

AGENDA SHEET

SUBMITTING DEPARTMENT: Community Services, Housing, and Community Development

CONTACT PERSON: Heather Arnold

PHONE NUMBER: 509-477-4517

CHECK TYPE OF MEETING ITEM BELOW:

2:00 PM CONSENT AGENDA:
BY LEAVE:

5:00 PM LEGISLATIVE SESSION:
BY LEAVE:

SPECIAL SESSION:

BELOW FOR CLERK'S USE ONLY:

Clerk's Resolution No. _____
Approved: Majority/Unanimous _____
Denied: Majority/Unanimous _____
Renews/Amends No. _____
Public Works No. _____
Purchasing Dept. No. _____

AGENDA TITLE: IN THE MATTER OF ACCEPTING CONTRACT NO. 1769-15582 FROM THE WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, DIVISION OF BEHAVIORAL HEALTH AND RECOVERY FOR PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH).

BACKGROUND (Attach separate sheet(s) if necessary): The purpose of the attached resolution is to accept the award from the Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery to conduct PATH projects that will accommodate the local needs and circumstances of PATH Eligible individuals for the period of October 1, 2017 through September 30, 2018. The Department will provide PATH eligible services as provided for in the federal DHHS, SAMHSA FY 2017 Application, Request for Application (RFA) # SM-17-F2.

RECOMMENDATION: Approve

FISCAL IMPACT: \$98,337.00

SIGNATURES:

Christine Barada
Department Head/Elected Official or
Designated Authority (Requesting Agenda Item)

Gerry Gemmill,
Chief Executive Officer

Grants Administrator (sign-off)

Auditor's Office

Treasurer's Office

Budget Office

This item needs to be codified in the County Code Book.

BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF SPOKANE COUNTY, WASHINGTON

IN THE MATTER OF ACCEPTING CONTRACT NO.)
1769-15582 FROM THE WASHINGTON STATE)
DEPARTMENT OF SOCIAL AND HEALTH)
SERVICES, DIVISION OF BEHAVIORAL HEALTH)
AND RECOVERY FOR PROJECTS FOR ASSISTANCE)
IN TRANSITION FROM HOMELESSNESS (PATH))

RESOLUTION

WHEREAS, pursuant to the provisions of RCW 36.32.120(6), the Board of County Commissioners of Spokane County (hereinafter sometimes referred to as the “Board”) has the care of County property and the management of County funds and business; and

WHEREAS, the Board of County Commissioners has adopted a Financial Assistance Policy under Resolution Nos. 12-1017 and 13-0219 (the “Policy”). Based on the Policy, the Spokane County Grants Administrator or designee has recommended that the Board of County Commissioners accept the award for the Projects for Assistance in Transition from Homelessness (PATH) from the Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR).

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of County Commissioners of Spokane County, Washington, pursuant to the provisions of the County’s Financial Assistance Policy adopted under Resolution Nos. 12-1017 and 13-0219, that:

- (1) the Board does hereby accept the award from Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR) for the Projects for Assistance in Transition from Homelessness (PATH) Contract in the amount of \$98,337.00; and
- (2) either the Chairman of the Board, majority of the Board, Chief Executive Officer, Chief Operations Officer, Chief Budget Officer or the elected official of the office receiving the award, is hereby authorized to execute, at other than an open meeting, any and all documents to implement this award as well as any subsequent amendments after review by the Spokane County Grants Administrator or designee.

PASSED AND ADOPTED this _____ day of _____, 2017.

BOARD OF COUNTY COMMISSIONERS
OF SPOKANE COUNTY, WASHINGTON

Al French, Chair

ATTEST:

Josh Kerns, Vice-Chair

Ginna Vasquez, Clerk of the Board

Mary Kuney, Commissioner

 <p>Washington State Department of Social & Health Services</p> <p><i>Transforming lives</i></p>	<h2>BHO PROGRAM AGREEMENT</h2> <h3>PATH</h3>	DSHS Agreement Number: 1769-15582
This BHO Program Agreement is by and between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below, and is issued in conjunction with the DSHS and BHO Agreement on General Terms and Conditions (GT&C), which is incorporated by reference.		BHO GT&C Contract Number: 1684-56856 Contractor Contract Number:
CONTRACTOR NAME Spokane County	CONTRACTOR doing business as (DBA) Spokane County Regional Behavioral Health Org	
CONTRACTOR ADDRESS 312 W 8th Avenue Spokane, WA 99204-2506	WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 600-331-756	DSHS INDEX NUMBER 1239
CONTRACTOR CONTACT Kathleen Torella	CONTRACTOR TELEPHONE (509) 477-4510	CONTRACTOR E-MAIL ADDRESS ktorella@spokanecounty.org
DSHS ADMINISTRATION Behavioral Health Administration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1686LS-69
DSHS CONTACT NAME AND TITLE Melodie Pazolt Program Administrator	DSHS CONTACT ADDRESS 4500 10th Avenue SE Lacey, WA 98503	
DSHS CONTACT TELEPHONE (360)725-0487	DSHS CONTACT FAX (360)725-2278	DSHS CONTACT E-MAIL ADDRESS melodie.pazolt@dshs.wa.gov
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? Yes		CFDA NUMBER(S) 93.150
AGREEMENT START DATE 10/01/2017	AGREEMENT END DATE 09/30/2018	MAXIMUM AGREEMENT AMOUNT \$98,337.00
EXHIBITS. The following Exhibits are attached and are incorporated into this Agreement by reference: <input checked="" type="checkbox"/> Exhibits (specify): Exhibit A – Service Descriptions for PATH Funded Services; Exhibit B – Local Provider Intended Use Plan (IUP); Exhibit C – PATH Government Performance and Results Act (GPRA) Measures; Exhibit D – People to be Served; Exhibit E – Local Match Certification		
The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise regarding the subject matter of this Agreement, between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on DSHS only upon signature by DSHS.		
CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
DSHS SIGNATURE	PRINTED NAME AND TITLE BHA Contracts	DATE SIGNED

Special Terms & Conditions

Federal Award Identification for Subrecipients (reference 2 CFR 200.331) Projects for Assistance in Transition from Homelessness

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	Spokane County, aka, Spokane County Regional Behavioral Health Organization
(ii) Subrecipient's unique entity identifier; (DUNS)	010205078
(iii) Federal Award Identification Number (FAIN);	SM016048
(iv) Federal Award Date (see §200.39 Federal award date);	9/8/17
(v) Subaward Period of Performance Start and End Date;	10/1/17 to 9/30/18
(vi) Amount of Federal Funds Obligated by this action;	\$98,337
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$98,337
(viii) Total Amount of the Federal Award;	\$1,328,716
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Projects for Assistance in Transition from Homelessness (PATH)
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	National Institute of Health (NIH), Washington State DSHS, Chris Imhoff, Director PO Box 45330 Olympia, WA 98504-5330 Imhofc@dshs.wa.gov
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.150
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimis (10%)

Special Terms & Conditions

1. **Definitions Specific to Special Terms.** The words and phrases listed below, as used in this Contract, shall each have the following definitions:
 - a. "Audit" means a systematic review, or appraisal made to determine whether internal accounting and other control systems provide reasonable assurance of compliance with:
 - (1) Properly conducted financial operations;
 - (2) Fairly and accurately presented financial reports;
 - (3) Applicable laws, regulations, and other grant terms;
 - (4) Economical and efficient management of grant resources; and
 - (5) Effective achievement of desired results and objectives.
 - b. "BHO" or "Behavioral Health Organization" means any county authority or group of county authorities or other entity recognized by the Secretary that provides or contracts for mental health services and substance use disorder treatment services within a defined Regional Service Area.
 - c. "Behavioral Health Administration or BHA" means the DSHS governing public health care, mental health care and substance abuse services, and its employees and authorized agents.
 - d. "Case Management" for PATH Clients means:
 - (1) Preparing a plan for the provision of community mental health or co-occurring Substance Use Disorder services to PATH Eligible Homeless individuals, and reviewing such plan not less than once every 3 months;
 - (2) Providing assistance in obtaining and coordinating social and maintenance services for PATH Eligible Homeless individuals, including services relating to daily living activities, personal financial planning, transportation, Habilitation and Rehabilitation services, prevocational and vocational services, and Housing Services;
 - (3) Providing assistance to PATH Eligible Homeless individuals in obtaining income support services, including housing assistance, food stamps, supplemental security, disability income benefits, and veterans' benefits;
 - (4) Referring PATH Eligible Homeless individuals for other services consistent with the PATH client's needs; and
 - (5) Providing representative payee services in accordance with Section 161 (a) (2) of the Social Security Act if the PATH Eligible Homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services.
 - e. "Chronic Homelessness" refers to a homeless individual/head of household with a disability who:
 - (1) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND
 - (2) Has been homeless and living (in such a place) continuously for at least twelve (12) months OR on a least four (4) separate occasions in the last three (3) years, as long as combined occasions are greater than or equal to twelve (12) months; AND

