



Statement of Work

Projects for Assistance in Transition from Homelessness (PATH) Teams Services

PURPOSE

Projects for Assistance in Transition from Homeless (PATH) is a vital resource in communities as providers, their partners, and stakeholders seek to end homelessness. PATH programs across the country have been instrumental in the development and improvement of effective outreach and engagement methods to people who are experiencing SMI/COD as well as homelessness or at imminent risk of experiencing homelessness. PATH programs offer initial connection to continuum of care services and referrals to longer term behavioral health support, primary health care, substance use treatment services and an array of other survival supports. PATH programs fulfill this role in communities by utilizing the guidance provided by Substance Abuse and Mental health Services Administration (SAMHSA) to prioritize PATH program activities service provision to individuals experiencing chronic homelessness, veterans, and other underserved populations, connecting program participants to relevant providers in the continuum of care and continuing to innovate and create improved processes and services.

SUPPLEMENTAL DEFINITIONS

Active Outreach

Face-to-face interaction with PATH-eligible individuals outside, in shelter settings, and other spaces not intended for human habitation. While offering Active Outreach, PATH-funded staff make contact with individuals who may be eligible or who are already enrolled in the PATH program.

1. Outreach may include distribution of program materials with contact information, public service announcements, verbal description of services, or other indirect methods.
2. PATH funded staff can determine whether a contact or program enrolled should be entered in HMIS under 'Street Outreach' or 'Supportive Services' based on where that individual reports they stayed the night before engagement with the PATH provider.

Case Management for PATH

Case Management for PATH means the following:

1. Create a service plan, with the self-determined goals of the PATH program participant for the provision of community mental health services and/or COD/SUD treatment services and review such plan not less than once every three (3) months.
 2. Provide assistance to coordinate and attain social and maintenance services for PATH-eligible individuals, including services relating to daily living activities, personal financial planning, transportation, Habilitation and Rehabilitation Services, prevocational and vocational services, and housing eligibility assessments and other relevant resources.
 3. Provide assistance to PATH-eligible individuals to obtain income support services, including housing assistance, food stamps, supplemental security, disability income benefits, and veterans' benefits.
 4. Refer PATH-eligible individuals to local, regional, and national services consistent with the PATH participant's self-reported goals and needs.
 5. Providing representative payee services in accordance with Section 161 (a) (2) of the Social Security Act if the PATH-eligible individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services.
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Costs Associated with Matching Eligible Individuals with Appropriate Housing Situations

Expenditures made on behalf of PATH program participants to meet 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.

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 intended population.

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

Services intended to connect PATH-enrolled individuals to primary health care services, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or outreach staff.

Screening and Diagnostic Treatment

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

Staff Training

Materials, packages or programs designed to increase the knowledge or skills of individuals who work in shelters, behavioral health clinics, substance use treatment programs and other sites regarding the needs of the intended population, job-related responsibilities, quality assurance measures, improved service delivery strategies, all of which are intended to promote effective services and best practices.

Supportive and Supervisory Services in Residential Settings

Specific training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled individuals who may be experiencing complex access issues related to housing.

GUIDING PRINCIPLES

1. **Person-Centered Services:** PATH programs are committed to services that meet the needs and preferences of people who are experiencing homelessness or at imminent risk of experiencing homelessness and who have SMI/COD. PATH provides services in collaboration, participant-led service plans and subsequent referrals and resources which are effective when needs are identified by the PATH participant.
2. **Cultural Humility in PATH Services:** PATH programs are committed to meeting the 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 awareness and sensitivity to the uniquely appropriate language, customs, and cultural norms of individuals.
3. **Consumer/Peer-Run Services:** The history of the PATH program proves the effectiveness of services provided by people who have lived experience. Individuals who lived experience serve as powerful examples, and consumer/peer-run services are a strong tool in efforts to address homelessness.

4. **Commitment to Quality:** State PATH Contacts (SPCs) are committed to helping providers achieve high quality in all areas of service provision. Encouragement of evidence-based and exemplary practices within homelessness services and mainstream systems is part of this strategy.

