



2015

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year 2015 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:

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**SECTION A:
EXECUTIVE SUMMARY**

EXECUTIVE SUMMARY
Oregon's Federal PATH Allotment = \$631,000

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 2015, including number who will be literally homeless adults	Estimated Number of Clients Who Will Be Enrolled
Cascadia Behavioral Health Care**	Portland Metro Area	\$100,900	\$309,950	# Contacted = 120 Literally Homeless Adults=108	70
			<ul style="list-style-type: none"> • City of Portland General Funds • Agency Funds • Short Term Rent Assistance Funds 		
Deschutes County Mental Health*	Deschutes County	\$106,572	\$67,096	# Contacted = 150 Literally Homeless Adults = 114	50
Luke-Dorf Hillsboro Site**	Washington County	\$62,668	\$25,481	# Contacted = 350 Literally Homeless Adults=262	50
Multnomah County MHASD* - The Bridgeview Community**	Multnomah County	\$232,285	\$164,230	# Contacted = 100 Literally Homeless Adults = 85	100
			<ul style="list-style-type: none"> • Multnomah County General Funds 		
White Bird Clinic**	Lane County	\$94,495	\$32,452	# Contacted = 350 Literally Homeless Adults=210	135
			<ul style="list-style-type: none"> • City of Eugene Public Safety Funds • State General Funds • Donations 		

* County Government Entity

**Private Non-Profit Organization

Services to be Provided Using PATH Funds

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

mental health services, alcohol or drug treatment services, staff training, case management services, supportive/supervisory services, referrals to other community services and resources, and housing services.

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.

VETERANS AND MILITARY FAMILIES

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

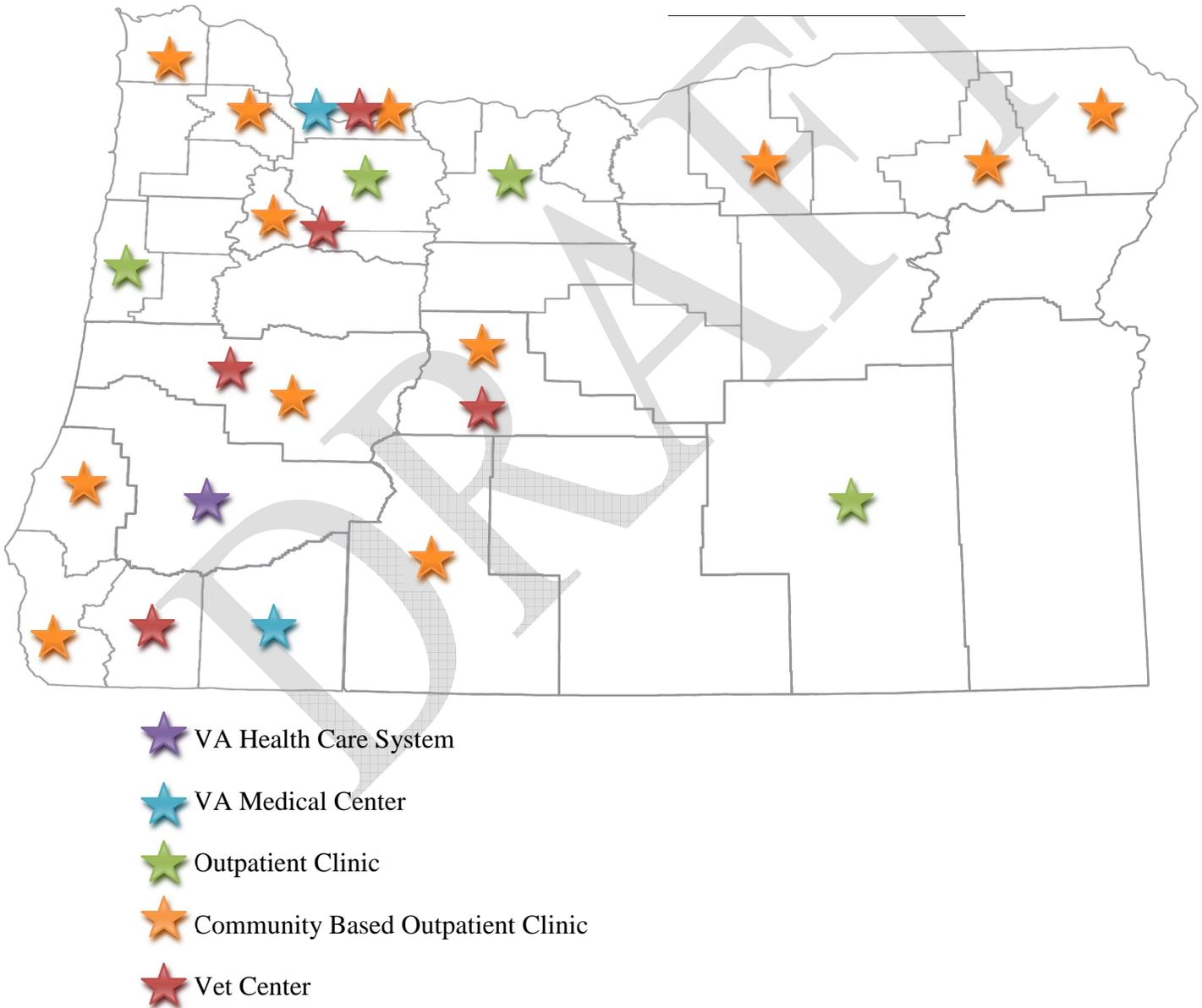
The PATH Outreach staff in Oregon often provides a first step for underserved veterans in building trust and rapport with service providers. Oregon's PATH providers incorporate trauma-informed services in the delivery of services to potential PATH enrollees, and all of Oregon's PATH providers indicated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

Because the Portland Veteran's Administration mandates that veterans receive mental health services from local VA providers, few PATH-funded services are provided to veterans within Oregon's largest metropolitan area. Veterans in the Portland Metro area who do receive PATH services tend to be those who have veteran-status issues. PATH service providers in the Portland Metro area¹ assist veterans as necessary to connect with available local VA services including the local medical center, the Veterans Recovery House program located at the Vancouver, Washington campus for homeless veterans in need of residential treatment, VA ACT programs, and VA housing resources. One provider, Luke-Dorf employs a clinical licensure supervisor who also has strong ties to the VA Behavioral Health system, providing additional knowledge of veterans services which directly benefits the Outreach Specialists and case managers at the Bridgeview and the Hillsboro site in assisting veterans in need.

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

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

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



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. Oregon's new governor, Kate Brown, noted in her State of the State speech in April of 2014 that homelessness in Oregon has experienced serious increases within the last ten years. Governor Brown also noted the lack of affordable housing in Oregon communities, with vacancy rates of less than 1% in some parts of the state. Oregon's PATH providers recognize the numerous barriers to accessing necessary services while experiencing homelessness and trying to manage the symptoms of serious mental illness, and are committed to using recovery-oriented strategies to assist PATH clients work through these barriers.

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

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

Table 1.

Goal	Strategies
<p>Promote health and recovery-oriented service systems for individuals with or in recovery from mental and substance use disorders.</p>	<p>Oregon’s PATH Providers recognize that health and recovery-oriented service systems are integral in providing appropriate services for individuals with or in recovery from mental and substance use disorders. While each PATH program in Oregon looks different in operation, Oregon’s PATH providers have begun to take a more active role in strategic planning for Oregon’s program to emphasize a recovery-oriented model and share best practices. PATH services are based on the idea that recovery is possible and emphasizes the following recovery-oriented themes:</p> <ul style="list-style-type: none"> • Hope • Dignity and self-respect • Restoration and personal growth • Personal responsibility and productivity • Self-management and autonomy
<p>Ensure that permanent housing and supportive services are available for individuals with or in recovery from mental and substance use disorders.</p>	<p>While PATH funds are not eligible to be used for housing development, Oregon’s PATH Providers work tirelessly to advocate for and increase access to safe, affordable, low-barrier permanent housing for individuals enrolled in PATH.</p>
<p>Increase gainful employment and educational opportunities for individuals with or in recovery from mental and substance use disorders.</p>	<p>Cascadia Behavioral Health’s PATH program has access to Central City Concern’s Supported Employment program via grant funding. Two PATH Providers have evidence-based Supported Employment programs that individuals enrolled in PATH are able to participate in, as well as targeted vocational case management as part of case management services. All PATH Providers work with the Office of Vocational Rehabilitation, Worksource Oregon and other vocational services provider to help individuals enrolled in PATH meet their employment and educational goals.</p>
<p>Promote peer support and the social inclusion of individuals with or in recovery from mental and substance use disorders in the community.</p>	<p>The importance of peer support is reinforced at the state level. In 2014, AMH opened the Office of Consumer Activities, which intends to be a cornerstone for systemic change in</p>

	<p>reshaping policies and service delivery toward a recovery-oriented system of care which fully honors the dignity of each individual. The office is staffed by a director and coordinator with lived experience and extensive background in work within the peer recovery community. Along with AMH's Peer Delivered Services Coordinator, the Office of Consumer Activities advocates for and supports development and implementation of PDS services in Oregon. AMH encourages PATH Providers to 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.</p>
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DRAFT

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 process² 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's PATH program focuses on street level outreach, working in collaboration with JOIN (a local non-profit which specializes in providing street outreach services to individuals experiencing homelessness in the Portland Metro area) 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. Cascadia's program is located in Old Town Portland, a downtown area in which many individuals experiencing homelessness congregate. Cascadia has also developed a cooperative relationship with the Portland Police Bureau and has established a dedicated phone line for police staff to identify individuals who appear to be homeless and particularly vulnerable. Staff will engage and enroll clients into Cascadia outpatient services, and provide permanent housing placement followed by nine to twelve months of retention supports using the Critical Time Intervention model. Services are based on the principles of harm reduction, trauma informed care, and housing first. The Street Outreach Worker is a qualified mental health professional (QMHP) who provides street level outreach using client centered engagement approaches, motivational interviewing techniques, with a focus on developing a relationship built on trust, respect and follow-through.

Deschutes County Health Services

PATH services include outreach, screening and diagnostic treatment, case management, and habilitation and rehabilitation, and some transitional community mental health services. The PATH Outreach Case Manager maintains community presence by attending the Family Kitchen meal site twice a week and maintaining walk in office hours at the Bethlehem Inn, the primary local homeless shelter, to facilitate meeting people and establishing rapport with individuals in their own setting. The PATH Outreach Case Manager works closely with street outreach coordinators from Cascade Youth and Family Center and Central Oregon Veterans Outreach as well as maintaining regular networking with other community agencies through the Homeless Leadership Coalition sponsored by the local Continuum of Care. 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.

² See *Selection of PATH Local-Area Providers*.

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. The purpose of the Homeless Outreach Team is specifically to find mentally ill homeless people not currently participating in services and return them to engagement in services designed to stabilize their recovery and stabilize them in housing. The Outreach Specialist collaborates and maintains active networks with community partners to gain referrals from emergency rooms, jails, homeless shelters, drop in centers and other community referrals. The Outreach Specialist meets the most vulnerable members of this population where they are at by traveling extensively to areas where homeless people are known to camp, such as undeveloped green spaces, as well as areas that homeless people frequent including bottle return sites, community meals, and food pantries. This allows the prioritization of people who are literally homeless.. Drop in hours to provide commitment-free information about available services are also available at two sites as a strategy to improve engagement and rapport with literally homeless individuals. Individuals deemed appropriate for PATH services can attend as often as they choose.

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

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

Case management is a priority service of the Bridgeview Community, which targets services toward literally homeless persons as a key population. The program is designed to bring adults with serious mental illness who are experiencing homelessness off the streets, engage them in mainstream mental health treatment, and help them transition toward independent and permanent housing. All PATH-enrolled clients are connected with a Service Coordinator for strengths-based case management. Each participant collaborates with their Service Coordinator to develop and pursue an Individual Service and Support Plan (ISSP) which is reviewed at least every three months, and more often as necessary. The ISSP identifies concrete goals of each client and desired outcomes. It then provides an outline of services and supports, including specific interventions, frequency and duration, to be provided to the resident in alignment with those goals and the person's assessed Level of Care. As a low-barrier housing program, clients are not required to engage in services in order to maintain housing. However, experience shows that those clients who participate meaningfully with available services have much greater success rates in terms of mental health and housing stability. Therefore, Service Coordinators actively

encourage participation through engagement techniques such as Motivational Interviewing in order to ensure as many clients as possible choose to receive case management services. Engagement is also supported through the availability of a Peer Support Specialist. Through the unique perspective of shared experience, peers are often able to build an important level of trust and rapport with clients who may otherwise be unwilling to engage.

In 2014, in response to SAMHSA's priorities for PATH and at the recommendation of the State PATH Contact, The Bridgeview Community implemented a new outreach component to their program. The Bridgeview Community engages in a close working partnership with the Luke-Dorf ICM team which currently provides intensive case management and outreach services to dually diagnosed individuals with serious mental illness living in Multnomah County. Bridgeview staff work with the ICM team to quickly identify and screen clients who are homeless or marginally housed so that they can be moved into transitional housing. Additionally, Bridgeview staff has partnered with Transition Projects to identify potential candidates for the Bridgeview Community. A Bridgeview staff member has been visiting the Women's Warming Shelter on a weekly basis to meet with residents, assess if criteria are met for a Bridgeview referral, and assist individuals with the referral process. This partnership will be ongoing and will expand to additional shelters operated by Transition Projects.

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

White Bird Clinic

The White Bird PATH program is a recovery-oriented program specifically designed to reduce barriers to access and to support and sustain recovery from the mental health and substance use disorders of its clients experiencing homelessness. White Bird employs a philosophy of services based on the strengths of the clients, meeting clients where they are at both physically and emotionally, and working together to achieve shared goals. Services provided by White Bird's PATH program are targeted to adults who are literally and chronically homeless.

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. White Bird made significant expansion to the outreach program in 2014 by actively seeking out collaborative relationships with other local service providers and establishing regular inreach opportunities at the Eugene Mission, meal sites, and a well-attended service provider known as the Service Station. Outreach services are provided daily by White Bird's Homeless Case Managers and the CAHOOTS program³. PATH-funded staff also provides inreach to White Bird programs including the medical and dental clinics, Homeless Case Management and Benefits

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

Advocacy, and the walk-in crisis intervention program. White Bird Clinic will be adding an additional .25 FTE to the Homeless Case Management staffing to increase ongoing case management capacity specifically to focus on building trust and rapport with the goal of increasing the percentage of outreach clients who are enrolled for PATH services.

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ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

Oregon's PATH program is guided by the principles outlined in the state's Behavioral Health Strategic Plan⁴ as well as being aligned with the state comprehensive mental health services plan described in the Combined Mental Health and Substance Abuse Block Grant. Mental Health and Substance Abuse services in Oregon are provided under the premise that stable housing is a primary factor in facilitating recovery for people with mental health and substance use disorders. Oregon has clearly identified housing as a key factor in recovery. Oregon's behavioral health system is aligned with SAMHSA's definition of recovery in which recovery is envisioned as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Oregon's Behavioral Health Strategic Plan, finalized in February of 2015, was developed to provide a shared vision for building and expanding an integrated, coordinated and culturally competent behavioral health system that provides better health, better care and lower cost for all Oregonians. This plan grew from a collaboration among the Addictions and Mental Health division, consumers and families, advocates, peer organizations, health providers, county and city governments, tribes, local law enforcement, community mental health programs, coordinated care organizations, and many other stakeholders. This plan identified six strategic initiatives which will focus attention and resources in the areas of greatest need and opportunity in Oregon. Oregon's PATH program is reflected within Strategic Initiative #4: The behavioral health system supports recovery and a life in the community. Increased access to safe, affordable housing for people in recovery is the number one strategy for this initiative, which also includes strategies of providing supported employment, reduction of stigma, provision of culturally responsive recovery support services, and improvement of the existing recovery-oriented system of care for people transitioning from residential to outpatient treatment for substance use disorders. When people are uncertain about where they will live or are forced to live in emotionally and physically dangerous environments their continued recovery is at risk. Unfortunately, most consumers of Oregon's publicly funded system live in these adverse living environments. Historically, Oregon has focused on development of structured, licensed housing to support consumers with behavioral health needs who have unstable housing situations. Currently a shift is underway for more resources to be utilized to develop scattered site supported housing and independent living opportunities.

From Oregon's FFY 2014-2015 Combined Mental Health and Substance Abuse Prevention and Treatment Block Grant application –

Stable housing is a primary factor in facilitating recovery for people with mental health and substance use disorders. "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"⁵. Oregon has clearly identified housing

⁴ Oregon's Behavioral Health Strategic Plan can be found at <http://www.oregon.gov/oha/amh/Pages/strategic.aspx>

⁵ Permanent Supportive Housing Toolkit, SAMHSA, 2010

as a key factor in recovery. Oregon's historical focus has been to develop structured, licensed housing, but more resources are being utilized to develop scattered site supported housing and independent living opportunities.

Oregon's PATH program supplements 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.

Services funded by the PATH grant will reflect the guiding principles in the Behavioral Health Strategic Plan:

- The full spectrum of behavioral health is applied – promotion, prevention, treatment and recovery.
- The recovery model is followed - -“People get better. People recover.”
- Care is consistent with standards for culturally and linguistically appropriate services.
- Health care disparities are addressed.
- Behavioral health care is self-directed.
- Families are supported and involved.
- Diverse community outreach, engagement and collaboration are essential for success.
- Geography affects access and is a key factor in statewide planning.
- Care is based on evidence-based practices, promising practices and traditional culturally based practices.

ALIGNMENT WITH STATE PLAN TO END HOMELESSNESS

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

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

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

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

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

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

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

Data collection continues to be a high priority at the state level. The Addictions and Mental Health (AMH) Division has engaged in strategies to improve data collection and data quality, including a new data system called the Measures and Outcomes Tracking System, which began implementation in late 2013 and became fully implemented in the summer of 2014 when Electronic Data Exchange came online. AMH expects that future data collection will be improved with this new system, which includes all PATH providers. MOTS has a number of built-in reporting functions which will provide more timely and comprehensive data for AMH as a whole as well as for PATH. For PATH providers specifically, full implementation of HMIS will help to ensure meaningful data is collected and utilized.

PROCESS FOR PROVIDING PUBLIC NOTICE

The FFY 2014 PATH application has been posted on AMH's website⁶ since its submission in spring of 2014. Any input received from AMH's posted PATH application throughout the year is compiled for use in subsequent applications. Oregon's current FFY 2015 PATH application was posted on the Addictions and Mental Health (AMH) webpage for public comment on May 19, 2015. Notification of the posting of the application was sent to the Addictions and Mental Health stakeholder mailing list which includes: the Directors of the Community Mental Health Programs (CMHPs) throughout Oregon, the current PATH providers, the National Alliance on Mental Illness – Oregon, the Addictions and Mental Health Planning and Management Advisory Council, the Oregon Consumer Advisory Council, the Oregon Consumer/Survivor Coalition, the Young Adults in Transition listserv, contacts for Oregon's Continuum of Care, Oregon Housing and Community Services, and the Oregon Coalition on Housing and Homelessness. Persons receiving the notification were asked to forward the notice to other interested parties. Providers are encouraged to forward information on the posted application to their stakeholders as well. AMH is particularly interested in receiving feedback from consumers and peers, and makes additional effort to reach out to potential or previous PATH-eligible clients currently involved in the state hospital system and corrections. Contact information for the State PATH Contact (SPC) is included on all posted PATH applications as well as general communications, for any interested parties to provide feedback. Feedback is accepted at any time throughout the year via phone call, email or postal mail.

An additional level of public input was included through the competitive application process⁷ utilized to select the current PATH providers. A Notice of Intent to Award was posted on the Oregon Procurement Information Network which provided an opportunity for the awards to be protested. No protests were received.

⁶ <http://www.oregon.gov/OHA/amh>

⁷ 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.

The State PATH contact conducts comprehensive annual site reviews of each PATH Provider site. The most recent site reviews were conducted in the fall of 2014, and will occur next in the summer of 2015. The most recent site reviews for each provider can be found in Attachment B.

PATH Providers submit quarterly data based on the information required for the annual Federal report. The State PATH Contact currently compiles this data to prepare the annual report for each provider. Beginning in calendar year 2015, all Oregon PATH providers will begin entering their own data into the PATH PDX system to be compiled for annual reports. Utilizing the PDX system will simplify record keeping requirements for providers, as well as providing better opportunities for providers to access and compare their own data over different reporting periods. Ongoing guidance, technical assistance and monitoring regarding appropriate use of PATH grant funds is provided to PATH Providers individually or in provider meetings on an as-needed basis. The State PATH Contact has committed to increasing contact with providers by providing on site technical assistance periodically throughout the year rather than limiting visits to annual site reviews.

In an effort to improve sharing of best practices among PATH providers and develop a more cohesive Oregon PATH program, in 2014 Oregon's PATH providers were asked to engage with the State PATH Contact in beginning a strategic planning process. Over time it is expected that providers will employ a level of peer consultation and guidance for PATH programs in addition to what is currently provided by the State PATH Contact. Initial strategic planning has focused on identifying statewide priorities for training and technical assistance, identifying priority underserved populations in Oregon and discussion of strategies to address barriers for underserved populations in accessing services.

