

## I. State Information

### State Information

#### Plan Year

Federal Fiscal Year 2020

#### State Identification Numbers

DUNS Number 111415381

EIN/TIN 05-6000522

### I. State Agency to be the Grantee for the PATH Grant

Agency Name Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Organizational Unit Division of Behavioral Healthcare Services

Mailing Address 14 Harrington Rd

City Cranston

Zip Code 02920

### II. Authorized Representative for the PATH Grant

First Name Bette Ann

Last Name McHugh

Agency Name Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Mailing Address 14 Harrington Rd

City Cranston

Zip Code 02920

Telephone 401-462-5686

Fax 401-462-6636

Email Address bette.mchugh@bhddh.ri.gov

### III. Expenditure Period

From 10/1/2020

To 9/30/2021

### IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date 5/25/2020 4:13:47 PM

Revision Date 5/25/2020 4:13:57 PM

### V. Contact Person Responsible for Application Submission

First Name Bette

Last Name McHugh

Telephone 401-462-5686

Fax 401-462-6078

Email Address bette.mchugh@bhddh.ri.gov



# I. State Information

## Assurances - Non-Construction Programs

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §10000006).



§470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

#### **HHS Assurances of Compliance (HHS 690)**

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

A. Kathryn Power



Title

Acting Director

Organization

RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Signature:

Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

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1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §54728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
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The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

A. Kathryn Power

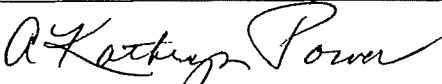
Title

Acting Director

Organization

RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Signature:



Date:

FY 2020 PATH FOA Catalog No.: 93,150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:





# I. State Information

## Certifications

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
  - b. Collecting a certification statement similar to paragraph (a)
  - c. Inserting a clause or condition in the covered transaction with the lower tier contract

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR 75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering



2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

#### 4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C. 3801- 3812)

## 5. Certification Regarding Environmental Tobacco Smoke

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

### Footnotes:

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## Certifications

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
  - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
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### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 2 CFR Part 182by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
  1. The dangers of drug abuse in the workplace;
  2. The grantee's policy of maintaining a drug-free workplace;
  3. Any available drug counseling, rehabilitation, and employee assistance programs; and
  4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  1. Abide by the terms of the statement; and
  2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
  1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

### 3. Certifications Regarding Lobbying

Per 45 CFR 775.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93, Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering



into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

#### 4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C. ? 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

#### 5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Name

A. Kathryn Power

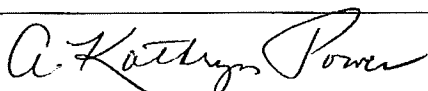
Title

Acting Director

Organization

RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Signature:



Date:

5/19/2020

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:



State of Rhode Island and Providence Plantations

State House  
Providence, Rhode Island 02903-1196  
401-222-2080

Gina M. Raimondo  
Governor

May 8, 2020

Ms. Wendy Pang  
Mr. Yan Rong  
Grants Management Specialists  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Rockville, MD 20857

Dear Ms. Pang and Mr. Rong:

I am writing to notify you that A. Kathryn Power, Acting Director of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, is authorized as my designee to sign any required documents related to the Projects for Assistance in Transition from Homelessness (PATH) grant, and the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grants (including the Annual Synar Report) for the tenure of my term as Governor of the State of Rhode Island.

Sincerely,

Gina M. Raimondo  
Governor

**Section 522(d).** In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.



**Section 522(e).** The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

**Section 522(f).** Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

**Section 522(h).** The State agrees that not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and the payments will not be expended for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use services.

**Section 523(a).** The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

**Section 523(c).** The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

**Section 526.** The State has attached hereto a Statement that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes a plan for providing services and housing to eligible homeless individuals, which:
  - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
  - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains such other information or assurances as the Secretary may reasonably require.

**Section 527(a)(1), (2), and (3).** The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

**Section 527(a)(4).** The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

**Section 527(b).** In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

**Section 527(c)(1)(2).** The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

**Section 528(a).** The State will, by January 31, 2021, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

**Section 528(b).** The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.



**Section 529.** Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

**Charitable Choice Provisions:**

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Governor/Designee Name

A. Kathryn Power

Title

Acting Director

Organization

RI Department of Behavioral Healthcare, Developmental  
Disabilities and Hospitals

Signature:

Date:

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

# I. State Information

## Funding Agreement

### FISCAL YEAR 2020

### PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of Rhode Island agrees to the following:

**Section 522(a).** Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

**Section 522(b).** Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
  - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
  - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
  - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
  - Referring the eligible homeless individual for such other services as may be appropriate; and
  - Providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the 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.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
  - Minor renovation, expansion, and repair of housing;
  - Planning of housing;
  - Technical assistance in applying for housing assistance;
  - Improving the coordination of housing services;
  - Security deposits;
  - The costs associated with matching eligible homeless individuals with appropriate housing situations;
  - One-time rental payments to prevent eviction; and
- Other appropriate services, as determined by the Secretary.

**Section 522(c).** The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

**Section 522(d).** In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

**Section 522(e).** The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
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- Provide information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

**Section 527(a)(4).** The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

**Section 527(b).** In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

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- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2018 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

**Section 528(b).** The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.



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**Charitable Choice Provisions:**

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Governor/Designee Name

A. Kathryn Power

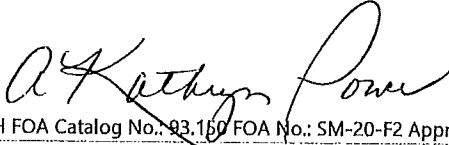
Title

Acting Director

Organization

RI Department of Behavioral Healthcare, Developmental  
Disabilities and Hospitals

Signature:



Date:

5/19/2020

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

## I. State Information

### Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed? Yes ☐ No ☒

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

[Standard Form LLL \(click here\)](#)

---

Name: A. Kathryn Power

Title: Acting Director

Organization: RI Department of Behavioral Healthcare,  
Developmental Disabilities and Hospitals

---

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

mm/dd/yyyy

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

## I. State Information

### Disclosure of Lobbying Activities

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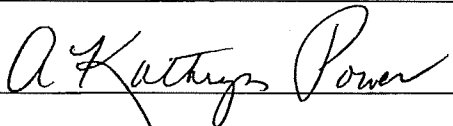
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Name: A. Kathryn Power

Title: Acting Director

Organization: RI Department of Behavioral Healthcare,  
Developmental Disabilities and Hospitals

---

Signature: 

Date Signed: 5/19/2020  
mm/dd/yyyy

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**





I. State Information

State PATH Regions

Name	Description	Actions
Statewide	PATH services are delivered statewide	

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

Footnotes:

## II. Executive Summary

### 1. State Summary Narrative

Narrative Question:

Provide an overview of the state's PATH program with key points that are expanded upon in the State Level Sections of WebBGAS.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

## **II EXECUTIVE SUMMARY – State Summary Narrative**

The Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) is the state agency with oversight responsibility for the federal PATH grant (\$300,000). The State of Rhode Island awards funding for PATH-supported direct services consistent with the State's competitive bidding process. In February of 2019, BHDDH, through the State's Division of Purchasing, issued a Request for Proposals to contract with a qualified community-based agency for the provision of PATH-supported services statewide. Following the authorized review process, a three-year contract was awarded to The House of Hope Community Development Corporation ("House of Hope") which also served as the previous PATH direct service provider.

Rhode Island will award \$299,000 of the total \$300,000 annual PATH grant award to House of Hope for the purpose of providing PATH-eligible direct services. The remaining \$1,000 will be budgeted to cover the cost of the HMIS license for the State PATH Contact and for costs related to attendance at relevant conferences/trainings. House of Hope will provide a minimum of \$100,000 in matching funds and will make these funds available at the beginning of the grant period as required. The sources of the matching funds are identified in the House of Hope's Intended Use Plan.

The PATH service area will continue to be statewide with efforts focused on those geographic areas of the State having the largest numbers of individuals and families experiencing homelessness or at high risk for homelessness. The majority of individuals experiencing homelessness in RI, and particularly chronically homeless individuals, are located in the State's designated urban core and urban ring municipalities. These municipalities are: Central Falls, Cranston, East Providence, Newport, North Providence, Pawtucket, Providence, Warwick, West Warwick, and Woonsocket. The majority of individuals experiencing homelessness reside in the Capitol City, Providence. Additional pockets of homelessness are found in the southwest part of the State which includes the Town of Westerly as well as some encampments that are scattered throughout more rural locations. The State's largest shelters through which the greatest number of homeless individuals and families receive shelter services are located in the Cities of Providence and Cranston. To maximize PATH outreach services, RI will focus outreach efforts in the Providence County and Kent County areas which include nine of the ten urban core and urban ring municipalities while building on current and newly-established collaborations with other homeless, housing and social service providers to meet the needs of individuals experiencing homelessness both within and outside of these areas.

For SFY 2021, Rhode Island expects to make outreach contacts with 600 individuals and to enroll 150 of these individuals into the PATH program. All of the individuals will be adults and will be literally homeless or at imminent risk of homelessness. Primarily, services provided by House of Hope will be outreach and case management. Specific activities will include: administering the VI and VI-SPDAT; screening for behavioral health and physical health issues; providing case management (and intensive case management as needed); making supportive service referrals, including for housing stabilization and for behavioral health and physical health care; facilitating SOAR and medical benefits determinations; facilitating entry into permanent housing; and temporarily providing housing retention supports until long-term supports can be



secured. Outreach and case management protocols will be adjusted to respond to challenges resulting from the SARS-CoV-2 pandemic which has significantly impacted PATH-eligible populations as well as the State and community agencies and organizations serving them.