WORK EXPECTATIONS

The Provider must provide the services and staff, and otherwise do all things necessary for or incidental to the performance of work as set forth herein. The Provider will implement services in accordance with the PATH program and HCA guidelines, including, but not limited to the following:

1. Identify Needs: Solicit past and current PATH participant input and recommendations to identify service needs of PATH participants and pathways to improvement and increased relevancy for recipients.
2. Use information received from feedback and recommendations, PATH program management experience, and other information gained from reliable sources on ending homelessness to develop and implement an integrated system of PATH services, activities, and housing to accommodate local needs and circumstances of individuals experiencing homelessness; and
3. PATH services and activities must be consistent with [P.L. 101-645 Title V, Subtitle B](#), relating to PATH Eligible Clients, and as described in FOA # SM- 20-F3, previously provided to the Contractor and incorporated herein by this reference.

PROVIDE INTENDED USE PLAN (IUP) SERVICES

Provide services and activities described in *Local Provider Intended Use Plan (IUP)*, within the amounts and categories listed in the HCA-approved Contractor IUP budget table.

1. The IUP will be the basis of the Provider's PATH services and activities using PATH funds.
2. Services will be culturally competent, professional, and effective.
3. Services will be provided in the least intrusive manner possible in locations where PATH-eligible individuals may be contacted and served.
4. The number of people to be served (contacted) are listed in the 'Client Information' section of the IUP. Provide services and activities described in the IUP.
5. Achieve or exceed national PATH Government Performance and Results Act (GPRA) performance measures in delivery and costs of services – see Attachment 5, Center for Mental Health Services (CMHS) Government Performance and Results Act Performance Measures (GPRA), as detailed in the IUP.
6. Maintain staffing levels detailed in the IUP.
7. Any proposed revisions to the IUP, or any HCA-approved successor IUP, must be submitted to the HCA Contract Manager listed on first page of this contract, when proposed revisions reflect substantial changes in PATH services and activities funded under this contract.
8. Revised IUPs are subject to approval by the HCA Contract Manager prior to implementation.
 - a. Proposed changes must be submitted to HCA for consideration and approval, at least sixty (60) days before implementation; and
 - b. Changes to the IUP approved by HCA in writing will be incorporated by reference into this contract and will supersede any previous versions of the IUP.

9. IUP Requirements

- a. Annual submission to HCA in the form of an IUP by an HCA-established date, which will be communicated to the Contractor to enable HCA to meet the federal timeline for responding to the annual federal FOA for PATH funds
- b. Each IUP must provide a projected summary of performance in the following outcome measures:
 - i. Number of individuals experiencing homelessness (over 18 years old) to be contacted;
 - ii. Number of contacted PATH-eligible individuals who become enrolled in PATH program;
 - iii. Number of PATH-enrolled individuals who are experiencing homelessness during period of service provision;
 - iv. Number of PATH-enrolled individuals who will receive community mental health services;
 - v. Number of PATH-enrolled individuals referred to and who will attain housing;
 - vi. Number of PATH-enrolled individuals referred to and who will attain SUD treatment services;
 - vii. Number of PATH-funded staff trained in Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR); and
 - viii. Budget table and detailed budget narrative.

SCREEN CLIENT FOR ELIGIBILITY BENEFITS

Ensure enrolled PATH clients are screened for eligibility for all possible benefits, including, but not limited to the following:

1. Services under the Prepaid Inpatient Health Plan (PIHP) or comparable services structures, including but not limited to emergency, psychiatric, medical, residential, employment, and community support services;
2. Housing services and resources;
3. Veteran services;
4. SSI/SSDI or other disability and financial benefits;
5. Bureau of Indian Affairs (BIA) benefits;
6. Economic services;
7. Medical services;
8. SUD treatment services; and
9. Vocational rehabilitation services

TARGET PRIORITY POPULATIONS

1. Give special consideration to services for veterans, and strongly encourage subcontractors to work closely with entities that demonstrate effectiveness in serving veterans experiencing homelessness.
2. SAMHSA strongly encourages PATH sites to prioritize services for the individuals who are experiencing chronic homelessness.

CREATE, PROVIDE, AND MAINTAIN DOCUMENTATION

1. Maintain individual client service records for PATH-enrolled individuals, where each client service record will contain at minimum:

