeding for damages, specific performance, or declaratory or injunctive relief;
  - (4) exercise of its right of recovery of overpayments under Section 7 of this Contract or setoff, or both.

These remedies are cumulative to the extent the remedies are not inconsistent, and OHA may pursue any remedy or remedies singly, collectively, successively or in any order whatsoever. If a court determines that Contractor was not in default

under Section 10.a., then Contractor shall be entitled to the same remedies as if this Contract was terminated pursuant to Section 10.e.(1).

- c. Default by OHA. OHA shall be in default under this Contract if OHA commits any material breach or default of any covenant, warranty, or obligation under this Contract, and such breach or default is not cured within 30 calendar days after Contractor's notice or such longer period as Contractor may specify in such notice.
- d. Contractor's Remedies for OHA's Default. In the event OHA terminates the Contract under Section 10.e.(1), or in the event OHA is in default under Section 10.c. and whether or not Contractor elects to exercise its right to terminate the Contract under Section 10.e.(3), Contractor's sole monetary remedy shall be (i) with respect to Work compensable at a stated rate, a claim for unpaid invoices, time worked within any limits set forth in this Contract but not yet invoiced, authorized expenses incurred and interest within the limits permitted under ORS 293.462, and (ii) with respect to deliverable-based Work, a claim for the sum designated for completing the deliverable multiplied by the percentage of Work completed and accepted by OHA, less previous amounts paid and any claim(s) that OHA has against Contractor. In no event shall OHA be liable to Contractor for any expenses related to termination of this Contract or for anticipated profits. If previous amounts paid to Contractor exceed the amount due to Contractor under this Section 10.d., Contractor shall immediately pay any excess to OHA upon written demand. If Contractor does not immediately pay the excess, OHA may recover the overpayments in accordance with Section 7., Recovery of Overpayments, and may pursue any other remedy that may be available to it.
- e. Termination.
  - (1) OHA's Right to Terminate at its Discretion. At its sole discretion, OHA may terminate this Contract:
    - (a) For its convenience upon 30 days' prior written notice by OHA to Contractor;
    - (b) Immediately upon written notice if OHA fails to receive funding, appropriations, limitations, allotments or other expenditure authority at levels sufficient to pay for the Work or Work Products; or
    - (c) Immediately upon written notice if federal or state laws, regulations, or guidelines are modified or interpreted in such a way that OHA's purchase of the Work or Work Products under this Contract is prohibited or OHA is prohibited from paying for such Work or Work Products from the planned funding source.
    - (d) Immediately upon written notice to Contractor if there is a threat to the health, safety, or welfare of any OHA client, including any Medicaid Eligible Individual, under its care.
  - (2) OHA's Right to Terminate for Cause. In addition to any other rights and remedies OHA may have under this Contract, OHA may terminate this

Contract immediately upon written notice by OHA to Contractor, or at such later date as OHA may establish in such notice, or upon expiration of the time period and with such notice as provided in Section 10.e.(2)(b) or Section 10.e.(2)(c) below, upon the occurrence of any of the following events:

- (a) Contractor is in default under Section 10.a.(1) because Contractor institutes or has instituted against it insolvency, receivership or bankruptcy proceedings, makes an assignment for the benefit of creditors, or ceases doing business on a regular basis;
  - (b) Contractor is in default under Section 10.a.(2) because Contractor no longer holds a license or certificate that is required for it to perform Work under the Contract and Contractor has not obtained such license or certificate within 14 calendar days after OHA's notice or such longer period as OHA may specify in such notice; or
  - (c) Contractor is in default under Section 10.a.(3) because Contractor commits any material breach or default of any covenant, warranty, obligation or agreement under this Contract, fails to perform the Work under this Contract within the time specified herein or any extension thereof, or so fails to pursue the Work as to endanger Contractor's performance under this Contract in accordance with its terms, and such breach, default or failure is not cured within 14 calendar days after OHA's notice, or such longer period as OHA may specify in such notice.
- (3) Contractor's Right to Terminate for Cause. Contractor may terminate this Contract with such written notice to OHA as provided in this Section 10.e.(3), or at such later date as Contractor may establish in such notice, if OHA is in default under Section 10.c. because OHA commits any material breach or default of any covenant, warranty, or obligation under this Contract, fails to perform its commitments hereunder within the time specified or any extension thereof, and OHA fails to cure such failure within 30 calendar days after Contractor's notice or such longer period as Contractor may specify in such notice.
- (4) Mutual Termination. The Contract may be terminated immediately upon mutual written consent of the parties or at such other time as the parties may agree in the written consent.
- (5) Return of Property. Upon termination of this Contract for any reason whatsoever, Contractor shall immediately deliver to OHA all of the OHA's property (including without limitation any Work Products for which OHA has made payment in whole or in part) that are in the possession or under the control of Contractor in whatever stage of development and form of recordation such OHA property is expressed or embodied at that time. Upon receiving a notice of termination of this Contract, Contractor shall immediately cease all activities under this Contract, unless OHA expressly directs otherwise in such notice of

termination. Upon OHA's request, Contractor shall surrender to anyone OHA designates, all documents, research or objects or other tangible things needed to complete the Work Products.