SELECTION OF PATH LOCAL-AREA PROVIDERS

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

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

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LOCATION OF INDIVIDUALS WITH SERIOUS MENTAL ILLNESSES WHO ARE EXPERIENCING HOMELESSNESS

There are significant gaps in data available regarding the location of individuals with serious mental illness who are experiencing homelessness. Complete and comprehensive data are not available due in part to the inherent limitations in counting homeless persons. Another significant issue is presented by the lack of available current statewide information. Although Oregon continues to rely primarily on the data available by point-in-time counts conducted by Oregon Housing and Community Services (OHCS), the most recent count data available are from 2011.

Oregon Housing and Community Services conducts counts of persons accommodated in and turned away from homeless shelters throughout the state. These counts also include persons who could not access a shelter or are living on the street, and those living in transitional housing. The count does not include individuals in a crisis respite program, short-term acute psychiatric facility, corrections facility or in temporary housing. A street count is also conducted; however, not every county completes a street count each year. The January 2011 count 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 2015 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 ⁸	Homeless Adults ⁹	Homeless Adults with SMI ¹⁰
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
Deschutes	160,140	953	102
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
Lane	354,200	1,756	467
Lincoln	46,295	29	11
Linn	118,035	117	45
Malheur	31,395	32	4
Marion	320,495	755	176
Mid-Columbia ¹¹	50,125	488	40
Morrow/Wheeler	12,725	7	1
Multnomah	748,445	4,137	798
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
Washington	542,845	932	218
Yamhill	100,550	365	21
State Totals:	3,883,735	15,422	3,022

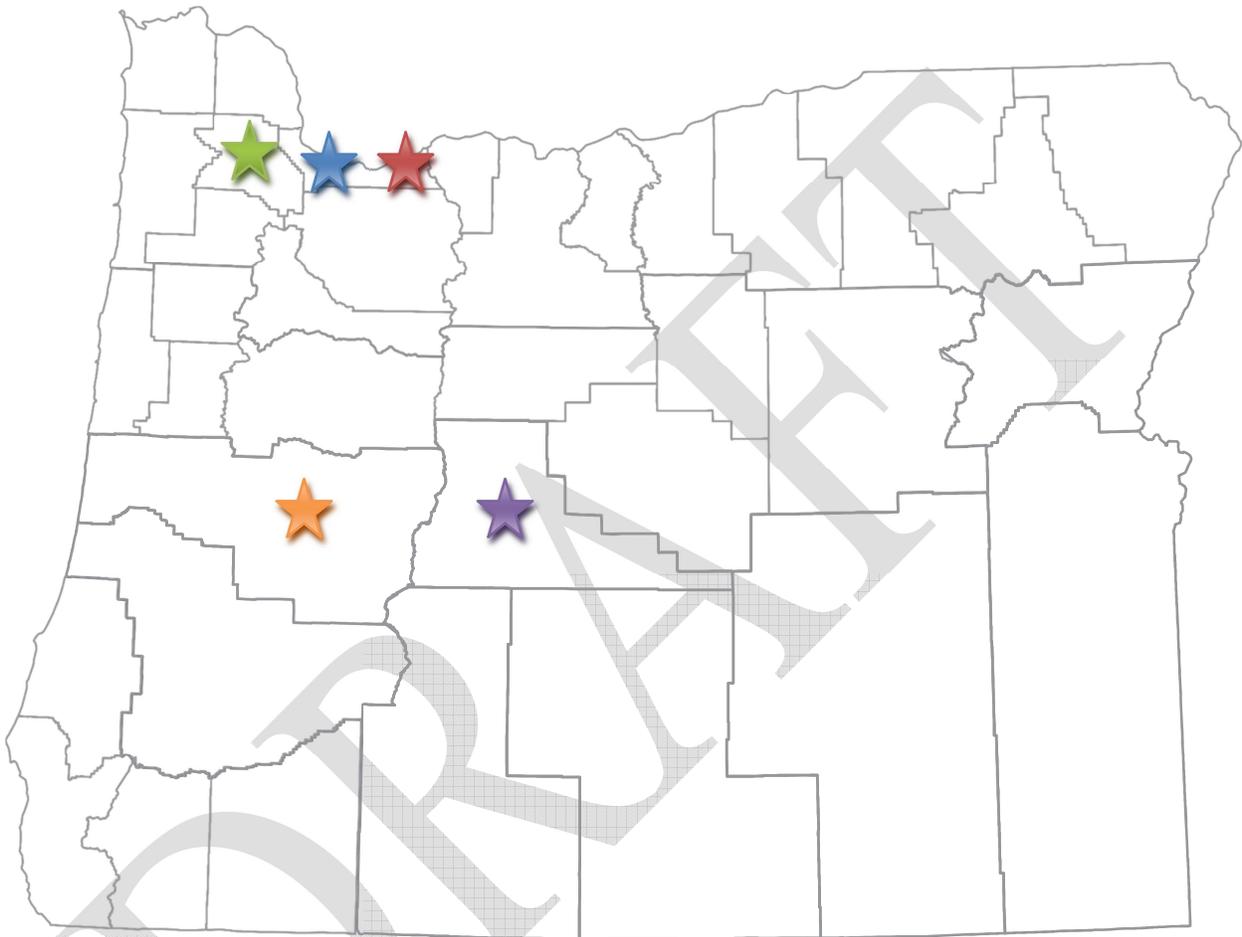
⁸ Portland State University 2012 Annual Population Report

⁹ Point in Time Count data available at <http://www.oregon.gov/ohcs/Pages/research-point-in-time-homeless-count-2011.aspx>

¹⁰ Point in Time Count data available at <http://www.oregon.gov/ohcs/Pages/research-point-in-time-homeless-count-2011.aspx>

¹¹ 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

Because a recent point-in-time count is not available, current data collected from community mental health centers and treatment programs is also offered for further information. Although this data does not capture the target population for PATH, it is offered to provide a fuller picture of individuals in Oregon who are experiencing homelessness and have mental illness or co-occurring disorders. Oregon implemented a new data system called the Measures and Outcomes Tracking System (MOTS) in 2014, which replaced the older Client Process Monitoring System (CPMS). CPMS contained episodic records of care in community mental health programs and intensive treatment programs. CPMS has been the source of many of the data providing information such as: basic demographics, length of stay, reduced use, successful treatment completion and basic utilization of services to inform Oregon’s mental health strategy in previous years. The more sophisticated MOTS system is expected to provide better information for performance analysis and systems outcomes measures. Table 3 shows the breakdown, by county, of individuals with clients receiving mental health services that showed homeless as living arrangement at enrollment for calendar year 2014.

Table 3

County of Provider	Count
Baker	4
Benton	195
Clackamas	284

Clatsop	95
Columbia	87
Coos	129
Crook	17
Curry	27
Deschutes	318
Douglas	125
Grant	2
Harney	1
Jackson	419
Jefferson	36
Josephine	169
Klamath	28
Lake	1
Lane	1071
Lincoln	118
Linn	392
Malheur	47
Marion	773
Mid-Columbia	26
Morrow	2
Multnomah	3239
Polk	88
Tillamook	25
Umatilla	44
Union	34
Wallowa	3
Wasco	38
Washington	1043
Yamhill	298
Total	9178

MATCHING FUNDS

A total of \$555,453 in non-Federal contributions will match PATH funds in FFY 2015. This well-exceeds the \$210,333.00 minimum match requirement for Oregon.

- Cascadia Behavioral Healthcare will provide \$309,950 using City of Portland General Funds, agency funds, and local Short-Term Rent Assistance funds from the local housing authority.
- Deschutes County Health Services will provide \$67,096 using Deschutes County General Funds.
- Luke-Dorf will provide \$18,133 using a combination of Washington County General Funds and client fees.
- Multnomah County Mental Health and Addictions Services Division will provide \$127,822 using Multnomah County General Funds and City of Portland Community Development Block Grant funds.
- White Bird Clinic will provide \$32,452 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 provides Oregon's only funding specifically designated to serve persons who experience homelessness and have serious mental illness. Although PATH clients receive assistance in gaining access to an array of services funded by the Mental Health Block Grant, the Substance Abuse Prevention and Treatment Block Grant, and general revenue funds, these services are not specifically designed to provide services targeted toward individuals who experience homelessness and serious mental illness.

DATA

Oregon continues to make significant movement in preparing PATH providers to utilize HMIS. Oregon expects all PATH providers to be entering PATH data by the end of the current biennium.

All CoCs in Oregon now have access to a vendor-supplied HMIS system called 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 Oregon Health Authority Addictions and Mental Health Division signed an Intergovernmental Agreement with the Portland Housing Bureau effective July 1, 2013 to bring OHA into the ServicePoint implementation begun by Portland Housing Authority. The SPC continues to work closely with Home Forward (formerly Portland Housing Authority) to ensure full HMIS implementation for all PATH providers.

TRAINING

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

- Oregon Coalition on Housing and Homelessness Conference. PATH providers are expected to attend the annual OCHH Conference. PATH funds for FFY 2013 were allocated for registration and travel costs for two PATH-funded staff from each PATH provider to be able to attend the 2014 conference. Since OCHH has decided against holding a 2015 conference, the State PATH Contact will explore other training opportunities for 2015 provider training. Attachment D is the 2014 conference agenda.
- PATH Webinars and Conference Calls. PATH Providers are encouraged to attend webinars and conference calls provided by the PATH Technical Assistance Center. The SPC highlights webinars of particular interest, and invites providers to actively participate and share information with one another.
- SSI/SSDI, Outreach, Access and Recovery (SOAR). SOAR training is a priority expectation for Oregon's PATH providers. All Oregon PATH providers are recommended to participate in the online SOAR training, regardless of whether they routinely assist with benefits applications. The SPC continues to work closely with Policy Research Associates, Inc. to strategize SOAR leadership in Oregon.
- HMIS Training. The Oregon Health Authority has an Intergovernmental Agreement with the Portland Housing Bureau (PHB) to administer the HMIS system. The SPC coordinates with PHB to provide appropriate training and support for HMIS implementation to provider agencies. The SPC also coordinates with regional HMIS leads to problem solve barriers to HMIS access for PATH.

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. This includes on-site visits to provide specific technical assistance or consultation. The SPC routinely disseminates information on training opportunities that may be of interest to PATH providers.

SSI/SSDI Outreach, Access and Recovery (SOAR)

SOAR training is strongly encouraged by the SPC for all Oregon PATH providers, whether or not the particular staff member is likely to be involved in actual direct work obtaining benefits for clients. As noted above, all PATH-funded staff are encouraged to obtain SOAR training with the expectation that the training provides valuable information regarding what types of client information and documentation will be useful in assisting clients to obtain benefits, regardless of who the benefits specialist may be. The SPC has participated in the SOAR online training in order to better discuss the training with provider staff, and portions of the online training are

discussed and provided as handouts during provider meetings. SOAR training is also discussed at site visits as an expectation for all Oregon PATH programs.

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

Local Provider Description

Name of organization Cascadia Behavioral Healthcare

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

Region Served Multnomah and Clackamas County

Amount of Federal PATH Funds \$100,900

Collaboration with HUD Continuum of Care Program

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

Street Outreach/Royal Palm Program manager Jeremy Koehler and Housing Outreach Team manager Katherine Moore attend all local outreach and CoC meetings hosted by the Portland Housing Bureau, as well as HUD CoC trainings. Jeremy and Katherine as well as Cascadia’s Quality Management team have also been involved in recent CoC discussions regarding data sharing in HMIS. Cascadia’s Homeless Services leadership team is actively involved in the HUD Continuum of Care (CoC), and local planning, coordinating or assessment activities related to ending homelessness. Liora Berry, Director, is involved in a regional planning effort to create a coordinated access system for homeless adults.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations.

- *primary health*
Street Outreach coordinates with the Oregon Partnership for Health Integration (OPHI) to provide primary care services to clients at a variety of locations in the Portland area via Outside In’s mobile health clinic. OPHI is a partnership between Cascadia and Outside In that involves peer wellness staff, nurses and physicians, and mental health specialists. The mobile clinic is based at a different site each day of the week, including most of Cascadia’s outpatient mental health clinics.
- *mental health*

Cascadia is the primary mental health provider in the Portland area and operates several outpatient mental health clinics, supportive housing sites, and community based programs such as the Street Outreach Team. However, Cascadia frequently collaborates w/other partner agencies, such as Central City Concern, Lifeworks NW, and Multnomah County to ensure that clients are in the best program for their needs, regardless of agency.

- *substance abuse*

The Street Outreach Team partners with Hooper Detox, Volunteers of America, Cedar Hills Hospital, and Central City Concern to provide substance abuse services to PATH clients. Cascadia also provides robust outpatient substance abuse services at the Garlington Clinic. Street Outreach clients are often referred there for Substance Abuse support while also engaging in Mental Health services via Street Outreach clinicians.

- *housing*

The Street Outreach Team has direct access to Cascadia's stock of supportive housing for individuals experiencing homelessness and mental illness (over 200 beds in total). Street Outreach workers also work with Central City Concern, Home Forward, and several other subsidized housing providers in Multnomah County. The Street Outreach team have also built significant relationships with landlords and small housing providers across the area.

- *Employment*

The Street Outreach team has access to Central City Concern's Supported Employment program via a City of Portland grant. PATH clients have access to this program as well.

- *other community organizations*

The Street Outreach team partners with the Portland Police Bureau to provide outreach and engagement to individuals identified as particularly vulnerable, homeless, and experiencing significant mental health symptoms. A dedicated phone line has been created for the purpose of close coordination between officers and Street Outreach staff.

We also have a close relationship with JOIN, a non-profit provider of outreach and housing placement services. The Street Outreach team does in-reach at the day center several days a week, as well as coordinate with JOIN's outreach and retention teams.

The Street Outreach team also frequently refers PATH eligible individuals into Central City Concern's BEST program for the purpose of benefit acquisition.

Service Provision

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

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

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

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

All Street Outreach workers provide case management services as well as housing placement and mental health care. All members of the team are credentialed at a QMHP level.

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

The largest gap in our community is the lack of affordable housing. We are often able to engage individuals, provide case management and barrier reduction, and have access to funds to assist w/housing, but simply cannot find open apartments. Significant expansion of available housing stock needs to occur to remedy this issue.

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

Clients have access to mental health treatment services via their outreach caseworker, and substance abuse services at Cascadia's recovery-oriented clinics. Clients also have access to a psychiatrist who can prescribe medications and perform psychiatric evaluations.

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

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

All Street Outreach staff receive regular annual trainings in evidence based practices, such as trauma informed care, person-centered approaches, and recovery-oriented care. This is provided via Cascadia's centralized training staff. Periodic training opportunities are also provided as available. Additionally, Street Outreach staff often attend trainings in the community on topics such as fair housing and benefit acquisition.

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

All current Street Outreach clients are entered into HMIS. The team uses Service Point, which is administered by the Portland Housing Bureau. While all clients are entered into HMIS and placements are tracked there, we do not currently have a separate process for PATH clients. It is our intention to begin using HMIS for all PATH data in the 2nd quarter of the coming fiscal year (16).

Training and on-going support is offered by the Portland Housing Bureau. The program supervisor/manager at minimum attends monthly HMIS meetings, and trainings for the team are arranged as needed, as well as when new staff come on board.

Of note, the Street Outreach team also documents many client services in our electronic health record (Essentia). Our goal in the coming year is to document efficiently in both Essentia and HMIS w/out excessive redundancies.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014), the number of PATH funded consumers assisted through SOAR.

Street Team provides linkage to disability benefits specialists with our community partners Central City Concern BEST program and JOIN . BEST is the primary benefits acquisition service in the Portland area and is specifically funded to serve the greater community. Because of this close relationship and the Street Team's priority access via our City of Portland grants, we have not invested staff resources in additional SOAR training. This has allowed us to prioritize street outreach work and leverage the BEST program for greater efficiency. In the last year about one new referral was forwarded per month and 7 individuals were granted new benefits.

While we don't expect our relationship with the BEST program to change, we will make any SOAR webinars available to our team of outreach workers in the coming year.

PATH outreach workers also assist clients with accessing benefits that may have been suspended due to lack of engagement or incarceration.

Access to Housing

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

The Street Outreach team makes use of several different housing resources, depending on the need of the client. When supportive housing is indicated, the Street Outreach team will refer clients directly into Cascadia's supportive housing programs, (over 200 beds across several programs). These range from sites that are staffed 24/7 to independent apartments in the community with regular case worker visits. Cascadia provides information to each client on a range of options, including transition, permanent supportive, and permanent independent housing.

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

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

Staff Information

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

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

The Street Outreach team has 5 full time staff (not including Program Manager):

2 men, 3 women

1 Fluent Spanish speaker

1 African American, 3 Caucasians, 1 Israeli

3 Staff that are well versed and connected to the LGBTQ community

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

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

underserving the Hispanic & Latino community, which in turn led to our efforts to hire a Spanish speaking clinician.

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

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

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

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

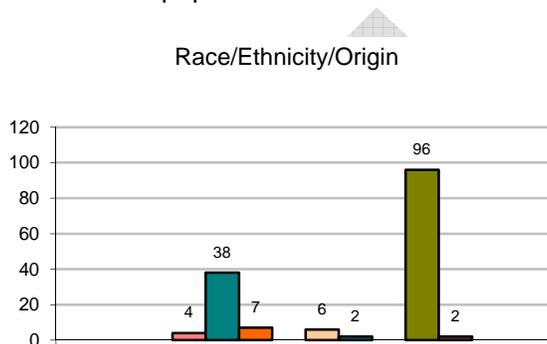
- Access and Service Delivery- Cascadia will be an accessible, welcoming organization able to provide flexible services to a broad and diverse clientele and community. Cascadia will support programming and partnerships that provide focused services to the needs of specific cultural groups.
- Communication,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

Client Information

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

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

Asian	2.58%
Black/African American	24.52%
Latino/Hispanic	4.52%
Middle Eastern	0%
Native American/Alaskan Native	3.87%
Native Hawaiian/Pacific Islander	1.29%
White	61.94%
Declined to Answer	1.29%



Gender:

Female	42.07%
Male	56.55%

All those who have received a PATH funded service in the last year were literally homeless (in excess of 90%) with the exception of 3 individuals who were imminently homeless and for whom we provided eviction prevention services to.

We anticipate outreaching to over 120 clients in the next year w/PATH funded staff, and have a target of 60 enrollments into the PATH program.

Consumer Involvement

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

The Street Outreach team actively involves clients in their assessment and service plan development. All services are voluntary and determined by the individual client. Our clinicians encourage active participation throughout the services of family members the client wishes, including services planning.

Cascadia extends the term "family" to include, but not be limited to, the biological or legal parents, siblings, other relatives, legal guardians, spouse, domestic partner, caregivers and other primary relations to the individual whether by blood, adoption, legal or social relationships. Family also means any natural, formal or informal support persons identified as important by the individual. We engage individuals and families sleeping outside, and work with the family household to secure and transition successfully into permanent housing and linkage with Outpatient and other valued support systems.

The Street Outreach Team, which receives PATH funding, does not utilize volunteers or formal advisory boards. The Street Outreach does work with the OPHI program, where peer wellness specialists are available to meet w/clients. Cascadia Peer Wellness staff receive quality formalized training, and are hired due to their personal experience with mental illness and typically an experience with homelessness.

Disaster Preparedness

Briefly describe any current disaster preparedness plans your agency has or participates in. Describe any specific planning regarding PATH clients or PATH-eligible clients in your community.

The Street Outreach Team does not currently have a PATH specific disaster preparedness plan, however the city of Portland Neighborhood Involvement Team has developed an Emergency Preparedness Training Program for individuals with disabilities which is available to all PATH eligible and PATH enrolled clients online and in workbook form.

The Street Outreach Supervisor was previously trained in Emergency Response by the San Francisco Neighborhood Emergency Response Team to provide emergency disaster assistance. NERT members are trained to save lives and property until professional responders can arrive.

All Street Outreach workers are mobile throughout Multnomah County serving unsheltered and recently housed clients. Cascadia Street Outreach Workers are CPR/First Aid Certified as part of Cascadia's required annual training. Outreach Workers carry a variety of basic needs and first aid resources as part of regular outreach activities.

Many of the individuals experiencing homelessness served by Cascadia Street Outreach live in disaster conditions without access to basic needs resources such as adequate shelter, food, and essential medicines on a daily basis. One of the essential roles of Street Outreach is to link PATH clients with resources to address these conditions.