Special Terms & Conditions

- (3) Each break in homelessness equals seven-plus (7+) nights. Facility stays less than ninety (90) days do not constitute a break in homelessness. A homeless individual may be residing/have resided in an institutional care facility for less than ninety (90) days AND met all the above criteria before entering the facility. "CFR" means Code of Federal Regulations. All references in this Program Agreement to CFR chapters or sections shall include any successor, amended, or replacement regulation. The CFR may be accessed at <http://www.gpoaccess.gov/cfr/index.html>.
- f. "Contact" means an interaction between a PATH-funded worker or workers and an individual who is potentially PATH eligible or enrolled in PATH. Continuum of Care, or COC" promotes community-wide commitment to the goal of ending homelessness; provides funding for efforts by nonprofit providers and State and local governments to quickly re-house homeless individuals and families to minimize trauma and dislocation; promotes access to and effective utilization of mainstream programs; and optimizes self-sufficiency among individuals and families experiencing homelessness.
- g. "Coordinated Entry" or "COC" means the promotion for community-wide commitment to the goal of ending homelessness; provides funding for efforts by nonprofit providers and State and local governments to quickly re-house homeless individuals and families to minimize trauma and dislocation; promotes access to and effective utilization of mainstream programs; and optimizes self-sufficiency among individuals and families experiencing homelessness.
- h. "Co-Occurring" or "Co-Occurring Serious Mental Illness and Substance Use Disorder" means an individual's Serious Mental Illness and Substance Use Disorder can be diagnosed independently of one another.
- i. "DBHR" means the DSHS Behavioral Health Service Integration Administration, Division of Behavioral Health and Recovery, and its employees and authorized agents.
- j. "Enrolled PATH Client" means an individual who has been determined to meet the PATH eligibility criteria, for whom a clinical or formal record has been prepared, and who is receiving services under PATH Funds.
- k. "Habilitation and Rehabilitation" means teaching PATH Enrolled Clients new skills or assisting PATH Enrolled Clients to re-learn skills they once had but lost as the result of Mental Illness or Co-Occurring Substance Use Disorder.
- l. "HMIS" means the Homeless Management Information System managed by the local continuum of care or the Balance of State homeless system managed by Department of Commerce. As mandated by the Homelessness Housing and Assistance Act (ESSHB 2163 - 2005), the Department of Commerce is responsible for operating an HMIS for counties that do not operate their own compliant system.
- m. "Homeless" means homeless or at Imminent Risk of becoming homeless, lacking fixed, regular and adequate night-time residence, or having a primary night-time residence that is:
- (1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
 - (2) An institution that provides a temporary residence for individuals; and
 - (3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Special Terms & Conditions

- n. "Housing Services" means provision or assistance with:
 - (1) Minor renovation, expansion, and repair of housing;
 - (2) Plans for housing;
 - (3) Applying for housing assistance;
 - (4) Improving the coordination of housing services;
 - (5) Security deposits;
 - (6) Costs associated with matching PATH Eligible Homeless individuals with appropriate housing situations; and
 - (7) One-time rental payment to prevent eviction.
- o. "Imminent Risk" or "At Risk" of becoming Homeless means:
 - (1) Having a recent history of homelessness;
 - (2) Having a doubled-up living arrangement or temporary or inadequate housing where the individual's name is not on the lease;
 - (3) Having received an eviction notice without a fixed, adequate night-time residence to which to move; and
 - (4) Being discharged from a health care or criminal justice facility without a place to live.
- p. "IUP" or "Intended Use Plan" means Section C of the BHO-submitted and DBHR-approved Local Provider Intended Use Plan for the Washington PATH Application for federal funding. For purposes of this Program Agreement, the BHO's IUP is attached hereto and incorporated herein by this reference as Exhibit B.
- q. "Outreach" means face-to-face contact provided in an effort to identify PATH Eligible Clients. Outreach may include finding and contacting potential PATH Eligible Clients who have come into a social service program, such as a drop-in center.
- r. "PATH" means Projects for Assistance in Transition from Homelessness.
- s. "PATH Eligible" means an adult (age 18 or over) who is homeless or at imminent risk of homelessness with a diagnosable and persistent mental or emotional impairment that seriously limits the individual's major life activities, and also individuals who may have Co-Occurring Substance Use Disorders.
- t. "PATH Funds" means federal funds awarded by the state to the BHO, and do not include the required non-federal match or any other form of match or funding.
- u. "PATH Ineligible" individuals are individuals who:
 - (1) Under eighteen (18) years of age;
 - (2) Have been housed for a period up to one year;

Special Terms & Conditions

- (3) Are served by the Veterans Administration (VA) or VA subcontractors providing the full range of needed services stipulated by PATH statutes and regulations; and
- (4) Are enrolled into the Prepaid Inpatient Health Plan (PIHP) and/or BHO and are receiving all necessary services for transitioning the individual from homelessness into secure housing, community mental health or co-occurring Substance Use Disorder treatment services, case management services, employment services, psychiatric and medical services and/or other services that will assist the individual in avoiding homelessness.

v. "Prepaid Inpatient Health Plan" or "PIHP" means an entity that;

- (1) Provides medical services to enrollees under contract with the State agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use State plan payment rates;
- (2) Provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; and
- (3) Does not have a comprehensive risk contract.

w. "Program Agreement" means a written agreement between DSHS and the BHO containing special terms and conditions, including a statement of work to be performed by the BHO and payment to be made by DSHS. The "DSHS and BHO Agreement on General Terms and Conditions" between the parties shall govern work to be performed under any Program Agreement.

x. "RSA" or "Regional Service Area" means a geographic area established by DSHS and the Health Care Authority. The BHO provides mental health services and substance use disorder treatment services within this area

y. "Screening and Diagnostic" means a determination of need for services from either an assessment by a paraprofessional, or a formal diagnosis by a mental health professional.

z. "Secretary" means Department of Social and Health Services' Secretary.

aa. "Serious Mental Illness" or "Mental Illness" means an adult (age 18 or over) individual who appears to have or has been determined to have a diagnosable and persistent mental or emotional impairment that seriously limits the individual's major life activities and/or ability to live independently.

bb. "Service Definitions for PATH-Funded Services" (attached as Exhibit A to this Program Agreement) means the set of federally required service report definitions that must be used as the basis of reporting services to Clients or potential Clients through the electronically-based (Palm Pilot) reporting process established for Washington State PATH Clients.

cc. "Substance Use Disorder" means a diagnosable and persistent substance related disorder that seriously limits the individual's major life activities and/or ability to live independently.

2. Purpose. The purpose of this Program Agreement is for the BHO to conduct PATH projects that will accommodate the local needs and circumstances of PATH Eligible individuals. The BHO will provide PATH eligible services as provided for in the federal DHHS, SAMHSA FY 2017 Application, Request for Application (RFA) # SM-17-F2.

Special Terms & Conditions

- 3. Statement of Work.** The BHO shall provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:
- a. Solicit PATH clients' and public comments and recommendations to identify the service needs of PATH Clients at least annually.
 - (1) Use information received from this process, PATH project management experience, and other information gained from reliable sources on homelessness to develop and implement an integrated system of PATH services, activities, and housing to accommodate the local needs and circumstances of Homeless individuals; and
 - (2) PATH services and activities must be consistent with PL 101-645 Title V, Subtitle B, relating to PATH Eligible Clients, and as described in RFA # SM-17-F2, previously provided to the BHO and incorporated herein by this reference.
 - b. Provide services and activities described in the BHO's IUP within the amounts and categories listed in the Approved Budget Table in Section 7.i. of this Program Agreement.
 - (1) The IUP shall be the basis of the BHO's, and any DBHR-approved subcontractors' PATH services and activities using PATH Funds under this Program Agreement;
 - (2) Services shall be culturally competent, professional, and effective;
 - (3) Services shall be provided in the least intrusive manner in locations where PATH Eligible individuals may be found and served; and
 - (4) The number of people to be served (contacted) are listed in Exhibit E: People to be Served.
 - c. Provide the services and activities described in the IUP, attached as Exhibit B.
 - d. Strongly encourage subcontractors to provide a smoke-free workplace and promote abstinence of all tobacco products.
 - e. Assure staffing levels as described in the IUP.
 - f. Ensure Enrolled PATH Clients are screened for eligibility for all possible benefits, including, at a minimum, but not limited to:
 - (1) Services under the PIHP and the BHO or comparable services structures, including but not limited to emergency, psychiatric, medical, residential, employment and community support services;
 - (2) Housing services and resources;
 - (3) Veterans' services;
 - (4) SSI/SSDI or other disability and financial benefits;
 - (5) American Indian benefits;
 - (6) Economic services;
 - (7) Medical services;

Special Terms & Conditions

- (8) Substance Use Disorder treatment services; and
- (9) Vocational rehabilitation services.
- g. Give special consideration to serving veterans, and strongly encourage subcontractors to work closely with entities that demonstrate effectiveness in serving homeless veterans.
- h. SAMHSA strongly encourages PATH sites to prioritize services for the chronically homeless population.
- i. PATH services should be focused on Outreach efforts to individuals who are homeless or chronically homeless.
- j. Maintain individual client service records for Enrolled PATH Clients, where each client service record shall contain at a minimum:
 - (1) A statement of the presenting problem(s) as described by the Enrolled PATH Client, as reported by the referral source and as assessed by the screener;
 - (2) Documentation of homelessness or chronic homelessness;
 - (3) The context of the referral;
 - (4) The condition and functioning of the Enrolled PATH Client at the time of initial assessment and subsequently;
 - (5) The history and symptoms of the Enrolled PATH Client's Mental Illness reported and observed;
 - (6) An assessment of each PATH Client's basic needs, including legal and safety issues, cultural issues, and Substance Use Disorder issues, as appropriate;
 - (7) An assessment of the Enrolled PATH Client's mental health and/or Co-Occurring mental health and Substance Use Disorder service needs
 - (8) A service plan; and
 - (9) Regular notation of PATH client progress service plan accomplishment, including transfer to other mainstream services, such as local BHO and PIHP services.
- k. Cooperate with the federally mandated transition to use of Homeless Management Information System (HMIS) data standards and submit PATH service data in accordance with state and federal requirements. Participate in HMIS data collection activities and submit client service data electronically. SAMHSA expects client data entry into HMIS in a timely manner in order to achieve the most positive outcomes for clients. Each HMIS will have its own policies and procedures regarding timeliness of data entry for end users.
- l. Achieve or exceed national PATH Government Performance and Results Act (GPRA) performance measures in delivery and costs of services – see Exhibit C, as established in Exhibit B, Local Provider Intended Use Plan (IUP).
- m. Participate in the planning and collaboration of local continuum of care committees affecting PATH Clients.

Special Terms & Conditions

- n. Strongly encourage subcontractors to participate in the planning and collaboration of local continuum of care committees.
- o. Maintain records that identify the source and usage of funds associated with the provision of Housing Services.
- p. Be legally and financially responsible for all aspects of PATH services and activities under this Program Agreement, including subcontracted agencies.
- q. Submit, within fourteen (14) calendar days, copies of any review reports of approved subcontractors who conduct PATH activities and any documentation related to monitoring, especially in the event that corrective action is indicated or imposed.
- r. Ensure no less than the required non-federal match is contributed by BHO's and subcontractor's sources as detailed in Section 5, Non-Federal Match Contributions.
- s. Submit proposed revisions to the IUP, or any DBHR-approved successor IUP, to the DBHR PATH Program Administrator listed on page one (1) of this Program Agreement and identified as the DSHS Contact, when proposed revisions reflect substantial changes in PATH services and activities funded under this Program Agreement.
 - (1) Revised IUPs are subject to approval by DBHR prior to implementation;
 - (2) Proposed changes must be submitted to DBHR for consideration and approval, at least 60 days before implementation; and
 - (3) Changes to the IUP approved by DBHR in writing shall be incorporated by reference into this Program Agreement, and shall supersede any previous versions of the IUP.

4. Requirements, Conditions, and Limitations for PATH Funds.

- a. The BHO shall **not** expend more than twenty percent (20%) of PATH Funds under this Program Agreement for Housing Services, in accordance with the requirements of RFA # SM-17-F2.
- b. The BHO shall **not** subcontract any services or activities under this Program Agreement with any agency that:
 - (1) Has a policy of excluding individuals from mental health services due to the existence or suspicion of Substance Use Disorder; and
 - (2) Has a policy of excluding individuals from Substance Use Disorder services due to the existence or suspicion of Mental Illness.
- c. The BHO shall use PATH Funds to supplement, not supplant, existing services to individuals with Serious Mental Illness or Co-Occurring Serious Mental Illness and Substance Use Disorders, and who are Homeless or at Imminent Risk of becoming Homeless.
- d. The BHO shall indicate clearly when issuing statements, press releases, requests for proposal, bid solicitations, and other documents describing projects or programs funded in whole or in part with PATH Funds:
 - (1) The percentage of the total costs of the program or project financed with PATH Funds;

Special Terms & Conditions

- (2) The dollar amount of PATH Funds for the program or project; and
- (3) The percentage and dollar amount of the total costs of the program or project that will be financed by non-governmental sources.

- e. The BHO shall use any program income generated under this Program Agreement in accordance with the additional cost alternative of 45 CFR Part 92.25 to further the objectives of the PATH program. Program income must be reported on the federal financial report, and used only for allowable costs as set forth in the applicable federal cost circulars.
- f. The BHO shall not use PATH Funds under this Program Agreement to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations. This prohibition is related to the use of federal grant funds and is not intended to affect Washington State’s right, or that of any other organization, to petition Congress or any other level of Government through the use of other resources.
- g. The BHO shall adhere to the following restrictions on Grantee Lobbying – Appropriations Act Section 503:
 - (1) No part of any funding under this Program Agreement shall be used, other than for a normal and recognized executive-legislative relationship, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any state legislature, except in the presentation to the Congress or any state legislative body itself; and
 - (2) No part of any funding under this Program Agreement 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 legislation or appropriations pending before the Congress or state legislature.
- h. The BHO shall comply with all requirements, including employment standards, detailed in 45 CFR Part 76, and RFA # SM-17-F2.
- i. The BHO shall monitor approved subcontractors programmatically and fiscally annually. Copies of reports generated from such activities will be submitted within 30 days of their completion and no later than September 30, 2018.

5. Non-Federal Match Contributions.

The BHO shall contribute a required minimum (33.333%) of non-federal match funds based upon the Total PATH award under this Program Agreement and stated in the table below.

- a. The BHO shall contribute non-federal match as required according to the following table:

Table 1: Non-Federal Match Contributions

FFY 2017 IUP Budget as submitted in PATH Application	Match Required 33.333%	Total 12 Month Award
\$98,337	\$32,779	\$131,116

Special Terms & Conditions

- (1) The PATH Award to BHO is for PATH services and activities, and for HMIS reporting capability used to participate in PATH data collection activities; and
- (2) The contractual award of PATH Funds under this Program Agreement equals the "PATH Award to BHO" listed in Table 2, Approved Budget Table below.

- b. The BHO shall ensure that all non-federal match contributions are in accordance with federally-approved PATH services and activities as stated in RFA # SM-17-F2 and in accordance with the IUP.
- c. The BHO shall submit aggregate non-federal match contribution amounts with invoices for PATH Fund reimbursement, in accordance with the Table 2: Approved Budget in Section 7.i. of this Program Agreement.
 - (1) Non-federal match contributions shall be reported in the aggregate and clearly identified on each billing invoice;
 - (2) Supporting documentation of non-federal match amounts shall be maintained in sufficient detail to demonstrate match amounts contributed by budget category;
 - (3) Supporting documentation shall be made available to the DBHR upon request; and
 - (4) The BHO shall annually certify their non-federal match contributions.

6. Consideration.

- a. Total maximum consideration payable to BHO for satisfactory performance of the work under this Program Agreement is the direct award of PATH Funds as shown under "PATH Award to BHO" in Table 2: Approved Budget in Section 7 below.
- b. Funding that supports this contract comes from Projects for Assistance in Transition from Homelessness (PATH) funds, from the Department of Health and Human Services (DHHS), Catalog of Federal Domestic Assistance (CFDA) #93.150.
- c. All PATH direct awards are to be used for federally approved PATH services and activities as stated in RFA # SM-17-F2, and in accordance with the IUP.

7. Budget.

- a. The BHO may expend funds up to the total amount listed in Table 2, Approved Budget. The BHO is not limited to the individual line item amounts in Table 2. However, the Grant total may not be exceeded without a prior amendment to the contract.
- b. The basis for determining the allowability and allocability of budgeted costs under this Program Agreement is:
 - (1) 45 CFR 92.22;
 - (2) Public Health Service Grants Policy Statement;
 - (3) Authorizing legislation for the PATH Program;

Special Terms & Conditions

(4) Exhibit B, IUP; and

(5) Table 2: Approved Budget in Section 7.i. of this Program Agreement.

- c. Any subcontractor that is a non-profit entity, educational institution, or hospital is subject to 45 CFR Part 74.
- d. The BHO or any subcontractor that is a state or local government entity is subject to 45 CFR Part 92.
- e. No payments shall be made to support emergency shelters, construct housing facilities, inpatient psychiatric treatment costs, inpatient Substance Use Disorder treatment costs, or to make cash payments to intended recipients of mental health or Substance Use Disorder services.
- f. PATH Funds may be used only for the expenses clearly related and necessary to carry out the attached IUP, including both specifically identified direct costs and allowable indirect costs.
- g. Administrative costs included in indirect costs shall not exceed 4 percent (4%) of PATH Funds directly or by subcontract.
- h. Any lease arrangements utilizing PATH Funds under this Program Agreement may not be funded beyond this Program Agreement’s period or performance, nor may the portion of the space leased with PATH Funds be used for purposes not supported by this Program Agreement.
- i. The Approved Budget for this Program Agreement is as follows:

Table 2: Approved Budget Table Based on IUP application (12 Month Contract).

Category	PATH Federal Dollars
a. Personnel	\$46,604
b. Fringe Benefits	\$17,710
c. Travel	\$2,550
d. Equipment	
e. Supplies	\$1,538
f. Contractual	\$4,656
g. Construction	
h. Other	\$23,968
i. Total Direct Charges (Sum of a-h)	\$97,026
j. Indirect Charges	\$1,311
k. Grant Total (Sum of I and j)	\$98,337

8. Subcontractor Monitoring.

- a. The BHO shall obtain prior approval before entering into any subcontracting arrangement. In addition, the BHO shall submit to the DSHS Program Manager identified on Page 1 of the contract at least one of the following for review and approval purposes:

(1) Copy of the proposed subcontract to ensure it meets all DSHS requirements; or

Special Terms & Conditions

- (2) Copy of the BHO's standard contract template to ensure it meets all requirements and approve only subcontracts entered into using that template; or
 - (3) Certify in writing that the subcontractor meets all requirements under the contract and that the subcontract contains all required language under the contract, including any data security, confidentiality and/or Business Associate language, as appropriate.
- b. The BHO shall submit, within fourteen (14) calendar days, copies of any review reports of approved subcontractors who conduct PATH activities and any documentation related to monitoring, especially in the event that corrective action is indicated or imposed.

9. Billing and Payment.

a. Billing:

- (1) DBHR shall reimburse the BHO for actual expenditures incurred while performing services under this Program Agreement, up to the Maximum Consideration (Grant Total), of the Approved Budget Table, above;
- (2) Claims for reimbursement shall be submitted on state form A-19 Invoice Voucher to: DSHS Contract Manager listed on Page 1 of this Program Agreement;
- (3) The BHO must submit claims for reimbursement and certify their local match no more often than monthly, no less often than quarterly. Claims must be submitted no later than the 30th day following the end of a calendar year quarter. Required Match is a minimum of 33.333 percent of the total PATH award listed above;
- (4) Invoices shall provide the amount of PATH Funds claimed in each budget line item, as well as the aggregate amount in the Local Match category in the Approved Budget Table, for the time period being billed. Local Match figures must also take into account those funds to match the amount provided for the Data Collection Activities.
- (5) The BHO shall submit a final invoice for services under this Program Agreement no later than October 31, 2018.

b. Payment.

Payment shall be considered timely if made by DSHS within thirty (30) days after receipt and acceptance by DSHS of the properly completed invoices. DSHS may, at its sole discretion, withhold payment claimed by the BHO for services rendered if BHO fails to satisfactorily comply with any term or condition of this Program Agreement.

10. Reporting Requirements:

The BHO shall provide the following reports:

a. Annual Report/IUP.

The Annual Report/IUP must comply with the report requirements below, some of which may be waived in writing by DBHR for purpose of this Program Agreement.

- (1) Analysis of performance based upon the IUP and upon factors that have affected the local PATH project(s). This report shall include measures taken to maintain and improve the integrity

Special Terms & Conditions

of PATH project(s);

- (2) Submit through the SAMHSA required annual report database (PATH PDX) aggregate client service data consistent with the national "PATH Annual Report Manual," developed by SAMHSA's Homeless and Housing Resources Network and the PATH Government Performance and Results Act (GPRA) measures, attached as Exhibit C;
- (3) Respond to SAMHSA Data Checks associated with warnings in the Annual Report data system called PATH PDX. SAMHSA reviews these data check measures each year and may request additional information to assist in evaluating the PATH program and reason why the GPRA measurement was not met. A list of current data checks is listed below. The Data Check measurements are as follows:
 - (a) Zero individuals contacted = 0;
 - (b) One hundred percent of persons contacted through outreach became enrolled in PATH;
 - (c) Percentage of eligible persons contacted who became enrolled in PATH is less than 46 percent*;
 - (d) Number of persons enrolled has decreased by more than 50 percent since the previous year or increased by more than 100 percent since the previous year;
 - (e) Percentage of PATH-enrolled individuals who received community mental health services is less than 53 percent of the GPRA Measure;
 - (f) Number of PATH-enrolled individuals who are 17 years old or younger is greater than zero; and
 - (g) Sum of "Client refused" and "Data not collected" categories for each demographic data element ("Unknown" category for #28f) is greater than 10 percent of the total number of persons enrolled in PATH (#15).

b. Intended Use Plan (IUP)

- (1) Annual submission to DBHR in the form of an IUP by a DBHR-established date, which shall be communicated to the BHO to enable DBHR to meet the federal timeline for responding to the annual federal RFA/FOA for PATH funds;
- (2) Each IUP must provide a projected summary of performance in the following outcome measures:
 - (a) Number of homeless adults to be contacted;
 - (b) Number of contacted homeless persons with serious mental illness who become enrolled in PATH services;
 - (c) Number of adult persons contacted using PATH funds that are literally homeless;
 - (d) Number of enrolled PATH individuals who will receive community mental health services;
 - (e) Number of persons referred to and who will attain housing; and

Special Terms & Conditions

(f) Number of persons referred to and who will attain substance use disorder treatment services.

(g) Budget and Budget detail/narrative.

c. Federal Financial Report.

Provide a federal financial report to the DBHR, annually, no later than 60 days after the Agreement End Date, using the object class categories of Federal Standard Form 424A and Table 2: Approved Budget in Section 7.i. of this Program Agreement.

d. The BHO shall complete reports according to the time schedules designated, and/or communicated by DBHR. Failure to submit required reports within the time specified may result in one or more of the following:

(1) Withholding of current or future payments;

(2) Withholding of additional awards for a project; and

(3) Suspension or termination of this Program Agreement.

e. The BHO shall retain reporting-related records and provide access to the records for the time period specified in 45 CFR Part 74, Subpart D, or 45 CFR 92.42.

Financial and programmatic records, supporting documents, statistical records, and all other records of the BHO or subcontractor that are required by the terms of this Program Agreement or a subcontract, or may reasonably be considered pertinent to this Program Agreement or subcontract must be retained.

Exhibit A

Service Definitions for PATH Funded Services

Guiding Principles of PATH Administration and Management

The PATH program is a vital resource in communities as they seek to reduce and end chronic homelessness. PATH programs across the country have led the way in developing and perfecting methods of outreach and engagement that are effective with people who have serious mental illnesses/co-occurring disorders and who are literally homeless. PATH programs serve as the front door to Continuum of Care services and to mainstream mental health, primary health care and substance abuse treatment service systems.

In order for PATH to fulfill this role, we urge State Contracts to guide the activity of providers towards services to literally Homeless persons and active participation in the Continuum of Care. For states that have used PATH Funding for people who are at risk of homelessness, we understand that providing services primarily to persons who are literally Homeless will mean a change in the focus of PATH Funded programs; and this voluntary shift will be dependent on overall policy and administrative practice in each state.

Guiding Principles

Person-centered services: The PATH program is committed to services that meet the needs and preferences of people who are Homeless and who have mental illnesses/co-occurring disorders. Services are effective only if they meet needs identified by the individual. Service plans must be developed in partnership with individuals receiving services.

Culturally competent services: The PATH program is committed to meeting needs and preferences of individuals within the context of culture. For this to happen in a meaningful way, services must be offered in accordance with individually appropriate language, customs and cultural norms.

Consumer-run services: The history of the PATH program proves the effectiveness of services provided by people who have “been there”. Individuals who have achieved recovery serve as powerful examples, and consumer-run services are a strong tool in our efforts to address homelessness.

Commitment to quality: State PATH Contracts are committed to helping providers achieve high quality in all areas of service provision. Encouragement of evidence-based and exemplary practices within Homeless services and mainstream systems is part of this strategy.

Service Definitions

Outreach

The process of bringing individuals into treatment who do not access traditional services. 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 Homeless and have mental illnesses.

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.

Exhibit A

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

Outreach may also include “in-reach”, defined as when outreach staff persons 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.

Screening and Diagnostic Treatment

A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

Habilitation and Rehabilitation Services

Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are Homeless and have mental illnesses/co-occurring disorders.

Community Mental Health Services

Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category does not include case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document.

Alcohol or Drug Treatment

Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

Staff Training

Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, and substance abuse treatment programs and other sites regarding the needs of the target population, job related responsibilities and service delivery strategies to promote effective services and best practices.

Case Management

Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing and/or care of individuals, tailored to individual needs and preferences. Case Managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.

Supportive and Supervisory Services in Residential Settings

Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

Exhibit A

Housing Services

Specialized services designed to increase access to and maintenance of stable housing for PATH-enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.

Minor Renovation

Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

Planning of Housing

Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

Technical Assistance in Applying for Housing Services

Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who encounter complex access issues related to housing.

Improving the Coordination of Housing Services

The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.

Security Deposits

Provision of funds for PATH-enrolled individuals who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.

Costs associated with matching eligible Homeless individuals with appropriate housing situations

Expenditures made on behalf of PATH-enrolled individuals to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

One-time rental payments to prevent eviction

One-time rental payments are made for PATH-enrolled individuals who cannot afford to make the payments themselves, who are at risk of eviction without assistance and who qualify for these services on the basis of income or need.

Referrals for Primary Health Services, Job Training, Education Services and Relevant Housing Services

Exhibit A

Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

Other Appropriate Services, As Determined By the Secretary

Exhibit B

Local Provider Intended Use Plan (IUP)

Exhibit B attached as separate document.

Exhibit C

2017-2018 Projects for Assistance in Transition from Homelessness (PATH) Government Performance and Results Act (GPRA) Measures

Measure 3.4.15: Increase the percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services

FY 2017 Target: 66%

FY 2018 Target: 66%

The PATH legislation mandates that the program target persons with serious mental illness (SMI) who may also experience a co-occurring substance use disorder and who are experiencing homelessness or are at risk of homelessness. This measure reflects the PATH program's legislative intent to provide a link to mental health and community-based services.

Measure 3.4.16: Number of homeless persons contacted

FY 2017 Target: 185,524

FY 2018 Target: 185,524

This measure indicates the number of homeless persons contacted by PATH providers. Persistent and consistent outreach and the introduction of services at the client's pace are important steps to engaging persons experiencing homelessness with SMI, and beginning the process of linking them to housing, mental health services, substance use treatment, case management, and other supportive services.

Measure 3.4.17: Percentage of contacted homeless persons with serious mental illness who become enrolled in services

FY 2017 Target: 58%

FY 2018 Target: 58%

This measure is an indication of the rate of enrollment for PATH-eligible individuals. PATH enrollment is defined as:

- The individual is determined to be "PATH eligible" (i.e., experiencing serious mental illness and homelessness or at imminent risk of homelessness);
- The PATH worker has established engagement with the individual (the individual has agreed to work towards a goal with the PATH worker); and
- The PATH worker has opened an individual case record that contains demographic information, documentation of PATH eligibility, mutual agreement for the provision of services, and services to be provided.

Measure 3.4.20: Increase the number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits

FY 2017 Target: 2,296

FY 2018 Target: 2,296

This measure indicates the number of PATH providers trained on Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR). This output is important in that, once trained, PATH providers are better able to assist PATH clients in applying for and receiving the income benefits for which they are eligible.

Information in this document is based on information contained in the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Administration's (SAMHSA) FY 2017 Congressional Budget Justification.

Exhibit D

People to be Served

Primary IUP Provider	Geographic Service Area	Estimated # to Contact in 12 Month Period	Estimated # to Enroll in 12 Month Period	# Trained in SOAR in 12 Month Period	# Assisted through SOAR in 12 Month Period
North Central Washington BHO – Catholic Family and Child Services of Catholic Charities Yakima	North Central Washington BHO	100	30	3	0
Columbia Wellness	Great Rivers BHO	250	200	1	0
Greater Columbia BHO – Central WA MH DBA Comprehensive	Greater Columbia BHO	160	96	0	0
Greater Columbia BHO – Lourdes Counseling	Greater Columbia BHO	155	90	1	0
King County BHO – DESC	King County BHO	395	15	4	0
King County BHO – Sound MH	King County BHO	250	145	1	3
North Sound BHO – Compass Health Snohomish	North Sound BHO	400	232	3	5
North Sound BHO – Compass Health Whatcom	North Sound BHO	268	99	2	0
Salish BHO – Peninsula Behavioral Health	Salish BHO	200	100	0	0
Pierce – Comprehensive Life Resources	Pierce County	500	250	1	0
Pierce – Greater Lakes Mental Health	Pierce County	400	120	0	0
Spokane County Regional BHO – Frontier Behavioral Health	Spokane County Regional BHO	95	55	1	1
Community Services Northwest	Southwest Washington RSA	100	60	2	9
Thurston Mason BHO – Capital Recovery Center	Thurston Mason BHO	400	190	1	10

Exhibit E



Local Match Certification

(This form must be submitted with final contract billing.)

I, _____ certify that local funds and/or in-kind items
PRINT NAME

_____ were provided in the amount of
TYPE AND SOURCE OF FUNDS/ITEMS

\$ _____ and were used to match federal funds paid during the time period

of _____ through _____ for

TYPE OF SERVICE/CONTRACT

NAME OF ENTITY	
NAME OF AUTHORIZED AGENT	CONTRACT/VENDOR NUMBER
AUTHORIZED REPRESENTATIVE'S SIGNATURE DATE	TITLE OR POSITION
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER

Instructions

Name: Printed name of the local entity's agent authorized to complete certification form.

Type and source of funds: The type and source of local funds used. In-kind sources need specific identification showing who donated the item(s) (e.g., volunteers, building use, etc.).

Dollar amount: Dollars that were used to match federal funds paid during the time period. Dollars reported must agree with amount on the final billing.

Time frame: Period of time the services were provided.

Type of service/contract: Services eligible for FFP.

Name of entity: Name of local entity that is providing the local funding match.

Name of authorized agent: Name of local entity that is authorized to act in behalf of local entity.

Contract/vendor number: The contract or vendor number of the local entity.

Authorized representative's signature: The signature of the local entity authorized representative.

Date: Date when form was completed.

Title or position: Title or position of local entity authorized representative

Printed name: Printed name of authorized representative.

Telephone number: Telephone number of authorized representative. Include the area code.

Section C: Local Provider Intended Use Plans 2017

- **Local Provider Description**

Provide a brief description of the provider organization receiving PATH funds, including:

- Organization Name: Frontier Behavioral Health
- Describe the type of organization: State Licensed Community Behavioral Health Agency
- Describe the region served: Spokane Washington, County
- State the amount of PATH funds the organization will receive: \$98,337
- State the amount and describe the source of match funds the organization will receive (Note: PATH funds must be matched at 33.333%): \$32,779; The source of the match is Spokane County property tax in the amount of \$12,325 and Frontier Behavioral Health in the amount of \$20,454.

- **Collaboration with HUD Continuum of Care Program**

Describe the organization's participation with the local HUD Continuum of Care recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum(s) of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC in areas where the PATH Team operates.

The Spokane Projects for Assistance in Transition to Homelessness team (PATH), which is a program under Frontier Behavioral Health (FBH), is an active participant in the Spokane City/County Continuum of Care (CoC) on various levels. Jeff Thomas, CEO for FBH, is on the CoC Board, which is made up of local government, service providers, stakeholders, and people who have experienced homelessness. The Board is also the primary decision-making authority for and provides direction to our CoC committees. This includes executive, Homeless Management Information System (HMIS), evaluation, planning and implementation, and funding to include Request for Proposal (RFP) when needed. The PATH team was intimately involved with the collaboration efforts, along with other CoC members, to restructure and improve efficiency and quality in systems planning. The PATH team is on the Veterans and Chronic Homelessness sub-committees, in addition to being a long-standing member of the Homeless Coalition. The PATH team has been selected to be on the RFP review committee when needed, and was also nominated by the City Community, Housing and Human Services to participate in the SSI, SSDI Outreach, Access, and Recovery (SOAR) Leadership committee. This committee meets quarterly to develop strategies to increase the pool of SOAR-trained providers and to create more formalized connections between case managers, healthcare providers, and agencies such as Social Security Administration (SSA) and Department of Social and Health services (DSHS).

- Did you participate in the Point in Time Count?

Our PATH program was elected to participate in the Point in Time Count (PIT) advisory committee to better organize the outreach efforts in hopes to improve the execution of counting unsheltered individuals and families experiencing homelessness and to improve the quality of data collected throughout the process.

- Are you involved with the Coordinated Entry efforts in your local Continuum of Care?

Our PATH team has been one of the lead agencies participating in the development and implementation of Coordinated Entry efforts in Spokane County. We are underway with Coordinated Entry for both families and singles in Spokane County. We have active HMIS accounts and enter data into the system. The team also participates in the Housing Placement meetings each month to coordinate with housing providers and manage the Permanent Supportive Housing (PSH) list.

- **Collaboration with Local Community Organizations**

Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g. outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible participants, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

The Spokane PATH program is highly connected within all levels of all the homeless prevention system of care, networking on a regular basis. This includes dedicated individuals that volunteer at shelters and meal sites, as well as City and County leadership and administration. The PATH team has established key collaborative relationships with other community providers who serve our homeless population, and will continue to seek opportunities to further develop new relationships throughout the community.

Active partnerships include:

Community Health Association of Spokane (CHAS) outreach team: CHAS provides primary health services, dental care, and wellness education to Spokane's citizens regardless of ability to pay. The CHAS outreach team works to make sure people without homes find resources available in the Spokane community. The CHAS outreach team is a member of the Spokane Homeless Coalition and works in tandem with community efforts to end homelessness, including a close association with our Spokane PATH team. PATH team regularly communicates with CHAS and other local medical clinics to remain current on services that will support the recovery of homeless individuals. We collaborate weekly with CHAS's outreach workers and schedule together to do street outreach.

Spokane Housing Ventures (SHV): SHV is a private, nonprofit community housing development organization that has been in the Spokane community since 1992. SHV has been instrumental in the success of our PATH program's ability to place PATH clients in permanent housing. We meet weekly with managers and administration at SHV to make sure that PATH clients have access to housing as well as support when housed.

Spokane Municipal Community Court: the Community Court is a specialized docket for low-level crimes like public urination, trespassing or sitting or lying on sidewalks. It holds court in the downtown Spokane Library and Brownes Addition neighborhood. The Court seeks to address the root causes of petty crimes by connecting people to social service providers who can help them get housing, medical insurance or addiction treatment rather than going to jail. The Community Court uses a combination of offender needs assessment, wrap-around and social services, and operates with the goal of assisting offenders with getting the services they need to put their lives back on track. The Community Court makes referrals directly to the Spokane PATH program to assist with resources and case management to PATH eligible clients. We have found that being in regular contact with the Community Court helps facilitate this process.

Department of Social and Health Services (DSHS): Our PATH program continues to work closely with local DSHS Community Service offices through scheduled weekly outreach to improve access to benefits for PATH individuals. We have established a direct link to a DSHS worker that helps expedite individuals' access to Medicaid benefits. Obtaining presumptive Medicaid has provided timely access to mental health services for individuals who are homeless, exhibit symptoms of a mental illness, and may also have physical health issues. This partnerships with DSHS has significantly decreased the amount of time individuals have to wait for their financial benefits.

Spokane Neighborhood Action Program (SNAP): SNAP is a local and regional agency that advocates for vulnerable individuals in the Spokane community and is part of local efforts to end homelessness. The Spokane PATH team meets regularly with SNAP for both outreach and coordination of services efforts. SNAP is the lead agency for Coordinated Entry for Singles in Spokane and they provide our PATH team with updated wait lists for Permanent Supportive housing.

Women's Hearth Drop-In Center: The primary (singles) emergency shelter for women closes at 8:00 am every day and reopens again at 8:00 pm, leaving homeless single women in Spokane no place to go during the day. The Women's Drop-In Center program has been a critical resource in providing homeless women with a safe place during the day. Women's Hearth has a dedicated team, including a designated social worker the PATH team coordinates with regularly throughout the week. The social worker knows the PATH program and is able to refer individuals that are PATH eligible, which in turn helps reduce time spent seeking out appropriate individuals to be served.

City of Spokane Police Department (SPD): PATH continues to work collaboratively with local law enforcement on many levels, and continually seeks opportunities to increase officer awareness of the unique needs of our homeless population, as well as available resources and access to assist those with needs. PATH receives direct referrals from and regularly partners with officers from the downtown precinct to engage individuals who are homeless and who have a mental illness. PATH and SPD collaborate weekly on various coalitions and homeless prevention meetings, as well as partner on training opportunities. PATH is invested in continuing to team with SPD, particularly when officers respond to individuals in

our homeless community, to support positive outcomes for individuals and families when they encounter law enforcement.

The VA Department Health Care for Homeless Veterans (VA) Outreach: The VA Outreach Program provides many services at their site and refer those individuals who are homeless in the community and who do not access their on-site services to our PATH program. This close partnership is an effort to reach out to veterans who may not readily seek out services and pools the resource of staff time in seeking PATH-eligible individuals.

Wear Law Office: Rose and Jeff Wear offer pro-bono services to assist individuals in obtaining Social Security benefits after an individual has been denied. PATH partners with this law office to assist homeless individuals in need of legal representation to address Social Security denials. The Wear Law Office has been very accessible to the homeless community and have a high success rate for Social Security approvals.

Community Behavioral Health Providers: PATH refers to multiple behavioral health providers within our system of care. These include Catholic Charities of Spokane, Lutheran Community Services Northwest, and Youth Family Adult (YFA) Connections among others in the core Spokane downtown area. Frontier Behavioral Health (FBH) is the largest behavioral health agency within our system of care, and as a program of FBH, PATH has an in-depth understanding of available treatment programs within the agency, and utilize FBH as a primary referral source for homeless individuals who need outpatient behavioral health services or crisis services.

- **Service Provision**

Describe the organization's plan to provide coordinated and provide comprehensive services to PATH eligible participants, 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 serving the most vulnerable adults who are literally and chronically homeless and experiencing a serious mental illness.

Recently the PATH program and SNAP organized a committee that meets every other week in order to share resources and provide case conferencing to support individuals with severe service barriers. This committee includes the downtown Spokane Police Department (SPD) captain and precinct officers, City of Spokane fire chief, area shelters and drop in centers staff, Community Court, Goodwill Industries' Housing and Essential Needs (HEN) staff, Goodwill Industries' Supportive Services for Veterans Families (SSVF), the Downtown Spokane Partnership ambassadors and other key City and County staff.

Outreach and Engagement:

Street outreach and engagement services are prioritized as primary activities and are conducted in a partnership with our Homeless Outreach Team to initiate, develop, and maintain relationships with homeless individuals while meeting immediate needs, offering basic survival services, assisting with transition into housing and other services that attend to other long-term needs of the individuals we serve. The Homeless Outreach Team is comprised of a PATH-funded staff position and a position funded by City Spokane Human Services that is housed within FBH.

Staff meet directly with homeless individuals in the community to develop trust and communication. Easily accessible services are offered to those who are initially unwilling to engage in extended care. These activities generally occur at locations such as shelters, meal sites, parks, or campsites. They often occur during scheduled site visits in response to individual and community needs. Services vary from providing emergency food and clothing, to linkage to medical care or substance detoxification, domestic violence shelter, and assessment for voluntary or involuntary mental health intervention.

A coalition of community agencies offers a continuum of services to address the presenting needs of mentally ill and/or chemically addicted homeless persons. The level of assistance is dependent on individual readiness for treatment, understanding of their illness, symptom acuity, cognitive ability, and skill level in managing their condition. Team members help homeless individuals and families move into recovery through early identification and engagement services to more intensive, acute services, rehabilitative, and brief or supportive services.

Case Management:

To comprehensively address the needs of homeless individuals, our PATH team provides a full range of case management services including providing hands on assistance in obtaining income benefits, support and treatment services, housing assistance, and obtaining and coordinating social and maintenance services, etc.

The PATH staff and Homeless Outreach Team use evidence-based practice models including Critical Time Intervention (CTI), Motivational Interviewing, and Housing First as a basis for case management. CTI is a time-limited model for preventing homelessness among persons with severe mental illness and/or co-occurring substance use. The team uses this model because it focuses on services that provide emotional and practical support during the critical time of transition by strengthening the individual's long-term ties to services, family, and friends. This model has been particularly beneficial in working with the chronically homeless population. The PATH team recognizes that this population has needs that are more intensive and requires a more comprehensive approach for continuity of care. Motivational Interviewing is used frequently to strengthen a person's motivation to change. Housing First is used as a tool rather than a reward toward recovery and focuses on helping individuals to access and sustain permanent housing.

Screening and Diagnostic Treatment:

PATH staff has 20 years of clinical experience, education and training in providing assistance to PATH clients with assessment and diagnostic treatment options. Community agencies rely on the PATH and Homeless Team to respond to individuals presenting with unmanaged symptoms who may also be in a mental health crisis. Over the past few years, the relationship and communication with law enforcement has improved markedly. Often timely responses by the PATH team reduces the burden on law enforcement and other first responders and generally result in better and less costly outcomes for both individuals and community partners.

Referrals for Primary Health Care, Job Training/Employment, and Educational Services:

Through outreach services, we find a high number of homeless individuals with severe mental health, co-occurring, and/or substance use disorders, limited or no access to health care, and are often the most reluctant to accept treatment. These individuals often engage in behaviors that place their health at risk which is exacerbated by their homelessness and inability to receive appropriate health care. PATH Staff provide a consistent, caring personal approach in an effort to engage people who are homeless to assist with getting needed benefits and health care. The PATH team's ability to assist access to timely health care is predicated on their history of cultivating strong relationships with local health care providers and DSHS staff, who are able to expedite benefits that include access to health care. Collectively our collaborative efforts with local Community Service Offices (CSOs) are enhanced and our staff have been able to develop greater knowledge of the CSO process and can assist individuals in completing paperwork while navigating through very complicated eligibility requirements. This partnership has resulted in an increase of eligibility determinations for individuals who qualify for assistance, and on a more rapid basis.

Team members assist individuals with accessing Division of Vocational Rehabilitation (DVR) services and other agencies, like Career Path Services and Goodwill Industries of the Inland Northwest, to connect with employment, job training, and educational services. PATH staff provide support and assistance by attending the orientation meeting with the homeless individual to ensure they understand the requirements of the program and can help the individual complete the necessary paperwork so requirements can be met. Homeless individuals who are interested in obtaining their General Education Development (GED) or wish to pursue higher education goals are connected to Spokane Community College's Supported Education Enhancing Rehabilitation (SEER) program, which provides support and assistance for individuals with mental health needs. The Team also refers homeless individuals who cannot work due to a medical or mental condition and are having difficulty applying for SSDI to Allsup, a company that is designed to assist individuals in navigating the complex social security benefits system.

Mental Health Treatment:

PATH staff cultivate relationships with local agencies that provide primary mental health and co-occurring services to improve accessibility to treatment for the homeless individuals we serve. PATH staff receive ongoing training for serving persons with mental health and co-occurring disorders so assistance can be provided to homeless individuals with severe needs or those who may be in crisis situations. Staff also work with shelter site staff and other

agencies to provide behavioral health support and referrals as part of a collaborative effort to serve homeless individuals.

Staff Training:

The PATH team is available to work with community shelter staff and other providers to offer support and education regarding mental illness and chemical dependency. PATH provides shelter staff with training on mental health and co-occurring disorders so appropriate assessment and referrals can be made by shelter staff to community resources.

Our PATH team provides training to local service agencies that have contact with homeless individuals. Outreach sites include community centers, law enforcement, and churches, among others. We anticipate that contact with these agencies will continue to generate referrals for individuals that the PATH team would otherwise not have met in the community.

In addition to providing training to community partners, the PATH team also receives training in the provision of culturally sensitive and competent services, and has access to cultural specialists to assist with training needs for specific populations when needed. The PATH team is also provided with on-going training on specific clinical issues that impact the homeless population. Training that focuses on state and local subjects to help provide the PATH team with a solid understanding of current, relevant issues. Weekly group and individual supervision from the PATH team lead as well as a licensed mental health professional helps round out staff training to ensure staff are prepared for situations they may encounter.

Housing Services:

The PATH team has adopted the Housing First philosophy and coordinates with key partners to reduce and eliminate barriers in efforts to permanently house individuals. PATH also coordinates with our local Coordinated Entry Assessment to house individuals with supportive permanent housing. In addition, PATH participates in the Housing Placement meetings each month to coordinate with housing providers and open lines of communication.

- Provide specific examples of how the agency maximizes use of PATH funds by leveraging the use of other available funds for PATH participant services.

The PATH program coordinates with several agencies in leveraging funding. Examples include Social Security, DSHS, SHA, SNAP, VA, Goodwill's HEN program, and the Downtown Business Partnership. Examples include SOAR approvals, acquisition of benefits, and housing support among others. The PATH team meets at least once a month for collaboration and resource sharing. Additionally, FBH is provided with five Section 8 vouchers per month, with one voucher specifically designated for PATH clients.

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

Spokane as a community has a strong commitment to eliminating homelessness, with multiple community agencies collaborating efforts and sharing resources to meet the

identified needs of our homeless population with the focus to fill identified gaps. Spokane County is considered by many as a “resource rich” community, and individuals have disclosed that they travel to Spokane because of the many resources available here. Issues such as having immediate access to treatment at the time an individual is ready, lack of coordinated communication between homeless providers and behavioral health and substance use treatment providers, and lack of additional affordable housing are identified gaps in our local service system. These are just a few as described in Spokane’s Strategic Plan to End Homeless, with the goal of ending homelessness in 2020.

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

Service providers in Spokane that treat individuals presenting with co-occurring serious mental illness and substance use disorders include Spokane Addiction Recovery Center (SPARC), Spokane Treatment and Recovery Services (STARS) and Youth Family Adults (YFA) Connections. These agencies are able to serve individuals with both serious mental illness and substance use disorders on an inpatient or outpatient basis. STARS offers immediate access to detoxification services, and will outreach to provide transportation for individuals who access these services. STARS staff also provide outreach services to local emergency departments in efforts to divert individuals using substances from more costly hospital stays. Other collaborative efforts include Providence Health Services Drug and Alcohol Addiction Treatment Program where individuals who present with treatment needs for opiates at Sacred Heart, have direct access to the Opioid Treatment Program on the following business day.

- Describe how the local provider agency pays for or otherwise supports:
 - Evidence-based practices:

Critical Time Intervention (CTI), Housing First, Motivational Interviewing and Trauma Informed Care are the primary evidenced-based practices utilized by PATH. Ongoing support is provided to the team by maintaining current training and ongoing utilization of these skills when interacting with individuals who are homeless. Over the past year, PATH received extensive training in Motivational Interviewing, and there is an ongoing effort by FBH to continue to promote and develop these skills to fidelity. With the support of FBH, PATH is committed to provide Trauma Informed Care, and has been actively involved in training and communication efforts to promote a trauma informed approach when interacting with others.

- Trainings for local PATH funded staff, and

Trainings are offered throughout the year so the PATH Team remains current with national, state and regional opportunities for awareness and skill building. Over the past year, additional training in substance use disorders, treatment of opioid overdose, Medicaid transformation demonstration, medication treatment for substance abuse, engagement, and barriers to accessing treatment were prioritized. Additional training in data reporting and the HMIS system was also provided.

- Trainings and activities to support migration and collection of PATH data into HMIS:

The PATH program has been working closely with our city HMIS administrators for over a year. We have fully implemented HMIS into PATH as of last October 2016.

- Provide specific examples of how the agency serves to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g. jail diversion, active involvement in re-entry), OR specific efforts to minimize the challenges and foster support for PATH clients with a criminal history (e.g. jail diversion, active involvement in re-entry).

The Spokane PATH team has an excellent relationship with both the Community Court staff and the SPD down precinct. Referrals to provide case management services for eligible PATH individuals are received regularly from these sources. The PATH team meet weekly for case conferencing to serve individuals with high service barriers to facilitate access primary health service, housing services and any other supports needed within our continuum of care.

- **Data**

- Describe the provider’s process for collecting data in the HMIS system for PATH services. Describe plans for continued training and how providers will support new staff to learn HMIS data collection processes and best practices.

Our PATH HMIS transition has been a long one. We started out learning and implementing the State “standalone HMIS” program through “Adsystem” software that was managed by Northwest Resource Associates (NWRA) out of Seattle. Then came the transition in 2016 to the local HMIS program through “Client Track” software and managed by Spokane Community Housing and Human Services (CHHS) administrators. Initially, CHHS provided a two-hour training for Client Track and monthly licensure to use it. We began implementation in October 2016 and since have set up regular meetings with the CHHS administrator to troubleshoot and work toward becoming proficient with the HMIS system. We are still in the learning phase and overcoming our challenges through additional training and communication. We are over midway this PATH year and our CHHS staff is just getting the annual report template from the software vendor. This will be very helpful to see where we are with reporting purposes and overcome inconsistencies in paper tracking. Planning ahead, should new staff be added to the PATH program, orientation training would always include HMIS licensure and training within the first month of hire.

- **SOAR**

- Describe the Provider’s plan to ensure that PATH staff have completed the SOAR Online Course and identify which staff plan to assist consumers with SSI/SSDI applications

using the SOAR model and track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system.

PATH staff has received training as a SOAR Train the Trainer, and participates in both the local SOAR initiative as well as the SOAR leadership advisory committee. SOAR outcomes are reported to our local point person (Tracy Hudson) to input in the OAT system.

- Indicate the number of staff trained in SOAR:

One.

- The number of staff who provided assistance with SSI/SSDI applications using the SOAR model:

One.

- Number of PATH funded consumers assisted through SOAR in grant year ended September 30, 2016:

One.

- Application eligibility results (e.g. approval rate on initial application, average time to approve the application):

We were successful in assisting one client through SOAR, and he was approved on the initial application within four months.

- The number of staff dedicated to implementing SOAR:
Part-time: While there is not a dedicated staff for SOAR, the PATH-funded position participates in SOAR-related activities approximately four to six hours each month.
Full-time: 0.
- If the provider does not use SOAR, describe the methods used to improve accurate, timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility, and the outcomes of those applications (e.g. approval rate on initial application, average time to approve the application).

Currently, we work with our local DSHS staff to assist in applications for state assistance and transition to Social Security benefits. Our DSHS staff have Social Security facilitators that begin working on benefits once individuals have been determined to have a disability that will endure at least 12 months.

Our SOAR planning committee has been very helpful in moving the local SOAR initiative forward, and we hope to implement more SOAR applications in the future.

- Describe the efforts used to train staff on this alternative method and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.

PATH staff participate in monthly meetings with the SOAR committee that offer ongoing assistance and support for staffing SOAR applications and providing quality assurance.

- **In-Person Assister Training**

- Describe the Provider’s plan to train PATH staff as In-Person Assisters using the Health Care Authority’s web-based training curriculum (<https://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/community-based-training>)

Currently there are plans to initiate training for PATH staff for In-Person Assisting.

- Indicate the number of PATH staff trained as In-Person Assisters during grant year ended September 30, 2016:

0

- Number of PATH funded consumers assisted in Medicaid enrollment in grant year ended September 30, 2016:

10

- **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 name(s) of the agency).

PATH assists individuals in a variety of ways to obtain housing. Coordinated Entry and Assessment is one of the tools used to get individuals into permanent supportive housing. We also work with low barrier housing providers, Spokane Housing Authority, Spokane Housing Ventures and fair market units.

Spokane has a Housing Placement committee that meets monthly to coordinate with outreach and housing providers to keep lines of communication open and problem-solve barriers. Many landlords will not provide housing to members of the population we serve if the individuals are not enrolled in a program that provides case management services. In some cases, we have been able to offer limited supportive case management services for a short time to ensure stable housing for persons who formerly were chronically homeless. This includes Single Resident Occupancy (SRO’s), Shelter Plus Care, and private apartments. We communicate regularly with local housing providers to provide support and connection to other community resources.

- **Staff Information**

Describe

- The demographics of staff serving the clients.

Our PATH program has .8 FTE that is a female, 39 years old and Caucasian/Native American.

- 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.

PATH has had training to be cognizant of differences that could pose possible barriers to effective and appropriate service delivery. Ensuring staff have the cultural competency to be sensitive to age, gender, sexual orientation, and other cultural difference of individuals begins in the hiring process. We have received training in understanding the culture of poverty, with the despair and hopelessness that have been a major part of the lives of many of our clients. A history of criminal justice involvement of the individual and/or their family can also be a significant factor in their treatment and support for recovery. Training in this area is considered ongoing and is required of all PATH in the progression of professional development.

- The extent to which staff receive periodic training in cultural competence and health disparities.

Training is provided annually, at a minimum. Training on various cultural aspects throughout the year is also offered/provided.

- **Staff Information—Strategy to address health disparities through use of CLAS standards (<http://www.thinkculturalhealth.hhs.gov>).**

- Culturally Competent Care:

It is a priority of the PATH team to serve individuals with disabilities in a manner which will support the highest degree of involvement and full citizenship of which they are capable and desire for themselves. Toward this end:

- The PATH team will pay specific attention to the particular issues relevant to inclusion for homeless persons with disabilities, and make special programmatic accommodations available when necessary.
- Services shall be provided at sites where transportation is available to individuals, or provided to the individual when possible.
- Facilities in which services are provided shall comply with the Americans with Disabilities Act (ADA).
- When a Homeless Outreach Team staff identifies the need for a cultural consultation, this will occur internally if available, or with an eligible agency if needed.
- FBH is the lead agency in Spokane County for special population consultations which also includes consultations for individuals who are deaf and hard of hearing.

- The PATH team receives regular training on enhancing sensitivity, cultural competence and service considerations with regard to working with diversity and different cultural groups affected by homelessness.
- Individualized services will address any barriers to social inclusion with which the individual wishes assistance.
- Increasing social inclusion shall be raised as a possible goal in the service planning process.
- Goal-setting shall include an examination of current social roles and relationships in order to identify any changes the person wishes to pursue.
- The PATH team is supported in its efforts to address the special needs of persons with disabilities for greater social inclusion.
- Finally, individuals will be informed in a culturally competent manner about service options, including the option of refusing services. In addition, the PATH team will ensure that individuals with disabilities are afforded the opportunity to confer with any additional mental health system participants or resources in making decisions with respect to their options for services.

The PATH team will ensure that in instances in which an individual's primary language is not English, arrangements will be made for an interpreter to read printed material in an understandable manner and to provide interpreting services for all oral communication. PATH will arrange for braille material to be provided to individuals who are blind or severely visually disabled when requested or will read or arrange for a trusted person to read the material to the individual if this is agreed to by the person.

▪ Language Access Services:

- Individual Rights will be posted in all DSHS-required languages at every agency service delivery site.
- Copies of the Medicaid Behavioral Health Benefits Booklet will be available in all DSHS-required languages at every agency service delivery site.
- Interpreter services will be arranged for as necessary for individuals whose primary language is other than English or who are deaf.
- Required written materials may be provided in English to individuals whose primary language is other than English if the person can understand English and is willing to receive the materials in English.
- Interpreter services will be arranged for individuals whose primary language is other than English or who are deaf. Such services will be provided to assist in filing a grievance if necessary.
- Language line services will be accessed when needed or requested

PATH will use Washington State Relay Service for individuals who are deaf or hard of hearing. The agency shall also utilize the services of certified interpreters as necessary, at no cost to the individual

▪ Organizational Support:

Culturally Competent Care - The PATH team strives to provide services that are sensitive and responsive to age, culture, language, gender and physical condition of homeless individuals and their families. The services they provide are in compliance with all state and federal non-discrimination laws, rules and plans, and without regard to race, color, religion, creed, national origin, gender, disability, economic condition or sexual orientation. Additionally, the team develops and employs alternative services and outreaches at different times and locations to maximize available services to underserved persons.

- **Client Information**

Describe

- The demographics of the client population:

Spokane County, compared to average national figures, has relatively small numbers of residents who are of African-American (1.7%), Hispanic (4.5%), Native American (1.5%), and Asian-American (2.1%) heritage. Nonetheless, providers in our overall system of care work closely with local tribes, Native American-based agencies, and other community organizations to assure equitable and culturally appropriate mental health services to people of all ages. In fact, our largest non-Native, immigrant group is comprised of over 20,000 individuals who have re-located to this area over the past 20 years from Eastern Europe and the former Soviet Union. Although their community has established a strong and very self-sufficient support system, and we have seen very few of its members in the homeless population, we still are working to identify potential services to support treatment and recovery should the need arise.

Projected number of homeless persons to be:	Projected for next year
▫ Contacted/Served:	95
▫ Enrolled:	55
▫ Number of adult Persons served using PATH funds to be literally homeless	80
▫ Number of contacted homeless persons with serious mental illness who become enrolled in services: (2017 GPRA goal is 58%)	55
▫ Number of enrolled PATH individuals who will receive community mental health services (2017 GPRA goal is 66%)	37
▫ Number of persons referred to and who attain housing	10
▫ Number of persons referred to and who attain substance use treatment services	5

- **Consumer Involvement**

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

PATH eligible individuals are not employed in our program, but we do have volunteers that participate in meetings when possible and our annual Winter Wear giveaway. The PATH team hosts an annual Winter Wear giveaway in collaboration with National Hunger and Homelessness Awareness week. This event grows and strives to improve over previous years, serving between 200-250 individuals on average. Each individual receives warm winter wear items donated from the greater Spokane community. This is yet another opportunity to bring awareness to the plight of homelessness in our community. The success of this event is the result of the many hours that staff, volunteers, and PATH enrolled individuals take part in planning, implementation, and evaluation of the drive each year. An additional resource for individuals is Peer Support Specialists, of which FBH has over 20 FTEs on staff in various FBH programs. Involvement of the individual and family in program planning, implementation and evaluations occur through community meetings, visits to advocacy groups, and requests for comment on the effectiveness and appropriateness of our services from other homeless providers. Team members understand the importance of including individual and family voice in service provision. It is critical that individuals and family members are central in the decision making process, and that planning, implementation, and evaluation of services should be a combined effort of the individual, family and providers.

Detailed budget:

Planning Period: 2017-2018 (Contracted period 10/1/17-9/30/18)

Category	Federal Dollars	Matched Dollars	Total Dollars
a. Personnel	46604	0	46604
b. Fringe Benefits	17710	0	17710
c. Travel	2550	0	2550
d. Equipment	0	0	0
e. Supplies	1538	0	1538
f. Contractual	4656	0	4656
g. Construction	0	0	0
h. Other	23968	0	23968
i. Total Direct Charges (Sum of a-h)	97026	0	97026
j. Indirect Charges	1311	32779	34090
k. Grant Total (Sum of i and j)	98337	32779	131116
Source(s) of Match Dollars:		Spokane county property tax and Frontier Behavioral Health	

Budget Narrative

Prepare a separate budget narrative that provides further detail regarding PATH Federal and match (i.e., state and local) funds requested for each object class category. See Appendix C of the 2017 PATH RFA or the instructions for an example of the level of detail to include in the budget for each local provider agency.

See the attached Word document “Generic PATH Budget Detail (aka Narrative) 5.3.17”