11. **Stop-Work Order.** OHA may, at any time, by written notice to the Contractor, require the Contractor to stop all, or any part of the work required by this Contract for a period of up to 90 days after the date of the notice, or for any further period to which the parties may agree through a duly executed amendment. Upon receipt of the notice, Contractor shall immediately comply with the Stop-Work Order terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the stop work order notice. Within a period of 90 days after issuance of the written notice, or within any extension of that period to which the parties have agreed, OHA shall either:
  - a. Cancel or modify the stop work order by a supplementary written notice; or
  - b. Terminate the work as permitted by either the Default or the Convenience provisions of Section 10., Default; Remedies; Termination.
  - c. If the Stop Work Order is canceled, OHA may, after receiving and evaluating a request by the Contractor, make an adjustment in the time required to complete this Contract and the Contract price by a duly executed amendment.
12. **Limitation of Liabilities.** EXCEPT FOR LIABILITY ARISING UNDER OR RELATED TO SECTION 9. INDEMNITY, NEITHER PARTY SHALL BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS CONTRACT.
13. **Insurance.** Contractor shall maintain insurance as set forth in Exhibit C, attached hereto.
14. **Records Maintenance, Access.** Contractor shall maintain all financial records relating to this Contract in accordance with generally accepted accounting principles. In addition, Contractor shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Contractor, whether in paper, electronic or other form, that are pertinent to this Contract, in such a manner as to clearly document Contractor's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Contractor whether in paper, electronic or other form, that are pertinent to this Contract, are collectively referred to as "Records." Contractor acknowledges and agrees that OHA and the Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Contractor shall retain and keep accessible all Records for the longer of:
  - a. Six years following final payment and termination of this Contract;
  - b. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
  - c. Until the conclusion of any audit, controversy or litigation arising out of or related to this Contract.
15. **Information Privacy/Security/Access.** If the Work performed under this Contract requires Contractor or, when allowed, its subcontractor(s), to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security

requirements, and OHA grants Contractor or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Contractor shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For purposes of this section, "Information Asset" and "Network and Information System" have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

- 16. Force Majeure.** Neither OHA nor Contractor shall be held responsible for delay or default caused by fire, civil unrest, labor unrest, natural causes, or war which is beyond the reasonable control of OHA or Contractor, respectively. Each party shall, however, make all reasonable efforts to remove or eliminate such cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this Contract. OHA may terminate this Contract upon written notice to the other party after reasonably determining that the delay or breach will likely prevent successful performance of this Contract.
- 17. Foreign Contractor.** If Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Department of Revenue and the Secretary of State Corporation Division all information required by those agencies relative to this Contract.
- 18. Assignment of Contract, Successors in Interest.**

  - a. Contractor shall not assign or transfer its interest in this Contract without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions as OHA may deem necessary. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in the Contract.
  - b. The provisions of this Contract shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.
- 19. Subcontracts.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract without OHA' prior written consent. In addition to any other provisions OHA may require, Contractor shall include in any permitted subcontract under this Contract provisions to ensure that OHA will receive the benefit of subcontractor performance as if the subcontractor were the Contractor with respect to Sections 1, 2, 3, 4, 5, 8, 9, 14, 15, 17, 18, 19, and 20 of this Exhibit B. OHA's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 20. No Third Party Beneficiaries.** OHA and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. The parties agree that Contractor's performance under this Contract is solely for the benefit of OHA to accomplish its statutory mission. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.

21. **Amendments.** No amendment, modification or change of terms of this Contract shall bind either party unless in writing and signed by both parties and when required the Department of Justice. Such amendment, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.
22. **Waiver.** The failure of either party to enforce any provision of this Contract shall not constitute a waiver by that party of that or any other provision. No waiver or consent shall be effective unless in writing and signed by the party against whom it is asserted.
23. **Severability.** The parties agree that if any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
24. **Survival.** Sections 1, 4, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 20, and 23 of this Exhibit B shall survive Contract expiration or termination, as well as those provisions of this Contract that by their context are meant to survive. Contract expiration or termination shall not extinguish or prejudice OHA's right to enforce this Contract with respect to any default by Contractor that has not been cured.
25. **Notice.** Except as otherwise expressly provided in this Contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing, by personal delivery, facsimile, or mailing the same, postage prepaid, to Contractor or OHA at the address or number set forth in this Contract, or to such other addresses or numbers as either party may indicate pursuant to this Section 24. Any communication or notice so addressed and mailed by regular mail shall be deemed received and effective five days after the date of mailing. Any communication or notice delivered by facsimile shall be deemed received and effective on the day the transmitting machine generates a receipt of the successful transmission, if transmission was during normal business hours, or on the next business day, if transmission was outside normal business hours of the recipient. Any communication or notice given by personal delivery shall be effective when actually delivered to the addressee. Notwithstanding the foregoing, to be effective against OHA, any notice transmitted by facsimile must be confirmed by telephone notice to Office of Contracts and Procurement number listed below or any such telephone number OHA may provide by written notice to Contractor.

**OHA:** Office of Contracts & Procurement  
 250 Winter St. NE, Room 306  
 Salem, OR 97301  
 Telephone: 503-945-5818  
 Facsimile: 503-378-4324

**CONTRACTOR:** Entity Name  
 Contact Name (*optional*)  
 Street Address  
 City, State Zip  
 Telephone:  
 Facsimile:

26. **Construction.** The parties agree and acknowledge that the rule of construction that ambiguities in a written agreement are to be construed against the party preparing or drafting the agreement shall not be applicable to the interpretation of this Contract.
27. **Headings.** The headings and captions to sections of this Contract have been inserted for identification and reference purposes only and shall not be used to construe the meaning or to interpret this Contract.
28. **Merger Clause.** This Contract constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein, regarding this Contract.
29. **Counterparts.** This Contract and any subsequent amendments may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Contract and any amendments so executed shall constitute an original.
30. **Contractor's Failure to Perform.** Contractor's failure to perform the statement of work specified in this Contract or to meet the performance standards established in this Contract in accordance with OAR 137-047-0255(2)(f), may result in consequences that include, but are not limited to:
  - a. Reducing or withholding payment under this Contract;
  - b. Requiring Contractor to perform at Contractor's expense additional work necessary to perform the statement of work or meet performance standards; and
  - c. Declaring a default of this Contract and pursuing any available remedies for default, including termination of the Contract as permitted in Section 10. Default; Remedies; Termination of this Contract.