Budget Narrative

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

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

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

- Outreach Worker: 1.0FTE 45,000 (street outreach, assisted referrals, housing placement, eviction prevention)
- Program Supervisor: .5FTE 22,500 (street outreach, assisted referrals, housing placement, eviction prevention, and clinical oversight & supervision of the team)
- Fringe Benefits for Path funded staff: \$17,550 (Health benefits, 401K, etc)
- Client Assistance: 11,300 (Primarily rent assistance & deposits)

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

Cascadia’s street outreach program is only partially funded with PATH resources. The majority of the costs for the program operations are via the City of Portland, general funds and Cascadia’s independent resources. The team is able to leverage a wide network of rental assistance, and permanent supportive housing programs as their clients receive prioritized access into Cascadia Homeless Divisions’ supportive housing program opportunities. The PATH funds are used solely for street outreach, housing placement services, a small fund for one time rent assistance, and short term mental health supports for a successful transition out of PATH staff care.

PATH outreach workers have successfully worked with PATH clients to identify available community resources for rental assistance and assist clients in creating a sustainable budget for housing and utility costs with either their disability benefits or earned income. PATH funds are used only when there is no other housing assistance resource available and on a short time basis only.

With Medicaid expansion, more people who are disabled and sleeping outside now are able to enroll in insurance coverage. The team assists clients in enrollment, access and navigating services systems to successfully receive health care supports. Those clients who are not eligible for Medicaid are also provided essential access and supports via our PATH funded outreach staff. If PATH staff engage individuals who are veterans’ and eligible for VA services, they provide assisted referrals to our local Veterans Administration services and housing opportunities. Older adults are linked with Adult and Disability Services resources. Most people we encounter already are receiving food stamps, but when

they are not, the PATH staff will assist them in that process. Families on the street, are also eligible for assistance in navigating social service resources and benefits such as TANF from our PATH staff.

Matching funds will come from:

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

The street team, including the PATH funded staff, also are able to leverage essential resources including:

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

Local Provider Description

Name of organization

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

Type of organization

DCHS is the publicly funded health department within Deschutes County. The Behavioral Health Division is a community mental health and addictions program, holding certificates of approval from the Oregon Health Authority, Addictions and Mental Health Division.

Region Served

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

Amount of Federal PATH Funds

\$106,572

Collaboration with HUD Continuum of Care Program

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

The HUD Continuum of Care (CoC) is a decision-making body composed of an active cross-section of individuals representing a wide variety of private and public sectors, including persons who are homeless or formerly homeless. The Homeless Leadership Coalition (HLC) functions as the CoC, through Neighbor Impact. The HLC offers representation for Central Oregon, covering Deschutes, Crook and Jefferson Counties. Groups currently involved with the HLC include: Central Oregon Veteran's Outreach (COVO), Housing Works, Neighbor Impact, police department, sheriff, school advocates, local homeless shelters including the Bethlehem Inn and Shepherds House, community members and volunteers, church groups, the Partnership to End Poverty, Legal Aid, library staff and many more. HLC meets on the first Friday of every month in an effort to unite agencies in coordinating support for those individuals who are experiencing homelessness. The HLC also plans and coordinates the local Point in Time Count. Currently, the PATH Outreach coordinator attends the HLC meetings monthly in an effort to assist with coordination of services and help raise awareness of the struggles those who are experiencing homeless are suffering with.

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations.

- *primary health*

There are several resources within Deschutes County that provide healthcare to low income individuals. Currently Deschutes County Mental Health has partnered with Mosaic Medical to provide an integrated health care system onsite at our downtown clinic. The clinic is open 5 days a week and is available to PATH clients when appropriate.

DCHS also works with local organizations, such as Volunteers in Medicine, Community Health Clinics and School based health centers.

- *mental health*

Currently, the PATH Outreach Case Manager is embedded within the local Deschutes County Mental Health agency. Referrals have been easily established as the PATH staff is working directly with DCHS staff that provides these services. PATH enrolled clients are eligible for on-going services with DCHS as needed, and DCHS will be the primary provider of these services.

Additional mental health services are available to PATH clients within the community including St. Charles Behavioral Health, OSU Cascades Counseling Center, and other private counseling agencies. PATH staff will make referrals to outside agencies depending on the need of the individual.

- *substance abuse*

DCHS provides Outpatient Alcohol and Drug treatment services to those that are eligible. These services are available adolescents and adults who are residents of Deschutes County. Services consist of intake evaluation; and individual, group and family counseling. PATH clients have access to these services as needed and when it is appropriate.

DCHS contracts with local providers, Best Care and Pfeifer and Associates, to provide in and out patient substance abuse treatment services. PATH clients are eligible for referrals to these agencies as needed, and individuals who are homeless are one of the priority populations for substance abuse contracts for uninsured individuals.

- *housing*

The PATH outreach case manager works closely with the local homeless shelter, Bethlehem Inn that provides onsite office space for the purpose of walk in hours for individual's to access services and support. The PATH outreach case manager also works with additional local shelters including Saving Grace, Shepherds House and House of Hope. DCHS also works closely with the CoC in Deschutes County for increased networking and referrals for individuals searching for housing.

DCHS has a close relationship with Housing Works that provides rental assistance to low-income families/individuals 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. The PATH outreach case manager has worked hard to establish relationships with local property management companies and landlords to make appropriate referrals of PATH eligible individuals.

DCHS provides a grant funded program, Foundations, which is a tenant based rental assistance program. FOUNDATIONS works with severe and persistent mentally ill individuals to assist them in finding housing. PATH Staff are able to make referrals to this program when individuals meet criteria and it is an appropriate referral.

DCHS helps to manage Barbara's Place, a 6-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. The majority of PATH eligible clients are put on the waitlist for Barbara's Place.

- *employment*

DCHS provides a Supported Employment program which is integrated into treatment services, that assists individuals with serious mental illness, find employment. The Supported Employment program has maintained fidelity as an evidence-based practice model since 2008. PATH enrolled clients 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.

Work Source is also another agency within Deschutes County that offers job search support to individuals that are eligible.

- *other community organizations*

The PATH outreach case manager works closely with one of the main local meal sites, Family Kitchen, to network and outreach to individuals who may be eligible for PATH services. This relationship has created a safe and friendly environment to meet with individuals that may not be easily able to connect with otherwise. PATH staff also coordinates and makes referrals to other local agencies, including Central Oregon Veterans Outreach, Bend LaPine School Districts, NeighborImpact, Legal Aid, Saint Vincent DePaul and many more.

Service Provision

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

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

The PATH Case Manager is currently providing outreach services within the community including attending the Family Kitchen Community Meal Site, twice a week as well as providing walk in hours at one of the local homeless shelters, Bethlehem Inn. By providing this type of outreach, it

allows for the case manager to connect with individuals who are experiencing homelessness or that are low income. Within these settings, it allows for individuals to be comfortable in their own setting and it allows for the case manager to build rapport with the individuals. PATH outreach case manager also attends the local Homeless Leadership Coalition put on by the CoC to network with other community agencies that are providing additional outreach services to PATH eligible individuals. This allows for additional networking and connections to identify individuals that are literally homeless and to make appropriate referrals.

The PATH Case manager also works closely with additional street outreach coordinators from Cascade Youth and Family Center and Central Oregon Veterans Outreach to identify individuals within the community that need access to services. PATH staff receives referrals to the program from partnering agencies including Bend Parks and Recreation, Bend Police and Sheriff's Department, St. Charles Hospital, Bend LaPine School District, local shelters, just to name a few.

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

Unfortunately, there are several gaps in the current service system that impact services to homeless individuals. Currently, Deschutes County is experiencing a housing crisis which has created a large gap in rental vacancy, as is the case across the state. The lack of affordable and accessible housing is currently the most significant barrier. Poor rental histories, lack of funds for initial move-in costs and criminal backgrounds are also barriers to obtaining permanent housing. DCHS is working diligently to identify individual's that are being affected by the gaps in the system to provide ongoing services and address some of these barriers within local forums such as the CoC and Board of Commissioners.

The PATH outreach case manager works closely with the individuals upon enrollment into the PATH program, to determine the barriers they are experiencing so that appropriate referrals can be made for additional supportive services.

Upon enrollment to the program, individuals are provided with assistance with enrolling on housing waitlists, applications for social security, Oregon health plan and food stamps and additional supportive programs within the DCHS agency.
- *Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder*

Deschutes County Behavioral Health provides many services that are available to individuals with severe mental illness as well as substance use disorders. Within DCHS there is a specific team, Community Supportive Services (CSS) that offers services such as case management, medication management, individual and group therapy as well as groups, supported housing and supported employment. The CSS team also provides integrated mental health and substance abuse services to individuals with these co-occurring disorders, with multiple staff dually credentialed to serve both treatment needs.

Currently, the PATH staff is embedded within the CSS team and is able to make seamless referrals into services. PATH staff also refers individuals that are appropriate, to community partners based on their level of need. Again, based on clinical need, PATH clients may be enrolled in mental health/addictions services at DCHS or referred to available services with community partners. CSS team services will continue as needed even after PATH services are complete.

DCHS also provides 24/7 crisis services and has contracts with the local hospital for clients needing acute hospitalization. All PATH clients also have access to crisis and hospitalization services when needed.

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

DCHS offers opportunities for staff to attend trainings throughout the year to keep up to date with current and new opportunities.

DCHS utilizes evidence based practices through Motivational Interviewing, Solution Focused Brief Therapy, ASAM, Ethics and Clinical Documentation, CBT, DBT and relapse prevention. DCCHS has made it a priority to offer in house trainings to make it more accessible for staff to attend. DCCHS focuses on co-occurring treatment.

PATH staff attend local and regional conferences that address the struggles individuals face with poverty and homelessness. These types of trainings allow for PATH staff to become more acquainted with successful measures local communities are using. PATH staff bring back the information from trainings to educate other DCCHS staff to raise awareness of issues individuals whom are experiencing homelessness deal with on a day to day basis.

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

DCCHS is still in the process of implementing HMIS and is in the contracting stage at this time. DCCHS expects to be collecting PATH data by FY 2016.

Currently DCCHS is utilizing an EHR program to track clinical services provided throughout the organization which has the ability to track PATH specific clients.

In the instance there may be new PATH employees, it will be priority in the orientation process, that the staff will be trained in HMIS data entry by a current trained PATH staff.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014), the number of PATH funded consumers assisted through SOAR.

The current PATH Case Manager is finishing the SOAR training and is expected to be completed with the training by June 2015. Currently the PATH Case Manager works closely with a Social Security office in

providing individuals support with the application process. PATH staff also works with a local SS Attorney to assist individuals with the appeal process in case of a denial.

It is a priority that any new PATH staff will be expected to be trained in SOAR upon hiring process.

Access to Housing

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

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

The PATH case manager works closely with grant funded program through DCHS called FOUNDATIONS. The FOUNDATIONS Rental Assistance Program provides housing assistance to eligible low-income persons diagnosed with a severe and persistent mental illness and/or experiencing impaired functioning related to a mental illness, through rental subsidy payments. FOUNDATIONS is designed to promote housing stability and act as a bridge to long-term assistance programs, such as Section 8, or to self-sufficiency. PATH staff refers many individuals to this program determining eligibility.

Through the partnership between DCHS and Housing Works, there are three Supported Housing options within Deschutes County. Housing Works currently owns the buildings and manages them through a property management company that works closely with DCHS. All three units have onsite supportive services to eligible individuals. Emma's Place is an 11-apartment supported housing complex that provides permanent housing for individuals with a serious mental illness. Emma's Place has been in operation since 2000 and has been very successful in providing safe and stable housing for this population. Barbara's Place, a 6-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 built Horizon House, a transitional housing unit for individuals with serious mental illness. Horizon House has been in operation since 2005. It is a 14-unit apartment complex tailored to meet the needs of transitional housing.

PATH staff has the ability to refer PATH clients that are appropriate to any housing resource managed by DCHS. Also, the PATH outreach case manager works with local landlords, shelters, as well as the clients' family/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.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender,

racial/ethnic and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

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

Ethnic background of staff is predominantly white/Caucasian, which mirrors the PATH population served. For new hires, consideration is given to individuals who are bi-cultural/bi-lingual.

DCHS and Harriman Health Care are hosting monthly Health Care trainings to educate and promote integration of services that encompass physical and mental health.

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. It is a priority that individuals are able to access services regardless of cultural barriers.

DCHS has a Diversity Committee that helps promote cultural awareness and works to ensure that individuals of all race and class are provided with services that are culturally appropriate and encompassing. DCHS and the Diversity Committee are facilitating a 12hr Equity and Inclusion training over the next several months.

Client Information

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

It is estimated that the PATH staff will serve up to 150 clients annually – approximately 50-60 will be enrolled in PATH services and approximately 90-100 will receive outreach services only. The ethnic background of PATH clients served in Deschutes County is predominantly white/Caucasian. In accordance with participation requirements, at least 85% of individuals contacted will not be enrolled in community mental health services at first contact. In 2015 it is estimated that the number of clients served who are “literally homeless” will increase to over 76%, with the remaining being at imminent risk of homelessness.

Consumer Involvement

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

DCHS has expanded the capacity for peer support specialists. Currently, through the FOUNDATIONS program, there is a peer support specialist working with eligible individuals to assist them in completing applications, working on housing searches and assists with transitioning into stable housing. The peer support specialist position is part of the grant application for FOUNDATIONS.

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. PATH enrolled individuals are able to be a part of this board if they express interest.

DCHS also provides support to the Cascade Peer and Self-Help Center, the local peer-run mental health organization. All peers in leadership positions have participated in NAMI's Peer to Peer training, and utilize skills learned to practice advocacy and leadership in their roles. Several referrals are made to NAMI for additional support for PATH clients.

Disaster Preparedness

Briefly describe any current disaster preparedness plans your agency has or participates in. Describe any specific planning regarding PATH clients or PATH-eligible clients in your community.

DCHS currently has an established disaster preparedness plan in place in case of a natural disaster occurring. The PATH staff will be a part of the plan and will participate in execution of plan if necessary. Currently, if activated, the disaster plan will be coordinated from the County Emergency Operations Center. The DCBH Director or designee will report to the EOC and will identify behavioral health needs. Once a plan is developed for provision of behavioral health services, agencies providing such services may operate and administer programs from their normal working locations or on-scene, as assigned and appropriate. At a minimum, the DCBH Director or designee will attend daily meetings and briefings and will assure that behavioral health activities are included in the Incident Action Plan.

PATH staff will continue to identify and provide services to those who meet PATH eligibility during a disaster. PATH staff will also participate in any statewide disaster preparedness plans that would encompass the PATH program and staff.

Budget Narrative

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

"Grantees must utilize third party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are also expected to facilitate the health insurance application and enrollment process for

eligible uninsured clients. Grantees should also consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Administration or senior services) if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are secured first when available for that individual.”

PATH funds will be utilized to fund 1.25 FTE of staff time. One 0.9 FTE will be for a Behavioral Health Specialist I, which is an individual who meets the criteria for a Qualified Mental Health Associate under Oregon Administrative Rule. This individual will be the primary staff providing outreach and case management services to the target population. In addition, PATH funds will be utilized to support a .3 FTE Behavioral Health Specialist II, which is an individual who meets the criteria for a Qualified Mental Health Professional under Oregon Administrative Rule. This position will allow for the provision of diagnostic, consultation and transitional treatment services which will best facilitate transition into mainstream mental health services and this position will also assist with outreach/case management activities. The remaining PATH funded 0.05 FTE will support a Behavioral Specialist III which is the programs supervisor. This position will provide clinical and administrative supervision and oversight to the PATH program. These positions will work closely together in the provision of services to the targeted population. All positions will be part of the Community Support Services team at Deschutes County Health Services. This integration is key for accessing and transitioning clients into mainstream mental health services. In addition to office space at DCHS, dedicated office space is made available at Bethlehem Inn, the local homeless shelter, to support on-site services at this location. On an annual basis, it is estimated that up to 150 homeless individuals will receive outreach services, and 50-60 will become enrolled in PATH services.

Non-federal match funds will be provided by DCHS in the form of county general fund dollars. Match funds will be utilized to cover remaining costs related to benefits for the 1.25 FTE, as well as other costs related to supporting the positions. These include the following: 1. Availability and use of a county vehicle: This will be utilized to provide outreach, transport clients as needed within the community, as well as attend required PATH related meetings and trainings; 2. Indirect and administrative costs: As a county department, we are charged for administrative support from the county for services including personnel, legal, building services and finance; 3. Consumer Housing Funds: Lack of funds for initial move-in costs can be a significant barrier to obtaining permanent housing. Funds will be used for security deposits, costs associated with matching eligible individuals who are homeless with appropriate housing, and one-time rental payments to prevent eviction. Funds may be provided to clients in the form of grants, but when possible, are provided to clients in the form of loans. All repayments are then returned to the original fund to be utilized to assist future consumers with housing needs.

Any other costs associated with supporting 1.25 FTE within Deschutes County Behavioral Health will be covered by other funding sources not reported in this budget. These other sources include public or other health insurance programs. PATH funding is prioritized to provide services that are not covered by other payor sources. PATH case managers will regularly assist individuals to apply for Oregon Health Plan or other insurance options and to access other community resources to which they may be entitled. The PATH case manager has utilized trainings with Cover Oregon to better provide access to health insurance to the homeless population. Through this effort, 90% of those previously without insurance have been able to access it, which will have a significant impact on their ability to access any on-going treatment services that may be needed.

FFY 2015 PATH Intended Use Plan

Local Provider Description

Name of organization	Luke-Dorf, Inc
Type of organization	Non-profit, Community Mental Health provider
Region Served	Washington County
Amount of Federal PATH Funds	\$62,668

Collaboration with HUD Continuum of Care Program

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

Luke-Dorf is a long-time and active member of the local HUD Continuum of Care planning body called The Housing and Supportive Services Network (HSSN) and coordinated by the Washington County Housing Department. The Continuum of Care Committee has an ongoing goal of increasing availability of housing for people who are both severely disabled and homeless with special needs. Luke-Dorf is well-represented at monthly HSSN meetings by multiple staff, including the PATH-funded Outreach Specialist. Luke-Dorf also serves on a sub-committee, the Mental Health and Special Needs Community Consortium, designated specifically to addressing the housing and service needs of those with serious mental illness.

The Washington County Continuum of Care receives two HUD McKinney grants that are subcontracted to Luke-Dorf for housing and services to chronically homeless adults with mental illness. This includes the 10-bed Garrett Lee Smith Safe Haven, which is directly integrated with the PATH-funding described in this application, as well as the 14-bed Hartner House (i.e. Hillsboro Graduated Independent Living Program) for dually diagnosed, chronically homeless adults.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations.

In keeping with SAMHSA’s Recovery Support Strategic Initiative delineating four dimensions of recovery including: Health, Home Purpose and Community, Luke Dorf’s Washington County PATH program maintains close networking and mutual referral relationships with many local service agencies.

Our staff persons go beyond referral to accompany individuals to appointments, assist with receiving apropos services, make introductions to providers, and advocate for receipt of services. Staff members help individuals problem solve and to develop the skills necessary to seek assistance on their own. The following is a list of providers of important services with whom Luke-Dorf's Safe Haven actively collaborates to ensure a comprehensive, community-based approach to services for PATH-eligible clients:

Mental Health Care and Substance Abuse Treatment:

Luke-Dorf provides a complete continuum of mental health and addictions services. PATH-enrolled individuals can receive mental health care and substance abuse treatment as a part of their enrollment, or may easily transition to participation in any Luke-Dorf program, as is appropriate for their individual needs and desires. Other local mental health and addiction providers include Sequoia Mental Health, LifeWorks NW, Western Psychological Services, CODA and DePaul. Luke-Dorf maintains strong relationships with these providers in order to place individuals in services most appropriate to their needs and to continue to improve the county's mental health services as a whole. When appropriate, Luke-Dorf staff members will contact these agencies and assist participants with obtaining services by setting appointments, completing paperwork, or accompanying clients to appointments. All agencies primarily serve OHP-covered clients as well as those funded by General Fund.

Primary Health Care:

Luke-Dorf staff will assist individuals with identifying their primary healthcare needs and the community resources to meet those same needs. Staff often refer individuals receiving PATH services to appropriate community resources and may assist with paperwork, advocate for services, and/or attend appointments with clients.

For individuals covered by Medicaid (Oregon Health Plan), or other insurance, resources include: Legacy Health System, Tuality Healthcare, Providence Health Systems, Oregon Health and Sciences University, Beaverton Clinic, and Salud Medical. Most of these programs also serve uninsured clients and may charge sliding scale fees. For individuals without health insurance coverage, additional resources that may charge sliding fees include: the Washington County Essential Health Clinic (*which will from this point forward be referenced as the Hillsboro Clinic—Southwest Community Health Center*) and Virginia Garcia Memorial Health Clinics in Hillsboro and Beaverton. Veterans are referred to the Veterans Administration Hospital and Clinics. If needed, staff refers patients to Opening Doors for prenatal care.

Dental Care:

Luke-Dorf staff will additionally assist individuals with assessing their dental care needs and identify community resources that can meet their needs. Based on client abilities and desires, staff will refer clients to appropriate community resources and may assist with paperwork, advocate for services, and/or attend appointments with clients. Referrals are made 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 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 Departments of Vocational Rehabilitation and Employment, Better People, Homeless to Work, the Veterans Administration, WorkSource Oregon, and Goodwill Industries. If appropriate and desired, Luke-Dorf staff persons assist people with accessing the resources listed above by making referrals, assisting with paperwork, and attending appointments. Ongoing case management includes supported vocational and educational pursuits.