## II. Executive Summary

### 2. State Budget

Planning Period From 10/1/2020 to 9/30/2021

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
a. Personnel	0.00	0.00	0.00		
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
d. Equipment	\$ 1,000.00	\$ 0.00	\$ 1,000.00		
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
Other (Describe in Comments)	\$ 650.00	\$ 0.00	\$ 650.00	HMIS license for State PATH Contact	
Other (Describe in Comments)	\$ 350.00	\$ 0.00	\$ 350.00	Costs to attend trainings and conferences for State PATH Contact	
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
f1. Contractual (IUPs)	\$ 299,000.00	\$ 100,248.45	\$ 399,248.45		
f2. Contractual (State)	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments
PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.					
g1. Housing (IUPs)	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	
g2. Housing (State)		\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available					
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
h. Construction (non-allowable)					
i. Other	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
j. Total Direct Charges (Sum of a-i minus g1)	\$ 300,000.00	\$ 100,248.45	\$ 400,248.45		
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00		
l. Grand Total (Sum of j and k)	\$ 300,000.00	\$ 100,248.45	\$ 400,248.45		
Allocation of Federal PATH Funds	\$ 300,000	\$ 100,000	\$ 400,000		

Source(s) of Match Dollars for State Funds:

#### Footnotes:



II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: 10/01/2020 Expenditure Period End Date: 09/30/2021

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
House of Hope Community Development Corporation	Social service agency	Statewide	\$299,000.00	\$100,248.45	600	150	5	13
Grand Total			\$299,000.00	\$100,248.45	600	150	5	13

\* IUP with sub-IUPs

Footnotes:

House of Hope Community Development Corporation  
3188 Post Road  
Warwick, RI 02886  
Contact: Laura Jaworski

Provider Type: Social service agency  
PDX ID:  
State Provider ID:  
Contact Phone #: 401-463-3324

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – 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. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **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 use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
  - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally 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;
  - Any gaps that exist in the current service systems;
  - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
  - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe 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. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and 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.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.



Planning Period From 10/1/2020 to 9/30/2021

The state can either enter all the IUPs and associated budgets as in prior years, or they may allow IUP users to enter their own information into WebBGAS. For more information on allowing IUP users to enter their own details, please see the tutorial under the Training Tab in WebBGAS that instructs states and IUP providers on this new process.

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel 118,952.00 70,248.45 189,200.45

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	40,165.00	53.00 %	0.61	24,575.00	20,248.45	44,823.45	
Other (Describe in Comments)	36,400.00	100.00 %	1.00	36,400.00	20,000.00	56,400.00	SOAR Specialist
Other (Describe in Comments)	68,246.00	43.00 %	0.43	29,390.00	0.00	29,390.00	Clinical Director for agency- provides clinical supervision for PATH staff
Other (Describe in Comments)	49,150.00	50.00 %	0.50	24,575.00	20,000.00	44,575.00	Outreach Organizer and also conducts street outreach and case management
Other (Describe in Comments)	80,246.00	5.00 %	0.05	4,012.00	10,000.00	14,012.00	Executive Director. Provides oversight of PATH program, including PATH staff

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 12.77 % \$ 24,157.00 \$ 0.00 \$ 24,157.00

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 5,000.00 \$ 0.00 \$ 5,000.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 5,000.00	\$ 0.00	\$ 5,000.00	PATH funds will be used to cover costs associated with client transport by PATH outreach/case management staff at a rate of \$.575 per mile. House of Hope offers staff the option of a monthly bus pass at \$70 to transport clients in lieu of mileage reimbursement.

d. Equipment \$ 6,700.00 \$ 0.00 \$ 6,700.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Computer Lease/Purchase	\$ 3,500.00	\$ 0.00	\$ 3,500.00	Tablets and data plans for outreach workers. Total cost of data plans is \$168 per month.
Other (Describe in Comments)	\$ 3,200.00	\$ 0.00	\$ 3,200.00	HMIS license fees for PATH outreach workers

e. Supplies \$ 26,162.00 \$ 10,000.00 \$ 36,162.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 26,162.00	\$ 10,000.00	\$ 36,162.00	also includes bus tickets for PATH consumers

f. Contractual \$ 64,350.00 \$ 0.00 \$ 64,350.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 64,350.00	\$ 0.00	\$ 64,350.00	Psychiatrist who accompanies outreach teams. Does mental health assessments, makes referrals to other services, and provides some treatment for individuals who face obstacles in accessing office-based services. Contract is for approximately 228.6 hours at \$175 per hour.

g. Housing \$ 0.00 \$ 0.00 \$ 0.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0.00	\$ 0.00	\$ 0.00	N/A

h. Construction (non-allowable)

i. Other \$ 41,679.00 \$ 20,000.00 \$ 61,679.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Misc (Copying, Courier, Postage, etc.)	\$ 3,979.00	\$ 0.00	\$ 3,979.00	
Office: Rent Expenses	\$ 10,000.00	\$ 0.00	\$ 10,000.00	Rent covers cost of conducting peer training and coordinating peer services at new satellite office.

Office: Utilities/Telephone/Internet	\$ 2,900.00	\$ 0.00	\$ 2,900.00	
Office: Other (Describe in Comments)	\$ 21,800.00	\$ 20,000.00	\$ 41,800.00	paid internships - six weeks at \$10 per hour for trained peers
Staffing: Training/Education/Conference	\$ 3,000.00	\$ 0.00	\$ 3,000.00	PATH funds will be used to cover training costs for PATH team staff members

<b>j. Total Direct Charges (Sum of a-i)</b>	<b>\$ 287,000.00</b>	<b>\$ 100,248.45</b>	<b>\$ 387,248.45</b>	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 12,000.00	\$ 0.00	\$ 12,000.00	Executive Director of agency, financial oversight of grant, property management.

<b>l. Grand Total (Sum of j and k)</b>	<b>\$ 299,000.00</b>	<b>\$ 100,248.45</b>	<b>\$ 399,248.45</b>	
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Source(s) of Match Dollars for State Funds:				
To be identified at time of contract award				

Estimated Number of Persons to be Contacted:	600	Estimated Number of Persons to be Enrolled:	150
Estimated Number of Persons to be Contacted who are Literally Homeless:	600		
Number staff trained in SOAR in grant year ending in 2019:	5	Number of PATH-funded consumers assisted through SOAR:	13

## **II EXECUTIVE SUMMARY 3. INTENDED USE PLAN – HOUSE OF HOPE COMMUNITY DEVELOPMENT CORPORATION – PROGRAM NARRATIVE**

The House of Hope CDC (HOH) is a non-profit 501(c)(3) organization founded in 1989 whose mission is “to prevent and end homelessness in the state, and to end the personal and social trauma of homelessness. [House of Hope creates] affordable housing delivered with life changing services and work[s] with other advocates for policies to ensure that everyone can have a safe, stable home.” HOH receives \$299,000 of the state’s PATH allotment and provides all PATH-funded direct services.

The majority of PATH funds allocated to HOH provide support for direct street outreach, case management/intensive case management, temporary supportive services for newly-housed consumers and street-based psychiatry. HMIS data and VI-SPDAT scores for the program’s clients reflect that they are among the most vulnerable of populations and are chronically homeless. Smaller amounts of PATH funds support individuals with lived experience of homelessness with employment training and internships through HOH’s Peer Mentor Employment and Training program. Through this program, consumers are trained as peer providers of street outreach, drop-in center staffing, shelter staffing, and other direct services to individuals experiencing homelessness.

### Primary health care

HOH assists consumers in accessing physical health services, from which individuals are often disconnected at the time of engagement. The PATH program does weekly street outreach in collaboration with Laurel Falces, RN, who is able to see individuals where they are and/or on HOH’s Shower to Empower trailer, which has showers and a small clinic room. The program also collaborates with the Transitions and Recovery Clinics co-located at the RI Hospital Center for Primary Care. These practices focus respectively on adults with complex physical health needs who have a history of incarceration, and adults in recovery from substance use disorders, making many of the individuals with whom the outreach program engages appropriate referrals. The clinics’ director, Dr. Rahul Vanjani, provides a few weekly contracted hours of street-based outreach, designed to bridge outreach program constituents who have become disconnected from primary and/or medication-assisted treatment in a low-barrier, person-centered way. Dr. Vanjani’s hours also create windows for educating future providers in alternative models of care delivery, as he is regularly accompanied by medical students and residents. HOH also refers patients to mainstream providers based on consumer preference and geography. This includes FQHCs (the Providence Community Health Center, Thundermist West Warwick and Thundermist Woonsocket), hospital outpatient clinics (RI Hospital Center for Primary Care, Miriam Hospital Family Care Clinic), and free clinics (RI Free Clinic), among others.

HOH is also working with students, healthcare providers, and academic institutions to enhance the structural competence of providers to give quality care to patients who are homeless. Much of this work is coordinated through the RIMNP, which pairs interdisciplinary teams of students from medicine, social work, law, nursing, public policy, and undergraduates with PATH consumers who have complex health needs. The students learn from the individual with whom they are partnered as the expert while helping them navigate systems of care. Involved students,

PATH outreach staff, and providers (including a psychiatrist, Dr. Craig Kaufmann, and Dr. Vanjani of the Transitions/Recovery Clinics) also reach out to residency programs to provide trainings on working with and appropriately documenting the care of patients who are homeless. To date, these have included trainings for multiple cohorts of residents in psychiatry, internal medicine, family medicine, and emergency medicine.