## **EXHIBIT C**

### **Insurance Requirements**

**Required Insurance:** Contractor shall obtain at Contractor's expense the insurance specified in this Exhibit C, prior to performing under this Contract and shall maintain it in full force and at its own expense throughout the duration of this Contract and all warranty periods. Contractor shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in State and that are acceptable to OHA.

1. **Workers Compensation:** All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). If Contractor is a subject employer, as defined in ORS 656.023, Contractor shall obtain employers' liability insurance coverage limits of not less than \$1,000,000. Contractor shall require and ensure that each of its subcontractors complies with these requirements.
2. **Professional Liability:**

Required by OHA  Not required by OHA

Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Contractor shall provide proof of insurance of not less than the following amounts as determined by the OHA:

Per occurrence limit for any single claimant:

From commencement of the Contract term to June 30, 2013:.....\$1,800,000.  
July 1, 2013 to June 30, 2014: .....\$1,900,000.  
July 1, 2014 to June 30, 2015: .....\$2,000,000.  
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term to June 30, 2013:.....\$3,600,000.  
July 1, 2013 to June 30, 2014: .....\$3,800,000.  
July 1, 2014 to June 30, 2015: .....\$4,000,000.  
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

**3. Commercial General Liability:**

Required by OHA  Not required by OHA

Commercial General Liability Insurance covering bodily injury, death and property damage in a form and with coverages that are satisfactory to the State. This insurance shall include personal injury liability, products and completed operations. Coverage shall be written on an occurrence basis. Contractor shall provide proof of insurance of not less than the following amounts as determined by the OHA:

Per occurrence limit for any single claimant:

From commencement of the Contract term to June 30, 2013:.....\$1,800,000.  
July 1, 2013 to June 30, 2014: .....\$1,900,000.  
July 1, 2014 to June 30, 2015: .....\$2,000,000.  
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term to June 30, 2013:.....\$3,600,000.  
July 1, 2013 to June 30, 2014: .....\$3,800,000.  
July 1, 2014 to June 30, 2015: .....\$4,000,000.  
July 1, 2015 and thereafter, the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

**AND**

**Property Damage:**

Per occurrence limit for any single claimant:

From commencement of the Contract term through June 30, 2013:                   \$104,300.

From July 1, 2013 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term through June 30, 2013: \$521,400.

From July 1, 2013 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

4. **Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance required under this Contract shall include the State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.
5. **Notice of Cancellation or Change.** There shall be no cancellation, material change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without 60 days' written notice from this Contractor or its insurer(s) to OHA. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by OHA.
6. **Proof of Insurance.** Contractor shall provide to OHA information requested in Data Certification for all required insurance before delivering any goods and performing any services required under this Contract. Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any.
7. **"Tail" Coverage.** If any of the required liability insurance is on a "claims made" basis, Contractor shall either maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of (i) Contractor's completion and OHA's acceptance of all services required under this Contract, or, (ii) The expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing 24-month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace for the coverage required under this Contract. Contractor shall provide to OHA, upon OHA's request, certification of the coverage required under this section 8.

## **EXHIBIT D**

### **Required Federal Terms and Conditions**

**General Applicability and Compliance.** Unless exempt under 45CFR Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Contractor shall comply and, as indicated, cause all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Contract, to Contractor, or to the Work, or to any combination of the foregoing. For purposes of this Contract, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. **Miscellaneous Federal Provisions.** Contractor shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Contract or to the delivery of Work. Without limiting the generality of the foregoing, Contractor expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated. No federal funds may be used to provide Work in violation of 42 U.S.C. 14402.
2. **Equal Employment Opportunity.** If this Contract, including amendments, is for more than \$10,000, then Contractor shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).
3. **Clean Air, Clean Water, EPA Regulations.** If this Contract, including amendments, exceeds \$100,000 then Contractor shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Contractor shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this section.
4. **Energy Efficiency.** Contractor shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. Seq., (Pub. L. 94-163).
5. **Truth in Lobbying.** The Contractor certifies, to the best of the Contractor's knowledge and belief that:

- a.** No federal appropriated funds have been paid or will be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.
- b.** If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Contractor shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- c.** The Contractor shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
- d.** This certification is a material representation of fact upon which reliance was placed when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- e.** No part of any federal funds paid to Contractor under this Contract shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- f.** No part of any federal funds paid to Contractor under this Contract shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature of legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

- g.** The prohibitions in subsections (b) and (c) of this section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- h.** No part of any federal funds paid to Contractor under this Contract may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

This certification is a material representation of fact upon which reliance was placed when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- 6. HIPAA Compliance.** OHA is a Covered Entity with respect to its healthcare components as described in OAR 943-014-0015 for purposes of the Health Insurance Portability and Accountability Act and the federal regulations implementing the Act (collectively referred to as HIPAA), and OAR 125-055-0100 through OAR 125-055-0130. OHA must comply with HIPAA to the extent that any Work or obligations of OHA arising under this Contract are covered by HIPAA. Contractor shall determine if Contractor will have access to, or create any protected health information in the performance of any Work or other obligations under this Contract. To the extent that Contractor will have access to, or create any protected health information to perform functions, activities, or services for, or on behalf of, a healthcare component of OHA in the performance of any Work required by this Contract, Contractor shall comply and cause all subcontractors to comply with OAR 125-055-0100 through OAR 125-055-0130 and the following:

- a. Privacy and Security of Individually Identifiable Health Information.** Individually Identifiable Health Information about specific individuals is confidential. Individually Identifiable Health Information relating to specific individuals may be exchanged between Contractor and OHA for purposes directly related to the provision of services to Clients which are funded in whole or in part under this Contract. To the extent that Contractor is performing functions, activities, or services for, or on behalf of, a healthcare component of OHA in the performance of any Work required by this Contract, Contractor shall not use or disclose any Individually Identifiable Health Information about specific individuals in a manner that would violate OHA Privacy Rules, OAR 943-014-0000 et. seq., or OHA Notice of Privacy Practices. A copy of the most recent OHA Notice of Privacy Practices is posted on the OHA web site at: <https://apps.state.or.us/cf1/FORMS/>(enter form number “2090”) or may be obtained from OHA.



to OHA clients. Contractor's notice shall specify the actions that will be taken by Contractor against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Contractor's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be engaged in the performance of services under this Contract a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Contract, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify OHA within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Contractor, or any of Contractor's employees, officers, agents or subcontractors may provide any service required under this Contract while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Contractor or Contractor's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Contractor or Contractor's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of the Contract.

11. **Pro-Children Act.** Contractor shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. section 6081 et. seq.).
12. **Medicaid Services.** Contractor shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. Section 1396 et. seq., including without limitation:
  - a. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. Section 1396a (a)(27); 42 CFR 431.107(b)(1) & (2).
  - b. Comply with all disclosure requirements of 42 CFR 1002.3(a) and 42 CFR 455 Subpart (B).

- c. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. Section 1396(a)(57) and (w), 42 CFR 431.107(b)(4), and 42 CFR 489 subpart I.
- d. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Contractor shall acknowledge Contractor's understanding that payment of the claim will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Entities receiving \$5 million or more annually (under this Contract and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. § 1396a(a)(68).

- 13. Agency-based Voter Registration.** If applicable, Contractor shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

**14. Disclosure.**

- a. 42 CFR 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security

Number of any managing employee of the provider, fiscal agent or managed care entity.

- b. 42 CFR 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.
- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.
- d. Contractor shall make the disclosures required by this Section 14. to OHA. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

**15. Work Rights.** The federal funding agency, as the awarding agency of the funds used, at least in part, for the Work under this Contract, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms “grant” and “award” refer to funding issued by the federal funding agency to the State of Oregon. The Contractor agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the Work, and to authorize others to do so, for Federal Government purposes with respect to:
  - (1) The copyright in any Work developed under a grant, subgrant or contract under a grant or subgrant; and
  - (2) Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b. The parties are subject to applicable federal regulations governing patents and inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements.”

The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

**EXHIBIT E**

**Required Subcontractor Provisions**

*(Optional - Can be removed or RESERVED)*

## APPENDIX A – PUBLIC HEALTH SERVICES ACT

### Part C – Projects for Assistance in Transition from Homelessness

#### **Sec. 521 FORMULA GRANTS TO STATES**

For the purpose of carrying out section 522 of this title, the Secretary, acting through the Director of the Center for Mental Health Services, shall for each of the fiscal years 1991 through 1994 make an allotment for each State in an amount determined in accordance with section 524 of this title. The Secretary shall make payments, as grants, each such fiscal year to each State from the allotment for the State if the Secretary approves for the Fiscal year involved an application submitted by the State pursuant to section 529 of this title.

#### **Sec. 522 PURPOSE OF GRANTS**

(a) IN GENERAL - The Secretary may not make payments under section 521 of this title unless the State involved agrees that the payments will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations), for the purpose of providing the services specified in subsection (b) of this section to individuals who –

- (1) (A) are suffering from serious mental illness; or  
(B) are suffering from serious mental illness and from substance abuse;  
and
- (2) are homeless or at imminent risk of becoming homeless.

(b) SPECIFICATION OF SERVICES – The services referred to in subsection (a) of this section are

- (1) outreach services;
- (2) screening and diagnostic treatment services;
- (3) habilitation and rehabilitation services;
- (4) community mental health services;
- (5) alcohol or drug treatment services;
- (6) staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- (7) case management services, including -
  - (A) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
  - (B) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
  - (C) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

(D) referring the eligible homeless individual for such other services as may be appropriate; and  
(E) providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;

- (8) supportive and supervisory services in residential settings;  
(9) referrals for primary health services, job training, educational services, and relevant housing services;  
(10) subject to subsection (h)(1) of this section -  
    (A) minor renovation, expansion, and repair of housing;  
    (B) planning of housing;  
    (C) technical assistance in applying for housing assistance;  
    (D) improving the coordination of housing services;  
    (E) security deposits;  
    (F) the costs associated with matching eligible homeless individuals with appropriate housing situations; and  
    (G) 1-time rental payments to prevent eviction; and  
(11) other appropriate services, as determined by the Secretary.