Housing:

The Washington County Department of Housing provides services to those with a demonstrable need to access affordable housing (under the Rental Assistance Program). Shelter Plus Care vouchers and Public Housing are accessible to those with very limited income. A limited number of Section 8 Vouchers are made available for chronically homeless individuals through a Luke-Dorf program called the Housing TEAM. Luke-Dorf staff persons will assist participants with both identifying available Washington County Department of Housing resources for which they are eligible and with completing application forms for housing access. If program requirements are met, apropos staff persons will regularly refer PATH-enrolled clients to the Housing TEAM. PATH staff can then act as a bridge into Housing TEAM services as appropriate for each referral.

Luke-Dorf has well-established relationships with low-income housing providers such as Community Partners for Affordable Housing and Cascade Management. As needed, staff will refer clients to these housing providers and offer assistance understanding program requirements, completing applications, and attending appointments.

Individuals are regularly referred to Severe Weather Shelters such as St. Anthony's during active times as well as programs such as Jubilee Transition Homes, Homeless to Work, and local Oxford houses. Referrals can be active and include warm handoffs where staff accompany clients to network with resources if appropriate and desired by the client. There are several structured residential program options available in Washington County for people with severe mental illness operated by both Luke-Dorf (30 beds) as well as other local mental health providers. Based on client needs and abilities, Luke-Dorf staff actively assist clients with accessing these programs by providing coaching, advocacy, practical assistance with applications, and any additional support deemed appropriate by the case manager.

Emergency Services: Washington County has a 24-hour mental health crisis line. Mobile-capable crisis outreach is available through a partnership with Lifeworks NW, in which office-based crisis staff can be dispatched to the location where the client is at. These services provide support for County residents experiencing a mental health crisis. The Crisis Line can offer assistance with emergency care, and can provide information and referrals to area mental health providers. For individuals enrolled with Luke-Dorf, the agency has a clinician on-call through the crisis system after hours and weekends.

Culturally Specific Services: As requested, Luke-Dorf staff provides referrals to culturally specific providers such as Native American Rehabilitation Association (NARA) and Asian Health and Services. Staff persons advocate for individual needs, provide assistance with paperwork, schedule appointments

and accompany clients when receiving services. In addition, staff have ongoing communication with the client and respective service agencies as part of case management activities.

Benefits:

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

Service Provision

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

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

The outreach component of the Safe Haven is designed to target literally homeless individuals as a priority population. A full-time PATH-funded Outreach Specialist spends significant time conducting street outreach to identify and engage PATH-eligible individuals who are literally homeless. This includes travel to areas where homeless people are known to camp, such as undeveloped green spaces, as well as areas that homeless people frequent including bottle return sites, community meals, and food pantries.

The Outreach Specialist networks actively with community partners and responds to referrals from homeless individuals, hospital emergency rooms, jails, homeless shelters, drop-in centers, and other referral sources that reach this target population. Weekly drop-in hours are maintained to build rapport with literally homeless individuals with the understanding that this population is typically difficult to engage. Drop-in hours are held at Luke-Dorf's Tigard Office and Hillsboro Clinical Offices, providing a venue for homeless persons to ask questions and receive information about services with no pressure to commit. Individuals deemed appropriate for PATH services can attend as often as they choose.

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

Case management is prioritized for all PATH-enrolled clients. Because it is not required as a condition of participation, staff persons utilize active engagement techniques to encourage participation. Case management is provided to those individuals currently living on the streets by the Outreach Specialist,

and to those residing in the Safe Haven residence by Program Manager. Both of these staff members are full-time, master's level (QMHP) clinicians. Additional case management support, including skills training, community integration, and daily living supports are offered by a part-time Bachelors' level Case Manager. Alternatively, some clients being served outside the residence may be referred to colleague agencies for their mental health case management as appropriate.

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

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

Many of the same gaps that have challenged individuals with mental illness and their service providers in the past will persist in the coming year. These include limited access to financial and insurance benefits and appropriate housing options. 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 Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. Even for individuals who achieve the stability to seek employment, availability of appropriate positions is limited. To address this, Luke-Dorf has trained staff in techniques used to expedite SSI/SSDI applications for severely disabled and homeless people. Internal support is provided for the benefits application process and to refer people to advocates who can help with the application process, gathering necessary information and attending appointments. In addition to having minimal or no income, many individuals also lack insurance. In spite of complex medical and mental health issues, homeless individuals will often not receive treatment or medication for these chronic health problems. The Health Care reforms implemented in 2014 will likely have a positive impact related to client access and enrollment with insurance and health care. Staff have been trained to help clients access newly accessible healthcare benefits. Coordinating income and insurance benefits applications is emphasized as a priority for all individuals newly enrolled in services.

Washington County has limited resources for housing, both in terms of emergency shelters and transitional housing, as well as permanent housing. Currently, the county has no shelters or emergency beds for single individuals outside of the Severe Weather Shelters which are only open conditionally based on below freezing temperatures for a maximum of 90 days annually. Fewer resources exist to provide for the greater needs of the person who is both homeless and mentally ill. Hospitals and jails have minimal resources to call upon when discharging/releasing severely mentally ill homeless individuals. Consequently, individuals in Washington County must be referred to Multnomah County (Portland) to find shelters and homeless outreach, placing an increased strain on already over-utilized services in the urban area. Permanent housing is equally challenging as a result of highly limited Section 8 availability; the Section 8 wait list at-large is closed, though a limited number of chronic homeless vouchers are available. A 2% vacancy rate in Washington County presents a significant barrier for this population to access housing. With access to care, treatment and housing being minimal at best, the individuals with both mental illness and chronic homelessness are faced with significant health and safety risks and place

an undue financial burden on community resources including hospitals, emergency rooms, law enforcement, and detoxification facilities.

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

As a state licensed provider of both mental health and addictions services, Luke-Dorf offers evidence-based Integrated Dual Disorders Treatment (IDDT) services. Historically, a high percentage of dually diagnosed homeless and mentally ill people that are served by the Safe Haven, have co-occurring substance abuse disorders. Therefore, we ensure that staff have significant training and experience offering mental health and addictions services with an integrated approach. PATH-funded services provided to individuals with co-occurring disorders are generally parallel to those for all adults with serious mental illness, but tailored to the unique needs and challenges of this subset of the population.

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

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

Luke-Dorf is currently using the HMIS system to document PATH services for this program. Washington County organizes training on HMIS and PATH-funded staff persons are encouraged to attend. Luke-Dorf has a comprehensive schedule of in-service trainings available to all employees. The agency also provides paid leave and financial assistance so that employees can attend external trainings on HMIS as well as evidence-based and best practices. Luke-Dorf provides a monthly DBT Consult from the Portland DBT Clinic that is attended by the Outreach Specialist. Luke-Dorf has implemented the agency-wide use of the Reliance Training Program, an online database which provides accessible training on evidence-based and best practices for all staff.

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

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

Data

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

HMIS has already been implemented as the data system for this PATH-funded program. Luke-Dorf uses a Certified Electronic Health Record (EHR) called Totally Integrated Electronic Records (TIER) to manage and document all clinical and outreach activities. The Safe Haven utilizes both TIER and HMIS to document service delivery and outreach activities. PATH enrolled individuals are entered into HMIS to ensure coordination within the agency and among other agencies. The Lead Outreach Specialist and the Safe Haven Site Manager are identified as HMIS leads to ensure all participants are appropriately entered into the system. Luke-Dorf is developing strategies for more efficient coordination between HMIS and TIER to streamline data collection and care coordination.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014), the number of PATH funded consumers assisted through SOAR.

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

Access to Housing

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

The PATH-funded Safe Haven program employs multiple strategies for making suitable housing available for PATH clients. A combination of street outreach, case management, and low-barrier housing offers a continuum of support for PATH-eligible individuals.

Staff Information

Describe the demographics of staff serving the clients: how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic and differences of clients; and the extent to which staff receive periodic training in

cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

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

Total PATH-funded staff: Currently, 10 staff members are employed with the Safe Haven program. 6 of the 10 are employed full-time with the following demographic makeup:

Gender: Male, 4; Female, 6

Race/Ethnicity: American Indian or Alaskan Native, 0; Asian, 0; Black or African American, 0; Hispanic or Latino, 3; Native Hawaiian or Other Pacific Islander, 0; White, 6, Two or More Races, 1

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

Cultural competence trainings are mandatory for Luke-Dorf staff. The agency participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides regular professional trainers, who speak to the entire staff to maintain and awaken new awareness of cultural issues. Annual trainings have been presented by Hanif Fazal of Open Meadow Schools, who is a recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination.

Client Information

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

During the 2013 – 2014 FFY the Outreach Program served 48 individuals including 35 new enrollments into PATH services. These participants had the following demographic makeup:

Gender: Male, 30; Female, 18

Age: 18-34 years, 11; 35-49 years, 21; 50-64 years, 16; 65-74 years, 0; 75 and older, 0; Unknown, 0

Race/Ethnicity: American Indian or Alaskan Native, 2; Asian, 0; Black or African American, 6; Hispanic or Latino, 0; Native Hawaiian or Other Pacific Islander, 0; White, 40; Other, 0

Principal Mental Illness Diagnosis: Schizophrenia and Related Disorders, 31; Other Psychotic Disorders, 8; Affective Disorders, 8; Personality Disorders, 1; Other Serious Mental Illness, 0; Unknown or Undiagnosed Mental Illness, 0

Co-occurring Substance Use Disorders: Co-Occurring Substance Use Disorders, 30; No Co-Occurring Substance Use Disorders, 15; Unknown if Substance Use Disorder, 3

Veteran Status: Veteran, 3; Non-Veteran, 43; Unknown, 2

During FY2014 -15 approximately 350 people will be contacted by the PATH-funded Outreach Team. An estimated 50 people experiencing serious mental illness that are homeless or at imminent risk of homelessness will be identified as PATH eligible and enrolled in PATH services. Over 75% of individuals enrolled in services will be literally homeless at first contact. Of these, approximately 15 will be provided housing services at the Safe Haven residence, while the remainder will be served as PATH-enrolled community-based clients.

Consumer Involvement

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

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

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

Disaster Preparedness

Briefly describe any current disaster preparedness plans your agency has or participates in. Describe any specific planning regarding PATH clients or PATH-eligible clients in your community.

Luke-Dorf participates in emergency preparedness planning as outlined by the State of Oregon. Luke-Dorf follows guidelines provided by Health Department and Washington County Mental Health staff in determining how and when to respond to local and community-wide emergencies. Agency activities during a disaster are delegated by the CEO in coordination with an overall county plan. The role of the agency is to coordinate, plan, and train for potential events (planning phase), to address immediate needs and short-range planning for individuals engaged in services (response phase), and to address long-term effects such as grief counseling or PTSD (recovery phase).

Luke-Dorf employs QMHAs, QMHPs, and CADCs, many of whom have specialized training in crisis counseling, emergency response, or trauma/grief counseling. The personnel file documents training, licenses, or certifications (such as EMT experience, grief/trauma certificates, etc.) among employees which may be relevant during a disaster.

In the case of a public emergency, all Luke-Dorf site operations are converted to addressing immediate needs on a drop-in basis, and using outreach as available. All day to day operations will be reduced to the minimum necessary in order to devote available resources to the disaster response. The site supervisor should determine hours, needs, resources, employees available, and strategy for connecting with individuals. Sites should expect to have 50% of their employees available for work.

Budget Narrative

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

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

For FY14/15, PATH funding provides \$62,668 of the total Safe Haven program budget. This award will be paired with additional match dollars as required by PATH. Sources of match include \$14,459 provided by Washington County General Fund, as well as a Luke-Dorf commitment in the amount of \$3,674.10. The latter is generated by client fees charged to individuals residing at the Safe Haven residence. Individuals with income are required to pay rent totaling 30% of their income. Together, this represents a 29% match.

PATH and PATH match funding are utilized to ensure the provision of street outreach, case management, community mental health services and housing services. This funding supports, in part, two full time staff members. The full time Lead Outreach Specialist, funded at 0.56 FTE by PATH and 0.15 by PATH

match, provides street outreach to the homeless population, as well as case management, habilitation and rehabilitation, and referral for primary health services, job training, educational services, and relevant housing services to PATH-enrolled homeless individuals identified through outreach. The full time Program Manager, funded at 0.23 FTE by PATH and 0.06 FTE by match provides case management, habilitation and rehabilitation, supportive and supervisory services in residential settings, housing services, and referral for primary health services, job training, educational services, and relevant housing services, to PATH-enrolled homeless persons, largely residing in the Safe Haven residence. The Program Manager also provides staff training. Together, these staff ensure that outreach services will contract approximately 350 persons, an estimated 50 individuals will become enrolled in PATH services including case management, and an estimated 15 of which will be served by the residential component of the program.

In addition to staff salaries, PATH-funding also supports hard costs of outreach. A small portion of PATH and match funds are allocated to mileage, gas and insurance for the Outreach Specialist to actively travel throughout the community to identify and work with homeless individuals, as well as client assistance in the form of hygiene and other basic needs items. PATH and PATH match funding also support housing expenses associated with maintaining the Safe Haven's residence. Finally, 4% of the award is allocated for administering operations within Luke-Dorf.

At the onset, individuals soliciting assistance from Luke-Dorf programs often have minimal or no insurance benefits, income or entitlement benefits. It is a number one priority for Luke-Dorf staff to facilitate accessing benefits for all individuals so they may receive the services that they are seeking. Once benefits are established, this client population often requires more services than their existing benefits will provide. The PATH and PATH-match funding will make up the gap, allowing for the existence of this program that would otherwise not be sufficiently covered by benefits received. In addition to the PATH and match funding described here, the Safe Haven receives funding from a HUD Continuum of Care grant, which is sub-granted from Washington County in the amount of \$287,698, and an ESG grant in the amount of \$6,667. Luke-Dorf also dedicates revenue generated by service provision to round out the total cost of offering this critical safety net program within the community. The total annual Washington County PATH program budget is approximately \$464,000.

FFY 2015 PATH Intended Use Plan

Local Provider Description

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

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

Region Served: Multnomah County

Amount of Federal PATH Funds: \$232,285

Collaboration with HUD Continuum of Care Program

Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

Luke-Dorf, Inc. and Multnomah County Mental Health and Addiction Services Division (MHASD) are active members of Multnomah County's Continuum of Care planning process, which is coordinated by the City of Portland, and the city's 10-Year Plan to End Homelessness. Luke-Dorf and MHASD staff members regularly attend collaborative meetings that involve all levels of community partners, overseen by the Coordinating Committee to End Homelessness (CCEH), which meets monthly to review community strategies for reducing homelessness and coordinating housing efforts city-wide. Staff members are actively involved in these efforts as well in other community coordination, such as attending regular meetings of the Downtown Neighborhood Association and Goose Hollow Neighborhood Association, with which we have established a Good Neighbor Agreement. Additionally, the Bridgeview Program is part of the Enhanced Safety Program through the Downtown Crime Prevention Association. Staff persons participate in monthly meetings and work closely with the downtown coordinator and other members to ensure ongoing resident safety.

Collaboration with Local Community Organizations

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations.

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

these providers on a daily basis to ensure a comprehensive, community based approach to services for our PATH-enrolled clients. The following list details these relationships.

Mental Health Care and Substance Abuse Treatment: Luke-Dorf is a State licensed provider of both mental health and addictions services. The agency offers evidence-based Integrated Dual Disorders Treatment at multiple locations and has implemented an intensive program to address co-occurring disorders with the population served by PATH funds. The main providers offering mental health services to PATH clients in addition to Luke-Dorf are Central City Concern, LifeWorks NW, Cascadia, Western Psychological Services, CODA and DePaul Treatment Centers. Luke-Dorf maintains an open referral system with the mental health and substance abuse treatment providers listed above. Organizations will submit referrals, including a release of information (ROI), and mental health assessments to the Bridgeview for homeless clients with serious and persistent mental illness (SPMI) that they would like enrolled in the program. Referrals are evaluated by the Intake Coordinator to ensure PATH-eligibility. In turn, when residents are ready to transition out of the Bridgeview, referrals for ongoing outpatient services are placed from Bridgeview to the provider agency, if the client is to transition back into former services or to another agency, due to client preference and/or location of services, rather than staying with Luke-Dorf.

Primary Health Care: For residents without an identified Primary Care Provider (PCP), Skills Trainer and/or Service Coordinator staff obtain an ROI and make a referral to a either a client's chosen provider or a staff-identified provider determined to best meet the client's needs. Once care is established, staff will accompany residents to appointments as needed. The Registered Nurses and Psychiatrists at Bridgeview maintain close phone contact with PCP providers to monitor health concerns and to coordinate care around prescription changes and ongoing health needs. For individuals covered by Medicaid (Oregon Health Plan), or other insurance, staff refers residents to Legacy Health System, Providence Health Systems, Oregon Health and Sciences University, Multnomah County Health Department Clinics, Virginia Garcia Clinics, and Salud Medical in Woodburn. Most of these programs also serve uninsured clients. In addition, many clients are referred to the Central City Concern Old Town Clinic and Outside In's FQHC, located just three blocks from the Bridgeview.

Dental Care: For residents in need of dental care, Skills Trainer and/or Service Coordinator staff obtain an ROI and make a referral to a either a client's chosen provider or a staff-identified provider determined to best meet the client's needs. Once care is established, staff will accompany residents to appointments as needed. The Registered Nurses and Service Coordinators at Bridgeview maintain close phone contact with PCP providers to monitor health concerns and to coordinate care around ongoing dental health needs. For individuals covered by Medicaid (Oregon Health Plan) or other insurance, referrals are made to private dentists who participate in low-cost or sliding scale dental services for low-income persons. Organizations include Dental Care Today, OHSU Dental School, Salud Dental, Virginia Garcia Dental, and Willamette Dental. Clients without OHP receive emergency dental work from Russell Street Dental Clinic, Multnomah County NE Dental Clinic or the Medical Teams International dental vans.

Housing: As a transitional housing program, the Bridgeview acts as a first step to stability, focusing on identifying and supporting transition to more permanent housing settings. The Housing Specialist works closely with residents to identify long-term housing needs and assists residents in filling out and submitting referrals/applications for housing subsidies as well as both supportive and independent

housing, relying heavily on those resources listed below. Once a resident is placed on a waiting list, the Housing Specialist tracks the application process, ensuring that updates are provided as needed. The Housing Specialist also provides documentation around reasonable accommodations and assists with the appeal process in the case of a denial.

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

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

Culturally Specific Services: At the time of the intake assessment and ongoing throughout the course of treatment, if a need or interest in culturally appropriate services is identified, the Intake Specialist or Service Coordinator will make a referral to the identified agency once an ROI has been signed. Service Coordinators assist the resident in setting up an initial appointment, and are available to attend meetings as needed or desired. An open line of communication is maintained with the partner agency to provide continuity of care and address client needs. To help individuals of different ethnicities, staff refers to culturally specific providers such as Native American Rehabilitation Association (NARA), Asian Health and Services, OHSU Intercultural Psychiatric Services, Central City Concern's FLOAT (Family Latino Outreach and Treatment) and others.

Benefits: A Bridgeview Service Coordinator helps clients enroll in benefit programs such as SSI and SSDI, Oregon Health Plan, Food Stamps, Section 8, veteran's programs and other programs for which they may qualify. Luke-Dorf has given access to online SOAR training materials to two current employees.

Service Provision

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

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

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

A new outreach component was added to the Bridgeview Community in FY2014-15. The Bridgeview Community engages in a close working partnership with the Luke-Dorf ICM team which currently provides intensive case management and outreach services to dually diagnosed individuals with serious mental illness living in Multnomah County. Bridgeview staff work with the Intensive Case Management (ICM) team to quickly identify and screen clients who are homeless or marginally housed so that they can be moved into transitional housing. Additionally, Bridgeview staff has partnered with Transition Projects to identify potential candidates for the Bridgeview Community. A Bridgeview staff member has been visiting the Women's Warming Shelter on a weekly basis to meet with residents, assess if criteria are met for a Bridgeview referral, and assist individuals with the referral process. This partnership will be ongoing and will expand to additional shelters operated by Transition Projects.

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

The two major gaps in the current service system are access to financial benefits and access to affordable housing for individuals diagnosed with serious mental illness. People in this target population, most of which are permanently disabled, often lack any income because the symptoms of their disability not only create a barrier to employment, but also prevent them from participating in the cumbersome process of applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits. The application forms are unwieldy and require a high level of organization. Once the application is submitted, persistence and systems knowledge are required to navigate an almost certain initial denial (the average SSI application is approved only on the third round of appeals). Luke-Dorf has trained employees who specialize in techniques used to expedite applications for severely disabled homeless people. Nonetheless, the process of obtaining income is difficult and lengthy, leaving many people on the streets virtually penniless for months or even years on end.

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

independence resulting in health and safety risks. The consequence is that the mentally ill homeless population places an undue burden on community resources including hospitals, emergency rooms, law enforcement, detoxification facilities and shelters.