## Behavioral health care

PATH also assists consumers in accessing behavioral health care. PATH employs a psychiatrist, Dr. Craig Kaufmann, as part of its outreach team, so it is able to provide psychiatric services to individuals whose circumstances and/or illness present barriers to accessing office-based treatment. The intent of these street-based services is to re-engage individuals who may have had poor or minimal treatment experiences in the past, support them in stabilizing their behavioral health, and facilitate a warm hand-off to a mainstream provider. HOH PATH works with the Providence Center, Community Care Alliance, and other CMHOs and counseling practices to facilitate ongoing behavioral healthcare services for its clients. HOH PATH also works closely with BH Link, a statewide behavioral health hotline and triage/diversion center, and the PATH program manager sits on their advisory committee. Additionally, psychiatric residents are oriented to working with patients experiencing homelessness by shadowing street outreach with Dr. Kaufmann and other PATH outreach staff.

The PATH program works with recovery-focused community organizations including Amos House, Anchor Recovery, RICARES, and a number of medication-assisted treatment (MAT) providers (Recovery Clinic at RI Hospital Center for Primary Care, Lifespan Recovery Center, VICTA).

Amos House is a nonprofit with a mission of “helping people help themselves out of homelessness and poverty through vital services and results-oriented programs.” PATH outreach workers regularly refer clients to Amos House’s 90-day recovery-oriented transitional programs and parent-child reunification programs, as well as their case management, basic needs, and employment support services.

Anchor Recovery Community Centers in RI, which are affiliated with RI's largest behavioral health agency, the Providence Center, are peer-to-peer recovery communities that connect people in recovery to the people, supports, and activities that assist in long-term recovery. Peer recovery coaches and recovery support specialists employed by Anchor Recovery are central to Anchor's work in engaging and supporting individuals in recovery. Anchor Recovery services include community outreach, health and wellness activities, sober social events, and support groups such as AA, NA, 12-Step, and All Recovery. Anchor Recovery also maintains a recovery group in RI's Adult Correctional Institutions called "DryDOC." Anchor ED sends trained recovery coaches to emergency departments statewide in response to an admission due to opiate overdose. Anchor also has a small group of specially trained peer recovery specialists who are paired with pregnant women who either are receiving medication-assisted treatment or who are using opiates. These women assist pregnant women through birth; and , where there is RI Department of Children, Youth, and Families involvement, through a reunification process.

Anchor Recovery has also been directly involved with the PATH program through its Anchor MORE (Mobile Outreach Recovery Efforts) program, which employs a team of trained recovery outreach specialists to go out into the community to engage individuals in need of behavioral health services. MORE outreach workers have accompanied PATH outreach workers on street outreach and can be contacted on an as-needed basis to respond to urgent situations encountered by PATH outreach workers. In the past program year, this collaboration has become closely linked with the Providence Safe Stations initiative, a citywide initiative to combat the overdose epidemic. Safe Stations designated every Providence fire station as a 24/7 hub where anyone looking to connect with substance use treatment can ring the station doorbell, be welcomed in by trained staff, and obtain an immediate connection to treatment and other support services. One of the objectives of all of these efforts is to intervene prior to criminal justice involvement or emergency department admission.

RI has established Centers of Excellence (COE) that utilize evidence-based practices to provide treatment and care coordination of individuals with moderate to severe opioid use disorder. This initiative seeks to ensure that Medication Assisted Treatment is available to all Rhode Island residents who are Medicaid-eligible. COE's will provide assessments and treatment for opioid dependence, will offer expedited access to care and will serve as a resource for community providers. The COE's will employ a multi-disciplinary staff, including peer specialists, to provide patient-centered care that addresses all of an individual's treatment needs. PATH outreach case managers will be able to refer eligible PATH enrollees to the COE's.

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

Rhode Island's PATH funds play a key role in Rhode Island's homeless system because they cover services that do not have another public funding source. One of the roles of PATH outreach staff is to maximize their clients' use of other funded programs, particularly SOAR, Medicaid, and both mainstream and acuity-based housing subsidies. By helping to develop a highly coordinated outreach system, the limited amount of PATH-funded outreach/engagement is supplemented by other funded and voluntary outreach.

The House of Hope PATH program made a concerted effort to increase SOAR capacity in 2019. The PATH program manager and five outreach case managers are SOAR trained. This represents three new staff people trained, including one hired into a new SOAR Specialist role. The SOAR Specialist participated in a SOAR Leadership Academy in 2019 and now serves as a SOAR Local Lead, able to complete SOAR applications and coach other staff, interns, and volunteers through the process. In addition to staff, six PATH interns and three medical students from the Alpert Medical School completed SOAR training and collaborate with staff to support clients' SOAR applications.

Thirteen PATH-enrolled individuals were assisted in applying for benefits through the SOAR process in CY 2019; five were approved, three were initially denied and are in appeals, and five applications are still in process.

With the addition of a SOAR Specialist onto the PATH team, and the program's ongoing collaboration with the State SOAR Lead at the Rhode Island Coalition for the Homeless, the



PATH program anticipates that these numbers will continue to increase in 2020-2021. The State SOAR Lead and PATH program manager communicate regularly to be sure that high acuity, PATH-enrolled clients are prioritized for SOAR services.

#### Collaboration with RI CoC

HOH participates in the CoC and, more broadly, in the numerous collaborations within Rhode Island's homelessness system. Laura Jaworski, HOH's Executive Director, serves on the state's CoC governing board. HOH representatives also sit on the CoC's HMIS Steering Committee, the CoC's Statewide Outreach Committee, and regularly attend the meetings that comprise the Coordinated Entry System (CES), including housing placement/prioritization meetings (e.g., veterans', transition-age youth and families, high acuity/chronic homeless) and the state's Coordinated Entry Advisory Committee. Additionally, HOH staff, including PATH program members, provide ongoing feedback on the drafting and revising of CES regulations and guidelines.

Developing a coordinated outreach system is a key aspect of the PATH contracts, both for HOH and for the Rhode Island Coalition for the Homeless. Formal mechanisms include the CoC's Statewide Outreach Committee, which meets monthly to update information on needs, and to identify service gaps and strategies for "street" homeless individuals across the state. HOH's PATH outreach staff are key participants in these meetings. This group continues to explore and evaluate the breadth and depth of outreach across the state, including geographic and demographic distribution of services and the strengths and limitations of various outreach programs. The intent of this effort is to better target services to those most in need and to maximize outreach resources through coordination and cross-referral. The Statewide Outreach Committee also collaborates with the placement committees: it identifies individuals who may be eligible for vouchers but who have not yet been discussed at the placement meetings and supports in re-engaging individuals raised at these meetings who have been lost to follow-up.

#### Collaboration with Local Organizations

In addition to the CoC-affiliated committees, HOH partners with the Rhode Island Coalition for the Homeless, The Providence Center (a CMHO), Thrive Behavioral Health (a CMHO), RI Probation and Parole, the Office of the Public Defender and the Providence Municipal Court Public Defender, Better Lives RI, Mathewson Street Church, the SOAR (SSI/SSDI Outreach, Access, and Recovery) program, Housing Opportunities for People Everywhere (HOPE), the West Broadway Neighborhood Association (WBNA), the RI Medical Navigator Partnership (RIMNP), Project Weber/RENEW, the RI VA Medical Center, the Trinity Square multidisciplinary team, the Providence Transitions Clinic, and multiple academic institutions including Brown University, Rhode Island College, Roger Williams University, the University of Rhode Island, Boston University, Simmons College, Bridgewater State University, and Quinnipiac University.

The PATH outreach program also uses its direct services as an opportunity to provide experiential learning opportunities for its academic and community partners. The outreach program provides internship placements for 10-15 students annually, and an additional 80-100

students and volunteers join the PATH outreach team on street outreach each year. An overlapping 75 students participated in the RIMNP to provide additional support to 21 PATH-enrolled consumers.

### Housing

Access to acuity-based rental subsidies, for which the majority of PATH-enrolled consumers are eligible, is managed through the State's Coordinated Entry System (CES) for housing prioritization and placement. Individuals are prioritized based on their VI-SPDAT and/or full SPDAT scores, alongside several other prioritization criteria decided on by the CoC and its CES Advisory Committee. PATH outreach staff prioritize completing relevant assessments with consumers as quickly as possible. Because individuals must have all vital identity documents and verification of homelessness, income, and disability prior to being able to refer them for a voucher, PATH outreach workers also work as quickly as possible to help replace/obtain these. Consumers who are approved are considered for a combination of project-based, sponsor-based, and tenant-based vouchers administered by multiple organizations, including homeless-serving nonprofits and CMHOs.

HOH, as a Housing First provider, focuses on helping street-homeless individuals and shelter residents access permanent supportive housing. PATH staff continue to provide housing support services for newly-housed individuals until longer-term services can be secured. HOH coordinates regularly with other permanent supportive housing and service providers, including The Providence Center, Community Care Alliance, Gateway Healthcare, Thrive Behavioral Health, PICA, Crossroads, and the VA Medical Center.

In addition to acuity-based housing vouchers, consumers are often also connected with mainstream housing options, including Housing Choice Voucher (Section 8) programs, municipal housing authorities, and property management companies with HUD subsidies.