(c) **COORDINATION** – The Secretary may not make payments under section 290cc-21 of this title unless the State involved agrees to make grants pursuant to subsection (a) of this section only to entities that have the capacity to provide, directly or through arrangements, the services specified in subsection (b) of this section, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

(d) **SPECIAL CONSIDERATION REGARDING VETERANS** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in making grants to entities pursuant to subsection (a) of this section, the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

(e) **SPECIAL RULES** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that grants pursuant to subsection (a) of this section will not be made to any entity that -

- (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse; or  
(2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

(f) **ADMINISTRATIVE EXPENSES** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that not more than 4 percent of the payments will be expended for administrative expenses regarding the payments.

(g) **MAINTENANCE OF EFFORT** – The Secretary may not make payments under section 290cc-21 of this title unless the State involved agrees that the State will maintain State expenditures for services specified in subsection (b) of this section at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

(h) **RESTRICTIONS ON USE OF FUNDS** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that:

- (1) not more than 20 percent of the payments will be expended for housing services under subsection (b)(10) of this section; and
- (2) the payments will not be expended –
  - (A) to support emergency shelters or construction of housing facilities;
  - (B) for inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
  - (C) to make cash payments to intended recipients of mental health or substance abuse services.

(i) **WAIVER FOR TERRITORIES** – *With respect to the United States Virgin Islands, Guam, American Samoa, Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands, the Secretary may waive the provisions of this part that the Secretary determines to be appropriate.*

**Sec. 523      REQUIREMENT OF MATCHING FUNDS**

(a) **IN GENERAL** – The Secretary may not make payments under section 521 of this title unless, with respect to the costs of providing services pursuant to section 522 of this title, the State involved agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of Federal funds provided in such payments.

(b) **DETERMINATION OF AMOUNT** – Non-Federal contributions required in subsection (a) of this section may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, shall not be included in determining the amount of such non-Federal contributions.

(c) **LIMITATION REGARDING GRANTS BY STATES** – The Secretary may not make payments under section 521 of this title unless the State involved agrees that the State will not require the entities to which grants are provided pursuant to section 522(a) of this title to provide non-Federal contributions in excess of the non-Federal contributions described in subsection (a) of this section.

**Sec. 524      DETERMINATION OF AMOUNT OF ALLOTMENT**

(a) **MINIMUM ALLOTMENT** – The allotment for a State under section 521 of this title for a fiscal year shall be the greater of -

- (1) \$300,000 for each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico, and \$50,000 for each of Guam, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands; and

- (2) an amount determined in accordance with subsection (b) of this section.

(b) **DETERMINATION UNDER FORMULA** – The amount referred to in subsection (a) (2) of this section is the product of-

- (1) an amount equal to the amount appropriated under section 1935(a) of this title for the fiscal year; and

- (2) a percentage equal to the quotient of-
  - (A) an amount equal to the population living in urbanized areas of the State involved, as indicated by the most recent data collected by the Bureau of the Census; and
  - (B) an amount equal to the population living in urbanized areas of the United States, as indicated by the sum of the respective amounts determined for the States under subparagraph (a).

**Sec. 525      CONVERSION TO CATEGORICAL PROGRAM IN EVENT OF FAILURE OF STATE REGARDING EXPENDITURE OF GRANTS**

- (a) IN GENERAL – Subject to subsection (c) of this section, the Secretary shall, from the amounts specified in subsection (b) of this section, make grants to public and nonprofit private entities for the purpose of providing to eligible homeless individuals the services specified in section 522(b) of this title.
- (b) SPECIFICATION OF FUNDS -- The amounts referred to in subsection (a) of this section are any amounts made available in appropriations Acts for allotments under section 521 of this title that are not paid to a State as a result of -
  - (A) the failure of the State to submit an application under section 529 of this title;
  - (B) the failure of the State, in the determination of the Secretary, to prepare the application in accordance with such section or to submit the application within a reasonable period of time; or
  - (C) the State informing the Secretary that the State does not intend to expend the full amount of the allotment made to the State.
- (c) REQUIREMENT OF PROVISION OF SERVICES IN STATE INVOLVED – With respect to grants under subsection (a) of this section, amounts made available under subsection (b) of this section as a result of the State involved shall be available only for grants to provide services in such State.

**Sec. 526      PROVISION OF CERTAIN INFORMATION FROM STATE**

The Secretary may not make payments under section 521 of this title to a State unless, as part of the application required in section 529 of this title, the State submits to the Secretary a statement -

- (1) identifying existing programs providing services and housing to eligible homeless individuals and identify gaps in the delivery systems of such programs;
- (2) containing a plan for providing services and housing to eligible homeless individuals, which plan -
  - (A) describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
  - (B) includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- (3) describes the source of the non-Federal contributions described in section 523 of this title;
- (4) contains assurances that the non-Federal contributions described in section 523 of this title will be available at the beginning of the grant period;
- (5) describe any voucher system that may be used to carry out this part; and

(6) contain such other information or assurances as the Secretary may reasonably require.

**Sec. 527 DESCRIPTION OF INTENDED EXPENDITURES OF GRANT**

(a) IN GENERAL – The Secretary may not make payments under section 521 of this title unless -

- (1) as part of the application required in section 529 of this title, the State involved submits to the Secretary a description of the intended use for the fiscal year of the amounts for which the State is applying pursuant to such section;
- (2) such description identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located;
- (3) such description provides information relating to the programs and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities; and
- (4) the State agrees that such description will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to section 522 of this title.

(b) OPPORTUNITY FOR PUBLIC COMMENT – The Secretary may not make payments under section 521 of this title unless the State involved agrees that, in developing and carrying out the description required in subsection (a) of this section, the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested persons, such as fly members, consumers, and mental health, substance abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

(c) RELATIONSHIP TO STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

(1) IN GENERAL – The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section are consistent with the State comprehensive mental health services plan required in subpart 2 [1] of part B of subchapter XVII of this chapter.

(2) SPECIAL RULE – The Secretary may not make payments under section 521 of this title unless the services to be provided pursuant to the description required in subsection (a) of this section have been considered in the preparation of, have been included in, and are consistent with, the State comprehensive mental health services plan referred to in paragraph (1).

**Sec. 528 REQUIREMENT OF REPORTS BY STATES**

(a) IN GENERAL – The Secretary may not make payments under section 521 of this title unless the State involved agrees that, by not later than January 31 of each fiscal year, the State will prepare and submit to the Secretary a report in such form and containing such information as the Secretary determines (after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration) to be necessary for -

(1) securing a record and a description of the purposes for which amounts received under section 521 of this title were expended during the preceding fiscal year and of the recipients of such amounts; and

(2) determining whether such amounts were expended in accordance with the provisions of this part.

(b) AVAILABILITY TO PUBLIC OF REPORTS – The Secretary may not make payments under section 521 of this title unless the State involved agrees to make copies of the reports described in subsection (a) of this section available for public inspection.

(c) EVALUATIONS – The Administrator of the Substance Abuse and Mental Health Services Administration shall evaluate at least once every 3 years the expenditures of grants under this part by eligible entities in order to ensure that expenditures are consistent with the provisions of this part, and shall include in such evaluation recommendations regarding changes needed in program design or operations.

**Sec. 529      REQUIREMENT OF APPLICATION**

The Secretary may not make payments under section 521 of this title unless the State involved -

(1) submits to the Secretary an application for the payments containing agreements and information in accordance with this part;

(2) the agreements are made through certification from the chief executive officer of the State; and

(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

**Sec. 530      TECHNICAL ASSISTANCE**

The Secretary, through the agencies of the Administration, shall provide technical assistance to eligible entities in developing planning and operating programs in accordance with the provisions of this part.

**Sec. 531      FAILURE TO COMPLY WITH AGREEMENTS**

(a) REPAYMENT OF PAYMENTS –

(1) The Secretary may, subject to subsection (c) of this section, require a State to repay any payments received by the State under section 521 of this title that the Secretary determines were not expended by the State in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.

(2) If a State fails to make a repayment required in paragraph (1), the Secretary may offset the amount of the repayment against the amount of any payment due to be paid to the State under section 521 of this title.

(b) WITHHOLDING OF PAYMENTS –

(1) The Secretary may, subject to subsection (c) of this section, withhold payments due under section 521 of this title if the Secretary determines that the State involved is not expending amounts received under such section in accordance with the agreements required to be contained in the application submitted by the State pursuant to section 529 of this title.

(2) The Secretary shall cease withholding payments from a State under paragraph (1) if the Secretary determines that there are reasonable assurances that the State will expend amounts received under section 290cc-21 of this title in accordance with the agreements referred to in such paragraph.

(3) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the agreements referred to in such paragraph.

(c) OPPORTUNITY FOR HEARING – Before requiring repayment of payments under subsection (a) (1) of this section, or withholding payments under subsection (b)(1) of this section, the Secretary shall provide to the State an opportunity for a hearing.

(d) RULE OF CONSTRUCTION – Notwithstanding any other provision of this part, a State receiving payments under section 521 of this title may not, with respect to any agreements required to be contained in the application submitted under section 529 of this title, be considered to be in violation of any such agreements by reason of the fact that the State, in the regular course of providing services under section 522(b) of this title to eligible homeless individuals, incidentally provides services to homeless individuals who are not eligible homeless individuals.

### **Sec. 532 PROHIBITION AGAINST CERTAIN FALSE STATEMENTS**

(a) IN GENERAL –

(1) A person may not knowingly make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which amounts may be paid by a State from payments received by the State under section 521 of this title.

(2) A person with knowledge of the occurrence of any event affecting the right of the person to receive any amounts from payments made to the State under section 2900cc-21 of this title may not conceal or fail to disclose any such event with the intent of securing such an amount that the person is not authorized to receive or securing such an amount in an amount greater than the amount the person is authorized to receive.

(b) CRIMINAL PENALTY FOR VIOLATION OF PROHIBITION – Any person who violates a prohibition established in subsection (a) of this section may for each violation be fined in accordance with title 18 or imprisoned for not more than 5 years, or both.

### **Sec. 533 NONDISCRIMINATION**

(a) IN GENERAL –

(1) RULE OF CONSTRUCTION REGARDING CERTAIN CIVIL RIGHTS LAWS - For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of handicap under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded in whole or in part with funds made available under section 290cc-21 of this title shall be considered to be programs and activities receiving Federal financial assistance.

(2) PROHIBITION – No person shall on the ground of sex or religion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under section 521 of this title.

(b) ENFORCEMENT –

(1) REFERRALS TO ATTORNEY GENERAL AFTER NOTICE - Whenever the Secretary finds that a State, or an entity that has received a payment pursuant to section 521 of this title, has failed to comply with a provision of law referred to in subsection (a)(1) of this section, with subsection (a)(2) of this section, or with an applicable regulation (including one prescribed to carry out subsection (a)(2) of this section), the Secretary shall notify the chief executive officer of the State and shall request the chief executive officer to secure compliance. If within a reasonable period of time, not to exceed 60 days, the chief executive officer fails or refuses to secure compliance, the Secretary may -

(A) refer the matter to the Attorney General with a recommendation that an appropriate civil action be instituted;

(B) exercise the powers and functions provided by the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), as may be applicable; or

(C) take such other actions as may be authorized by law.

(2) AUTHORITY OF ATTORNEY GENERAL B When a matter is referred to the Attorney General pursuant to paragraph (1)(A), or whenever the Attorney General has reason to believe that a State or an entity is engaged in a pattern or practice in violation of a provision of law referred to in subsection (a)(1) of this section or in violation of subsection (a)(2) of this section, the Attorney General may bring a civil action in any appropriate district court of the United States for such relief as may be appropriate, including injunctive relief.

**Sec. 534 DEFINITIONS**

For purposes of this part:

(1) ELIGIBLE HOMELESS INDIVIDUAL B The term “eligible homeless individual” means an individual described in section 522(a) of this title.

(2) HOMELESS INDIVIDUAL B The term “homeless individual” has the meaning given such term in section 340(r) of this title.

(3) STATE B The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(4) SUBSTANCE ABUSE B The term “substance abuse” means the abuse of alcohol or other drugs.

**Sec. 535 FUNDING**

(a) AUTHORIZATION OF APPROPRIATIONS B For the purpose of carrying out this part, there is authorized to be appropriated \$75,000,000 for each of the fiscal years 1991 through 1994. 2001 through 2003.

**(b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR MINIMUM ALLOTMENTS –**

(1) **IN GENERAL** – If the amounts made available under subsection (a) of this section for a fiscal year are insufficient for providing each State with an allotment under section 521 of this title of not less than the applicable amount under section 524(a)(1) of this title, the Secretary shall, from such amounts as are made available under such subsection, make grants to the States for providing to eligible homeless individuals the services specified in section 522(b) of this title.

(2) **RULE OF CONSTRUCTION B** Paragraph (1) may not be construed to require the Secretary to make a grant under such paragraph to each State.

## APPENDIX B – PATH SERVICE DEFINITIONS

### **“Co-Occurring Disorders (COD)”**

The existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

### **“Eligible Individual”**

An individual who:

- a. Is homeless or at imminent risk of becoming homeless, and
- b. Who has, or is reasonably assumed to have, a serious mental illness.
- c. The individual may also have a co-occurring substance use disorder. (NOTE: Individuals experiencing substance use disorders *only* are not eligible for PATH services.)

### **“Enrolled”**

An eligible individual who:

- a. Receives services supported at least partially with PATH funds, and
- b. Has an individual service record that indicates enrollment in the PATH program.

### **“Homeless Individual”**

An individual who:

- a. Lacks housing without regard to whether the individual is a member of a family and whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
- b. Is a resident in transitional housing that carries time limits.

### **“Imminent Risk of Homelessness”**

An individual that is:

- a. Living in a doubled-up living arrangement where the individual’s name is not on the lease; or
- b. Living in a condemned building without a place to move; or
- c. In arrears in their rent or utility payments; or
- d. Subject to a potential eviction notice without a place to move; or
- e. Being discharged from a health care or criminal justice institution without a place to live.

### **“Literally Homeless Individual”**

An individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.

### **“Outreach”**

The process of bringing individuals who do not access traditional services into treatment.

- Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of

rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.

- *Active outreach* is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
- *Outreach may also include “inreach,”* defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

### **“Serious Mental Illness”**

A psychiatric condition experienced by an individual who is 18 years of age or older and who is:

- a. Diagnosed by a QMHP as suffering from a serious mental disorder as defined in Oregon Revised Statutes (ORS) 426.495 which includes, but is not limited to conditions such as schizophrenia, affective disorder, paranoid disorder, and other disorders which manifest psychotic symptoms that are not solely a result of a developmental disability, epilepsy, drug abuse or alcoholism; and which continue for more than one year, or
- b. Is impaired to an extent which substantially limits the individual’s consistent ability to function in one or more of the following areas:
  - a. Independent attendance to the home environment including shelter needs, personal hygiene, nutritional needs and home maintenance;
  - b. Independent and appropriate negotiation within the community such as utilizing community resources for shopping, recreation, transportation and other needs;
  - c. Establishment and maintenance of supportive relationships; or
  - d. Maintained employment sufficient to meet personal living expenses or engagement in other age appropriate activities.

## APPENDIX C – Meaningful Consumer and Family Involvement

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

**Program Mission** - An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

**Program Planning** - Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

**Training and Staffing** - The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

**Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

**Rights Protection** - Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

**Program Administration, Governance, and Policy Determination** - Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

**Program Evaluation** - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.

## APPENDIX D – SAMHSA Guidelines for Assessing Cultural Competence

Experience or track record of involvement with the target population - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.

**Training and staffing** - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.

**Language** - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.

**Materials** - It should be demonstrated that material and products such as audio-visual materials, PSAs, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.

**Evaluation** - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.

**Community representation** - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

**Implementation** - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

APPENDIX E – BUDGET FORM

Position	Annual Salary*	PATH-funded FTE	Federal PATH Funds	Match Funds
<b>Personnel:</b>				
<i>Subtotal</i>				
<b>Fringe Benefits at _____ %:</b>				
<i>Subtotal</i>				
<b>Travel:</b> 2 Trips for Semi-Annual Provider Meeting in Salem				
<i>Subtotal:</i>				
<b>Other:</b>				
<i>Subtotal:</i>				
<b>Total:</b>				

\*Indicate "annualized" salary for positions.

**Attachment D:  
Oregon Coalition on Housing and  
Homelessness 2013 Conference  
Agenda**

## CONFERENCE AT A GLANCE

### Wednesday May 1

- 10:00 am **Registration Begins** - continues throughout the conference - Hood River Inn Lobby
- 12:00 - 1:15 **Buffet Lunch** - *Speaker:* Jay Lee, HomeBase
- 1:45 - 4:45 **Concurrent Seminars:**  
 - Poverty Cafe - Columbia Room  
 - Fostering Change: Best Practices In Housing & Homeless Services - Riverview Room
- 5:30 - 7:30 **Hors D'oeuvres; Hall of Innovation; Networking** - *Speaker:* Martin Rafferty, Youth M.O.V.E. Oregon Gorge Room

### Thursday May 2

- 7:00 - 8:15 am **Buffet Breakfast** - Conference Announcements at 7:45 - Gorge Room
- 8:30 - 10:00 **Concurrent Workshops**  
 - Helping YOU Help the Homeless - Mountainview Room  
 - Meeting Urgent Needs - Columbia Room  
 - Translating the Evidence: Training Service Providers in a Recovery Model of Support to Better Work with Youth Experiencing Homelessness who Self-Identify as LGBTQ - Riverview Room
- 10:15 - 11:45 **Concurrent Workshops**  
 - Homeless to Housed: The Full Continuum of Care In Lane County - Columbia Room  
 - The Mentoring Approach to Ending Chronic Homelessness - Riverview Room  
 - Serving Homeless Children before Kindergarten - Mountainview Room
- 12:00 - 1:30 **OCHH Luncheon** - *Speaker:* Gorge Room
- 1:45 - 3:15 **Concurrent Workshops**  
 - Harm Reduction Housing: Challenges, Solutions & Successes - Riverview Room  
 - Empowering the Voiceless - Mountainview Room  
 - Empowered Collaborations - Columbia Room  
 - New Directions for Homeless Student Data - Shoreline Room
- 3:30 - 5:00 **Concurrent Workshops**  
 - Effective Techniques for Using Street Outreach to Connect: Difficult to Reach Clients with Your Agency's Services - Columbia Room  
 - Fostering Change: Best Practices in Housing & Homeless Services (2) - Riverview Room  
 - McKinney-Vento Liaison Networking - Mountainview Room
- 6:00 - 8:00 **OCHH Awards Banquet** - OCHH Awards - Gorge Room

### Friday May 3

- 7:00 - 8:15 am **Buffet Breakfast** - Conference Announcements at 7:45 - Gorge Room
- 8:30 - 11:30 **Concurrent Seminars:**  
 - Poverty Simulation - Columbia Room  
 - Fostering Change: Best Practices in Housing & Homeless Services (3) - Riverview Room

*Thank you for attending the OCHH Annual Conference. Please make sure you fill out your conference evaluations so we can continue to make this conference the best fit for your needs.*

**Attachment E:  
Best Practices in Street Outreach 2013  
Training Agenda**

### Day 1: Trauma-Informed Care

Participants will learn about the connection between traumatic stress and homelessness and how it impacts clients' lives. Trainers will discuss the mitigating factors in people's responses to traumatic events and how we can use knowledge of trauma to create trauma-informed services and systems. Participants will identify ways to take trauma-informed theory and turn it into concrete strategies to improve their work.

Participants will learn:

- What it means to be trauma-informed
- How traumatic stress impacts people's lives
- Areas of programming that an agency can focus on to become more trauma-informed
- Specific trauma-informed practices

### Day 2: Housing Focused Outreach

Trainers will identify best practices for providing outreach and care coordination services for persons who are homeless and have a severe mental illness and/or substance use. Participants will learn the core principles of homeless outreach and characteristics of effective outreach workers. Trainers will draw on participants' personal experiences with street outreach to foster discussion and illustrate best practices.

Participants will learn:

- Strategies to become a more effective homeless outreach worker
- Specific outreach and engagement strategies for youth
- Essential elements of Housing First
- Common barriers to securing housing
- Innovative housing strategies

### **Training Format**

Trainers will provide a didactic presentation to convey technical information, while incorporating numerous small group activities and ample opportunities for interactive discussions to help participants apply the content to their setting.

### **Instructors Bios**

Ken Kraybill, MSW, directs the Center for Social Innovation's training activities, and he is deeply committed to equip others to provide person-centered, recovery-oriented, and trauma-informed care to better serve vulnerable populations. Drawing on thirty years of experience in homeless services, Ken develops online and on-site training curricula, provides training, and facilitates staff retreats. He is a nationally renowned trainer on Motivational Interviewing and a CTI instructor. Ken holds a Bachelor of Arts in Interdisciplinary Studies from Goshen College and a Master's in Social Work from University of Washington.

Wayne Centrone, NMD, is trained in family practice with over 10-years of clinical experience in healthcare delivery. His extensive experience with vulnerable populations has allowed him to develop novel approaches to outreach and training. Wayne Centrone is responsible for the development of policy, practice and research projects targeted toward healthcare providers and persons experiencing homelessness and highly vulnerable and marginalized populations. His

extensive experience with homeless adolescents and young adults has allowed him to develop novel approaches to outreach and training. As Outreach Program medical director at a Health Care for the Homeless site, Wayne brought services to the streets for homeless young adults.