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

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

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

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

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

Luke-Dorf is currently using the HMIS system to document PATH services for this program. Multnomah County organizes training on HMIS, and PATH-funded staff people are encouraged to attend. Luke-Dorf has a robust schedule of in-service trainings available to all employees. The agency also provides paid leave and financial assistance so that employees can attend external trainings on evidence-based and best practices. A monthly DBT Consult is offered through the Portland DBT Clinic. Training for evidence-based practices specifically utilized by the program includes:

- Integrated Dual Disorders Treatment (IDDT)
- Motivational Interviewing
- Strengths Based Case Management
- Cognitive Behavioral Therapy (CBT)

- Dialectical Behavioral Therapy (DBT)
- Seeking Safety
- Illness Management and Recovery
- Trauma Informed Care
- Solution Focused Therapy

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

Data

Describe the provider’s status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

- *Describe if and how technology (e.g. EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors.*

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

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

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider’s plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014), the number of PATH funded consumers assisted through SOAR.

Two staff members have utilized the online training database made available through SOAR. Staff is awaiting further notice of upcoming training opportunities and will attend as able. At this time, two individuals are working with staff to obtain benefits. Currently, Bridgeview has a staff member specifically assigned to benefits, who works with residents during their stay and assists them with obtaining and/or maintaining benefits. Each person who enters Bridgeview works closely with this same staff member to obtain and maintain benefits. The staff member has participated in the online SOAR training.

Access to Housing

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

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

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

Staff Information

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

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

There are currently 19 staff funded, at least in part, by PATH or PATH-match sources at the Bridgeview Community. These staff persons have the following demographic makeup:

Gender: Male, 15; Female, 4

Age: 18-34 years, 8; 35-49 years, 6; 50-64 years, 5; 65-74 years, 0; 75 and older, 0

Race/Ethnicity: American Indian or Alaskan Native, 0; Asian, 1; Black or African American, 1; Hispanic or Latino, 1; Native Hawaiian or Other Pacific Islander, 0; White, 14; Two or more races, 1; Unspecified race, 1.

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

homeless individuals, and persons with forensic backgrounds, as identified in the intake assessment process as well as through ongoing client interactions.

Cultural competence trainings are mandatory for Luke-Dorf staff. The agency participates in resource training and seeks culturally specific resources for mental health care to be integrated in all evidence-based practices used. The agency provides regular professional trainers, who speak to the entire staff to maintain and awaken new awareness of cultural issues. Annual trainings have been presented by Hanif Fazal of Open Meadow Schools, recipient of a national award for diversity training, and addressed culturally appropriate confrontation of discrimination.

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

Client Information

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

During FY2013-2014, the Bridgeview Community served 68 residents with PATH services, including 34 new enrollees. 85% of the residents were literally homeless at first contact and had the following demographic makeup:

Gender : Male, 45; Female, 22; Transgender, 1

Age: 18-30 years, 21; 31-50 years, 31; 51-61 years, 15; 65 and older, 1; Unknown, 0.

During the FY2014-2015, the program will have contact with approximately 100 PATH-eligible individuals. At least 85% of these individuals will be homeless at first contact. Of these, 60 PATH-eligible individuals will be formally enrolled into PATH as residents of the Bridgeview Community transitional housing program.

Consumer Involvement

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

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

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

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

Other peer-run initiatives at Bridgeview include monthly game nights, a resident-maintained activity calendar detailing affordable monthly options for community outings, and a weekly writing workshop co- led by a staff member and peers to develop the quarterly literature and art review – The Bridgeview Voice. Staff members work with interested residents to facilitate such groups, in order to develop format, purpose and goals with PATH-enrolled client feedback in mind. While the Bridgeview Community does not have a specific Peer Support Specialist position, there are staff members in other roles who identify as peers. Luke-Dorf has recently employed a Peer Support Specialist who will be meeting with residents at the Bridgeview individually and in group settings.

Disaster Preparedness

Briefly describe any current disaster preparedness plans your agency has or participates in. Describe any specific planning regarding PATH clients or PATH-eligible clients in your com

Luke-Dorf participates in emergency preparedness planning as outlined by the State of Oregon. Luke-Dorf follows guidelines provided by Health Department and Multnomah County Mental Health staff in determining how and when to respond to local and community-wide emergencies. Agency activities during a disaster are delegated by the CEO in coordination with an overall county plan. The role of the agency is to coordinate, plan, and train for potential events (planning phase), to address immediate needs and short-range planning for individuals engaged in services (response phase), and to address long-term effects such as grief counseling or PTSD (recovery phase).

Luke-Dorf employs QMHAs, QMHPs, and CADCs, many of whom have specialized training in crisis counseling, emergency response, or trauma/grief counseling. The personnel file documents training, licenses, or certifications (such as EMT experience, grief/trauma certificates, etc.) among employees which may be relevant during a disaster.

In the case of a public emergency, all Luke-Dorf site operations are converted to addressing immediate needs on a drop-in basis, and using outreach as available. All day to day operations will be reduced to the

minimum necessary in order to devote available resources to the disaster response. The site supervisor should determine hours, needs, resources, employees available, and strategy for connecting with individuals. Sites should expect to have 50% of their employees available for work.

Budget Narrative

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

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

The total annual program budget for services and operations at Luke-Dorf's Multnomah County Bridgeview Community is \$1,457,555. For FY14/15, PATH funding provides \$247,285 of this total, which includes the FY14/15 allotment of \$232,285 as well as a \$15,000 carryover from a previous year. This award will be paired with additional match dollars as required by PATH. The match is provided by Multnomah County General Fund in the amount of \$164,230.08, representing a 70.70% match.

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

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

- Referral for primary health services, job training, educational services, and relevant housing services; and
- Housing services as specified in the Public Health Act

For FY 14/15, PATH funding will specifically support 6.20 FTE of the 18.23 FTE required to deliver the program. This includes a portion of the following positions: a full time Program Manager, a full time master's level IDDT Service Coordinator, around the clock Residential Counselors as well as a full time Housing and Outreach Specialist.

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

The IDDT Service Coordinator, funded at 1.0 FTE by PATH, provides support for outreach, as well as habilitation and rehabilitation, community mental health, alcohol and drug treatment, case management, supportive services, and referral for primary health services, job training, educational services, and relevant housing services. Residential Counselors, funded at 3.5 FTE by PATH, are responsible for supportive and supervisory services in the residential setting, support for referrals for primary health services, job training, educational services, and relevant housing services and housing services.

The match dollars from Multnomah County General Fund also supports additional employees. A Registered Nurse, match funded at 0.60 FTE, offers triage and referral for primary health services. In addition 2.0 FTE Kitchen Staff provide food service required as an element of housing services.

PATH and PATH-match funds are used primarily for these personnel wages, and employee related taxes and benefits for the identified positions. A small portion (4%) of PATH funding is also used for administrative overhead. Additional costs of trips to the annual provider meeting in Salem and the property management element of housing services are also funded by the County General Fund match dollars.

PATH and PATH-match allow for the existence of this crucial transitional housing program that offers housing services and supports for this high-needs population. This program would be insufficiently funded by service delivery revenue and benefits received, and therefore would be otherwise unsustainable without the PATH award. Clients served have minimal, and often no insurance, income or benefits at first contact by the program. As described above, Bridgeview Community staff prioritize facilitating benefits application and enrollment for all clients to access support that they may be eligible for including Medicaid, Medicare, SNAP benefits (food stamps), VA benefits, and Section 8. Even as benefits are received, this high need population requires a greater level of service than is funded. The PATH and PATH-match funding makes up this gap, allowing for the full provision of service to participants, as well as maintaining the operations and administration of this transitional housing program that would otherwise not be sufficiently covered by benefits received.

Luke-Dorf contributes approximately \$510,000, generated by service provision revenue. This is primarily supported by Oregon Health Plan (Medicaid) and Medicare revenue. An additional \$284,835.88 comes from state Flex 37 funding for transitional housing for homeless individuals, and a City of Portland Community Development Block Grant award contributes \$231,700. 00.

Local Provider Description

Name of organization: WHITE BIRD CLINIC

Type of organization: Private non-profit, 501(c) 3

Region Served: Eugene/Springfield metro area, Lane County

Amount of Federal PATH Funds: \$94,495

White Bird Clinic has been providing care for over 45 years. We currently offer the following free or low-cost services: primary medical care, primary dental care, on-going counseling, 24/7 crisis intervention, human service and mental health information and referral services, outpatient alcohol and drug treatment, a mobile crisis response through the local 9-1-1 system, case management services for homeless persons, and enrollment assistance for Cover Oregon.

Collaboration with HUD Continuum of Care Program

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

White Bird has made a commitment to develop a closer working relationship with the HUD Continuum of Care in 2015. The Program Coordinator has contacted members of the CoC, and will join the monthly meetings. The intent is to regularly attend the CoC general meeting and to identify and join any relevant sub-committees or other workgroups that would inform and enhance PATH program goals.

In addition, our PATH Coordinator will identify activities and resources related to the CoC that might include or benefit the direct services we provide to our homeless population. We understand that the CoC has begun to organize and keep a list of housing resources and a corresponding wait list that includes Section 8 clients waiting for housing. It may greatly benefit PATH clients as White Bird becomes a part of planning and decision-making for housing resources.

Shelter Care, White Bird’s PATH subcontractor, is a central member of the local HUD Continuum of Care Planning body. We have worked closely with Shelter Care and the county for decades and have joined in the Continuum of Care planning for the last few years. This integration has led to funding which supports White Bird’s homeless outreach, case management and benefits assistance.

Provide a brief description of partnerships with local community organizations that provide key services to PATH eligible clients and describe coordination of activities and policies with those organizations.

*** *primary health***

- PeaceHealth University District Hospital: White Bird Clinic is given as a main referral for emergency room patients with medical, dental, and mental health needs who are low income or homeless.
- PeaceHealth Medical Group: PeaceHealth Labs pays for the two way lab interface which integrates with our Electronic Healthcare Records system.
- Oregon Medical Group: The second largest physician group in Lane County requires all new Physicians, Nurse Practitioners and Physician Assistants to volunteer one-half day each month in a Safety Net Clinic. We coordinate with them to task volunteers at White Bird Medical Clinic.
- Our Vision Clinic is a collaborative effort with over 25 optometrists and opticians.
- Our Dental Clinic arose from a coalition of over forty community members/providers.
- Our Medical Clinic developed from a grassroots effort of a local doctor, some University of Oregon students, and the Lane County Medical Society.
- Sacred Heart Medical Center Foundation coordinates with White Bird's Medical Clinic by providing medications unit dosed for our dispensary and also supports indigent dental care.
- Volunteers In Medicine (VIM), and the Lane County Community Health Centers CHC: we collaborate to maximize access and provide comprehensive care for homeless patients. Although VIM is designed to serve the working poor we contact them regularly to receive referral of their homeless applicants. We have a written agreement with the CHC defining the referral of youth and adult homeless patients between our clinics.
- We are active members of the 100% Access Safety Net Coalition.

• *mental health*

- We work with Lane County Behavioral Health and Sacred Heart to streamline crisis services for Lane County's mental health clients through our in-house crisis services. Sacred Heart Hospital Behavioral Health Outpatient Clinic also acts as our backup for clients needing a higher level of care.

- Our Counseling department works closely with Trillium Behavioral Health, the managers of the Oregon Health Plan for behavioral health services. Trillium facilitates community mental health access and coordination of treatment between county behavioral health provider agencies to insure timely and clinically appropriate treatment services.

- Our Counseling department also participates in collateral behavioral health services, when a client is being seen at multiple agencies for different areas of treatment. Collaboration includes shared treatment planning with full client participation,

- Therapists will occasionally collaborate with Parole & Probation Services when supporting a client's community agreement will be beneficial and with the client's permission. Clients are willing to give permission when they find that having all their resources "on the same page" is a better chance for success. Some of these agencies include Center for Family Development, Willamette Family, Senior & Disabled Services, Dept. of Human Services various departments, and anyone the client requires support with. In fact, mental health clinicians provide case management and coordination for clients involved in multiple agency services.

- Both VIM and the local Community Health Centers refer many homeless clients with ongoing mental health and dual diagnosis issues to White Bird Clinic for services.

- Our Crisis Team evolved from University of Oregon students, local doctors and some delightful counterculture folks. Open 24/7, they have not missed a shift in 45 years and provide telephone and walk-in crisis counseling and interventions.

- Our CAHOOTS (Crisis Assistance Helping Out On The Streets) teams partner with the Eugene and Springfield Police Departments, EMS, 9-1-1 and fire department to provide on-the-street mobile crisis and medical interventions. In November 2014, CAHOOTS began providing mobile services in Springfield. This is a huge expansion of our reach out into the community.

- CAHOOTS teams screen for appropriate mental health respite placement at the Family Shelter Program.

- We participate in the Community Behavioral Health Consortium and the All-provider meetings of the area Coordinated Care Organization, and are active in the Mental Health Summit, the Clinical Advisory Services Sub-Committee, the SPMI workgroup and the Crisis Respite workgroup.

- ***substance abuse***

- Willamette Family Treatment Services (Buckley House Sobering and Detox): we collaborate in the provision of needed services. CAHOOTS offers transportation to Buckley House for homeless clients in need of sobering, and advocates for clients who are qualified for Detox services.

- Our Chrysalis program provides outpatient drug and alcohol treatment, Driving Under the Influence of Intoxicants classes, and acupuncture detoxification, as well as substance abuse treatment for dual diagnosed clients.

- Sponsors: Chrysalis has joint ventured with Sponsors (ex-con housing) and Parole and Probation for referrals of homeless clients to substance abuse treatment.

- ***housing***

- Shelter Care collaborates with White Bird to provide counseling and advocacy concerning shelter, inpatient treatment and housing for homeless clients.

- Saint Vincent De Paul (Egan Warming Center): White Bird provides crisis intervention training to Egan volunteers. The center opens on nights that are below freezing to provide shelter to the large segment of the local homeless population who are unwilling or unable to access any other emergency shelters, often due to mental health and dual diagnosis issues.

- Eugene Mission: White Bird Medical and CAHOOTS both have ongoing relationships with the Mission to provide medical services for their homeless residents.

- ***employment***

- Vocational Rehabilitation Services of Eugene and of Springfield: we coordinate at the staff to staff level according to individual client needs. This coordination has been enhanced by our staffs shared time serving clients at the Eugene Mission. County supported employment resources are also available to PATH clients.

- ***other community organizations***

- White Bird's front room staff provide information and referral for all Lane County residents as well as mail and messages for homeless clients. We publish an annual HELP Directory and continually update service provider information for the use of our programs, other agencies, and clients in need.

Service Provision

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

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

White Bird's project aligns with PATH priority goals through an increasing use of funding for outreach and homeless case management. We provide out/in-reach throughout the Eugene/Springfield metro area for the literally homeless/homeless/at risk of becoming homeless clients through our Crisis Workers, CAHOOTS mobile crisis workers and medics, and our Homeless Outreach and Case Management workers.

Some new patients come self-referred by word-of-mouth, some are referred by other service providers, but the majority is identified by CAHOOTS through their street outreach, by our Crisis Intervention Team, and by the Homeless Outreach/Case Managers. Screened referrals are directed to the Homeless Program which coordinates and administers PATH services.

This year we are adding an additional .25 FTE Homeless Case Manager to provide even more literal outreach in the hiding places in and around Eugene. We are also focusing on increasing the percentage of outreach clients who are enrolled for services. This may involve multiple visits and bringing care packages (food & necessities) to build relationships and trust.

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

The most glaring and stubbornly unchanging gap is lack of sufficient and affordable housing. Our community is impacted by high rents and minimal available housing. Our apartment vacancy rate is 4.2%; the wait for Section 8 housing is generally 18 months, and two-thirds of the housing was created prior to 1980 and is believed to be in need of rehabilitation.

This is exacerbated by very limited access to specialty shelters and supervised living programs. Over the past year there has been a reduction in facilities/beds available to those experiencing mental health issues.

Service gaps on which we are making some headway include funding for medications, integrated treatment for clients with co-occurring disorders, and a more user-friendly health care system. Other service gaps include sufficient help with employment and socialization, and day centers accessible to and accepting of this population.

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

We are able to coordinate, advocate and refer to in-house medical and dental care, medication management, outpatient alcohol and drug treatment, acupuncture services, mail and messages,

crisis intervention and stabilization, special transportation, entitlement assistance, enrollment assistance with HealthCare.gov, and case management for our PATH clients.

We are able to provide additional services (emergency shelter, crisis respite, residential treatment and supportive housing) through our collaborations with ShelterCare and St. Vincent de Paul; employment assistance through Vocation Rehabilitation Services; additional detoxification services and residential treatment through Willamette Family Treatment Services.

A portion of our PATH funding is dedicated to optimizing housing assistance, advocacy and successful placements through subcontracting with ShelterCare, to assist PATH clients in accessing appropriate housing options. ShelterCare works also with the local housing authority to provide HUD assistance.

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

- Outreach throughout the Eugene/Springfield metro area daily to homeless persons utilizing program which serve the homeless, including soup kitchens and the Eugene Mission.
- In-reach to homeless persons utilizing White Bird program services, including mail and messages, medical and dental care, homeless case management, benefits advocacy, crisis intervention, etc.
- Eligibility screenings and diagnostic assessments by referring programs.
- Initial meeting to determine service needs and readiness for services and treatment as needed.
- Referral to needed services
- Substance abuse treatment for PATH enrollees who have abuse and issues in addition to homelessness and serious mental health diagnoses.
- Advocacy, linkages and referrals to community services for PATH clients, including job training, educational services.
- Referrals for primary health care including medical and dental care, mental health medications, and medication management.
- Referral for housing services according to our subcontract with ShelterCare, PATH clients meet with a Housing specialist who assesses the client's housing needs and assists them in applications for available housing and/or puts them on waiting lists for housing.

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

The White Bird Counseling program has provided adult outpatient mental health services for over 40 years. Our services target low or no-income individuals and couples, the homeless, and people with disabilities or other challenges to accessing care. Our clients have varied widely in presenting issues, age, client expectations, degree of dysfunction and diagnoses and in clinical methods needed. We believe in emphasizing client strengths. We also recognize the importance of client support through case management, advocacy and referral. We foster clients' natural support systems for better outcomes and we have established long-term coordination with other service providers. These standard practices at White Bird are examples of what is recognized as best practices.

Reflecting evidence-based practices, the service components of our treatment program for PATH clients, include:

- Screening, both facility-based and community-based by telephone
- Mental health assessment, both facility and community-based
- Individual counseling, family counseling, group counseling, brief and on-going therapy by trained and supervised mental health workers
- Collaborative treatment planning involving client and family
- Case management by Counselors, both community and facility based
- Crisis intervention by Counselors and supported by the Crisis Team
- Medication management with medical and/or psychiatric consult
- Coordinated treatment with our outpatient drug treatment program and Homeless Case Managers, when appropriate
- Psycho-educational services
- Early intervention and prevention services
- Motivational interviewing
- Cognitive-behavioral therapy

We support the use of evidence-based practices and other trainings by providing paid training budget and paid training time for each staff.

Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2016. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

White Bird providers will begin training on HMIS by June 2015. We have a plan, in conjunction with our State PATH contact to set up training with the Lane County department that manages HMIS for Lane County. We will be able to access Service Point through this collaboration.

After training is completed, providers will begin data entry in July 2015 for each PATH encounter. As new employees are hired and trained, they will be trained formally and in-house in the HMIS system.

SSI/SSDI Outreach, Access, Recovery (SOAR)

Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2014 (2013-2014), the number of PATH funded consumers assisted through SOAR.

Our PATH program is recruiting a Benefits Specialist to assist homeless clients with access to entitlements. Once this person is hired, they along with another PATH-funded Case Manager, will be trained in SOAR.

We are in the process of looking at the different methods of SOAR training. We will seek guidance from our State PATH contact to choose either the web- based training or a live training/train-the-trainer workshop.

PATH-funded staff trained in SOAR will be able to assist the many homeless clients who are reluctant to enter government offices and who put off asking for help because of shame or embarrassment. SOAR trains Benefits Coordinators to meet clients where they feel most comfortable and to move at a pace that is optimal for the client. If we can help more PATH-funded clients obtain benefits, we can make serious progress toward housing for our PATH clients.

No PATH Counselors were trained in SOAR during the past grant year; no PATH funded consumers were assisted through SOAR during the grant year ending 2014.

Access to Housing

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

Based on our contract with ShelterCare, White Bird PATH staff work closely with Shelter Care staff, and our clients are afforded weekly appointment times with their housing specialist, so that our clients can get on wait lists for the limited housing resources that the community has available.

We are sometimes able to place clients in the Safe Haven day program. Once there, clients receive services from case management staff to prepare them to move into their own apartments when these become available. We also work with the Eugene Mission, Catholic Community Services and the Lane County Housing and Community Services Agency (HACSA).

Unfortunately, even with these relationships, there are simply not enough housing options in Lane County to accommodate the number of our homeless clients. So often, getting on a wait list still means waiting for sometimes months, sometimes years, to actually achieve becoming housed. As indicated above, this is a significant problem in our county and can be very discouraging for homeless clients and the staff who work with them.