### Training

HOH facilitates and bridges connections to numerous training opportunities for staff, interns, volunteers, and collateral providers:

- HOH provides training in the evidence-based practices of Motivational Interviewing, Housing First, Critical Time Intervention and CPI Non-Violent Crisis Intervention. In addition, all staff are trained in naloxone use.
- All new PATH staff complete outreach training. Basic training in HMIS is provided by the CoC's HMIS Coordinator, and PATH-funded staff are represented on the HMIS Steering Committee.
- HOH provides trainings in two mobile applications – Fulcrum and TextUp – to outreach case managers, outreach interns, and external outreach programs (e.g., Brown University HOPE, the West Broadway Neighborhood Association). These mobile applications are used to track outreach contacts and to facilitate communication with engaged/enrolled clients.

## Data

HMIS is being fully implemented by HOH. The CoC's HMIS Administrator trains new users and consults with the program around utilization of HMIS.

## Staff Information

The PATH grant supports five staff: the Clinical Director, who is male, the PATH program manager, who is female, two outreach case managers, who are female, and the SOAR Specialist, who is female. Two members of the outreach team are formerly homeless. HOH fosters an inclusive atmosphere regarding cultural competency. HOH emphasizes the 12 NASW Case Management Standards, which include cultural competency, during individual and group supervision, and documents these conversations as they occur on supervision notes. HOH regularly offers trainings on cultural competency issues, particularly around LBGTQ, elder, and youth populations. HOH utilizes resources such as Dorcas International Institute of Rhode Island, the Center for Southeast Asians, Youth Pride Inc., Adoption Rhode Island, Progreso Latino, and Direct Action for Rights and Equality (DARE) for additional support.

## Client Information

In CY 2019, of the 247 people with an active, enrolled PATH status, 88 are female, 153 are male, 5 are transgender, and 1 is gender non-conforming. By race, 157 identified as White, 74 as Black or African-American, 15 as American Indian or Alaskan Native, 3 as Asian, and 1 as Native Hawaiian or Other Pacific Islander; these data had not yet been collected for 8 individuals. By ethnicity, 30 of these individuals identified as Hispanic/Latino; the remaining 217 identified as non-Hispanic/Latino.

The challenges identified during the previous FY in accessing available and structurally competent mainstream resources for PATH-enrolled consumers persist. For this reason, PATH outreach staff have continued to provide longitudinal intensive case management for consumers, often persisting several months after housing is attained in order to allow for the advocacy necessary to connect consumers with community-based case management and behavioral health services. Despite these barriers, contacts and enrollments in CY 2019 approximates the targets set (target: 600 outreached and 150 enrolled; actual: 583 newly outreached and 163 newly enrolled). PATH outreach staff have continued to collaborate and problem-solve with mainstream service providers at both the consumer- and systems-level to improve timely and sustainable referrals.

Because of impending changes to the disability documentation required to enroll an individual in PATH services, it is likely that the coming year's enrollment numbers will not increase while this new workflow is accommodated. For this reason, we anticipate that during the upcoming year the program will outreach to 600 individuals and enroll 150.



### III. State Level Information

### A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	<p>The state PATH-related operational definition for an individual experiencing homelessness must be as least restrictive as defined by the PHS Act Section 330(h)(5)(A): "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing."</p> <p>RI's definition: Homelessness is a condition of people who: have a primary night-time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; or have a primary night-time residence that is a supervised publicly or privately-operated shelter designed to provide temporary living accommodations; or are about to be released from an institution or group home without subsequent residence having been identified. These individuals lack the support networks necessary to obtain access to housing.</p>
Imminent Risk of Becoming Homeless:	<p>The definition of imminent risk of homelessness commonly includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.</p> <p>RI's definition for imminent risk of becoming homeless would include having arrears in rent/utility payments if such arrears threaten housing status; receiving an eviction notice without a place to move; and living in temporary or transitional housing that carries time limits, generally occurring within 14 days prior to anticipated loss of housing. Living in a condemned building without a place to move or being discharged from a healthcare or criminal justice institution without a place to live is consistent with RI's definition of a "homeless individual" or being literally homeless.</p>
Serious Mental Illness:	<p>Refers to adults, 18 years of age or older, with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.</p> <p>RI's definition: The designation of SMI is not used in determining eligibility for most services provided by the State's community behavioral health care system. the population served by its community mental health system is broken down into General Outpatient and Community Support clients. Eligibility for CSP services is determined by the State and generally equates with the definition of the SPMI population. However, for the purposes of receiving PATH services, clients need only meet the federal criteria for having SMI. For PATH purposes, individuals with SMI are age 18 and over and have a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.</p>
Co-occurring Disorders:	<p>Refers to individuals who have at least one serious mental illness and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.</p> <p>The RI functional definition of co-occurring disorders (substance use and severe mental illness) is expressed in terms of a client who:</p> <ol style="list-style-type: none"> <li>1. Meets the definition of a community support client; and</li> <li>2. Is diagnosed to have one of the following substance use disorders: <ol style="list-style-type: none"> <li>a. primary diagnosis of substance use disorder that is apparently unrelated to, but co-occurs with the psychiatric illness; or</li> <li>b. secondary diagnosis of substance use disorder that is related to, and affects the course and treatment of the psychiatric disorder (e.g., use of substance to alleviate the immediate effects of the mental illness, such as exacerbating psychiatric symptoms, and decreasing the effectiveness of</li> </ol> </li> </ol>



psychotropic medications); or

c. both a. and b. may include people who are diagnosed to have a "psychoactive substance dependence." or "psychoactive substance abuse as defined by the DSM-IV.

However, for the purposes of eligibility for PATH services, the State uses the broader criteria for SMI than the more restrictive CSP standards in place of #1 above.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

### III. State Level Information

#### B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

FY 2020 PATH FOA Catalog No.: 93.150 FOA No.: SM-20-F2 Approved: 03/09/2020

**Footnotes:**

## **II. State Level Information**

### **B. Collaboration**

The state agency with primary responsibility for coordinating the State's housing and homelessness system is the Office of Housing and Community Development (OHCD) within the Department of Administration. OHCD provides financial and operational support for all housing programs administered by the RI Housing Resources Commission (RIHRC), including rental assistance programs and shelter-related support services. The OHCD also oversees implementation of the State's plan to end homelessness.

The Rhode Island Housing Resources Commission (RIHRC) was legislatively established in 1998 to act as the State's planning and policy, standards and programs agency for housing issues. The RIHRC is comprised of representatives from state and community stakeholder organizations, including BHDDH. One of the offices of the RIHRC is the Office of Homelessness Services and Emergency Assistance which administers the State's Consolidated Homeless Fund (CHF) and coordinates planning related to the crisis of homelessness. The CHF provides grant funding to local government entities and community non-profit agencies to provide services to individuals and families experiencing homelessness. These services include essential services for individuals and families who are in emergency shelters, support for basic shelter operations, and rapid re-housing and short to medium-term rental assistance.

Rhode Island Housing (RIH), created by the RI General Assembly in 1973 as a self-sustaining corporation, is the Collaborative Applicant for the RI Continuum of Care (RiCoC). As the designated Collaborative Applicant for the CoC, RIH is responsible for overseeing its annual funding competitive process and system planning and oversight. RIH also serves as the State's mortgage finance company. RIH employs the RiCoC planner to coordinate with the State on funding streams relative to ending homelessness.

Rhode Island has a single statewide Continuum of Care (RiCoC) which is a coalition of community and state partners working together to assist individuals and families who are experiencing homelessness or who are at high risk of homelessness to obtain housing, to achieve economic stability, and to improve quality of life through comprehensive services and supports. The RiCoC addresses issues related to homelessness through a coordinated community-based process of identifying and addressing needs utilizing HUD and other sources of funding. Services supported through the RiCoC are prioritized toward those with greatest vulnerabilities, length of homelessness and severity of service need.

RI maintains a coordinated entry system (CES) which covers the entire RiCoC. RI CES assures access to services for the entire state by using a call center model diversion program working in coordination with statewide shelter staff and outreach teams. CES staff are trained in Diversion and Assessment. CES supports street outreach workers to serve as assessors so a household unwilling or unable to connect through typical channels may still access the system and its emergency shelter and permanent housing resources. Many outreach teams, including the PATH outreach team, incorporate a peer model to further encourage engagement and access by households who may be more likely to participate if engaging with a peer with shared

In addition to the collaborations which have been established among state and community partners addressing housing and homelessness, efforts have been and will continue to be made to collaborate with other state and community agencies and organizations that do not have ending homelessness as their primary mission. For example, the RI Department of Transportation (DOT) has been engaged in a major infrastructure development project since 2018. DOT leadership and local law enforcement identified multiple encampments in areas planned for construction and sought assistance in outreaching to the individuals living in these encampments. Street outreach teams, particularly the PATH outreach team, and BHDDH began regular coordination with DOT to support relocation of these individuals without criminalization. The street outreach teams have used this opportunity to build trust with persons who were previously least likely to request assistance and to engage them in housing-oriented and other supportive services. This collaboration resulted in DOT joining the RICoC in 2019 and has proven to be especially helpful in addressing the needs of encamped individuals and families during the COVID-19 pandemic.

PATH direct services funding has been awarded to a community non-profit organization whose mission is consistent with the requirement that PATH funds will be utilized such that there is coordination of service provision to address needs impacted by serious mental illness and that the provision of permanent housing for those served by PATH grant funds is prioritized and assured.

