

## Attachment A

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

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

**Provide the following information. The information is required to be descriptive, detailed, specific and use data or other information to support response.**

1. Describe the agency's mission, purpose type of agency and services offered. (2 pts)
2. Describe the agency's current and past experiences serving individuals who are living outside with a serious mental illness or co-occurring disorders (Target Population). Response must provide information to support record of serving this population such as name of grants, submitted data to SAMHSA, State or other funders. (16 pts)
3. Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. (3 pts)
4. Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including: (16 pts)
  - a. How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are living outside and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing.

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- b. Any gaps that exist in the current service systems.
  - c. A brief description of the current services available to the target population who have both a serious mental illness and a substance use disorder.
  - d. A brief description of how PATH eligibility will be determined, when enrollment will occur, and how eligibility will be documented for individuals enrolled in PATH
5. Describe the agencies participation in HMIS and describe plans for training and support to PATH staff and process to ensure accurate data entry. (3 pts.)
  6. 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 use disorder, housing, employment) to target population, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved. (10 pts)
  7. Provide a brief description of partnerships the agency has with organizations or agencies that provide mental health support and services to target population. Describe the coordination of activities and list any Memorandum of Agreements. (10 pts)
  8. Describe the agency's collaboration with Alliance Behavioral Health LME-MCO. Provide specific data demonstrating the number of individuals the agency has referred for community mental health services such as ACT, CST, Peer Services and PSR and the number of individuals that attained mental health treatment between July 1, 2019 and June 30, 2020. (2 pts)
  9. Indicate the strategies that will be used for making suitable housing available for individuals enrolled in PATH. Provide specific data demonstrating the number of individuals the agency has referred for permanent supported housing and the number of individuals that attained permanent supported housing (i.e., indicate the type of housing provided and the name of the agency) between July 1, 2019 and June 30, 2020. (5 pts)
  10. Describe how the agency will use PATH funds to meet the PATH goal to provide street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless. (16 pts)
  11. Describe the agency's experience using the SSI/SSDI Outreach, Access, Recovery (SOAR) model. Indicate the number of staff who are trained and utilize the model with the target population. Describe the trained staff's participation in the NC SOAR Program's SOAR Case Worker Certification and SOAR Dialogue conference calls. (3 pts)
  12. Describe how staff providing services to the target population will be sensitive to age, gender, disability, lesbian, gay, bisexual, and

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transgender, racial/ethnic, and differences of individuals served. Describe the extent to which staff receive initial and periodic training in cultural competence and health disparities. Describe experience with addressing health disparities. (3 pt.)

13. Describe the demographics of the target population served by the agency, the projected number individuals to be outreached and enrolled, and the percentage of individuals enrolled who lived outside prior to enrollment. (3 pts)
14. Describe how individuals who experience homelessness and have serious mental illness, 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. (3 pts)
15. Agencies applying for the PATH Grant shall submit application packet which includes the following documents: (5 pts.)
  1. PATH RFA Application Form (Attachment A)
  2. Budget Form (Attachment F)
  3. Detailed PATH Fund Budget Narrative (Attachment G)
  4. Detailed MHBG Fund Budget Narrative – Veteran Positions(s) (Attachment H)
  5. Detailed Match Narrative (Attachment I)
  6. Description of Personal Time Used to Meet Match (Attachment J)
  7. Description of Fringe Benefits Used to Meet Match (Attachment K)
  8. An organizational chart identifying the personnel who will be assigned to work on this project.
  9. Letters supporting the development of a PATH Program in Fayetteville or Raleigh:
    - a. Community partners providing mental health and co-occurring mental health and substance use treatment and supports to target population.
    - b. Alliance Behavioral Health Local Management Entity/Managed Care
    - c. Local Continuum of Care
    - d. Housing Providers that serves the target population
    - e. Community partners providing other services and supports to the target population

**Submit complete Application, including signature of authorized representative to Christophe Drew at [Christopher.Drew@dhhs.nc.gov](mailto:Christopher.Drew@dhhs.nc.gov) no later than 5:00 p.m. on November 9, 2020.**