Staff Information

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

- Age: 11% 18-34 years, 11% 35-49 years, 56% 50-64 years, 22% 65-74 years,
- Gender: 22% male, 78% female
- Race: 89% White, 11% Native American
- Veteran: 11% Veteran, 89% Non-Veteran

White Bird maintains a Cultural Competency/Limited English Proficiency policy. Currently, White Bird employs bi-lingual staff and arranges translation when no staff can readily meet the language needs presented. To cover crisis and emergency situations, we have an agreement with Certified Languages International, an interpreter service offering quick access to translation in over 175 languages. Our capacity to serve the hearing/speech/visually impaired clients includes: staff trained in sign language, access to the State's transcribing over the phone service for the deaf and hard of hearing and referrals.

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

PATH-supported staff at White Bird identify age, gender and racial/ethnic differences in homeless clients with mental illness, are sensitive to such differences, and modify and customize their services to

minimize barriers to treatment. Issues arising from these differences are identified and approaches discussed at regular staff meetings.

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

Client Information

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

White Bird serves anyone who presents for treatment who qualifies for our services. Our clients represent the following demographics:

Age: 2% 18-23 years, 10% 24-30 years, 39% 31-50 years, 39% 51-61 years, 10% 62 years +

Gender: 55% male, 45% female

Race: 61% White, 16% Mixed, 3.5% Native American, 3.5% African American, 16% don't know

Veteran: 100% Non-Vet

Literally Homeless: 55%

White Bird currently provides an array of services to low-income and homeless persons in Lane County. The PATH funds are projected to extend services to 150 PATH-enrolled clients with an additional 200 PATH-eligible clients receiving outreach services. In all, at least 350 unique individuals will receive services supported by PATH funds.

White Bird intends to enroll at least 135 new clients in the fiscal year 2015-2016. This projection is based on current service levels. In addition, we will serve at least 15 clients whose PATH enrollment will carry over into this fiscal year. These clients will continue working with us towards becoming more stable and housed as they complete their treatment plan.

At least 60% of the clients served in the PATH program will be literally homeless.

Consumer Involvement

Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be involved at the organizational level in the planning, implementation and evaluation

of PATH-funded services. For example, indicate whether individuals who are PATH eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

PATH clients are encouraged to participate in our agency:

- All program and agency meetings are open to PATH clients except when clinical debriefings are in progress.
- Homeless client focus groups are conducted twice annually with client observations and suggestions going to appropriate programs, the full staff, administrators, and the Board of Directors.
- One board position is reserved for a currently homeless client and is currently occupied by a homeless person with a co-occurring disorder, and at least 3 positions are for folks who have experienced homelessness.
- Our program staff are available to provide support to PATH family members and to elicit feedback from them regarding program services.
- We recruit and train volunteers who are past or present clients.
- Daily solicitation of client feedback and periodic client satisfaction surveys of the clinic and its programs.
- Homeless clients were involved in service planning and implementation at the beginning of the PATH project at White Bird.
- We encourage staff, paid and volunteer, to utilize White Bird services and give feedback.

Disaster Preparedness

Briefly describe any current disaster preparedness plans your agency has or participates in. Describe any specific planning regarding PATH clients or PATH-eligible clients in your community.

White Bird is actively represented on Community Organizations Active in Disasters (COAD), a collaboration of emergency and non-emergency providers organizing responses to possible local disasters.

White Bird's CAHOOTS program provides three vans with teams of Crisis Workers and Medics who are on the street seven days a week between 11am and 3am, responding to both requests from and referrals for people in need. We are involved in disaster prevention on a daily basis with particular attention to homeless clients.

The White Bird Crisis Intervention Team is a communication center 24/7 for people in need in Lane County, providing crisis counseling, information and referral, also planning and stabilization, with

immediate access to medical and law enforcement services. Many of our callers/walk-in clients are homeless.

In addition, White Bird Clinic has stocked and operated mobile medical and crisis intervention teams for the past 44 years. We have tents, mash unit supplies and over 200 trained and experienced medical and crisis volunteers able to respond as needed.

Budget Narrative

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

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

Personnel

- Positions funded by PATH dollars include mental health counseling, homeless outreach and case management, and substance abuse counseling to provide services for clients.
- Clinical supervision, administrative and clerical support including HMIS training and data entry are included to support the project.
- PATH funded administrative costs are 2.8% of PATH funding.
- CAHOOTS transport and crisis counseling are included as project matching support to assist with providing services.

Fringe Benefits percentage

- Fringe benefits include Social Security, Medicare, state unemployment taxes and health insurance at 24.7% of personnel costs.

- Twenty seven percent of fringe benefit costs are included as matching support.

Travel

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

Materials and Supplies

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

Other

- Contract with Sheltercare at \$4,125 for housing referrals.

Non-Federal Matching Funds

State Mental Health MHS25	\$5,156
City of Eugene Public Safety	5,161
State General Fund (A&D 66)	10,407
Subcontractor Funds (donations, fundraising)	11,728
Total Non-Federal Match	\$32,452

Use of PATH funds

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

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

**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

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Attachment B: Site Reviews

Projects for Assistance in Transition from Homelessness (PATH) Site Visit The Bridgeview September 10, 2014

The site review took place at the Bridgeview Community on September 10, 2014. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Sarah Gray, PATH Program Manager, Erin Fischer, Luke-Dorf Clinical Director and Britt Stetson, Luke-Dorf Grants and Development Manager
- Interview with PATH-funded staff: Ashley Ireland, Amy Joslin, Haly Johnson and Hope O'Connor
- Chart Review
- Consumer Focus Group

PATH-Eligible Services:

The PATH eligible services provided by Luke-Dorf at the Bridgeview include: screening and diagnostic services, habilitation and rehabilitation services, community mental health 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 Bridgeview has not provided outreach services in the past, however based on prior site visit findings, outreach services are expected to begin in October of 2014.

Outreach:

As noted above, outreach has not been a component of the Bridgeview program previously. The Bridgeview program is currently working on collaborating with the Luke-Dorf ICM team which does provide outreach services, with the goal of streamlining individuals getting into the Bridgeview. Beginning in October of 2014, Bridgeview service coordinators will

begin inreach services at local shelters on a regular basis to engage potential PATH clients and offer services.

Housing:

PATH clients at the Bridgeview are placed onto housing program wait lists as soon as possible by the Housing Coordinator, and are assisted to gain benefits and entitlements. One staff person at the Bridgeview has received SOAR training. As in other locations in Oregon, housing availability in Multnomah County is currently very limited, with 2-3 year wait lists for subsidized apartments and the Section 8 wait list currently being closed. Consequently, the Bridgeview staff make every effort to engage clients in housing readiness services and link clients with transition services when they move into permanent housing to maximize success.

Consumer Interview:

The reviewer met with a focus group of four individuals receiving PATH services at the Bridgeview. Clients endorsed satisfaction with the program and services provided through the PATH program. Clients in this group did express concern regarding perceived disrespectful treatment by one individual staff member, the reviewer shared this concern with the Bridgeview Program Manager after the group.

Chart Review:

PATH consumers’ files are kept in an electronic record which is highly organized and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a list or description of the criteria determining the individual’s PATH eligibility; and the individual’s PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating		Plans should be reviewed every 90 days with the client and updated as necessary, this can be

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

Reporting and Fiscal Controls:

The Bridgeview exceeds expectations for data collection and reporting for the PATH program. Reports are detailed and on time, and the Bridgeview is currently using HMIS to generate data needed for reporting. Budget records are clearly detailed to track federal PATH funds and match dollars.

Summary:

The Bridgeview demonstrates a clear commitment to providing services to the PATH target population of individuals experiencing homelessness and serious mental illness. Current

efforts to begin providing outreach services bring the program into better alignment with the spirit and intention of the PATH program. It is strongly recommended that the Bridgeview continue these efforts to implement an outreach program as part of PATH services.

During the site review, findings from the 2013 SAMHSA site visit to the Oregon statewide PATH program were discussed, including recommendations for training and technical assistance for Oregon PATH providers, and recommendations that greater emphasis be placed on special populations including veterans and LGBTQ. All Oregon PATH programs are encouraged to explore ways in which services can be maximized to the identified special populations, and future provider meetings will address this issue and develop a plan to increase focus in these areas.

Staff at the Bridgeview identified cultural competency, trauma-informed care and navigating changes that have come as a result of the Affordable Care Act as areas of interest for future training.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Cascadia Behavioral Healthcare
September 24, 2014**

The site review took place at Cascadia Behavioral Healthcare's Royal Palm site on September 24, 2014. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Jeremy Koehler, PATH Program Manager and Ron Babcock, Program Supervisor
- Interview with staff
- Outreach tour and interview with outreach worker Toeney Flowers
- Consumer Interviews
- File review

PATH-Eligible Services:

The PATH eligible services provided by Cascadia 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.

Outreach:

Outreach to individuals who may be eligible for PATH services is a cornerstone of the PATH program. Cascadia conducts traditional street outreach in the downtown Portland area. The reviewer toured several of the areas where outreach is typically conducted and encountered several individuals who had obviously developed relationships with the outreach worker.

Housing:

Access to affordable, permanent housing remains a challenge in Multnomah County, particularly in the Portland area which currently has a 2% vacancy rate. Criminal records and drug histories further limit options for many individuals. Individuals who desire mental health services tied to housing may be referred to Cascadia’s supportive housing program. Other options for housing which are commonly accessed are SROs and the Bud Clark Commons. Individuals who are vulnerable may remain in Royal Palm housing for two years for stabilization. Housing for couples was identified as a particular need in Portland.

Consumer Interview:

The reviewer met with two individuals receiving PATH services. Both individuals reported a high level of satisfaction with services received and described receiving services that were directly in support of obtaining permanent housing. One client indicated she was probably a difficult case to work with but that her case manager never gave up on her and continued to help her explore options.

Chart Review:

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

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

individual's name and PATH enrollment date; a list or description of the criteria determining the individual's PATH eligibility; and the individual's PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	Plans should be reviewed every 90 days with the client and updated as necessary, this can be documented in progress notes.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	YES	
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	Not reviewed	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	Not reviewed	
A preliminary assessment of the potentially eligible individual's needs based on available information.	Not reviewed	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	Not reviewed	

Reporting and Fiscal Controls:

Cascadia provides timely and accurate quarterly reporting, and seeks assistance as needed with questions regarding appropriate services or expenditures.

Summary:

Cascadia's goals of providing street outreach to engage individuals experiencing homelessness and significant mental illness are directly aligned with the intention and spirit of PATH. Cascadia's program is well connected with resources and networks in the Portland area such as JOIN and the local continuum of care.

During the site review, findings from the 2013 SAMHSA site visit to the Oregon statewide PATH program were discussed, including recommendations for training and technical assistance for Oregon PATH providers, and recommendations that greater emphasis be placed on special populations including veterans and LGBTQ. All Oregon PATH programs are encouraged to explore ways in which services can be maximized to the identified special populations, and future provider meetings will address this issue and develop a plan to increase focus in these areas. Cascadia has already been working on expanding relationships with veterans' service providers, and is encouraged to continue working on partnerships with these providers.

From the list of recommended training and technical assistance provided in the SAMHSA site visit report, Cascadia staff identified HMIS technical assistance and best practices with electronic medical records as an area of interest. Additionally, outreach staff identified outreach-specific training and increased direct communication with the State PATH Contact and other PATH outreach workers as areas of interest.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Deschutes County Behavioral Health
September 17, 2014**

The site review took place at Deschutes County Behavioral Health on September 17, 2014. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Nancy Tyler, PATH Program Manager

- Interview with PATH-funded staff: Sarah Kelley and Nathan Fiedler
- Chart Review
- Consumer Focus Group

PATH-Eligible Services:

The PATH eligible services provided by Deschutes County Behavioral Health include: outreach, screening and diagnostic services, community mental health treatment, case management, and referral for primary health services, job training, educational services and relevant housing services.

Outreach:

Outreach to individuals who may be eligible for PATH services is a cornerstone of the PATH program. The reviewer accompanied the DCBH outreach worker to outreach visits at the Family Kitchen meal site and the Deschutes County Library. The outreach worker also regularly visits the Bethlehem Inn and the library site in Redmond. It was apparent on this visit that the outreach worker has relationships with a number of individuals experiencing homelessness as well as staff at the various sites.

Housing:

The housing situation in Deschutes county is difficult, with a current .5 vacancy rate. Clients are placed on wait lists for housing as soon as possible, generally at the same time as when applying for benefits. The outreach worker described strategies such as attempting to place individuals with roommates and developing credibility and relationships with landlords. DCBH currently has good collaboration with the Housing Authority and Continuum of Care including the Homeless Leadership Coalition, and efforts are made to develop and maintain community relationships and partnerships that will benefit PATH clients.

Consumer Interview:

The reviewer met with a focus group of four individuals receiving PATH services at DCBH. Clients endorsed satisfaction with the program and services provided through the PATH program. Each of these clients reported obtaining services from PATH that were in direct support of obtaining permanent housing.

Chart Review:

PATH consumers' files are kept in an electronic record which is well organized and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual's eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual's name and PATH enrollment date; a list or description of the criteria determining the individual's PATH eligibility; and the individual's PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	Plans should be reviewed every 90 days with the client and updated as necessary, this can be documented in progress notes.
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual's service plan goals.	YES	
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	Not reviewed	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual's personal belongings.	Not reviewed	

A preliminary assessment of the potentially eligible individual's needs based on available information.	Not reviewed	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	Not reviewed	

Reporting and Fiscal Controls:

Deschutes County meets expectations for data collection and reporting for the PATH program. Reports are accurate and on time. Budget records are clearly detailed to track federal PATH funds and match dollars. DCBH has so far been unable to implement the use of HMIS due to lack of availability. The State PATH Contact will continue to encourage the HMIS vendor to implement HMIS in Deschutes County as soon as possible.

Summary:

DCBH demonstrates a clear commitment to providing services to the PATH target population of individuals experiencing homelessness and serious mental illness. DCBH has instituted a successful and innovative program of providing inreach services within the local library. Because the outreach case manager is in the process of leaving the agency for another position, the library inreach site will be lost. DCBH is encouraged to continue to seek innovative ways to provide outreach services once the new case manager is on board. The new PATH case manager is also encouraged to visit other PATH programs in Oregon, the State PATH Contact will assist in facilitating visits as requested.

During the site review, findings from the 2013 SAMHSA site visit to the Oregon statewide PATH program were discussed, including recommendations for training and technical assistance for Oregon PATH providers, and recommendations that greater emphasis be placed on special populations including veterans and LGBTQ. All Oregon PATH programs are encouraged to explore ways in which services can be maximized to the identified special populations, and future provider meetings will address this issue and develop a plan to increase focus in these areas.

Staff at DCBH identified trauma-informed care and HMIS technical assistance once HMIS is available as areas of interest for future training.

Prepared By:
 Brenda Dennis
 Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
Luke-Dorf Washington County
September 25, 2014**

The site review took place at Luke-Dorf on September 25, 2014. Brenda Dennis from the Oregon Health Authority (OHA) Addictions and Mental Health Division (AMH) conducted the review. The review consisted of:

- Interview with Mona Knapp, Clinical Manager; Britt Stetson, Grants and Development Manager and Valerie Burton, Homeless Outreach Coordinator
- Outreach observation with Valerie Burton
- Visit to Safe Haven and interview with William Feldman, Safe Haven Program Coordinator
- Interview with PATH consumer
- Chart Review

PATH-Eligible Services:

The PATH eligible services provided by Luke-Dorf include: outreach, screening and diagnostic services, community mental health treatment, case management, and referral for primary health services, job training, educational services and relevant housing services.

Outreach:

Outreach to individuals who may be eligible for PATH services is a cornerstone of the PATH program. The reviewer accompanied the Luke-Dorf outreach worker to outreach visits at the Open Door and a local park. It was apparent on this visit that the outreach worker has credibility and relationships with a number of individuals experiencing homelessness as well as staff at the various sites.

Housing:

Like many locations in Oregon, the housing situation in Washington County is difficult with a vacancy rate of less than one percent. Clients are placed on wait lists for housing as soon

as possible, generally at the same time as when applying for benefits. Obtaining showers and laundry are also difficult for homeless individuals in Washington County. The outreach worker is well connected with the local Continuum of Care and local service providers to maximize utilization of resources.

Consumer Interview:

The reviewer met with a client currently receiving PATH services. This client reported satisfaction with PATH services. He described obtaining a number of services from PATH that were in direct support of obtaining permanent housing.

Chart Review:

PATH consumers’ files are kept in electronic records which are well organized and easy to navigate. PATH consumer files were evaluated for compliance with OAR 309-032-0351.

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a list or description of the criteria determining the individual’s PATH eligibility; and the individual’s PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	NO	Individual service plans were not present in files reviewed. ISSP must be present in each file and reviewed every 90 days
Progress notes that provide an ongoing account of contacts with the enrolled individual, a description of the services delivered, and progress toward the enrolled individual’s service plan goals.	YES	
A termination summary describing reasons for		

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

Recommendations for record keeping: As noted above, Individual Service Plans/ISSP were not present in records reviewed. ISSPs are required to be present, and reviewed every 90 days. Reviews can be noted in progress notes and do not require rewriting an entire ISSP but rather updating as necessary. This was discussed with the case manager during the visit.

It was noted that due to use of multiple electronic systems, record keeping currently is somewhat burdensome and redundant. It is recommended to explore ways to reduce duplication of effort in record keeping, and to advocate for changes to electronic records such as adding drop-down lists of referrals that match the PATH referral types which will simplify PATH reporting requirements. It was recommended that the outreach worker connect with Sarah Gray at the Bridgeview to discuss record keeping in the HMIS system within the context of PATH.

Reporting and Fiscal Controls:

Luke-Dorf has robust record keeping that exceeds expectations for data collection and reporting for the PATH program. Reports are accurate and on time. Budget records are clearly detailed to track federal PATH funds and match dollars.

Summary:

Luke-Dorf’s Washington County program demonstrates a clear commitment to providing services to the PATH target population of individuals experiencing homelessness and

serious mental illness. Luke-Dorf's program is well-respected within the community and demonstrates the spirit and intention of PATH by its focus on outreach.

During the site review, findings from the 2013 SAMHSA site visit to the Oregon statewide PATH program were discussed, including recommendations for training and technical assistance for Oregon PATH providers, and recommendations that greater emphasis be placed on special populations including veterans and LGBTQ. All Oregon PATH programs are encouraged to explore ways in which services can be maximized to the identified special populations, and future provider meetings will address this issue and develop a plan to increase focus in these areas.

Staff at Luke-Dorf identified trauma-informed care within the context of homelessness, navigating changes in Oregon's marijuana laws, and HMIS technical assistance as areas of interest for future training.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

**Projects for Assistance in Transition from Homelessness (PATH) Site Visit
White Bird Clinic
September 9, 2014**

The site review took place at White Bird Clinic on September 9, 2014. Brenda Dennis 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
- Group Interview with Brenda Koysdar, Cori Taggart, Paula Jameson, Ameer Markwardt, and Noelle Osborn, White Bird staff. Shelter Care liaison Denise also participated in group interview.
- Chart Review
- Consumer Interviews (June 2014 focus group)

PATH-Eligible 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.

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

Outreach:

Outreach to individuals who may be eligible for PATH services is a cornerstone of the PATH program. White Bird has made significant increases in outreach contacts in 2014 by adding an inreach component, with one outreach worker doing traditional street outreach and one outreach worker collaborating with other local service providers to meet individuals in those locations. The reviewer visited several of these sites with the outreach worker including the Eugene Mission, the Service Station, Catholic Community Services, Opportunity Village, and a “rest stop”, as well as visiting some of the areas where traditional street outreach occurs. It is apparent that the outreach workers have developed collaborative relationships with all of these sites, providing for increased opportunities for contact.

Housing:

Access to affordable, permanent housing remains a challenge in Lane County. It was noted that recent developments with housing programs being combined will mean even less capacity. 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.

Recommendation: Currently White Bird Clinic has minimal participation in the local Continuum of Care. Participation in local CoCs is an expectation of PATH programs. Increasing presence and involvement in the local Continuum of Care will ensure that White Bird is informed of changes in housing programs and has an opportunity to advocate for White Bird clients.

Consumer Interview:

The reviewer met with a focus group of four individuals receiving PATH services during the National Review of SAMHSA’s Homeless Programs site visit in June of 2014. An

additional focus group was not required for the current site visit. Individuals in the June focus group reported a great deal of satisfaction and appreciation with the services received from White Bird and strong regard for the staff members with whom they worked. All of the individuals in the focus group noted that the services they received through the PATH program were unavailable to them by any other means.