## Collaboration with RI CoC

STATE LEVEL INFORMATION – B. Collaboration

meetings (e.g., veterans', transition-age youth and families, high acuity/chronic homeless) and the state's Coordinated Entry Advisory Committee. Additionally, HOH staff, including PATH program members, provide ongoing feedback on the drafting and revising of CES regulations and guidelines.

### Collaboration with Local Organizations

In addition to the CoC-affiliated committees, HOH partners with the Rhode Island Coalition for the Homeless, The Providence Center (a CMHO), Thrive Behavioral Health (a CMHO), RI Probation and Parole, the Office of the Public Defender and the Providence Municipal Court Public Defender, Better Lives RI, Mathewson Street Church, the SOAR (SSI/SSDI Outreach, Access, and Recovery) program, Housing Opportunities for People Everywhere (HOPE), the West Broadway Neighborhood Association (WBNA), the RI Medical Navigator Partnership (RIMNP), Project Weber/RENEW, the RI VA Medical Center, the Trinity Square multidisciplinary team, the Providence Transitions Clinic, and multiple academic institutions including Brown University, Rhode Island College, Roger Williams University, the University of Rhode Island, Boston University, Simmons College, Bridgewater State University, and Quinnipiac University.

### Primary health care

HOH assists consumers in accessing physical health services, from which individuals are often disconnected at the time of engagement. The PATH program does weekly street outreach in collaboration with an RN who is able to see individuals where they are and/or on HOH's Shower to Empower trailer, which has showers and a small clinic room. The program also collaborates with the Transitions and Recovery Clinics co-located at the RI Hospital Center for Primary Care. These practices focus respectively on adults with complex physical health needs who have a history of incarceration, and adults in recovery from substance use disorders, making many of the individuals with whom the outreach program engages appropriate referrals. The clinics' director provides a few weekly contracted hours of street-based outreach, designed to bridge outreach program constituents who have become disconnected from primary and/or medication-assisted treatment in a low-barrier, person-centered way. The PATH-supported hours also create windows for educating future providers in alternative models of care delivery, as the physician is regularly accompanied by medical students and residents. HOH also refers patients to mainstream providers based on consumer preference and geography. This includes FQHCs (the Providence Community Health Center, Thundermist West Warwick and Thundermist Woonsocket), hospital outpatient clinics (RI Hospital Center for Primary Care, Miriam Hospital Family Care Clinic), and free clinics (RI Free Clinic), among others.

HOH is also working with students, healthcare providers, and academic institutions to enhance the structural competence of providers to give quality care to patients who are homeless. Much of this work is coordinated through the RIMNP, which pairs interdisciplinary teams of students from medicine, social work, law, nursing, public policy, and undergraduates with PATH consumers who have complex health needs. The students learn from the individual with whom they are partnered as the expert while helping them navigate systems of care. Involved students, PATH outreach staff, and providers (including a psychiatrist and the Director of the



Transitions/Recovery Clinics) also reach out to residency programs to provide trainings on working with and appropriately documenting the care of patients who are homeless. To date, these have included trainings for multiple cohorts of residents in psychiatry, internal medicine, family medicine, and emergency medicine.

### Behavioral health care

PATH also assists consumers in accessing behavioral health care. Supported by PATH funding, House of Hope employs a psychiatrist, as part of its outreach team, so it is able to provide psychiatric services to individuals whose circumstances and/or illness present barriers to accessing office-based treatment. The intent of these street-based services is to re-engage individuals who may have had poor or minimal treatment experiences in the past, support them in stabilizing their behavioral health, and facilitate a warm hand-off to a mainstream provider. HOH PATH works with the Providence Center, Community Care Alliance, Thrive Behavioral Health, and other CMHOs and counseling practices to facilitate ongoing behavioral healthcare services for its clients. As the PATH direct service provider, House of Hope also works closely with BH Link, a statewide behavioral health hotline and triage/diversion center, and the PATH program manager sits on their advisory committee. Additionally, psychiatric residents are oriented to working with patients experiencing homelessness by shadowing street outreach with the psychiatrist and other PATH outreach staff.

The PATH program works with recovery-focused community organizations including Amos House, Anchor Recovery, RICARES, and a number of medication-assisted treatment (MAT) providers (Recovery Clinic at RI Hospital Center for Primary Care, Lifespan Recovery Center, VICTA).

Amos House, is a nonprofit with a mission of “helping people help themselves out of homelessness and poverty through vital services and results-oriented programs.” PATH outreach workers regularly refer clients to Amos House’s 90-day recovery-oriented transitional programs and parent-child reunification programs, as well as their case management, basic needs, and employment support services.

Anchor Recovery Community Centers in RI, which are affiliated with RI's largest behavioral health agency, the Providence Center, are peer-to-peer recovery communities that connect people in recovery to the people, supports, and activities that assist in long-term recovery. Peer recovery coaches and recovery support specialists employed by Anchor Recovery are central to Anchor's work in engaging and supporting individuals in recovery. Anchor Recovery services include community outreach, health and wellness activities, sober social events, and support groups such as AA, NA, 12-Step, and All Recovery. Anchor Recovery also maintains a recovery group in RI's Adult Correctional Institutions called "DryDOC." Anchor ED sends trained recovery coaches to emergency departments statewide in response to an admission due to opiate overdose. Anchor also has a small group of specially trained peer recovery specialists who are paired with pregnant women who either are receiving medication-assisted treatment or who are using opiates. These women assist pregnant women through birth; and, where there is RI Department of Children, Youth, and Families involvement, through a reunification process.

Anchor Recovery has also been directly involved with the PATH program through its Anchor MORE (Mobile Outreach Recovery Efforts) program, which employs a team of trained recovery outreach specialists to go out into the community to engage individuals in need of behavioral health services. MORE outreach workers have accompanied PATH outreach workers on street outreach and can be contacted on an as-needed basis to respond to urgent situations encountered by PATH outreach workers. In the past program year, this collaboration has become closely linked with the Providence Safe Stations initiative, a citywide initiative to combat the overdose epidemic. Safe Stations has designated every Providence fire station as a 24/7 hub where anyone looking to connect with substance use treatment can ring the station doorbell, be welcomed in by trained staff, and obtain an immediate connection to treatment and other support services. One of the objectives of all of these efforts is to intervene prior to criminal justice involvement or emergency department admission.

RI established Centers of Excellence that utilize evidence-based practices to provide treatment and care coordination of individuals with moderate to severe opioid use disorder. This initiative seeks to ensure that Medication Assisted Treatment is available to all Rhode Island residents who are Medicaid-eligible. COE's provide assessments and treatment for opioid dependence, offer expedited access to care and serve as a resource for community providers. The COEs employ a multi-disciplinary staff, including peer specialists, to provide patient-centered care that addresses all of an individual's treatment needs. PATH outreach case managers are able to refer eligible PATH enrollees to the COE's.

#### Housing stabilization

House of Hope, as a Housing First provider, focuses on helping street-homeless individuals and shelter residents access permanent supportive housing. PATH staff continue to provide housing support services for newly-housed individuals until longer-term services can be secured. House of Hope coordinates regularly with other permanent supportive housing and service providers, including The Providence Center, Community Care Alliance, Gateway Healthcare, Thrive Behavioral Health, PICA, Crossroads, and the VA Medical Center.

### III. State Level Information

#### C. Veterans

**Narrative Question:**

Describe how the state gives consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness.

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**Footnotes:**

## STATE LEVEL INFORMATION

### C. Veterans

Rhode Island awards its PATH program money to a single direct service provider with experience in working with veterans experiencing homelessness. Rhode Island, through the HMIS, reports an average of 90-100 veterans experiencing homelessness at any one time. During the past year, the PATH program worked with 10 veterans. Program staff are engaged with the Providence Veterans Administration Medical Center (VA) and its outreach workers on both the client and program level to provide specific services to this population.

RI continues to make progress in meeting the established goal of ending functional homelessness among RI veterans. Currently, all persons are asked about military service in the initial assessment and that information is entered into Homeless Management Information System (HMIS). In 2019, 205 veterans gained housing [mostly through the VA's Supportive Services for Veterans' Families (SSVF)] program and 339 received housing services (HMIS 2019). Efforts are being made to coordinate intake with the VA to ensure that chronically homeless veterans are able to access HUD-VASH. The Director of the Rhode Island Office of Veterans Affairs is a member of the CoC and co-chairs the Veterans' Subcommittee of the CoC; a retired VA employee is represented on the CoC board. In addition, the PATH direct service provider interacts regularly with a psychologist and other staff from the VA, and PATH program staff attend CES veterans' placement committee meetings. On a regular basis, trained peers from the local VA Medical Center collaborate with PATH outreach workers conducting street outreach. The psychiatrist who participates in outreach as part of the PATH program is also employed by the VA, giving an additional point of connection.

RI also established a Veterans Court to divert veterans from the criminal justice system and homelessness. This program remains in place despite a major reduction in available funding. The PATH program can both make referrals to this program and assume some case management responsibility once the individual has either completed treatment and/or has been released from court oversight.