- a. Every contact between PATH-funded staff and any individual who is PATH-eligible or enrolled in PATH is entered into HMIS.
 - b. Statement of goal or need as described by the PATH-enrolled individual.
 - c. Documentation of homelessness or chronic homelessness either by PATH-enrolled individual self-report or by PATH-funded staff observation.
 - d. History and/or symptoms or observable behaviors of the SMI experienced by the PATH-enrolled individual, reported and/or observed.
 - e. Assessment of PATH-enrolled individual's basic needs; including legal, health and safety concerns, cultural needs, SUD-related information or resources, as appropriate.
 - f. Service plan with regular updated of PATH-enrolled individual's progress toward goals stated on their service plan, including transfer to longer term supportive services.
 - g. Utilize 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 requires data entry into HMIS in a timely manner to increase favorable health outcomes for participants. Every HMIS administrator has its own policies and procedures regarding timeliness of data entry for end users.
 - h. Provider will provide annual report/IUP, in compliance with, but not limited to requirements below, some of which may be waived in writing by the HCA Contract Manager for the purpose of this Contract.
2. Each PATH agency supervisor or lead will submit one PATH Annual Data Report into PATH Data Exchange (PDX). HCA will grant access to the PDX site upon request. Analysis of performance will be based on IUP and factors that have affected local PATH project(s). This report includes measures taken to maintain and improve the integrity of PATH project(s).
- a. Submit through 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 CMHS GPRA Performance Measures.
 - b. Respond to SAMHSA data checks associated with warnings in 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:
 - i. Zero individuals contacted = 0;
 - ii. One hundred percent (100%) of persons contacted through outreach became enrolled in PATH;
 - iii. Percentage of eligible persons contacted who became enrolled in PATH is less than forty-six percent (46%);
 - iv. Number of persons enrolled has decreased by more than fifty percent (50%) since the previous year or increased by more than 100 percent since the previous year;
 - v. Percentage of PATH-Enrolled Individual who received community mental health services is less than fifty-three percent (53%) of the GPRA measure;

- vi. Number of PATH-enrolled individuals who are seventeen (17) years old or younger is greater than zero; and
 - vii. Sum of “Client refused” and “Data not collected” categories for each demographic data element (“Unknown” category for #28f) is greater than ten percent (10%) of the total number of persons enrolled in PATH (#15).
3. Provider will complete reports according to the time schedules designated, and/or communicated by HCA Contract Manager. Failure to submit required reports within the time specified may result in one or more of the following:
 - a. Withholding of current or future payments;
 - b. Withholding of additional awards for a project; and
 - c. Suspension or termination of this contract.
4. Provider will retain reporting-related records and provide access to the records for the period specified in [45 CFR Part 74](#), Subpart D, or [45 CFR 92.42](#).
 - a. Financial and programmatic records, supporting documents, statistical records, and all other records of the Provider that are required by the terms of this contract or subcontract, or may reasonably be considered pertinent to this contract or subcontract must be retained.
 - b. Maintain records that identify the source and usage of funds associated with the provision of Housing Services.

ADDITIONAL INFORMATION/REQUIREMENTS

1. Provider is strongly encourage subcontractors to participate in the planning and collaboration of local Continuum of Care committees.
2. Provider will provide a smoke-free workplace and promote abstinence of all tobacco products.
3. Provider will comply with Federal and State Requirements, including employment standards, detailed in FOA.
4. Provider will comply with requirements, conditions, and limitations of PATH Funds.
 - a. The Contractor will not expend more than twenty percent (20%) of PATH funds under this contract, in accordance with current FOA. The Contractor must track the costs in this category with records demonstrating that the twenty percent (20%) cap has not been exceeded. This includes the following:
 - i. Minor Renovation, expansion, and repair of housing;
 - ii. Technical assistance in applying for housing assistance;
 - iii. Improving the coordination of housing services;
 - iv. Security deposits;
 - v. The costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - vi. One-time rental payments to prevent eviction.

- b. PATH funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. PATH funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- c. The Contractor will use PATH funds to supplement, not supplant, existing services to individuals with SMI/COD, and who are experiencing homelessness or at imminent risk of experiencing homelessness.

HCA PATH PROGRAM REQUIREMENTS

1. Submit HMIS Annual Report quarterly on or before January 15, 2025 (Quarter 1), April 15, 2025 (Quarters 1+2), January 15, 2025 (Quarters 1-3), October 14, 2025 (Quarters 1-4) Submit as PDF to HCA Contract Manager by email.
2. Direct service staff are required to attend new employee orientation (one time) (offered by HCA quarterly) and attend bi-monthly Learning Collaborative meetings.
3. PATH program managers are required to attend bi-monthly administrative meetings.
4. PATH-funded staff are required to attend the HCA PATH and Peer Pathfinder Annual Meeting (Outreach Academy).
5. PATH providers are required to cooperate with requests for remote or in person site visits.
6. PATH providers are required to cooperate with annual application (SAMHSA) requests for data and other information by HCA Contract Manager.