Chart Review:

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

Requirement for PATH-Enrolled Consumers	Met – Yes or No	Comments
An individual’s eligibility shall be determined and documented at the earliest possible date.	YES	
A record shall be maintained for each enrolled individual receiving services under this rule. The record shall contain:	YES	
An enrollment form which includes: The individual’s name and PATH enrollment date; a list or description of the criteria determining the individual’s PATH eligibility; and the individual’s PATH services discharge date.	YES	
A plan defining the enrolled individuals goals and service objectives including one or more of the following: accessing community mental health services; accessing and coordinating needed services for the eligible individual; accessing income and income support assistance including housing assistance; referral to other appropriate services.	YES	While all enrolled PATH consumers had an ISSP, identical language was present in most of the plans reviewed. Plans should be individual to the client. Plans should also be reviewed every 90 days with the client and updated as necessary, this can be documented in progress notes.
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	YES	While contacts and services were documented in each chart, there was little documentation referencing

plan goals.		what steps were being taken to access housing.
A termination summary describing reasons for the enrolled individual no longer being involved in services.	YES	
Requirement for PATH-Eligible Consumers	Met – Yes or No	Comments
A record shall be maintained for individuals served but not yet enrolled under the provisions of these rules. The record shall contain:	Not reviewed	
A description of the potentially eligible individual, which may include but is not limited to: a physical description of the individual; the location where the individual was served; and a description of the individual’s personal belongings.	Not reviewed	
A preliminary assessment of the potentially eligible individual’s needs based on available information.	Not reviewed	
A record of where and when contacts with the potentially eligible individual were made and the outcome of those contacts.	Not reviewed	

Recommendations: Case management services, particularly services to assist clients in obtaining and maintaining housing should be integrated into the ISSP and progress notes so that information is available to all providers at the same time. White Bird is moving toward an electronic record which should help address this issue. Progress notes should refer back to ISSP indicating progress toward therapy and case management goals, or barriers to address. Avoid generic language in ISSP by creating a collaborative plan with the client which is updated or changed as necessary to reflect current circumstances.

Increase participation in local Continuum of Care. As noted above, participation in local CoCs is an expectation of PATH programs and will help ensure that White Bird is informed of changes in housing programs and has a voice in local decision making.

Files of PATH-eligible consumers who were contacted but not yet enrolled were not provided for review during this site visit. Noting previous findings of lack of documentation for individuals served but not yet enrolled, White Bird is encouraged to refer to OAR 309-032-0351 to ensure that record keeping meets these requirements.

Reporting and Fiscal Controls:

White Bird made significant improvements in 2012-2013 to record keeping for PATH funded positions and expenditures, resulting in appropriate and accurate data reporting.

Summary:

White Bird Clinic is a long-time provider of essential services to individuals with serious mental illness experiencing homelessness. White Bird has taken steps in 2014 to significantly increase the number of contacts by utilizing both an outreach and inreach approach. White Bird is aligned with the spirit and intention of the PATH program by focusing services on individuals who have no other resources. White Bird Clinic has a unique organizational structure and way of providing services that is unlike other mental health providers in Oregon, but is well suited for the community of Eugene. Because of the uniqueness of the White Bird program, adhering to data collection and reporting standards required of PATH programs can present challenges. The State PATH Contact will continue to collaborate with the White Bird program to address these challenges to minimize burden to the program while continuing to meet the administrative requirements.

During the site review, findings from the 2013 SAMHSA site visit to the Oregon statewide PATH program were discussed, including recommendations for training and technical assistance for Oregon PATH providers, and recommendations that greater emphasis be placed on special populations including veterans and LGBTQ. All Oregon PATH programs are encouraged to explore ways in which services can be maximized to the identified special populations, and future provider meetings will address this issue and develop a plan to increase focus in these areas.

From the list of recommended training and technical assistance provided in the SAMHSA site visit report, White Bird staff identified SOAR training and HMIS as two areas of interest. Additionally, White Bird staff identified Trauma-Informed Care in the context of homelessness as an area in which further training would be appreciated.

Prepared By:
Brenda Dennis
Oregon State PATH Contact

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

DRAFT

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

**The State of Oregon
Oregon Health Authority**

Issues the Following

Request for Proposals

for

Projects for Assistance in Transition from Homelessness (PATH)

RFP #3519

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

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

Postmarks and faxes will not be considered.

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

Issuing Office:

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

SECTION 1 – PURPOSE/OVERVIEW

1. *Introduction*

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

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

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

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

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

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

2. *Overview and Background*

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

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

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

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

Proposers are encouraged to visit the Federal PATH Program's website at www.pathprogram.samhsa.gov to learn more.

3. Definitions

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

- i. **Contract** means the Contract awarded as a result of this RFP.
- ii. **Contractor** means the Proposer selected through this RFP to enter into a Contract with OHA to perform the Work.
- iii. **Governmental Proposal** means a Proposal submitted to OHA by a Governmental Proposer.
- iv. **Governmental Proposer** means a governmental entity that submits a Proposal.
- v. **Key Personnel or Key Persons** means the person or persons on Proposer's staff to be assigned to perform the Work under the Contract. For Key Persons not identified prior to Proposal submission, a position description must be submitted.

- vi. **Office of Contracts and Procurement (OC&P)** means the entity that is responsible for the procurement process for OHA.
- vii. **Proposal** means a written response submitted to OC&P in response to this RFP.
- viii. **Proposer** means the person or entity that submits a Proposal.
- ix. **RFP** means Request for Proposal.
- x. **Work** means the required activities, tasks, deliverables, reporting, and invoicing requirements, as described in Section 3-Scope of Work of this RFP.

4. Authority

OHA issues this RFP under the authority of ORS.413.033

SECTION 2 – MINIMUM QUALIFICATIONS

Proposers must meet all of the following minimum qualifications:

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

SECTION 3 – SCOPE OF WORK

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

3.1 PATH SERVICES:

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

PATH-eligible means an individual who:

- a. Has a serious mental illness; **and**
- b. May have a co-occurring substance use disorder; **and**

- c. Is homeless or at imminent risk of homelessness
PATH-enrolled means an individual who
- (1) is PATH-eligible; **and**
- (2) for whom an individual record or file is developed

Eligible services through PATH are as follows:

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

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

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

3.2 PARTICIPATION REQUIREMENTS:

- 3.2.1 Services provided must be eligible services as stated in, Appendix A - the Public Health Services Act Section 522(b).
- 3.2.2 At least 85% of individuals contacted shall not be enrolled in community mental health services at first contact.
- 3.2.3 Of the total individuals who are PATH-enrolled, 75% must be transitioned into housing.

- 3.2.4 All individuals enrolled in PATH must be connected to community mental health services.
- 3.2.5 Active participation in the local Continuum of Care.
- 3.2.6 Attendance at semi-annual PATH provider meetings.
- 3.2.7 Attendance at PATH technical assistance and trainings as requested by OHA.
- 3.2.8 Development of an annual PATH Intended Use Plan including a line item budget and budget narrative using the format supplied by OHA.
- 3.2.9 Submission of quarterly utilization, demographic data, and expenditure reports to OHA.
- 3.2.10 Participation in annual PATH program site reviews conducted by AMH.
- 3.2.11 Participation in Federal site reviews as needed or requested by OHA.

3.3 SPECIAL CONSIDERATION REGARDING VETERANS:

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

3.4 SPECIAL RULE REGARDING SUBSTANCE USE:

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

3.5 COST SHARING AND FUNDING RESTRICTIONS:

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

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

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

- (1) Grant funds must be used for purposes supported by the program.
- (2) No more than 4% of Federal PATH funds received shall be expended for administrative expenses.
- (3) No more than 20% of the Federal PATH funds received may be expended for eligible housing services.
- (4) Grant funds **may not** be expended:
 - a. To support emergency shelters
 - b. For inpatient psychiatric treatment

- c. For inpatient substance abuse treatment
- d. To make cash payments to intended recipients of mental health or substance abuse services
- e. To pay for the purchase or construction of any building or structure to house any part of the grant program
- f. For any lease arrangements in association with the proposed project utilizing PATH funds for:
 - i. A time period beyond the project period; **or**
 - ii. Purposes not supported by the grant

SECTION 4 – RFP PROCESS

4.1. Sole Point of Contact (SPC)

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

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

4.2 Timeline for RFP and Proposal Submission

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

4.3. Closing Date for Submittal of Proposals

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

4.3.2 Proposals shipped must be addressed as follows:

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

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

4.4. Pre-proposal Questions Relating to This RFP

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

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

4.5 Public Opening

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

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

SECTION 5 – PROPOSAL REQUIREMENTS

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

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

5.1 General Proposal Requirements

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

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

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

5.2 Technical Proposal Requirements

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

5.2.1 Proposal Cover Sheet

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

5.2.2 Project Narrative (150 points):

- (1) Describe the roles and qualifications of all organizations involved in providing PATH-funded¹² services under this application including:
 - a. the organization name,

¹² “PATH-funded” includes both Federal PATH funds and match funds.

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

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

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

5.2.4 Community Collaboration (150 points):

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

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

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

5.2.5 Meaningful Consumer and Family Involvement (75 points):

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

5.2.6 Cultural Competency (30 points):

Describe:

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

5.2.7 Services to Veterans (60 Points):

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

5.2.8 Budget (125 points):

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

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

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

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

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

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

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

6.1 *Pass/Fail Items*

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

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

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

6.2 *Evaluation Factors Checklist*

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

PASS OR FAIL CRITERIA	
Section 2 Minimum Qualifications	Pass or Fail
Section 5 Proposal Cover Sheet (Attachment A)	Pass or Fail

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

6.3 Best and Final Offer

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

6.4 Responsible

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

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

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

6.5 *Final Selection and Award*

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

6.6 *Proposal Rejection*

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

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

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

SECTION 7 – GENERAL INFORMATION

7.1 *Changes/Modification and Clarifications*

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

7.2 *Reservation of OC&P Rights*

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

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

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

7.3 *Protest of RFP*

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

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

7.4 *Award Notice*

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

7.5 *Protest of Award*

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

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

7.6 *Modification or Withdrawal*

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

7.7 *Release of Information*

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

7.8 *Public Information*

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

7.9 *Cost of Proposals*

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

7.10 Statutorily Required Preferences

The following Preferences and rules apply to this RFP:

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

7.11 Contract Period

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

7.12 Contractual Obligation

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

7.13 Contract Documents

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

7.14 Insurance Requirements

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

ATTACHMENT 1 A - Proposal Cover Sheet

Proposer Information - RFP # 3519

Proposer Name: _____

For non-governmental organizations, check one box:

Proposer is a publicly held company or privately held company.

Primary Contact Person: _____ Title: _____

Address: _____ City, State, Zip _____

Telephone: _____ Fax: _____ E-mail Address: _____

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

Name: _____ Title: _____

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

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

180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.

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

Signature: _____ Date: _____
(Authorized to Bind Proposer)

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

DRAFT

ATTACHMENT 1 B – Proposed Subcontractor Information

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

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

2. Proposed Subcontractor Information:

Entity Name: _____

City, State, Zip: _____

Contact Person: _____

Telephone: _____ Cell Phone _____

Facsimile: _____ Email: _____

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

Signature

Date

Printed Name and Title

ATTACHMENT 2 - Proposer's Designation of Confidential Materials

RFP # 3519

Proposer Name: _____

Instructions for completing this form:

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

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

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

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

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

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

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

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

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

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

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

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

1.

2.

3.

[This list may be expanded as necessary.]

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

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

1. _____
2. _____
3. _____

[This list may be expanded as necessary.]

DRAFT

RFP# 3519

Contract Number 000000

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

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

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

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

hereinafter referred to as "Contractor."

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

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

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

2. Contract Documents.

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

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

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

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

3. Consideration.

- a. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is [insert amount]. OHA will not pay Contractor any amount in excess of the not-to-exceed compensation of this Contract for completing the Work, and will not pay for Work performed before the date this Contract becomes effective or after the termination or expiration of this Contract. If the maximum compensation is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment.
- b. Interim payments to Contractor shall be subject to ORS 293.462, and shall be made in accordance with the payment schedule and requirements in Exhibit A, Part 2, “Payment and Financial Reporting.”
- c. OHA will pay only for completed Work under this Contract. For purposes of this Contract, “Work” means the tasks or services and deliverables accepted by OHA, and which are described in Exhibit A, Part 1, “Statement of Work.”

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

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

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

1. Contractor Data and Certification.

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

Please print or type the following information

Contractor Name (exactly as filed with the IRS):

Street address: _____

City, state, zip code: _____

E-mail address: _____

Telephone: () - _____ Facsimile: () - _____

Is Contractor a nonresident alien, as defined in 26 USC § 7701(b)(1)?
(Check one box): YES NO

Contractor Proof of Insurance:

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

Professional Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

Commercial General Liability Insurance Company: _____

Policy #: _____ Expiration Date: _____

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

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

Workers' Compensation Insurance Company: _____

Policy #: _____ Expiration Date: _____

Business Designation: (Check one box):

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

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

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

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

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

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

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

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

8. Signatures.

**Contractor
By:**

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

**State of Oregon, acting by and through OHA
By:**

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

Approved for Legal Sufficiency:

With Protect Form on, click here Assistant Attorney General	With Protect Form on, click here	Date
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Enter name of any other required Signatures (remove if not needed):

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

Contract Specialist	Date
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EXHIBIT A

**Part 1
Statement of Work**

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

DRAFT

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.

DRAFT

EXHIBIT A

Part 3 Special Provisions

1. Confidentiality of Client Information.

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

2. Amendments.

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

5. Upon identification, by any party to this Contract, of any circumstance which may require an amendment to this Contract, the parties may enter into negotiations regarding the proposed modifications. Any resulting amendment must be in writing and be signed by all parties to the Contract before the modified or additional provisions are binding on either party. All amendments must comply with Exhibit B, Section 21. "Amendments; Waiver; Consent," of this Contract.

1. Background Checks.

2. **Equal Access to Services.** Contractor shall provide equal access to covered services for both males and females under 18 years of age, including access to appropriate facilities, services and treatment, to achieve the policy in ORS 417.270.
3. **Media Disclosure.** The Contractor will not provide information to the media regarding a recipient of services purchased under this Contract without first consulting the OHA office that referred the child or family. The Contractor will make immediate contact with the OHA office when media contact occurs. The OHA office will assist the Contractor with an appropriate follow-up response for the media.
4. **Mandatory Reporting.** The Contractor shall immediately report any evidence of child abuse, neglect or threat of harm to DHS Child Protective Services or law enforcement officials in full accordance with the mandatory Child Abuse Reporting law (ORS 419B.005 to 419B.045). If law enforcement is notified, the Contractor shall notify the referring OHA caseworker within 24 hours. Contractor shall immediately contact the local DHS Child Protective Services office if questions arise as to whether or not an incident meets the definition of child abuse or neglect.
5. **Nondiscrimination.** The Contractor must provide services to OHA clients without regard to race, religion, national origin, sex, age, marital status, sexual orientation or disability (as defined under the Americans with Disabilities Act). Contracted services must reasonably accommodate the cultural, language and other special needs of clients.

EXHIBIT B

Standard Terms and Conditions

- **Governing Law, Consent to Jurisdiction.** This Contract shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding collectively, "Claim" between OHA or any other agency or department of the State of Oregon, or both, and Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the State of Oregon of the jurisdiction of any court or of any form of defense to or immunity from any Claim, whether sovereign immunity, governmental immunity, immunity based on the eleventh amendment to the Constitution of the United States or otherwise. CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.
- **Compliance with Applicable Law.**
 - Contractor shall comply and cause all sub-contractors to comply with all state and local laws, regulations, executive orders and ordinances applicable to the Contract or to the performance of Work as they may be adopted, amended or repealed from time to time, including but not limited to the following: (i) ORS Chapter 659A.142 and (ii) all other applicable requirements of state civil rights and rehabilitation statutes, rules and regulations. These laws, regulations, executive orders and ordinances are incorporated by reference herein to the extent that they are applicable to this Contract and required by law to be so incorporated. OHA's performance under this Contract is conditioned upon Contractor's compliance with the provisions of ORS 279B.220, 279B.225, 279B.230, 279B.235 and 279B.270, which are incorporated by reference herein. Contractor shall, to the maximum extent economically feasible in the performance of this Contract, use recycled paper (as defined in ORS 279A.010(1)(gg)), recycled PETE products (as defined in ORS 279A.010(1)(hh)), and other recycled products (as "recycled product" is defined in ORS 279A.010(1)(ii)).
 - In compliance with the Americans with Disabilities Act, any written material that is generated and provided by Contractor under this Contract to OHA clients, including Medicaid-Eligible Individuals, shall, at the request of such OHA clients, be reproduced in alternate formats of communication, to include Braille, large print, audiotape, oral presentation, and electronic format. OHA shall not reimburse Contractor for costs incurred in complying with this provision. Contractor shall cause all subcontractors under this Contract to comply with the requirements of this provision.
 - Contractor shall comply with the federal laws as set forth or incorporated, or both, in this Contract and all other federal laws applicable to Contractor's performance

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

- **Independent Contractor.**

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

- **Representations and Warranties.**

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

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

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

- **Ownership of Work Product.**

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

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

- **Indemnity.**

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

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

• **Default; Remedies; Termination.**

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

These remedies are cumulative to the extent the remedies are not inconsistent, and OHA may pursue any remedy or remedies singly, collectively, successively or in

any order whatsoever. If a court determines that Contractor was not in default under Section 10.a., then Contractor shall be entitled to the same remedies as if this Contract was terminated pursuant to Section 10.e.(1).

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

the time period and with such notice as provided in Section 10.e.(2)(b) or Section 10.e.(2)(c) below, upon the occurrence of any of the following events:

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

90 days after the date of the notice, or for any further period to which the parties may agree through a duly executed amendment. Upon receipt of the notice, Contractor shall immediately comply with the Stop-Work Order terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the stop work order notice. Within a period of 90 days after issuance of the written notice, or within any extension of that period to which the parties have agreed, OHA shall either:

1. Cancel or modify the stop work order by a supplementary written notice; or
2. Terminate the work as permitted by either the Default or the Convenience provisions of Section 10., Default; Remedies; Termination.
3. If the Stop Work Order is canceled, OHA may, after receiving and evaluating a request by the Contractor, make an adjustment in the time required to complete this Contract and the Contract price by a duly executed amendment.

- **Limitation of Liabilities.** EXCEPT FOR LIABILITY ARISING UNDER OR RELATED TO SECTION 9. INDEMNITY, NEITHER PARTY SHALL BE LIABLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR RELATED TO THIS CONTRACT.
- **Insurance.** Contractor shall maintain insurance as set forth in Exhibit C, attached hereto.
- **Records Maintenance, Access.** Contractor shall maintain all financial records relating to this Contract in accordance with generally accepted accounting principles. In addition, Contractor shall maintain any other records, books, documents, papers, plans, records of shipments and payments and writings of Contractor, whether in paper, electronic or other form, that are pertinent to this Contract, in such a manner as to clearly document Contractor's performance. All financial records, other records, books, documents, papers, plans, records of shipments and payments and writings of Contractor whether in paper, electronic or other form, that are pertinent to this Contract, are collectively referred to as "Records." Contractor acknowledges and agrees that OHA and the Secretary of State's Office and the federal government and their duly authorized representatives shall have access to all Records to perform examinations and audits and make excerpts and transcripts. Contractor shall retain and keep accessible all Records for the longer of:
 1. Six years following final payment and termination of this Contract;
 2. The period as may be required by applicable law, including the records retention schedules set forth in OAR Chapter 166; or
 3. Until the conclusion of any audit, controversy or litigation arising out of or related to this Contract.
- **Information Privacy/Security/Access.** If the Work performed under this Contract requires Contractor or, when allowed, its subcontractor(s), to have access to or use of any OHA computer system or other OHA Information Asset for which OHA imposes security requirements, and OHA grants Contractor or its subcontractor(s) access to such OHA Information Assets or Network and Information Systems, Contractor shall comply and require all subcontractor(s) to which such access has been granted to comply with OAR 943-014-0300 through OAR 943-014-0320, as such rules may be revised from time to time. For

purposes of this section, “Information Asset” and “Network and Information System” have the meaning set forth in OAR 943-014-0305, as such rule may be revised from time to time.

- **Force Majeure.** Neither OHA nor Contractor shall be held responsible for delay or default caused by fire, civil unrest, labor unrest, natural causes, or war which is beyond the reasonable control of OHA or Contractor, respectively. Each party shall, however, make all reasonable efforts to remove or eliminate such cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this Contract. OHA may terminate this Contract upon written notice to the other party after reasonably determining that the delay or breach will likely prevent successful performance of this Contract.
- **Foreign Contractor.** If Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Department of Revenue and the Secretary of State Corporation Division all information required by those agencies relative to this Contract.
- **Assignment of Contract, Successors in Interest.**
 1. Contractor shall not assign or transfer its interest in this Contract without prior written consent of OHA. Any such assignment or transfer, if approved, is subject to such conditions and provisions as OHA may deem necessary. No approval by OHA of any assignment or transfer of interest shall be deemed to create any obligation of OHA in addition to those set forth in the Contract.
 2. The provisions of this Contract shall be binding upon and inure to the benefit of the parties, their respective successors, and permitted assigns.
- **Subcontracts.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract without OHA's prior written consent. In addition to any other provisions OHA may require, Contractor shall include in any permitted subcontract under this Contract provisions to ensure that OHA will receive the benefit of subcontractor performance as if the subcontractor were the Contractor with respect to Sections 1, 2, 3, 4, 5, 8, 9, 14, 15, 17, 18, 19, and 20 of this Exhibit B. OHA's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- **No Third Party Beneficiaries.** OHA and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. The parties agree that Contractor's performance under this Contract is solely for the benefit of OHA to accomplish its statutory mission. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons any greater than the rights and benefits enjoyed by the general public unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- **Amendments.** No amendment, modification or change of terms of this Contract shall bind either party unless in writing and signed by both parties and when required the Department of Justice. Such amendment, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given.