### III. State Level Information

#### D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.

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**Footnotes:**

## STATE LEVEL INFORMATION

### D. Alignment with PATH Goals

The majority of PATH funding is allocated for outreach and case management services. RI utilizes PATH funding to contract with one local service provider, House of Hope CDC, to provide direct services to individuals who are experiencing homelessness and individuals who are at imminent risk of homelessness through outreach/engagement and case management. The non-medical outreach service staff funded by PATH are outreach case managers, including the supervising case manager, who primarily conduct street outreach and case management with chronic and literally homeless individuals. The majority of the literally and chronically homeless individuals contacted by PATH outreach workers through street outreach also have serious mental illness; and frequently, co-occurring substance use disorders, making them eligible for enrollment in the PATH program. The PATH Implementation Team in conjunction with the Statewide Outreach Committee is seeking to improve outreach efforts to these individuals.

As part of state efforts to improve outreach and case management services, the Statewide Outreach Committee developed outreach standards which were adopted by the CoC. The PATH Implementation Team participates in monthly meetings of the Statewide Outreach Committee and participates in the State's CoC as members (The Executive Director of House of Hope is a member of the CoC Executive Committee) and in all CES committees to coordinate and improve outreach, case management, SOAR, and referral services for PATH-eligible individuals and families.

The PATH program has and will continue to employ a part-time psychiatrist as a member of the outreach team who conducts assessments, supervises psychiatry fellows and residents from the Warren Alpert School of Medicine at Brown University assisting with assessment and case management, provides services to individuals whose illness prevents them from seeking office-based treatment, and makes referrals to other services as appropriate. Other part-time healthcare professionals are being added to the outreach team to provide screening and assessment, care coordination, and referrals to services. The need for behavioral health as well as physical health care services among individuals and families experiencing homelessness has increased significantly as a result of the COVID -19 pandemic and the expansion of the PATH outreach team to include other healthcare providers will enable the State to better meet these needs, particularly as they relate to PATH medically-eligible individuals who are literally and chronically homeless.

In addition, House of Hope collaborates with several academic institutions located in RI and other New England states. Students from colleges/universities, including medical students from Brown University, act as patient navigators. These students participate on outreach teams and work with clients who have complex health care needs (most frequently mental illness and co-



occurring mental illness/substance use disorders) over an extended period of time to assist these individuals in obtaining needed health care services.

### III. State Level Information

#### E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plans.

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**Footnotes:**

## STATE LEVEL INFORMATION

### E. Alignment with State Comprehensive Mental Health Services Plan

Rhode Island has not adopted a comprehensive mental health plan. However, the Department of BHDDH, as the Single State Authority for Substance Use Disorders and as the State Mental Health Authority, is in the process of adopting a new strategic plan which will supersede the previous plan that expired in 2019.

The overall goal of the new strategic plan is to “define and organize efforts to increase access to community-based services for individuals with behavioral health disorders and intellectual/developmental disorders, implement person-directed programs with desired outcomes, and implement strategies to ensure safety of persons served. The goal is based on improving outcomes related to access, quality, and safety. The objectives specified in the plan include: reducing high-end service use, increasing access to community-based services, improving quality of life, enhancing and improving integrated care, and reducing the risk of accidental or unexpected deaths.

Access: expanding access to services in the community which includes addressing social determinants of health such as housing, employment, and transportation.

**Quality:** enhancing quality through the delivery of person-directed programs with desired outcomes in the community and includes a significant workforce development component. As part of workforce development, BHDDH seeks to increase engagement of persons with lived experience in governance structures and delivery of services. BHDDH also will focus on expanding and enhancing coordinated care for the most vulnerable people served in order to improve health outcomes.

**Safety:** In addition to implementing strategies to ensure the safety of individuals receiving behavioral health and intellectual/developmental disorder services, BHDDH seeks to reduce the risk of accidental or unexpected deaths through the reduction of environmental and individual risk factors.

The objectives outlined in the strategic plan align with SAMHSA’s Behavioral Health Quality Framework: promote the most effective prevention, treatment and recovery practices for behavioral health disorders; assure behavioral healthcare is person, family and community centered; encourage effective coordination within behavioral healthcare and between behavioral healthcare and primary care and other healthcare, recovery and social supports, support communities to use best practices to enable health living; make behavioral healthcare safe by reducing harm caused in delivery of care; foster affordable, high quality behavioral healthcare through a new and recovery-oriented delivery model. These objectives are supported by an array

of strategies targeting priority populations and objectives that are consistent with SAMHSA's National Outcome Measures (NOMs).

The NOMs guide the development of contracted program deliverables and performance measures that BHDDH includes in service contracts, particularly those contracts supported with SAMHSA-administered funding.

The strategic plan is focused on coordinating and integrating behavioral health services in schools, health care, and community settings and improving partnerships with systems that provide supporting services to address problems that contribute to poor health such as housing and lack of employment.

For example, BHDDH has developed partnerships with the State's Housing Resource Commission to expand the continuum of housing options to include Recovery Housing and collaborating with Rhode Island Housing and the State's Division of Medicaid to increase access to supportive housing (affordable housing coupled with housing retention services) through implementation of the 811 program awarded by the U.S. Department of Housing and Urban Development.

Individuals diagnosed with serious mental illness (SMI) experiencing homelessness were designated as a state priority population in RI's Combined Block Grant Applications for SFYs 2015 through 2020. In addition, Housing First has been adopted by Rhode Island as a key recovery strategy and BHDDH previously added a position to oversee Housing First and Employment First initiatives. This individual currently serves as the head of the Department's Policy and Planning Unit and is the Chair of the RI Continuum of Care (CoC). The Policy and Planning Unit is responsible for developing and updating the strategic plan and for coordinating implementation of the resulting strategies and action steps. The State's PATH Contact also participates in the CoC.

The strategic plan's focus on expanding access to community-based services, including addressing social determinants of health such as housing; improving service quality through expanded person-directed service integration and coordination; and decreasing accidental or unexpected deaths through the reduction of environmental and individual risk factors builds upon work that has been on-going within the State's homeless services network. BHDDH intends to integrate PATH-funded services to the extent possible into the State's behavioral health service system, including coordination of services through the Behavioral Health Link ("BH Link") initiative.

BH Link, is a triage center intended to serve individuals experiencing behavioral health crises in the community. The two major components of BH Link are: 1) a 24/7 call-in center to help individuals and their families connect to appropriate care or to direct them to appropriate services; and 2) a 24/7 triage center where clinicians conduct assessments and can connect

STATE LEVEL INFORMATION – E. ALIGNMENT WITH STATE COMPREHENSIVE MENTAL HEALTH SERVICES PLAN

individuals to long-term care and recovery supports. PATH staff have the ability to refer both PATH-eligible and PATH-ineligible individuals to BH Link and to bring individuals directly to the center for appropriate care. The expectation is that BH Link will improve access to behavioral health services for PATH clients as a lack of timely access to behavioral health services has been identified as a significant challenge for chronically homeless individuals with SMI or SMI/SUD.

All of the components of the PATH annual plan, including outreach, case management and referrals to health care and other social services, are designed to improve access to high-quality community-based services for individuals enrolled in the PATH program.

The PATH service provider includes individuals with lived experience in its governance structure; and individuals with lived experience are members of the PATH outreach and case management team. In addition, the PATH service provider's IUP includes a peer component through which persons with lived experience receive peer training and interested persons may then participate in a peer internship program.

With respect to the safety component of the strategic plan, the PATH service provider staff, particularly outreach workers/case managers are trained in naloxone administration and distribute naloxone and fentanyl test kits to PATH-eligible individuals.

The deliverables in the new PATH provider contract reflect these priorities as well as the CoC's guidance regarding best use of limited PATH funding to address the needs of RI's residents experiencing homelessness.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:  
Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

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Footnotes:



BHDDH will forward the PATH application for comment to the following organizations: the Governor's Council on Behavioral Health, the State Outreach Committee, and the Rhode Island Homeless Advocacy Project (RIHAP), which is a consumer organization that provides outreach and other services to individuals and families experiencing homelessness. The majority of RIHAP members have experienced homelessness. In addition, a copy of the initial application and any subsequent revisions to the application are posted to the BHDDH external website with a standing request for comment.

### III. State Level Information

#### G. Programmatic and Financial Oversight

Narrative Question:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc. In cases where the state provides funds through intermediary organizations (i.e., county agencies, regional behavioral health authorities), describe how these organizations will monitor the use of PATH funds.

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Footnotes:

### III STATE LEVEL INFORMATION

#### G. Programmatic and Financial Oversight

The RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) will utilize several methods to provide programmatic oversight of the PATH-funded services. The State PATH Contact (SPC) will continue to meet with the PATH implementation team on a regular basis. The SPC also meets with the PATH Outreach Coordinator frequently and the PATH Clinical Director as needed. Program performance/compliance and issues related to program improvement in response to identified needs are addressed at these meetings.

The SPC has received training in conducting street outreach and will accompany a PATH outreach worker on at least one scheduled outreach session annually.

In addition, the PATH direct service provider will submit a semi-annual and annual report in PDX. The provider also will produce a bi-annual report which will address any additional contract deliverables which are not addressed in the PDX report. These reports will be reviewed by the SPC and the BHDDH PATH contract manager. The SPC will review reports available on HMIS to assess the service provider's PATH program performance.