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

OHA:

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

CONTRACTOR:

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

- **Construction.** The parties agree and acknowledge that the rule of construction that ambiguities in a written agreement are to be construed against the party preparing or drafting the agreement shall not be applicable to the interpretation of this Contract.

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

EXHIBIT C

Insurance Requirements

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

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

Required by OHA Not required by OHA

Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract. Contractor

shall provide proof of insurance of not less than the following amounts as determined by the OHA:

Per occurrence limit for any single claimant:

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

Per occurrence limit for multiple claimants:

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

3. Commercial General Liability:

Required by OHA **Not required by OHA**

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

Per occurrence limit for any single claimant:

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

Per occurrence limit for multiple claimants:

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

AND

Property Damage:

Per occurrence limit for any single claimant:

From commencement of the Contract term through June 30, 2013: \$104,300.
From July 1, 2013 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

Per occurrence limit for multiple claimants:

From commencement of the Contract term through June 30, 2013: \$521,400.
From July 1, 2013 and every year thereafter the adjusted limitation as determined by the State Court Administrator pursuant to ORS 30.273(3).

4. **Additional Insured.** The Commercial General Liability insurance and Automobile Liability insurance required under this Contract shall include the State of Oregon, its officers, employees and agents as Additional Insureds but only with respect to Contractor's activities to be performed under this Contract. Coverage shall be primary and non-contributory with any other insurance and self-insurance.
5. **Notice of Cancellation or Change.** There shall be no cancellation, material change, potential exhaustion of aggregate limits or non-renewal of insurance coverage(s) without 60 days' written notice from this Contractor or its insurer(s) to OHA. Any failure to comply with the reporting provisions of this clause shall constitute a material breach of Contract and shall be grounds for immediate termination of this Contract by OHA.
6. **Proof of Insurance.** Contractor shall provide to OHA information requested in Data Certification for all required insurance before delivering any goods and performing any services required under this Contract. Contractor shall pay for all deductibles, self-insured retention and self-insurance, if any.
7. **"Tail" Coverage.** If any of the required liability insurance is on a "claims made" basis, Contractor shall either maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of (i) Contractor's completion and OHA's acceptance of all services required under this Contract, or, (ii) The expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing 24-month requirement, if Contractor elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then Contractor shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace for the coverage required under this Contract. Contractor shall provide to OHA, upon OHA's request, certification of the coverage required under this section 8.

EXHIBIT D

Required Federal Terms and Conditions

General Applicability and Compliance. Unless exempt under 45CFR Part 87 for Faith-Based Organizations (Federal Register, July 16, 2004, Volume 69, #136), or other federal provisions, Contractor shall comply and, as indicated, cause all subcontractors to comply with the following federal requirements to the extent that they are applicable to this Contract, to Contractor, or to the Work, or to any combination of the foregoing. For purposes of this Contract, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. **Miscellaneous Federal Provisions.** Contractor shall comply and require all subcontractors to comply with all federal laws, regulations, and executive orders applicable to the Contract or to the delivery of Work. Without limiting the generality of the foregoing,

Contractor expressly agrees to comply and require all subcontractors to comply with the following laws, regulations and executive orders to the extent they are applicable to the Contract: (a) Title VI and VII of the Civil Rights Act of 1964, as amended, (b) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended, (c) the Americans with Disabilities Act of 1990, as amended, (d) Executive Order 11246, as amended, (e) the Health Insurance Portability and Accountability Act of 1996, as amended, (f) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended, (g) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, (h) all regulations and administrative rules established pursuant to the foregoing laws, (i) all other applicable requirements of federal civil rights and rehabilitation statutes, rules and regulations, and (j) all federal law governing operation of Community Mental Health Programs, including without limitation, all federal laws requiring reporting of Client abuse. These laws, regulations and executive orders are incorporated by reference herein to the extent that they are applicable to the Contract and required by law to be so incorporated. No federal funds may be used to provide Work in violation of 42 U.S.C. 14402.

2. **Equal Employment Opportunity.** If this Contract, including amendments, is for more than \$10,000, then Contractor shall comply and require all subcontractors to comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60).
3. **Clean Air, Clean Water, EPA Regulations.** If this Contract, including amendments, exceeds \$100,000 then Contractor shall comply and require all subcontractors to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 7606), the Federal Water Pollution Control Act as amended (commonly known as the Clean Water Act) (33 U.S.C. 1251 to 1387), specifically including, but not limited to Section 508 (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (2 CFR Part 1532), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to OHA, United States Department of Health and Human Services and the appropriate Regional Office of the Environmental Protection Agency. Contractor shall include and require all subcontractors to include in all contracts with subcontractors receiving more than \$100,000, language requiring the subcontractor to comply with the federal laws identified in this section.
4. **Energy Efficiency.** Contractor shall comply and require all subcontractors to comply with applicable mandatory standards and policies relating to energy efficiency that are contained in the Oregon energy conservation plan issued in compliance with the Energy Policy and Conservation Act 42 U.S.C. 6201 et. Seq., (Pub. L. 94-163).
5. **Truth in Lobbying.** The Contractor certifies, to the best of the Contractor's knowledge and belief that:
 1. No federal appropriated funds have been paid or will be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the

awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.

2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the Contractor shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
3. The Contractor shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients and subcontractors shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. No part of any federal funds paid to Contractor under this Contract shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the United States Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
6. No part of any federal funds paid to Contractor under this Contract shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the United States Congress or any State government, State legislature or local legislature of legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
7. The prohibitions in subsections (b) and (c) of this section shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

8. No part of any federal funds paid to Contractor under this Contract may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive congressional communications. This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance of that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

This certification is a material representation of fact upon which reliance was placed when this Contract was made or entered into. Submission of this certification is a prerequisite for making or entering into this Contract imposed by section 1352, Title 31 of the U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

9. **HIPAA Compliance.** OHA is a Covered Entity with respect to its healthcare components as described in OAR 943-014-0015 for purposes of the Health Insurance Portability and Accountability Act and the federal regulations implementing the Act (collectively referred to as HIPAA), and OAR 125-055-0100 through OAR 125-055-0130. OHA must comply with HIPAA to the extent that any Work or obligations of OHA arising under this Contract are covered by HIPAA. Contractor shall determine if Contractor will have access to, or create any protected health information in the performance of any Work or other obligations under this Contract. To the extent that Contractor will have access to, or create any protected health information to perform functions, activities, or services for, or on behalf of, a healthcare component of OHA in the performance of any Work required by this Contract, Contractor shall comply and cause all subcontractors to comply with OAR 125-055-0100 through OAR 125-055-0130 and the following:

1. **Privacy and Security of Individually Identifiable Health Information.** Individually Identifiable Health Information about specific individuals is confidential. Individually Identifiable Health Information relating to specific individuals may be exchanged between Contractor and OHA for purposes directly related to the provision of services to Clients which are funded in whole or in part under this Contract. To the extent that Contractor is performing functions, activities, or services for, or on behalf of, a healthcare component of OHA in the performance of any Work required by this Contract, Contractor shall not use or disclose any Individually Identifiable Health Information about specific individuals in a manner that would violate OHA Privacy Rules, OAR 943-014-0000 et. seq., or OHA Notice of Privacy Practices. A copy of the most recent OHA Notice of Privacy Practices is posted on the OHA web site at: [https://apps.state.or.us/cf1/FORMS/\(enter form number "2090"\)](https://apps.state.or.us/cf1/FORMS/(enter form number) or may be obtained from OHA.
2. **Data Transactions Systems.** If Contractor intends to exchange electronic data transactions with a health care component of OHA in connection with claims or encounter data, eligibility or enrollment information, authorizations or other electronic transaction, Contractor shall execute an EDI Trading Partner Agreement with OHA and shall comply with OHA EDI Rules.

3. **Consultation and Testing.** If Contractor reasonably believes that the Contractor's or OHA's data transactions system or other application of HIPAA privacy or security compliance policy may result in a violation of HIPAA requirements, Contractor shall promptly consult the OHA Information Security Office. Contractor or OHA may initiate a request for testing of HIPAA transaction requirements, subject to available resources and the OHA testing schedule.
4. **Resource Conservation and Recovery.** Contractor shall comply and require all subcontractors to comply with all mandatory standards and policies that relate to resource conservation and recovery pursuant to the Resource Conservation and Recovery Act (codified at 42 U.S.C. 6901 et. seq.). Section 6002 of that Act (codified at 42 U.S.C. 6962) requires that preference be given in procurement programs to the purchase of specific products containing recycled materials identified in guidelines developed by the Environmental Protection Agency. Current guidelines are set forth in 40 CFR Part 247.
5. **Audits.**
 1. Contractor shall comply, and require any subcontractor to comply, with applicable audit requirements and responsibilities set forth in this Contract and applicable state or federal law.
 2. Sub-recipients shall also comply with applicable Code of Federal Regulations (CFR) and OMB Circulars governing expenditure of federal funds including, but not limited, to OMB A-133 Audits of States, Local Governments and Non-Profit Organizations.
3. **Debarment and Suspension.** Contractor shall not permit any person or entity to be a subcontractor if the person or entity is listed on the non-procurement portion of the General Service Administration's "List of Parties Excluded from Federal Procurement or Nonprocurement Programs" in accordance with Executive Orders No. 12549 and No. 12689, "Debarment and Suspension". (See 2 CFR Part 180.) This list contains the names of parties debarred, suspended, or otherwise excluded by agencies, and contractors declared ineligible under statutory authority other than Executive Order No. 12549. Subcontractors with awards that exceed the simplified acquisition threshold shall provide the required certification regarding their exclusion status and that of their principals prior to award.
4. **Drug-Free Workplace.** Contractor shall comply and cause all subcontractors to comply with the following provisions to maintain a drug-free workplace: (i) Contractor certifies that it will provide a drug-free workplace by publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, except as may be present in lawfully prescribed or over-the-counter medications, is prohibited in Contractor's workplace or while providing services to OHA clients. Contractor's notice shall specify the actions that will be taken by Contractor against its employees for violation of such prohibitions; (ii) Establish a drug-free awareness program to inform its employees about: The dangers of drug abuse in the workplace, Contractor's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations; (iii) Provide each employee to be

engaged in the performance of services under this Contract a copy of the statement mentioned in paragraph (i) above; (iv) Notify each employee in the statement required by paragraph (i) above that, as a condition of employment to provide services under this Contract, the employee will: abide by the terms of the statement, and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction; (v) Notify OHA within ten (10) days after receiving notice under subparagraph (iv) above from an employee or otherwise receiving actual notice of such conviction; (vi) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted as required by Section 5154 of the Drug-Free Workplace Act of 1988; (vii) Make a good-faith effort to continue a drug-free workplace through implementation of subparagraphs (i) through (vi) above; (viii) Require any subcontractor to comply with subparagraphs (i) through (vii) above; (ix) Neither Contractor, or any of Contractor's employees, officers, agents or subcontractors may provide any service required under this Contract while under the influence of drugs. For purposes of this provision, "under the influence" means: observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the Contractor or Contractor's employee, officer, agent or subcontractor has used a controlled substance, prescription or non-prescription medication that impairs the Contractor or Contractor's employee, officer, agent or subcontractor's performance of essential job function or creates a direct threat to OHA clients or others. Examples of abnormal behavior include, but are not limited to: hallucinations, paranoia or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to: slurred speech, difficulty walking or performing job activities; and (x) Violation of any provision of this subsection may result in termination of the Contract.

5. **Pro-Children Act.** Contractor shall comply and require all subcontractors to comply with the Pro-Children Act of 1994 (codified at 20 U.S.C. section 6081 et. seq.).
6. **Medicaid Services.** Contractor shall comply with all applicable federal and state laws and regulation pertaining to the provision of Medicaid Services under the Medicaid Act, Title XIX, 42 U.S.C. Section 1396 et. seq., including without limitation:
 1. Keep such records as are necessary to fully disclose the extent of the services provided to individuals receiving Medicaid assistance and shall furnish such information to any state or federal agency responsible for administering the Medicaid program regarding any payments claimed by such person or institution for providing Medicaid Services as the state or federal agency may from time to time request. 42 U.S.C. Section 1396a (a)(27); 42 CFR 431.107(b)(1) & (2).
 2. Comply with all disclosure requirements of 42 CFR 1002.3(a) and 42 CFR 455 Subpart (B).
 3. Maintain written notices and procedures respecting advance directives in compliance with 42 U.S.C. Section 1396(a)(57) and (w), 42 CFR 431.107(b)(4), and 42 CFR 489 subpart I.
 4. Certify when submitting any claim for the provision of Medicaid Services that the information submitted is true, accurate and complete. Contractor shall acknowledge Contractor's understanding that payment of the claim will be from

federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Entities receiving \$5 million or more annually (under this Contract and any other Medicaid contract) for furnishing Medicaid health care items or services shall, as a condition of receiving such payments, adopt written fraud, waste and abuse policies and procedures and inform employees, contractors and agents about the policies and procedures in compliance with Section 6032 of the Deficit Reduction Act of 2005, 42 U.S.C. § 1396a(a)(68).

5. **Agency-based Voter Registration.** If applicable, Contractor shall comply with the Agency-based Voter Registration sections of the National Voter Registration Act of 1993 that require voter registration opportunities be offered where an individual may apply for or receive an application for public assistance.

6. **Disclosure.**

- a. 42 CFR 455.104 requires the State Medicaid agency to obtain the following information from any provider of Medicaid or CHIP services, including fiscal agents of providers and managed care entities: (1) the name and address (including the primary business address, every business location and P.O. Box address) of any person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity; (2) in the case of an individual, the date of birth and Social Security Number, or, in the case of a corporation, the tax identification number of the entity, with an ownership interest in the provider, fiscal agent or managed care entity or of any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest; (3) whether the person (individual or corporation) with an ownership or control interest in the provider, fiscal agent or managed care entity is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the provider, fiscal agent or managed care entity has a 5% or more interest is related to another person with ownership or control interest in the provider, fiscal agent or managed care entity as a spouse, parent, child or sibling; (4) the name of any other provider, fiscal agent or managed care entity in which an owner of the provider, fiscal agent or managed care entity has an ownership or control interest; and, (5) the name, address, date of birth and Social Security Number of any managing employee of the provider, fiscal agent or managed care entity.
- b. 42 CFR 455.434 requires as a condition of enrollment as a Medicaid or CHIP provider, to consent to criminal background checks, including fingerprinting

when required to do so under state law, or by the category of the provider based on risk of fraud, waste and abuse under federal law.

- c. As such, a provider must disclose any person with a 5% or greater direct or indirect ownership interest in the provider whom has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.
- d. Contractor shall make the disclosures required by this Section 14. to OHA. OHA reserves the right to take such action required by law, or where OHA has discretion, it deems appropriate, based on the information received (or the failure to receive information) from the provider, fiscal agent or managed care entity.

7. **Work Rights.** The federal funding agency, as the awarding agency of the funds used, at least in part, for the Work under this Contract, may have certain rights as set forth in the federal requirements pertinent to these funds. For purposes of this subsection, the terms “grant” and “award” refer to funding issued by the federal funding agency to the State of Oregon. The Contractor agrees that it has been provided the following notice:

- a. The federal funding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the Work, and to authorize others to do so, for Federal Government purposes with respect to:
 - 1. The copyright in any Work developed under a grant, subgrant or contract under a grant or subgrant; and
 - 2. Any rights of copyright to which a grantee, subgrantee or a contractor purchases ownership with grant support.
- b. The parties are subject to applicable federal regulations governing patents and inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements.”

The parties are subject to applicable requirements and regulations of the federal funding agency regarding rights in data first produced under a grant, subgrant or contract under a grant or subgrant.

EXHIBIT E

Required Subcontractor Provisions

(Optional - Can be removed or RESERVED)

DRAFT

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.

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APPENDIX B – PATH SERVICE DEFINITIONS

“Co-Occurring Disorders (COD)”

The existence of at least one diagnosis of a substance use disorder and one diagnosis of a serious mental illness.

“Eligible Individual”

An individual who:

- (a) Is homeless or at imminent risk of becoming homeless, and
- (b) Who has, or is reasonably assumed to have, a serious mental illness.
- (c) The individual may also have a co-occurring substance use disorder. (NOTE: Individuals experiencing substance use disorders *only* are not eligible for PATH services.)

“Enrolled”

An eligible individual who:

- a. Receives services supported at least partially with PATH funds, and
- b. Has an individual service record that indicates enrollment in the PATH program.

“Homeless Individual”

An individual who:

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

“Imminent Risk of Homelessness”

An individual that is:

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

“Literally Homeless Individual”

An individual who lacks housing without regard to whether the individual is a member of a family, including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations.

“Outreach”

The process of bringing individuals who do not access traditional services into treatment.

- a. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.
 - a. *Active outreach* is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
 - b. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.
 - c. *Outreach may also include “inreach,”* defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.

“Serious Mental Illness”

A psychiatric condition experienced by an individual who is 18 years of age or older and who is:

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

APPENDIX C – Meaningful Consumer and Family Involvement

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

Program Mission - An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning - Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

Training and Staffing - The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

Rights Protection - Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination - Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.

APPENDIX D – SAMHSA Guidelines for Assessing Cultural Competence

Experience or track record of involvement with the target population - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.

Training and staffing - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.

Language - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.

Materials - It should be demonstrated that material and products such as audio-visual materials, PSAs, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.

Evaluation - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.

Community representation - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

Implementation - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

APPENDIX E – BUDGET FORM

Position	Annual Salary*	PATH-funded FTE	Federal PATH Funds	Match Funds
Personnel:				
<i>Subtotal</i>				
Fringe Benefits at _____ %:				
<i>Subtotal</i>				
Travel:				
2 Trips for Semi-Annual Provider Meeting in Salem				
<i>Subtotal:</i>				
Other:				
<i>Subtotal:</i>				
Total:				

*Indicate "annualized" salary for positions.

Attachment D: Oregon Coalition on Housing and Homelessness 2014 Conference Agenda

2014 OCHH CONFERENCE SCHEDULE

Locations will be in Conference-At-A-Glance and posted on the website and in the hotel

Wednesday May 7, 2014

10:00 a.m. Registration Begins – (Continues throughout the conference)

12:00 - 1:15 Buffet Lunch - Speaker: Terry McDonald Executive Director, St. Vincent de Paul Society of Lane County

1:45 - 4:45 Concurrent Seminars:

- The Impact of Stress in Early Childhood Development & the Importance of Screening
- Building Skills in Motivational Interviewing
- Disability Benefits on a Fast Track

5:30 - 7:30 Hall of Innovation – The “Golden Ticket”

Presenters will showcase their innovations in housing and services.

Hors d' oeuvres and No Host Bar

Thursday May 8,
2014

7:00 - 8:15 am Buffet Breakfast - Conference Announcements at 7:45 - Gorge Room

8:30 - 10:00 Concurrent Workshops:

- Harm Reduction & Reclassifying Addiction
- Liaison Peer Training
- An Innovative Approach to Serving People Living with H|V/Homeless
- Feeling good and working well with people with mental health challenges

10:15 -11:45 Concurrent Workshops:

- "I am Homeless & Pregnant, Now What?" McKinney Vento & Social Services
- Caring for Self while Caring for Others
- Doing More with Less: Meeting Client Need Through Organizational Flexibility

12:00 - 1:30 OCHH Luncheon - Speaker: Lloyd Pendleton, Director, Homeless Task Force, Utah Division of Housing and Community Development—State-wide Solutions to Homelessness

1:45 - 3:15 Concurrent Workshops:

- Housing & Public Schools Working Together for Low Income Children
- Host Homes/Alternative Housing for Homeless Youth
- Key Ingredients to Ending Homelessness-Investing Up Front

- Voices of Poverty
- 3:30 - 5:00 Concurrent Workshops:
 - Early Childhood & Preschool Services
 - Coordinated Assessment Best Practices Panel/Dialogue
 - Helping Our Participants Achieve Self-Sufficiency Through Employment Support
 - Voices of Poverty
- 6:00 - 8:00 OCHH Awards Banquet

Friday May 9,
2014

-
- 7:00 - 8:15am Buffet Breakfast - Conference Announcements at 7:45
- 8:30 - 11:30 Concurrent Seminars:
 - Overview of Best Practices in Homeless Services
 - Community Solutions to Unauthorized Camps on Public Land
 - Homeless Children & Youth: What New Oregon Data Reveals

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