As part of a departmental reorganization, BHDDH expanded its Contract Monitoring Unit. The Contract Monitoring Unit is responsible for oversight of current provider contracts including monitoring provider compliance with contract deliverables and adherence to invoicing requirements. Performance Measures, consistent with applicable NOMs, have been incorporated into all BHDDH contracts. Measures applicable to PATH include the federal PATH Report measures as well as measures specific to BHDDH. Responsibility for monitoring PATH contract compliance will reside with a monitoring specialist within the Contract Monitoring unit and monitoring will be based on review of monthly invoices and supporting documentation submitted by the PATH service provider as well as provider compliance with PDX reporting requirements. Provider invoices also are reviewed by the SPC. The SPC and the monitoring specialist will communicate regularly to ensure that the service agency is meeting program and fiscal requirements and will jointly review and approve corrective action plans should such plans become necessary. Staff from the Contract Monitoring unit also will work closely with staff from the Policy and Planning unit on state-mandated provider risk assessments and planning future contract deliverables.

### III. State Level Information

#### H. Selection of PATH Local-Area Providers

Narrative Question:

Describe the method(s) used to allocate PATH funds to areas and providers with the greatest number of individuals who experience homelessness with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula, data driven or other means).

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**Footnotes:**

### **III. STATE LEVEL INFORMATION**

#### **H. Selection of PATH Local-Area Providers**

Selection of local PATH service providers is made through a competitive bidding process overseen by the State's Division of Purchasing. Due to the limited amount of available PATH funding and the relatively small number of eligible individuals experiencing homelessness in the State, a determination was made to award one direct service contract to a qualified social service agency. The previous contract with the PATH direct service provider ended on September 30, 2019; and consistent with State purchasing requirements, a request for proposals (RFP) was issued in February of 2019. A new three-year contract was awarded following the established review process. In compliance with the scope of work detailed in the RFP, the agency awarded the new contract has the experience and capacity to conduct PATH-funded services in those areas of the State with the greatest number of individuals experiencing homelessness and who may have serious mental illness with or without co-occurring substance use disorders.

III. State Level Information

I. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness

Narrative Question:

Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

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## STATE LEVEL INFORMATION

### I. Location of individuals with SMI who are experiencing homelessness

RI has one large metropolitan area centered around the capitol city, Providence, and several other smaller metropolitan areas. These municipalities comprise what has been designated as urban core and urban ring communities. These municipalities include: Central Falls, Cranston, East Providence, Newport, North Providence, Pawtucket, Providence, Warwick, West Warwick, and Woonsocket. In addition, there are semi-rural areas in Washington County and western RI. The Town of Westerly is the largest municipality in the southern part of the State.

Currently, PATH outreach efforts are focused geographically in Providence, East Providence, Pawtucket, and Kent County (Coventry, East Greenwich, Warwick, West Greenwich, and West Warwick). Because the majority of social services are located in the Providence metropolitan area and public transportation in other geographic areas of the state is limited, many individuals who become homeless in areas outside of the metropolitan Providence area ultimately move there. While regular street-based outreach shifts most often occur in the City of Providence because the greatest number of individuals experiencing homelessness are located there, PATH outreach case managers receive and respond to referrals statewide. Outreach workers also actively engage with individuals staying in tent encampments and uninhabitable buildings in outlying areas.

In this application, RI utilized data from several sources to document the geographic areas of the State where individuals experiencing homeless, including those with serious mental illness (SMI) with or without a co-occurring substance use disorder (SUD) are located.

The appended map shows the number of individuals experiencing homelessness by their last residence (municipality) as documented in the HMIS for calendar year 2019. The location of the PATH service provider's main office, satellite, and mobile locations also are identified on this map. The HMIS also provides county-level data regarding the number of individuals with a mental illness (HUD definition) as documented in the HMIS for 2019:

Bristol County < 5

Kent County - 54

Newport County - 30

Providence County - 467

Washington County – 35

The PATH outreach team uses a mobile application, Fulcrum, to geographically track its outreach contact events. The breakdown of those contacts between for calendar year 2019 are as follows:

- Providence: 5,728
- Pawtucket and Central Falls: 567
- East Providence: 35
- Cranston: 28
- Woonsocket: 51
- Providence County (towns, excluding cities): 10
- Kent County: 93
- Washington County: < 5
- Newport County: < 5

The BHDDH data system, BHOLD, tracks the number of individuals receiving services in the General Outpatient Program, Community Support Program and Assertive Community Treatment program who have a designation of homelessness/in shelter at either admission or discharge, including those with a co-occurring substance use disorder. Appended tables reflect location of last residence by municipality documented in BHOLD for CY 2019.

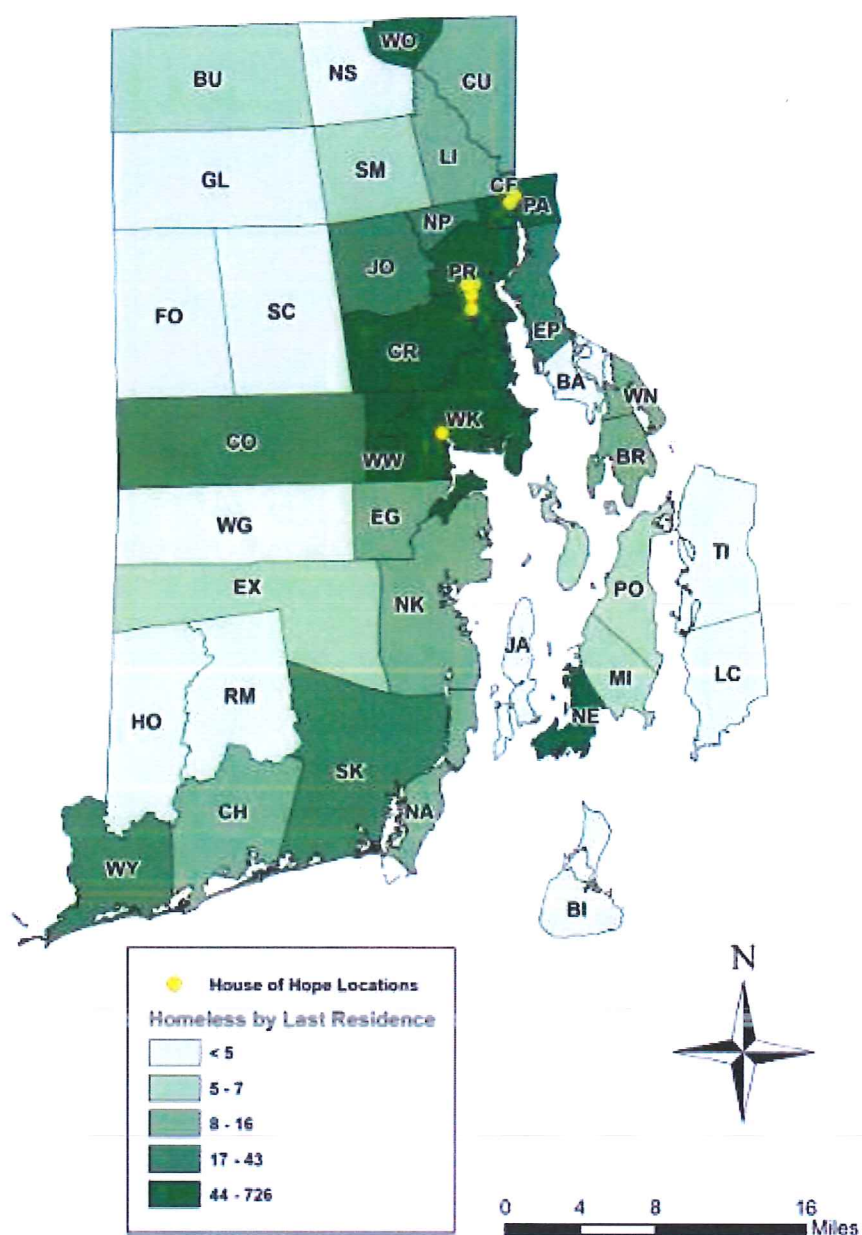
As evidenced by available data, the geographic areas of the State in which PATH outreach services are concentrated correspond to the geographic areas having the greatest numbers of individuals experiencing homelessness and also who have either SMI or SMI/SUD.

The PATH program collaborates with the statewide Outreach Committee on an on-going basis to expand the reach of outreach and outreach-based case management in areas further from the urban core such as Woonsocket, Newport, and Washington County (without diminishing the necessary intensity of service in areas already served). This includes developing partnerships with local organizations that, de-facto, serve individuals experiencing homelessness and expanding capacity to receive referrals and to cross-refer between outreach and site-based programs. The COVID-19 pandemic and its impact on individuals and families experiencing homelessness has accelerated these efforts. The State has created a homeless response team comprised of representatives from state agencies and local provider organizations who are responsible for identifying and addressing the specific needs of these populations, including coordinating additional shelter hotel housing and a quarantine hotel for individuals who do not have a safe housing alternative during their quarantine period. House of Hope is providing services at the quarantine hotel. The Rhode Island Coalition for the Homeless was tasked with managing daily (now weekly) conference calls with representatives from multiple housing and homeless service organizations and state agency staff to coordinate outreach and case management, to determine provider resource needs, and to secure and distribute supplies through

STATE LEVEL INFORMATION – I. LOCATION OF INDIVIDUALS WITH SMI EXPERIENCING HOMELESSNESS

STATE LEVEL INFORMATION – I. LOCATION OF INDIVIDUALS WITH SMI EXPERIENCING HOMELESSNESS

**Rhode Island – Location of Last Residence by Municipality as Documented in RIHMIS, 2019.**



Rhode Island Individuals in the Mental Health General Outpatient Program (GOP), Community Support Program (CSP) or Assertive Community Treatment (ACT) with Designation of Homeless or in Shelter at Admission or Discharge

City Name	Number of Individuals Served in SFY19*
Bristol	15
Burrillville	13
Central Falls	50
Coventry	9
Cranston	320
Cumberland	16
East Greenwich	*suppressed due to small cell size
East Providence	76
Exeter	*suppressed due to small cell size
Glocester	6
Jamestown	*suppressed due to small cell size
Johnston	29
Lincoln	12
Middletown	29
Narragansett	9
North Kingstown	5
North Providence	243
Pawtucket	185
Portsmouth	14
Providence	355
Scituate	*suppressed due to small cell size
Smithfield	13
South Kingstown	24
Unknown	218
Warren	11
Warwick	89
West Greenwich	*suppressed due to small cell size
West Warwick	32
Westerly	25
Woonsocket	177
Total	1990

\* BHDDH BHOLD Data System

Rhode Island Individuals in the Mental Health General Outpatient Program (GOP), Community Support Program (CSP), or Assertive Community Treatment (ACT), and Co-occurring SUD or SUD Diagnosis , with Designation of Homeless or in Shelter at Admission or Discharge

City Name	Number of Individuals Served in SFY19*
Bristol	9
Burrillville	11
Central Falls	44
Coventry	7
Cranston	241
Cumberland	14
East Greenwich	*suppressed due to small cell size
East Providence	57
Exeter	*suppressed due to small cell size
Glocester	*suppressed due to small cell size
Jamestown	*suppressed due to small cell size
Johnston	18
Lincoln	9
Middletown	9
Narragansett	7
North Kingstown	5
North Providence	188
Pawtucket	139
Portsmouth	11
Providence	262
Scituate	*suppressed due to small cell size
Smithfield	7
South Kingstown	18
Unknown	157
Warren	9
Warwick	73
West Greenwich	*suppressed due to small cell size
West Warwick	19
Westerly	9
Woonsocket	147
Total	1487
* BHDDH BHOLD Data System	



### III. State Level Information

#### J. Matching Funds

Narrative Question:

Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

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**Footnotes:**

## STATE LEVEL INFORMATION

### J. Matching Funds

Matching funds (\$100,000) as required will be provided by the PATH direct service provider and all matching funds will be available at the beginning of the new grant period. The sources of these funds are as follows:

- **Peer Mentor Employment and Training Program Support-** House of Hope will utilize a \$15,000 grant from Textron Foundation, and a \$5,000 grant from Centreville Bank to offset the classroom stipends, and course materials associated with the Peer Mentor Employment and Training Program.
- **Cash Match:** House of Hope CDC will utilize \$10,000 in salary match from United Way Rhode Island to offset Director level staffing costs associated with the PATH program.
- **In-Kind Donations:** House of Hope CDC will utilize \$10,000 in in-kind donations to directly support the PATH program.
- **Student Interns-** House of Hope CDC utilizes 1.08 FTE of internship time as a source of matching funds at a rate of \$26.82 an hour as recommended by Independent Sector totaling \$60,248.45 annually.

III. State Level Information

K. Other Designated Fundings

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

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### III. State Level Information

#### L. Data

**Narrative Question:**

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

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## STATE LEVEL INFORMATION

## L. Data

The PATH program fully utilizes the Homeless Management Information System (HMIS). All PATH outreach case managers utilize HMIS to enter PATH data. The RI Continuum of Care (CoC) supports an HMIS administrator who provides training and technical support for all new homeless service providers, including any new PATH providers, as well as on-going training for current users. Administration of the HMIS is the responsibility of the RI Coalition for the Homeless.

Fulcrum is a secure smartphone application that the PATH team has been utilizing to track outreach contacts since 2015. The application permits outreach workers to track outreach contacts and assessments (services, notes, consents, VI-SPDATs, and HUD universal data elements) and automatically adds date, time, and location information. Data can be added and viewed by multiple authorized users across devices, and can be set to auto-synchronize to collaborate in near-real time. Data can also be entered into Fulcrum by PATH interns who do not otherwise have means to enter data directly into HMIS. These data are exportable as an Excel spreadsheet and in other formats. Currently, data is collected in Fulcrum and subsequently regularly entered into HMIS by PATH staff.

TextUp is a secure smartphone application that the PATH team has been utilizing to communicate with engaged/enrolled clients since 2016. This application provides outreach workers with a secondary phone number to distribute to clients for secure phone calls, text messages, and voicemails. Outreach workers are able to turn this phone line on and off with their work schedule, and the application's two-layer system of password protection prevents unintentional breaches of confidentiality that can happen when an outreach worker utilizes a personal phone number for confidential client communication. The PATH program is in regular communication with the TextUp application developer to further streamline the application's functions for this line of work.

### III. State Level Information

#### M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR)

Narrative Question:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff. If the state does not use SOAR, describe state efforts to ensure client applications for mainstream benefits are completed, reviewed, and a determination made in a timely manner.

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**Footnotes:**



## STATE LEVEL INFORMATION

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

Rhode Island's SOAR initiative currently is coordinated through the joint efforts of several agencies including: Rhode Island Coalition for the Homeless (RICH)(Team Lead), House of Hope CDC, Providence In-Town Churches Association (PICA), and the Providence VA Center. The SOAR Team also collaborates with the Office of the Public Defender, Brown University, Community Mental Health Organizations (CMHOs), and other community-based service providers.

The RI SOAR program is committed to providing targeted street outreach to consumers from the placement lists who have a high acuity score and who do not have any income noted in HMIS to increase expedited access to the disability benefit programs administered by the Social Security Administration who are eligible for PATH services. Approximately 50% of the chronically homeless individuals on the state's Continuum of Care's high acuity centralized list report no income which presents a significant barrier to housing placement and stability in housing.

To address this issue, the RI SOAR Team are working in conjunction with the CoC's Coordinated Entry System (CES) to institute best practices within the SOAR program. Those best practices include:

- participating in the statewide coordinated entry process through continuation of their own priority process based on high acuity and severity of need;
- creating and implementing a standardized referral that targets consumers who have a high vulnerability score per the VI-SPDAT;
- prioritizing cases for consumers who are terminally ill;
- actively participating in the Chronic Homeless Placement and Veterans Placement committees, with the intent of collecting referrals and establishing rapport with providers who are working with high acuity consumers; and
- training the SOAR staff in implementing the VI and the VI-SPDAT to help identify potential applicants' severity of vulnerability.
- providing information regarding SOAR at the State Outreach Committee meetings coordinated by the RI Coalition for the Homeless.

In 2019, the PATH direct service provider, House of Hope significantly expanded its capacity to provide SOAR-related services. Under its contract with BHDDH, the PATH Outreach Coordinator and the PATH outreach case managers are required to be trained in and to deliver SOAR services. Currently, the PATH Program Manager and five outreach case managers are SOAR-trained, representing an increase of three SOAR-trained staff from the previous year. In 2019, the PATH direct service provider hired a full-time SOAR Specialist to enhance PATH-eligible individuals' access to benefits. This individual is a trained SOAR Local Lead who is able to complete SOAR applications and to coach other staff, interns and volunteers through the application process. In addition to staff, six PATH interns and three medical students from the

Warren Alpert School of Medicine completed SOAR training and collaborate with staff to support clients' applications.

In CY 2019, 13 PATH-enrolled individuals received assistance applying for benefits through the SOAR process; five were approved, three applications were initially denied and are in appeals, and five applications are still in process.

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question:  
Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

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**Footnotes:**

## **STATE LEVEL INFORMATION**

### **N. PATH Eligibility and Enrollment**

Currently, PATH outreach workers collect information from individuals regarding their prior history with behavioral health service providers during outreach and engagement contacts. In addition, behavioral health assessments are conducted by the PATH consultant psychiatrist, psychiatric residents, a Nurse Practitioner, or other clinicians who participate on outreach teams. Many of these clinicians also act as medical navigators for potential PATH enrollees; and, as such, have knowledge of their medical histories. Behavioral health-related information is documented in clinical notes and maintained in HMIS. Enrollment occurs when the PATH case manager determines that the individual meets PATH eligibility criteria.

RI is finalizing a more structured process for determining PATH eligibility based on a standardized eligibility determination form. PATH service providers will be required to obtain documentation of SMI or SMI/SUD through the use of a newly-developed PATH SMI/SUD Eligibility Determination Form which is adapted from RI's current CSP eligibility determination form. The form documents both mental health and substance use diagnoses as well as the functional level of the client (DLA score). Upon adoption, with signed releases, the PATH eligibility determination form will be completed and signed by an authorized licensed practitioner and PATH service providers will be required to obtain a completed copy within sixty days of engagement with the consumer. A copy of the form will be securely maintained in the consumer's file at the PATH service provider and must be available to BHDDH staff upon request. Confirmation of required documentation also will be tracked in HMIS.

## PATH Reported Activities

### Charitable Choice for PATH

Expenditure Period Start Date: Expenditure Period End Date:

#### Notice to Program Beneficiaries - Check all that apply:

- ☐ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☐ State has disseminated notice to religious organizations that are providers.
- ☐ State requires these religious organizations to give notice to all potential beneficiaries.

#### Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☐ State has incorporated this requirement into existing referral system(s).
- ☐ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☐ Other networks and information systems are used to help identify providers.
- ☐ State maintains record of referrals made by religious organizations that are providers.
- ☐ \_\_\_\_\_ Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only no information on specific referrals required.

**Brief description (one paragraph)** of any training for local governments and faith-based and community organizations on these requirements.

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#### Footnotes: