



Solicitation Information
January 12, 2015

RFP# 7549260

TITLE: Projects for Assistance in Transition from Homelessness - Services

Submission Deadline: February 10, 2015 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No
MANDATORY:

DATE:
LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at David.Francis@purchasing.ri.gov no later than **January 21, 2015 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No
BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is soliciting proposals from qualified agencies to provide services in accordance with the SAMHSA Projects for Assistance in Transition from Homelessness (PATH) grant, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

The initial contract period will begin approximately March 1, 2015 and last until June 30, 2016. Contracts may be renewed for up to three additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerers who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this

requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all

aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.

9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.

10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.

11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.

12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.

13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).

14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%)

participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov

15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

SECTION 2: BACKGROUND

Projects in Assistance for Transition from Homelessness (PATH) is a formula grant to the states from the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the grant is to fund services to homeless adult individuals who have Severe Mental Illness (SMI) or Co-Occurring Disorders (COD) that will allow them to engage with the treatment and social supports necessary to their recovery from homelessness, behavioral health disorders, poverty and other disabling conditions. The PATH grant grew out of the realization that homeless, behaviorally disordered adults are often unable to access mainstream services and require specialized services to do so, and that such specialized services, which include outreach/engagement, housing and social support, are typically not covered by existing programs and insurances. The federal government allows PATH funds to be used for a range of services. However, each state is required to submit a plan for its specific uses of the grant. The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) administrators Rhode Island's PATH grant through the State PATH Contact (SPC).

Rhode Island's PATH program will meet the general purposes outlined above, taking into account the following emerging circumstances:

- The **decrease in availability of affordable housing**. Since the housing collapse and recession began, there has and continues to be a decrease in rental housing that is affordable by low income people. Rents have risen and incomes have dropped. At the same time, public funding for affordable housing has been cut.

This reduction in affordable housing has increased the number of chronically homeless. In the short term, individuals and families may fend off homelessness by using money needed for food, cloths and medicine to keep expensive housing, "double up" with relatives or experience multiple

displacements and stays in shelters. Over time, many of them, especially the poorest or most disabled, become “chronically” homeless.¹

- **The increase in chronic homelessness.** Long-term “chronic” homelessness is increasing as more temporarily homeless people become long term homeless; losing possessions, income, jobs, family and personal stability, etc as they move from one temporary housing situation to another. Those who are poorest and/or most disabled fare the worst. One result has been that the temporary shelter system and emergency services have become overwhelmed.
- **Longer periods of homelessness.** The longer wait times to get into affordable housing compound the situation. For chronically homeless, disabled adults, this means longer times moving between temporary shelters and “the street,” which weakens their physical and behavioral health.
- **Concentration of severe behavioral health disorders among the chronically homeless.** Several years of effective outreach and case management by PATH, CABHI and other homeless programs have been successful in and placing many chronically homeless people into Housing First. There are those for whom this has not worked, either because they could not be engaged in services to get them into housing or because they could not maintain their housing. In the view of some who are doing street outreach, these individuals are among the most behaviorally disordered. As a result, the pool of chronically homeless, SMI and COD individuals who are still homeless has higher incidences of more severe disorders than in the past. Thus, more intensive “street” services are needed to reach this population.
- **Decreased effectiveness of current service models for chronically homeless individuals.** For several years, Rhode Island’s services have been structured around the “Housing First” model, whose goal is to get chronically homeless individuals into affordable housing as quickly as possible and to build services around the stability provided to them by being in a home. Physical safety and self-care, support for sobriety and healthy lifestyles, behavioral health treatment, intensive case management, medical care, employment and the other supports for recovery are much more easily accessed from a secure home. This model has worked well as long as there has been a sufficient supply of affordable housing.

The state has developed effective outreach and case management services to identify and engage chronically homeless individuals, who have been moved into housing programs fairly quickly where they can begin to get longer-term, more intensive help. One aspect of this service model has been the relative lack of investment in street-based services for unhoused individuals. Rhode Island has few day programs that can provide basic things like heat, food,

¹ Defined as someone who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years

showers, secure lockers, telephones and computers and a safe place to stay when the shelters are closed. Likewise, urgent care for untreated psychiatric or substance-related distress, urgent medical care and other basic services that can be accessed by chronically homeless individuals are very scarce. This has contributed to the dangers of living on the street and to the reliance on emergency room and police for basic protective services.

The service providers now report growing numbers of individuals whom they have engaged in outreach, but whom they are unable to get into affordable housing. Since most of these programs' more comprehensive and intensive services begin once individuals are housed, their clients now have limited access to most services. The decrease in affordable housing and longer periods of homelessness mean that it now takes longer for chronically homeless individuals to get the services they need for basic safety and self-care, medical and behavioral healthcare treatment, intensive case management and other services essential to their protection, treatment and recovery. More chronically homeless, SMI and COD clients are being put at risk of physical abuse and neglect, psychiatric and substance induced crises and untreated physical illnesses.

This decreased access to critical services is reflected in the program outcomes that were measured in the last Annual PATH Report. While the rates of enrolled PATH clients who received outreach, basic mental health screenings and assessments and case management were high, much smaller percentages received substance abuse treatment, intensive mental health treatment, physical health care and employment services. Very few were able to access safe day facilities for the hours when the shelters are closed.

For related reasons, the system of temporary homeless shelters has had to serve a function for which it was not designed. The shelters were conceived as temporary solutions to short-term housing needs caused by such crises as evictions or winter weather. The assumption was that there were sufficient housing alternatives to enable most clients to move on to permanent housing fairly quickly. However, the current shortage of affordable housing and of the intensive services that are dependent on it has meant that the shelters have become long-term homes for increasing numbers of chronically homeless. Loosely structured, congregate facilities with little privacy can be a re-traumatizing place for individuals with severe mental illness or co-occurring disorders and are not a good setting for delivering mental health, substance abuse or other confidential services. In addition, most shelters close during the day, forcing their clients to spend much of their time in the streets, with all the physical and psychological risks that involves and with very limited access to services.

Another problem with the current service model has been the uneven geographical access to outreach and other services. Because most of the service funding has gone to large agencies with housing components, all of

which have been based in Providence, service capacity has been limited elsewhere. While this is being addressed, access is still uneven.

- **The anticipated decrease in funding for homeless outreach.** For several years, services to Rhode Island's chronically homeless individuals have been relatively well-funded through federal and private foundation sources. SAMHSA's CABHI and PATH grants, HUD Supportive Services grants and smaller grants from the United Way and Rhode Island Foundation have all focused on bringing chronically homeless individuals from the "street" and homeless shelters into "mainstream" service systems and Housing First. As a result, Rhode Island has had a robust network of outreach, engagement, case management and housing support services. However, grant funds other than PATH have begun to constrict, either because they were time-limited or because grant funders' priorities have changed. The majority of the current public and private grant funds described above will end within the next few years.
- **The development of a coordinated homeless service system.** Rhode has developed a highly collaborative partnership between homeless service providers, state agencies, advocates and consumers, most of whom took part in developing the state Continuum of Care's (COC) Plan to End Homelessness called "Opening Doors RI." They now participate in a number of work groups to implement that plan. At a state level, these collaborations are encouraged by the Governor's Interagency Council on Homeless as well as by a number of organizations such as the Rhode Island Coalition for the Homeless (RICH).

Rhode Island has a rich history of collaboration leading to social action and legislation. In 2006, a group of stakeholder which included individuals experiencing long-term homelessness, community-based organizations, philanthropy and state government came together and marched across the state over a five day period to raise awareness of the need for housing, This led to the State's \$50 million Affordable Housing Bond which received overwhelming voter approval. This group continued to work together and created a Government Relations Group that continues to meet due. Each year it produces a Legislative Agenda and works with individuals experiencing homelessness to address the needs of people in shelters and on the streets. It was through the work of Rhode Island's outreach leaders who had lived experience with homelessness that the State passed the first Homeless Bill of Rights in the country.

These successes have led to a coordinated effort and the establishment of an Outreach Committee that works to coordinate efforts statewide, provide training and safety materials to the outreach workers and ensure that the needs of those on the streets are heard. This group has also presented testimony at the State House and is educating our State leaders on the solutions that are being developed in individual communities. Examples of local collaborations include: the joint initiative by several partners to develop a large homeless

day program in Providence; The collaboration in Newport between Riverwood MHS, social services and city agencies to end chronic homelessness in the city; and the City of Pawtucket's monthly meeting to address issues facing the homeless, which is attended by the Housing Authority, local service providers, a community development corporation and faith-based leaders. This history of collaborative relationships has the potential for more innovative partnerships. These will be particularly important in overcoming some of the funding limitations being faced by the state's homeless service providers. The PATH program, particularly its Coordinator, will be expected to play a leading role in these developments.

- **The development and coordination of peer outreach services.** One important aspect of this collaboration has been the development of an Outreach Committee supported by the Rhode Island Coalition for the Homeless (RICH) , homeless outreach agencies and the Rhode Island Homeless Advocacy Project, a peer-run organization. The Outreach Committee is staffed by RICH and consists of many of the individuals doing "street" outreach in the state, either as volunteers or as part of grant-funded programs. Many of these workers are formally homeless individuals and the rest are individuals with a long experience doing outreach. The individuals with lived experience of homelessness have been able to guide the development of outreach services in an informed and effective direction.

As a coordinating body, the Outreach Committee has compiled a great deal of information and engaged in resource and information sharing between outreach service providers. One focus has been on getting outreach services to underserved areas of the state. Another has been on identifying which provider can best serve individuals with complex needs. The different homeless-serving programs have different eligibility criteria (diagnoses, geographical areas, etc.) and resources. The collaboration within the Committee has helped to provide better access across the range of programs.

The Outreach Committee has also increased the effectiveness of outreach by developing a training curriculum for new outreach workers and has conducted direct trainings and Train the Trainer classes for other agencies. Much of the street outreach done in the state is done by volunteers, including formerly homeless peers, church organizations and student groups. Given the difficulty and limited funding for street outreach, our system relies on these individuals to supplement the work of grant-funded programs. The Committee's training is designed to standardize and professionalize these volunteer activities.

This RFP seeks proposals that will address the challenges and opportunities described above. Shrinking resources, both in affordable housing and in service funding, mean that more individuals may be sinking into chronic homelessness and will wait longer to get services. At the same time, the success of Housing First services may have left a pool of chronically homeless with more intensive

behavioral health difficulties that will require more intensive “street” services than in the past. The Vendor must propose ways that they will deliver critical services, including intensive behavioral and medical health treatment, safe havens and other basic care services during the hours when shelters are closed, etc. for those who remain unhoused for extended periods of time.

This RFP seeks to focus PATH-funded activities to promote positive change in Rhode Island’s homeless services system. The vendor must address the emerging challenges and strengths in three ways: maximizing existing resource collaborations within the homeless-serving community; developing intensive services that can be de-linked from supported housing and enhancing outreach/engagement, day programs, intensive case management and medical and behavioral healthcare treatment practice in a way that will equalize access to services across the geographical areas of the state. The PATH program is expected to play a significant role both in developing these enhanced services and in facilitating further coordination between homeless-serving providers.

Required Match. The federal PATH grant amount of \$270,000 must be matched by at least \$90,000 of state, local and/or provider funds. The state is unable to provide any of this match, and it will be the Vendor’s responsibility to meet the match. It may do so by contributing its own resources, including in-kind services, as long as these resources do not derive from federal funds. It may also secure resources for PATH activities from other sources, as long as these are not federally-derived. These may include funds or in-kind services contributed by agreement with other provider agencies. The match must support PATH activities. A proposal that does not meet the required match will not be considered.

SECTION 3: SCOPE OF WORK

GENERAL SCOPE OF WORK

This RFP requires the Vender to undertake six areas of activity: Services to homeless adults with Serious Mental Illness (SMI) and Co-Occurring Disorders (COD); Coordination with other providers; System development; Peer participation; Staff Training and Reporting:

Services to homeless, SMI/COD adults: PATH funds a broad range of services meant to bring adults who are homeless and have behavioral health disorders into “mainstream” service systems. These services are delivered to these consumers along a continuum from outreach and engagement to literally homeless individuals, through treatment and housing placement, to services that maintain formerly homeless individuals who have been housed in their homes. These services should be seen in the context of the current decrease in access to stable, affordable housing, and will require the successful bidder to find approaches to providing intensive services that are not dependent on having their consumers in stable housing. This RFP seeks bidders that can provide effective access to basic care, treatment and recovery services for those consumers who may remain homeless for extended periods of time. These services include physical and behavioral healthcare, self-care

resources (day centers, showers, clean clothes, food, etc.), rehabilitative services, transportation, housing placement and employment assistance, among others. The primary emphasis of this RFP is on ensuring that PATH clients get the best access to the full range of services. In some cases, it may be more effective to develop a strong working relationship with a non-PATH-funded provider than for the PATH program to deliver those services itself. Some services must be delivered by the Vendor, using PATH funds, other agency funds or a combination. Some, for example primary healthcare, may be delivered by contract or formal service agreement with other providers. Some types of service, such as behavioral healthcare, which encompass multiple levels of service activity, may be delivered by a combination of Vendor staff and the staff of other providers.

The Vendor should note that the PATH program's performance will be measured by whether a full range of services can be accessed by its clients, whether they are provided by PATH staff, other provider agency staff, contracted staff or staff working under service agreements. This outcomes-focused approach is reflected in the PATH Annual Report, which has Voluntary Outcome Measures (see Attachment 1) that measure, not just the program's efforts to secure services, but whether the consumer actually received the services. Since these services will often not be delivered by the PATH provider, it is incumbent upon the Vendor to develop effective working relationships and service agreements with other agencies. The following services must be provided under the PATH program. More detailed descriptions will be contained in the section **Activities Under the Grant**. The direct services will consist of:

- **Outreach and engagement**
- **Screening and assessment**
- **Case management/intensive case management.**
- **Community mental health and substance abuse treatment**
- **Habilitative and rehabilitative services**
- **Housing services**
- **SOAR and benefit enrollment assistance**
- **Basic self-care services**
- **Employment assistance**

In addition, the Vendor will be responsible to play an active role in **Systems Development/Peer Participation** and in **Service Coordination**. Individuals who are homeless and have behavioral health disorders require comprehensive interventions, and PATH service plans must set goals across a broad array of service domains. It is the Vendor's responsibility to do its utmost to gain timely and effective access to the whole range of services its clients require. This will require both Systems Development and Service Coordination.

Systems development: Focuses on the development of a more effective and collaborative homeless services system. The Provider will be expected to be actively engaged with the state's homeless service network and proactive in initiating new collaborations to deal with emerging issues. Examples of existing workgroups

include the Continuum of Care (COC) implementation committees such as the Health and Housing Stability and Crisis Response groups and the Universal Waitlist workgroup. An example of a group formed in response to an emerging issue is the collaboration between the Division of Elderly Affairs, BHDDH, the Rhode Island Elder Mental Health and Substance Abuse Coalition and the Outreach Committee around the protection of elderly homeless.

Peer Participations: SAHMSA research and Rhode Island’s experience suggest that peer involvement in service delivery, particularly in outreach and engagement, in program design and in program oversight are key elements in the development of more effective homeless services. The encouragement of peer participation in service development, oversight and service delivery within the PATH Vendor agency and the larger homeless services system, is a task that the Vendor must address.

Service Coordination: Is the development of effective service partnerships to enhance service outcomes for the PATH clients. Because the success of PATH depends heavily on services that are not PATH funded or delivered by the Vendor, the Vendor must make strong efforts to secure effective service agreements with providers in the healthcare and behavioral healthcare, housing, employment and other areas. This will entail developing formal service agreements by MOU or contracts as well as engaging in ongoing negotiations and resource sharing with other providers and service systems. The Bidder should have a plan to periodically review the efficacy of each of these service agreements and make appropriate changes when the agreements are not producing strong results.

Staff Training: This area will be covered in depth on page 23 in the “Activities Under the Grant” section that follows.

Reporting: The PATH program will be required to report all its service activity and client information into the state’s Homeless Information Management System (HMIS). In addition, it will be responsible to send quarterly reports and an Annual PATH Report to the State PATH Contact. The Annual Report and Quarterly Reports must be submitted using the PATH Data Exchange (PDX) website. A link to information on HMIS can be found in Attachment 1.

ACTIVITIES UNDER THE GRANT

The activities to be funded by the PATH grant fall into six broad categories: Services to PATH-eligible adults; Service coordination; Systems development; Peer participation, Staff training and Reporting.

While this RFP prescribes a list of services and outcomes that must be provided, it encourages Vendors to organize these services into what they believe to be the most effective and comprehensive programs. Vendors must describe the mix of services that they believe will have the most impact on reducing homelessness and its negative consequences on the PATH population. It is expected that Vendors may prioritize their service activities differently depending on their approach to meeting

the needs of this population. Vendors should prioritize their PATH-funded activities within the framework of a coherent approach to solving the needs of this population.

Services to the homeless: PATH services may be delivered by Vendor agency staff funded in whole or in part using PATH funds or by provider agency staff who are not PATH-funded, but who provide PATH services under the PATH Coordinator's direction. Non-PATH funded services may be considered part of the Vendor agency's match as long as they are not supported by other federal funds. PATH services may also be delivered by contract employees of the PATH program using PATH funds. Non-PATH funds that support these contracted PATH services may be considered part of the match as long as they do not come from federal sources. PATH services may also be delivered by service agreement/MOU with another provider under the direction of the PATH Coordinator. Such non-PATH-funded services may be considered part of the match. Any non-PATH funded services are expected to produce the same quality of outcomes as those directly funded by the PATH grant.

There are two phases of PATH services. The initial phase, which lasts as long as it takes to either enroll or determine that client cannot be enrolled in PATH, is that of outreach/engagement. The second phase begins once a client is enrolled in PATH.

The PATH Vendor will be required to employ staff in three positions: Coordinator, Case Manager and Outreach/Engagement worker. The requirements for these positions are on page 26. In addition, the program may employ or contract for other positions, such as nurses, employment specialists or psychiatrists to carry out its vision of the most effective approach to serving PATH clients. The RFP leaves it to the Vendor to propose the FTE hours for the various positions. The proposal must contain an explanation for how its mix of positions will best serve its PATH clients. Outreach/engagement workers and Case Managers must be willing to work outside of normal business hours. The Vendor must propose the working hours for these activities and provide a brief rationale for this proposal.

Finally, it is recognized that PATH funds and PATH staff alone will not be sufficient to provide the full range of services required by this RFP. This activity will be described further in the "Services Coordination" part of this Section.

Outreach/Engagement Phase:

The primary objective of the outreach phase is to form a working alliance with PATH-eligible individuals that is strong enough to lead to their agreement to participate in a PATH service plan, however basic. The primary activities of this phase of involvement are outreach, preliminary determination of PATH eligibility and engagement. The "outreach" phase may also involve other PATH services such as identification of critical physical or behavioral health needs, case management and referral. These are provided as part of the outreach phase with the goal of engaging the client in services and enrolling them in PATH and of meeting the

client's basic needs. Generally, clients receiving more than basic case management, screening or referral services should be enrolled in the PATH program. These and other PATH services will generally increase in intensity and scope once the client is enrolled in PATH. The outreach phase consists of the following services:

- Outreach, Identification and Engagement of homeless individuals. "Outreach, identification and engagement" will consist of locating and attempting to develop a trusting relationship with homeless adult individuals. A goal of the "outreach" service is to make face-to-face contact with as many of the state's homeless adult individuals as possible. This may take place in emergency shelters (where it is sometimes referred to as "inreach"), but it must also take place in other areas frequented by homeless adult individuals, including parks, encampments, abandoned buildings or cars being used as residences, food pantries, etc. It must be conducted in all areas of the state where homeless individuals reside. It will require work outside normal business hours and workdays. "Identification" refers to making an initial determination that a given individual is likely to meet criteria for the PATH program. These criteria include that a person is at least age 18, is homeless, is not living as part of a family and has a Severe Mental Illness or Co-Occurring Disorder. "Identification" does not require that a clinical diagnosis be made, but involves observation that a homeless individual may have an SMI or COD. It also includes assessing whether the individual's condition may require emergency intervention or other urgent services. The Vulnerability Index (VI-SPDAT) must be administered as part of outreach/engagement. A link to this instrument is included in Attachment 1. "Engagement" is the process of developing a basic level of trust with the homeless individual that will be necessary for him/her to accept further services. Depending on the individual's level of alienation from "mainstream" community resources, engagement may require numerous contacts, many of them outside of normal work hours. Successful outreach and engagement will culminate in enrolling the individual in the PATH program or other homeless-serving programs.

It should be noted that outreach in Rhode Island is done by individuals from a variety of organizations, only some of whom are PATH program staff. Much outreach work is done before it is clear which individuals meet criteria for what programs. Thus, non-PATH outreach workers may outreach and engage clients who eventually go into the PATH program and PATH outreach workers may work with clients who do not meet PATH criteria but can be directed to other programs. Often, the same homeless individuals will have contact with a number of different outreach workers before they engage with a specific program. It is the state's intention to standardize the practice skills of outreach and engagement and build on the collaborations that already exist between outreach workers, so that all homeless individuals will be effectively engaged and referred to the appropriate services, including PATH.

PATH outreach workers must set up a Homeless Management Information System (HMIS) record as soon as possible after the initial attempts to engage an individual. A link to HMIS information is provided in Attachment 1. This record must be used to compile the available information about the individual as well as each of their service contacts. Getting this information may take time because of the barriers to engaging chronically homeless, individuals with behavior health disorders. The HMIS record may be opened using the minimal information

required by HMIS standards to identify an individual, which are name, date of birth, race and gender. However, the PATH worker must make every effort to gather the full HMIS/PATH data set as soon as possible.

The PATH client should also be enrolled in Rhode Island's Universal Wait List, which prioritizes entry into housing, as soon as possible.

Enrollment Phase

This phase of PATH services begins with enrollment into the PATH program and continues until an individual is closed to PATH. Enrollment most often takes place after a period of outreach/engagement during which the client has come to trust and see the usefulness of the outreach worker. Two things are necessary for enrollment into PATH: the client meets the criteria for entry into PATH.²; and the client has identified services that he/she agrees to work on with the help of the PATH program.

Assessment Services: If the individual consents, an assessment is done. The assessment consists of the Vendor's clinical diagnostic assessment and the SPDAT. Sometimes, a diagnostic assessment cannot be completed, but it appears probable that the individual has either an SMI or COD. In these cases, the client may be provisionally enrolled in PATH pending a formal diagnosis. At the point of enrollment, the consumer and PATH worker contract for a service plan. The PATH worker must ensure that the consumer understands and consents to all elements of the service plan and signs it. The plan is based on the consumer's understanding of his/her needs, and does not require any particular type of service, including clinical treatment, to be part of the plan, nor can it impose any conditions for treatment, such as abstinence.

PATH-funded services end if the consumer is determined to be ineligible for PATH. If the individual is determined to be eligible, but is unwilling to sign a formal service plan, they may continue to receive PATH-funded outreach as long as there is a reasonable expectation that they will consent to sign a plan within a projected period of time.

Case management and Intensive Case Management The PATH program's primary function is to provide a bridge for individuals who are homeless and who have weak or no ties to "mainstream" resources such as basic personal care, behavioral and physical healthcare, housing, employment and other social supports. Case Management and Intensive Case Management are the core services that link PATH clients to community resources. PATH Case Management/Intensive Case Management must be assertive and persistent and provide direct support to individuals who tend to have difficulty engaging with service systems. The terms "Case Management" and "Intensive Case Management" reflect different levels of responsibility and activity on the part of PATH workers.

² To be PATH eligible, an individual must be at least 18, literally homeless or at imminent risk of becoming homeless and have a Serious Mental Illness or Co-Occurring Disorder.

Basic case management and referral services will be provided to individuals who are not yet enrolled in the process of outreach and engagement. This will generally be done by the Outreach workers, although PATH Case Managers may also assist with clients in the outreach stage. This level of case management will usually assist with access to basic resources like behavioral and medical care, food, clothing, shelter, etc.

Once the client has signed a case plan and enrolled in PATH, the Case Manager's responsibility, while it continues to include helping the client to access basic services, broadens beyond basic case management. The Case Manager is now responsible to ensure that the recipient understands the full range of services available to him or her, actively engages in securing them and, as much as possible, is successful in doing so. This calls for a higher level of case management, which this RFP calls "Intensive Case Management." All enrolled PATH recipients will be offered Intensive Case Management, which will be delivered by a PATH Case Manager.

The Case Plan signed by the client at the point of enrollment is the basis for case management activity. Case plans will evolve to meet the consumers' needs over time. As the client is ready to contract for longer term, more comprehensive services, the case manager and recipient will amend the initial case plan to cover the range of services the individual will need to fully engage with all the "mainstream" services. The activities associated with developing and implementing case plans should be as various as the needs of each individual recipient. Depending on the recipient's needs, they may include delivering or providing access to: clinical or basic health status assessments; behavioral health needs assessments; coordination of behavioral and medical care; shelter; employment-related services; day center resources; permanent housing; medical insurance; income benefits; finance management and transportation to appointments as well as others.

The Case Managers must use the HMIS system to maintain individual service plans. The plans must be developed with the consumer's understanding and consent and updated as circumstances change. They must be comprehensive, recording assessments, referral activity and the full range of services received by the client.

Referral. Case Management is the medium through which PATH clients connect with all the services they need for recovery. Many of these services are provided by agencies other than the PATH program. For services not directly provided by the program, referrals to other providers (which could include other programs run by the PATH program's parent agency) will be necessary. The effectiveness of PATH depends on the effectiveness of these referrals; the program will be evaluated, not just on its attempts to refer clients to the appropriate resources, but by whether these referrals resulted in services to the client. This puts a heavy burden on the program for several reasons. First, a characteristic of PATH's population is its failure to engage in securing resources. Because of the nature of PATH's population, referrals will often involve a high level of personal support to ensure that PATH consumers follow through. It may also involve negotiations with service providers to accommodate individuals whose circumstances make it difficult to comply with the requirements of mainstream services. The measure for success of referrals is not just whether they

have been made, but whether they have resulted in the consumer's participation in the services. The attainment of service referrals is a key outcome measure of the program.

Community mental health, drug and alcohol treatment services. Homeless consumers are often among the most undertreated of individuals with SMI/COD. Most lack the resources, such as transportation, a consistent schedule and medical coverage, to access office-based care and regular medication. As a result, many have a history of "failing to comply" with behavioral healthcare treatment, and their relationship with treatment providers (and other systems) can be mistrustful or hostile. Many have gone for years with untreated symptoms and behaviors. The PATH program must help its clients to overcome these barriers and ensure that PATH consumers have timely access to intensive, community-based treatment for mental illness and substance abuse. To do this may require extraordinary efforts to engage and to treat individuals. For this population, outreach and engagement are a necessary part of behavioral healthcare treatment. Basic behavioral health screening and full clinical assessments will need to take place as individuals move through outreach and enrollment. Intensive case management will often be necessary to bridge the gap between these individuals and an office-based treatment system.. Treatment itself may require extraordinary efforts, such as "street psychiatry" to encourage unhoused individuals to take medication and engage in other treatments that they need to even begin to access office-based treatment. These services may be provided by PATH staff or consultants or by other providers through formal service agreements. Part of the service plan that is done at the time of enrollment and updated quarterly will specify the consumer's behavioral health treatment needs, including where services should be provided, and the timeframe for services. The program must make these services available, either directly or by service agreement, as described in the service plan.

Habilitative and Rehabilitative Services. Habilitative and Rehabilitative services are designed to assist people with disabilities to acquire self-help, socialization, and adaptive skills, and to restore function, maintain functioning and to prevent deterioration in functioning. PATH consumers will have disabling behavioral, and often physical, conditions. Compounding these conditions will be the effects of long-term homelessness and poverty, which may have led to alienation from family and community, a diminished ability to take advantage of resources and/or even the loss of ability to take basic care of themselves. Besides arranging treatment for their behavioral and physical disabilities, PATH must help consumers to engage with community resources and social supports. These may range from connecting a consumer to a place to take a shower during the day to helping them to reconnect with family members to getting them to an AA group. The decision as to which of these supports to pursue and how to attain them will be part of each individual's service contract. Each plan should take a comprehensive approach towards restoring the consumer's functioning. At a program level, the provider will be expected to identify, support and enhance these resources in collaboration with other agencies and funders.

The program must include a day program site or sites that can be readily accessed by PATH clients across the state. The site(s) must provide access to showers, toilets, secure lockers, telephones and computers and a space to socialize. It (they) must also have space or separate times available to meet with more psychiatrically fragile

clients who cannot socialize well in a larger group. It must be adequately staffed to provide a safe environment for both staff and clients. This RFP encourages Bidders to develop cooperative agreements with other service providers to share the costs and staffing burden of maintaining such sites.

Employment. The Provider must propose a plan to increase the employment rate among its PATH clients. It should include a combination of supportive case management, linkage to resources and program-level collaboration with employment and training providers. Strategies may include:

- Connection to the Network Rhode Island offices and/or the Disability Employment Initiative,
- Connection to the adult education and employment supports offered through the Governor's Workforce Board, including GED, career pathways and soft skills.
- Connection to the Office of Rehabilitative Services for vocational assessments, job development and job coaching.
- Work experience opportunities through volunteering and/or paid/unpaid internships.

Housing. The federal PATH program guidelines allow state PATH programs to provide any of the following housing related services with PATH funds.

- minor renovation, expansion and repair of housing
- planning of housing
- technical assistance in applying for housing
- improving the coordination of housing services
- providing security deposits
- one time rental payments to prevent evictions

Rhode Island's PATH program **may** provide any of the above services as long as no more than 20% of PATH funds are used for these housing activities. In addition, it **must** provide services to match eligible individuals with appropriate housing situations.

The state requires the Vendor to address the following two housing-related priorities:

- Housing resource development and placement of PATH clients into housing. In its response to this RFP, the Vendors must submit a plan which will maximize access to housing that is affordable by PATH consumers. Strategies might include the use of housing locators, the development of a statewide list of Public Housing Authority resources, ongoing networking and advocacy for PATH clients with PHAs or other affordable housing providers, formal agreements with landlords or with Public Housing Authorities (for example, an agreement to provide supportive services for PATH tenants in PHA/landlord housing) or other approaches.
- Use of the Universal Wait List. Rhode Island's Continuum of Care has developed a Universal Wait List for housing the chronically homeless. The

Wait List prioritizes individuals for access to affordable housing vouchers using a standard assessment. PATH workers will be required to use the UWL process for all PATH-enrolled clients.

The Vendor should propose a plan for these and other housing-related services that it thinks will most effectively address PATH clients' housing needs

Residential Support Services. As the Case Manager works to place their client into permanent (non-shelter, non-transitional) housing, he/she should also be working to enhance the client's capacity to maintain themselves in housing. The Housing First service model requires that a client be placed into permanent housing as soon as possible, whether or not he/she continues to experience symptoms. Some PATH clients will enter permanent housing while actively abusing substances. Others may be experiencing psychiatric symptoms or have lifestyle habits that make it difficult for them to maintain their housing. In all these situations, the Case Manager or Peers should be providing services to support their clients in housing, with the goal of having their client be able to maintain themselves in housing without further intensive services. The PATH case should close when this goal is achieved or when another provider has been found for housing support services. The Case Managers should arrange for such services as soon as possible. Ideally, Housing First or Shelter Plus Care services should start when the client is placed, allowing the Case Manager to close the PATH case. In situations where there are no alternative housing stabilization services available, the PATH Case Manager or Peer supports may continue the case for up to six months. For continuance of more than six months, the State PATH Contact's approval is needed.

SOAR and Medicaid Enrollment. The PATH program must provide SSI/SSDI Outreach, Assistance and Recovery (SOAR) services and assistance with enrollment/re-enrollment onto Medicaid, Medicare or Healthsource RI. The services may be provided by fully or partially PATH-funded staff or by arrangement or contract with others. Staff providing SOAR services must be trained SOAR Case Managers. The PATH program must assist with enrolling its clients, both outreached and enrolled, to secure medical insurance. The PATH program may contract with the Rhode Island Health Center Association to act as a provider of Navigation services. However, if this is not possible, PATH will be expected to coordinate with Navigator agencies. Any such arrangement must guarantee that the program is able to meet the performance standards specified in this RFP.

SERVICE COORDINATION: PATH funds and PATH staff alone will not be sufficient to provide the full range of services and achieve the outcomes required in this RFP. It is incumbent on Vendors to propose ways in which PATH program services can be extended by agreements with other providers, so that services to the PATH population are as comprehensive and effective as possible. Strategies such as sharing resources with service partners and tailoring PATH services to most effectively interface with other resources should be explored in the process of responding to this RFP. Proposals will be evaluated for their comprehensiveness and

for the specificity of any plans to integrate and enhance PATH services within the larger homeless services system.

The PATH program must take a proactive role in cultivating service coordination on behalf of its consumers. Individuals who are homeless and have behavioral health disorders require comprehensive interventions, and service plans must set goals across a broad array of domains. It is the program's responsibility to do its utmost to gain timely and effective access to all these services. This will need to take place at a number of levels. When the PATH provider has an effective partnership with another service provider, much of this can take place at the case manager level. Where strong partnerships do not exist or resources are limited, program-level work needs to be done to improve access to services. A critical activity of the PATH Coordinator will be to initiate or strengthen working relationships with key service providers. In most cases, these relationships should be formalized in MOUs or other documents that specify the mutual obligations of PATH and the partner agencies. Some examples might include: an agreement with an ER that PATH staff provide discharge assistance for PATH clients; that PATH would provide service, and another provider, a location, for a day center, etc. The test of these collaborations will be how effectively they benefit PATH clients. We expect the successful bidder to leverage the full array of resources needed to achieve the goal of ending homelessness. For example, many of the services that were formally not available to individuals experiencing chronic homelessness may now be purchased through insurances due to the ACA. It is our hope that alliances will be created to maximize PATH dollars – we expect to see the PATH awardee leverage medical and psychiatric services as well as benefits enrollment services and housing resources.

In its proposal, the Vendor is expected to identify what it sees as key service partners, the rationale for choosing them and the elements of proposed service agreements. Among its proposed partners, it must include physical healthcare, behavioral healthcare and housing providers that it intends to work closely with if it is awarded the PATH contract. Applicants are encouraged to develop partnerships with shelters, day centers, employment service providers, law enforcement and other agencies that can help achieve the service outcomes required of the program. In the case of Vendors from multi-program agencies, such as CMHOs, it should describe any services/resources that it will bring to the PATH program from its larger agency. Applicants should submit any MOUs or formal service/funding agreements that they already have with other agencies that will help carry out the PATH program.

If awarded the PATH contract, the Vendor will need to develop and keep a current list of all agencies with whom the PATH program has formal service or funding agreements. It is expected that these agreements will be in a written form, such as MOU, that detail the mutual obligations of PATH and the other party.

SYSTEMS DEVELOPMENT: Rhode Island's homeless-serving network is characterized by the collaborative way it identifies systems-level problems, develops resources, shares in advocacy and organizes task groups. The PATH program, through its Coordinator or designee, will be expected to play a leading role in the

state's homeless-serving collaborations. This participation has two purposes. The first is to position PATH services/funds where they are most needed and have the most positive impact on the state's homeless services network. The second is to maximize the effectiveness of PATH services by partnering with other providers. By sharing resources, coordinating services and leveraging PATH activities with other programs and funders, better services can be delivered to PATH clients. This is necessary because PATH dollars alone are not sufficient to accomplish everything required of the program. Equally as important, these collaborations are necessary to meet the program outcomes that depend on services outside of the program. Health and employment outcomes, for example, are both largely dependent on services outside of the homeless service network. The program will participate most actively in those groups that are most relevant to meeting these objectives, integrating and furthering the care of PATH clients within the network of homeless services. The Vendor's proposal should include a list of the working groups, committees, etc. that it plans to participate in, along with a brief explanation of how these choices reflect its plan to address PATH issues. The lists should include the committees associated with the state's Continuum of Care and its subcommittees, the Universal Wait list Committee, collaborative groups hosted by the Rhode Island Coalition for the Homeless, the Homeless Outreach Committee and the state's HMIS Committee. It may also include participation in workgroups, for example healthcare-related initiatives, that lie outside of the homeless service system, but whose work directly impacts homeless issues.

PEER/CONSUMER INVOLVEMENT: This RFP seeks proposals that will enhance the involvement in the homeless service system of those with personal experience with homelessness. This involvement should be at the levels of program oversight and governance as well as staffing. Those with "personal experience with homelessness" include "consumers," who are currently receiving PATH services "peers" who have experienced homelessness but are not currently PATH clients and "others" who are or have been homeless or are in recovery from SMI or COD.

At a minimum, the PATH provider must have an advisory board composed of consumers and peers. The board must meet at least monthly to advise the program about current and emerging needs and the adequacy of services as well as to recommend changes to current services. The board must be consulted before the program makes major programmatic changes and, if members disagree, must put its concerns in writing to the PATH State Contact. The Board must receive each year's Intended Use Plan at least one month before it is submitted to BHDDH, and its approval is necessary before the provider submits the plan.

For PATH-funded outreach positions, hiring preference should be given to "peers" and "others." Any exception should have the approval of the SPC. For other positions where the minimum job qualifications have been met by a number of candidates, strong consideration should be given to "peers" and "others."

TRAINING: The PATH provider is responsible to secure training for its PATH staff in the skills necessary for effective outreach, engagement, case management, referral and treatment.

The provider must make HMIS training available to PATH staff. This will include both basic training on PATH data entry and more extensive training on using HMIS for service planning. It must also make the Rhode Island Coalition for the Homeless/Rhode Island Homeless Advocacy Program (RICH/RIHAP) Outreach Training available to any staff who have not had outreach experience. Outreach staff are required to complete this training. Additional trainings should include Evidence Based and Promising Practices and other skills required for effective PATH services.

The program may use PATH-funded training staff, staff provided by the parent agency, or staff secured by contract or cooperative agreement. A number of organizations in the state have historically provided quality trainings in the above topic areas. Some of these trainings may be available at reduced or no cost.

Bidders will be expected to submit a training plan as part of their application. The plan should contain an assessment of its staff training needs in relationship to the program activities that it is proposing. If the bidder anticipates having another entity provide trainings, it should submit an MOU or service agreement with that entity. A training plan must be submitted for each year that the contract stays in effect and will require the approval of the State PATH Contact.

REPORTING AND PROGRAM OVERSIGHT:

Information management: The Vendor must use the Homeless Management Information System (HMIS) to document all PATH work. The Vendor must obtain an HMIS license and work closely with the state's HMIS Coordinator to implement its HMIS program. The Vendor may include the cost of obtaining an HMIS license in its proposed budget. The Vendor's PATH Staff must use HMIS to set up a case record for all PATH clients and record all outreach, enrollment, case management, referrals and case coordination activity.

If the client consents, PATH staff will be required to open an HMIS record for every person served, including those in "outreach" status and to enter all data required by the HMIS PATH Data Guidelines as soon as possible. Consumers being outreached may initially be reluctant to give full identifying information or even, in some instances, their correct name. In these cases, an HMIS record should be opened as soon as the following minimum information is available: name, date of birth, gender and race. Enrollment into the PATH program will require entering the full set of client information required for HMIS.

The program should identify a designated individual whose role is to ensure the accuracy and timeliness of data entry.

In addition to the HMIS system, PATH staff will be required to use the Vulnerability Index (VI) during outreach and the SPDAT during the enrollment phase of PATH services. The VI will be used as part of the criteria to enter individuals onto the Universal Wait List. The SPDAT provides a more thorough assessment and will be used in case planning.

The Vendor may propose to have its outreach and case management staff use tablets, smart phones or other hand-held devices with internet connectivity to make entry into HMIS records, administer the VI and SPDAT make real-time referrals to resources such as doctors' offices, housing providers, etc. and to make contact entries as soon in time as possible to actual service delivery. Vendors may include the cost of obtaining hand held devices in their proposals. Whether or not the Vendor uses such devices, its proposal should include a plan to enter service information into the HMIS system as close in time as possible to actual contacts with consumers.

Reporting and Program Oversight: PATH providers are required to collect data regarding the services provided using PATH funds and submit this data on the PATH Data Exchange (PDX) during the PATH Annual Report period, which typically occurs in the fall of each year. All of the data used to complete the PDX Annual and Quarterly Reports comes from HMIS. State PATH Contacts and PATH providers are notified when the reporting period is open and of the date of the federal deadline. Managers at each PATH provider organization are given an account to access PDX in order to enter their organization's PATH Annual Report data. Providers' reports are submitted to the State PATH Contact (SPC) through PDX. The SPC reviews and approves the data submitted and then submits the reports to SAMHSA. A sample of the current PDX report format is attached as Appendix B. It is expected that this format will change in FY 2015

Quarterly Reports that follow the same format as the Annual Reports will be required by the State PATH Contact (SPC).

A link to the 2014 PATH Annual Report template is contained in Attachment 1. This template is being revised for the 2015 Report.

In addition to the PDX reports, the SPC will require supplemental annual and quarterly reports on five items that are not included in the PATH/HMIS data set (see list of **Performance Standards** in the following section). The Vendor must also provide the SPC with quarterly updates of its formal PATH-related service/funding agreements with partner agencies.

The program must also report any significant programmatic or personnel changes to the State PATH Contact as soon as they are contemplated.

The Vendor will be required to submit quarterly reports detailing its match to the PATH budget. The reports should detail what matching funds are being used for and what their source is. For example, if the bidder is proposing to cover a given staff person's PATH-dedicated time partly through the grant, partly as time donated by the provider and partly through a private foundation grant, these separate funding sources would be noted in three separate columns in the budget.

The PATH Coordinator will meet monthly with the State PATH Contact (SPC) to review the current needs of consumers, the barriers and efforts towards meeting those needs and the program's progress in meeting the performance standards. The SPC will also meet twice a year with the program's consumer advisory group and will attend PATH team meetings quarterly.

Performance Standards

The program will be assessed based on its performance on measures contained in Tables B and C and the Voluntary Outcome Measures of the PATH Annual Report. All the items in the Annual Report need to be reported into the PDX and will be the basis for SAMHSA's assessment of the state's program. However, the state will base its program assessment on the performance measures that are listed below. In addition, the state will evaluate progress on five state-only items that are not part of the Annual Report. Performance expectations have been set for the measures listed below for Tables B and C. Performance expectations have not yet been determined for the Voluntary Outcomes and for the five additional "state-only" items. The state will use the first year of the contract to establish baseline measures for the Voluntary Outcome Measures and the five additional "state only" items. The items that will be used in the program assessment are:

- Table B (Persons Served): no fewer than:
 - o B1 – 500 served using PATH and other funds
 - o B2a – 450 PATH-funded outreach
 - o B2b – 225 outreach contacts enrolled during year
 - o B3 - 325 total individuals enrolled in PATH
 - o B4 – 350 total number receiving any PATH-supported services during the year
- Table C (Available Services) – no fewer than this number of enrolled clients will receive:
 - o Ca (outreach)– 450
 - o Cb (screening and diagnostic assessment) - 225
 - o Cd (community mental health services) – 225
 - o Ce (alcohol/drug treatment) – baseline to be established year one
 - o Cf (staff training) – baseline to be established
 - o Cg (case management) – 225
 - o Ch (services in residential) – baseline to be established
 - o Ci (referrals) – 225
 - o Cj, 1-7 (housing services) – baseline to be established
- Voluntary Outcomes (note, measures both service assistance given and actual services achieved) – all need baseline to be established in year one
 - o Housing placement
 - o Income benefits (including SOAR)
 - o Employment
 - o Medical insurance
 - o Primary medical care
- Additional state measures – all need baseline established year one

- Received mental health treatment/recovery services beyond assessment level
- Received substance abuse treatment/recovery services beyond assessment level
- Entered into Universal Wait list
- Received SOAR services
- Accessed day programs

Program Funding

SAMHSA requires a state/local match equal to one third of the \$270,000 PATH grant. The Vendor will be required to generate the \$90,000 state match, either from its own resources or by formal agreement with collaborators. The match may be in any combination of in-kind services or funding, provided that funds do not originate from the federal government. Services and/or funds must support PATH activities as described in this RFP. In addition to using its own resources, the bidder is encouraged to seek matching services/funds from outside its own agency. One goal of this RFP is to strengthen the collaborations between homeless-serving providers, public and non-profit agencies, faith-based organizations and private foundations. An important goal of such collaborations is to share and leverage resources in a way that provides effective services to all chronically homeless individuals while avoiding the duplication of efforts by different providers. Such collaborative efforts will develop a more efficient and effective network of homeless services, and any in-kind services or funds which are part of such collaboration and which are used for PATH funded services can be applied to the state's matching requirements.

SECTION 4: TECHNICAL PROPOSAL (Total of 100 points)

Narrative and format: The technical proposal should address each of the following required elements.

- 1. Capability, Capacity and Qualifications of the Offeror (15 points).-** Please provide a detailed description of the Vendor's experience providing the following services to chronically homeless individuals with Severe mental Illness or Co-Occurring Disorders and with conducting the following activities:
 - a. Outreach and engagement, particularly "street" outreach
 - b. Intensive case management and mental health/substance abuse treatment to individuals who are currently homeless
 - c. Assistance obtaining medical health care
 - d. Housing assistance, including affordable housing placement
 - e. Service supports to maintain housing
 - f. Employment-related assistance
 - g. Assistance with obtaining medical benefits and income supports (SOAR, Medicaid Navigation, etc.)
 - h. Day center services
 - i. Using the HMIS (please describe how information was entered into the system and how it was utilized by the Vendor)
 - j. Using the Universal Wait List
 - k. Staff training around homelessness services

- l. Inclusion of peers/consumers in program design, governance and oversight
- m. Collaboration, particularly within the statewide homeless-serving network. Detail the Vendor's role in any of the informal or formal homeless services workgroups/committees that it has participated in.
- n. Service Coordination, particularly on behalf of the PATH-eligible population. This term includes both agency-to-agency agreements and case-specific collaboration on behalf of specific clients. Note any experiences with developing service/funding agreements, particularly in services to homeless, especially homeless SMI/COD, populations. Provide samples of service agreements, including any that are developed in anticipation of this contract award.

It is anticipated that no one organization will have the capacity to deliver all the activities required by this RFP. Thus, the effectiveness of the Provider's PATH program may depend on the capacity of other service providers and on the strength of the Provider's partnerships with them. The Vendor should provide descriptions of the relevant capacity/experience of its major service partners. This must include any partners who will provide significant PATH services (e.g. SOAR, housing, psychiatric services, etc.) by formal arrangements such as MOUs or contracts.

- 2. Staff Experience and Credentials (10 points)** - Provide staff resumes/CVs and describe experience of existing staff who will be involved in the program. For positions described within the application for which a specific individual has not been selected, job descriptions should be included. Please note any staff persons who have lived experience with homelessness or have had extensive experience doing "street" outreach or are in recovery from behavioral disorders. The minimum requirements for the three required staff positions are:

- Coordinator: an independent license in psychology, social work or other related field and extensive experience in providing services to the homeless and in building collaboration within the homeless service system.
- Outreach workers: lived experience with homelessness and completion of the RICH/RIHAP outreach training.
- Case Managers: a Master's degree in social work or a related field.

Provide a proposed organizational chart for the PATH services program, indicating the job responsibilities of each of the staff, including part time and contracted staff, responsible for program implementation. Any person at least part of whose salary comes from PATH funds is considered to be "staff" for these purposes. Indicate, in terms of hours per week or month how much time each of the indicated staff will devote to PATH activities. Where specific service partnerships are being proposed, the Vendor should include CVs/resumes of partner agency staff who will play a significant role in

providing PATH services.

- 3. Suitability of Approach Methodology (10 points)** – This RFP requires a comprehensive range of specific services and a challenging set of outcome expectations. To meet these expectations, the Vendor will need to make creative use of a limited amount of resources. Traditional approaches that rely solely on a Vendor’s own experience and resources will not be sufficient. Strategies such as partnering with other providers, employing peers to do outreach, etc. are urged in this RFP, and Vendors are encouraged to articulate additional strategies that this RFP may not have suggested. Which strategies and service activities will be prioritized and implemented will depend on the Vendor’s overall vision of how to meet the needs of the PATH population.

It is important that any proposed strategies and the Vendor’s overall service plan be part of a well-articulated vision for meeting the full range of needs of the PATH population. How the program is implemented and which services are given priority will depend on this vision. Thus, for example, a Vendor’s Housing First orientation may lead it to prioritize activities that get its clients into housing, leaving more intensive treatment services until after its clients are housed. A program whose first priority is protecting the literally homeless, by contrast, might invest much of its resources in providing “street” medical and behavioral health care. In the application, Vendors must articulate their broad approach to addressing the problems of homelessness in the PATH population, where they will focus their most intense efforts and what service strategies they will employ.

- 4. Work Plan (35 points)** – The Vendor must provide an implementation plan detailing how it will address the activities and performance outcomes described above. The Work Plan should include key tasks or milestones for implementation of the program and provide a timeline. The Work Plan should include all the activities being proposed, including direct services, HMIS use, training activities, service coordination activities and service collaboration. It should propose service targets for the Performance Standards detailed on pages 24-25 and clearly describe the Vendor’s plans for achieving these targets. The Vendor should project the amount of effort it intends to dedicate to each of the PATH services detailed in Section 4, 1 on page 25. This should be expressed in terms of the number of FTE hours it anticipates devoting to each activity and the type of staff, contract or collaborating service provider to be used.

The nature and terms of proposed service partnerships should be described as specifically as possible. Existing MOUs/service agreements should be included with the Vendor’s application. Where such partnerships do not yet exist, the Vendor should specify the elements it will include in future formal service agreements such as MOUs and contracts. Where possible, major potential service partners should submit letters of support.

The Vendor should detail the efforts it will make to leverage other funds to be used in supplementing PATH funded services. For example, through SOAR services, it will be expected to maximize its clients' SSI/SSDI income, which can then be used to help clients secure housing and other services. Likewise, it should seek to maximize Medicaid reimbursement for services that supplement non-reimbursable PATH activities. The proposed Work Plan should detail the efforts that will be made to help clients enroll in SSI/SSDI, Medicaid and other medical insurance plans. If the Provider is not currently a Medicaid provider, it should describe plans to become one. If it is currently a Medicaid provider, it should describe how it will maximize Medicaid reimbursement to supplement PATH-funded activities. The proposal should contain an estimate of the number of clients it anticipates will be enrolled in Medicaid, SOAR, and other health and income benefits.

The Work Plan will be evaluated in terms of how thoroughly it proposes to carry out all the activities under the Scope of Work, how well it proposes to meet or exceed the Performance Measures and how concrete and achievable are the activities and outcomes that it is proposing.

5. **Budget Proposal (30 points)** - The annual amount of this contract will be \$270,000. The Vendor must match this amount annually with at least \$90,000 in funds or in-kind resources. Failure to match the required amount will result in the proposal being dropped from further consideration. Vendors **must** provide a detailed, line-item budget for the total amount of PATH grant and match using **APPENDIX A: 12 MONTH PATH PROGRAM BUDGET**. The proposed budget should be for a twelve month period. Depending on the contract start date, there will be some additional number of months beyond the twelve months covered by the Provider's proposed budget. The Provider bill for PATH services up to the total amount of the PATH grant (\$270,000) for the first twelve months of the contract. For the remaining months of SFY 2016, the Provider will bill for services up to monthly amount equal to 1/12th of the \$270,000 annual amount. A sample budget format is attached as Appendix A. The Applicant may modify this format, but any proposed budget format must supply at least all the information required by the sample format.

Budget Proposals must meet or exceed the required one-third (\$90,000) match. Proposals that do not meet the required match will be considered. The match may be in any combination of direct funds or in-kind contributions as long as they do not include any federal funds or in-kind activities directly supported by federal funds. This should include in-kind contributions from the Vendor and other providers who are donating effort by formal agreement with the Vendor as well private foundation and other funding sources. Budgets must include a table of what will be charged to the grant itself, and what will be offered to meet the match. The source and type of match must be detailed. For example, if the Vendor is proposing to cover a given staff person's PATH-dedicated time partly through the grant, partly as time donated by the Vendor and partly through a private foundation grant, these separate funding sources should be noted in three separate columns in the budget.

The Budget Proposal must contain a budget and a reasonably detailed budget narrative

that links proposed expenditures to the activities under the grant. Budget narratives should include plans to maximize leveraged resources, such as SSI/SSDI and Medicaid, that can supplement PATH funds to enhance PATH services and outcomes.

The Budget Proposal will be evaluated based on its efficient use of PATH funds, both PATH grant funds and matching contributions, and of leveraged resources to carry out the activities detailed in the Work Plan.

APPENDIX A: 12-MONTH PATH PROGRAM BUDGET provides a format for budget tables. The Vendor should supplement these tables with a budget narrative and may provide additional details as needed to clarify its proposal.

SECTION SIX: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. The Technical Proposal must receive a minimum of 70 points out of a maximum of 100 technical points. Any technical proposals scoring less than 70 points will be dropped from further consideration.

The Department of Behavioral Healthcare, Developmental Disabilities and Hospitals reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Capability, Capacity and Qualifications of the Offeror	15 Points
Staff Experience and Credentials	10 Points
Suitability of Approach Methodology	10 Points
Quality of the Work plan	35 Points
Budget Proposal	30 Points
Total Possible Points	100 Points

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION SEVEN: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7549260** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked “**RFP#7549260 - Projects for Assistance in Transition from Homelessness - Services**” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. One completed and signed W-9 (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A signed Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, a work plan and all information described earlier in this solicitation. Resumes and other documentation

requested above should be included with the application as Appendices.

4. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked “original”.

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State’s General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State’s General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>

APPENDIX A: 12 MONTH PATH PROGRAM BUDGET

PAGE 1

OVERALL PATH AND MATCHING FUNDING SUMMARY

Category/Item	BHDDH approved PATH budget	Matching funds/in-kind	Total budget
1) Salaries			
2) Fringe			
3) Contractual Services			
4) Travel			
5) Postage/Supplies/Equipment			
6) Telephone			
7) Information system			
8) Rent			
9) Heat/utilities			
10) All housing services			
11) Other			
12) Agency overhead/indirect			
Total			

PATH PROGRAM BUDGET

PAGE 2

BUDGET DETAIL

1) SALARIES

Position: Name, Position Title, Brief description of grant duties	Total annual salary	Percentage of time devoted to PATH duties (FTE)	Annual PATH funded salary	Annual match funded salary
1)				
2)				
3)				
4)				
Total				

2) FRINGE

Position:	Total annual fringe	Annual PATH fringe	Annual match funded fringe	Annual other funded fringe
1)				
2)				
3)				
4)				
Total				

3) CONTRACTUAL SERVICES

Position: Name, brief description of job duties	Total annual contract amount	Percentage of time devoted to PATH activities	PATH funded	Match funded/in kind

4-11) EXPLANATION OF ALL OTHER DIRECT EXPENSES (Please provide separate descriptions/costs for each item under “All housing services” and “Other” expense categories)

Expense Category	Description	PATH funded	Match/in-kind	Cost
4)				
5)				
6)				
7)				
8)				
9)				
10a)				
10b)				
11a)				
11b)				
Total				

12) EXPLANATION OF INDIRECT EXPENSES

Expense Category	Descriptions	PATH funded	Match/in-kind	Total Cost
12a				
12b				
12c				
Total				

PATH Annual Report- Budget Information

Reporting Period
mm/dd/yy-mm/dd/yy

1. Federal PATH funds received this year: \$

2. Matching funds from State, local, or other sources used in support of PATH received this year: \$

3. Total funds dedicated this year, agency wide, to persons who have serious mental illness and are homeless or at risk of homelessness (include PATH, matching, and non-PATH funds): \$

4. Number of staff supported by PATH and matching funds:

5. Full-time equivalent (FTE) of staff supported by PATH and matching funds:

6. Type of organization in which your PATH program operates:
 - Community mental health center
 - Consumer-run mental health agency
 - Other mental health agency
 - Social service agency
 - Health Care for the Homeless/other health agency
 - Substance use treatment agency
 - Shelter or other temporary housing resource
 - Other housing agency
 - Other (please specify) _____

1. Total number of persons who received any PATH-funded service during the current reporting period:

2. Total number of persons who were Outreached/Contacted during the current reporting period:

3. Total number of persons who were Outreached/Contacted that became Enrolled during the current reporting period:

4. Total number of persons who could not be Enrolled because they were ineligible:

5. Total number of persons currently Enrolled in PATH:

6. Total number of contacts made this reporting period:

7. Total number of services provided during this reporting time period:

8. Total number of referrals given during this reporting time period:

9. Housing Status	Total Number of Persons who were Outreached/Contacted During the Current Reporting Period with this Status
Literally homeless	
Imminently losing their housing	
Unstably housed and at-risk of losing their housing	
Stably housed	
Don't know	
Refused	
Total	

10. Services Provided	Total Number of Times this Service was Provided	Number of Persons Receiving this Service
Outreach		
Screening/Assessment		
Habilitation/Rehabilitation		
Community Mental Health		
Substance Use Treatment		
Case Management		
Residential Supportive Services		
Housing Minor Renovation		
Housing Moving Assistance		
Housing Technical Assistance		
Security Deposits		
One-time Rent for Eviction Prevention		
Other		
Total		

11. Referrals Provided	Total Number of Times this Type of Referral was Made	Number of Persons Receiving this Type of Referral (Assisted)	Number of Persons that <i>Attained</i> this Type of Referral
Community Mental Health			
Substance Use Treatment			
Primary Health Services			
Job Training			
Educational Services			
Relevant Housing Services			
Housing Placement Assistance			
Income Assistance			
Employment Assistance			
Medical Assistance			
Total			

12. Demographics		Persons Contacted	Persons Enrolled
GENDER	Female		
	Male		
	Transgendered Male to Female		
	Transgendered Female to Male		
	Other		
	Don't Know		
	Refused		
	Total		
AGE	17 and Under		
	18-23		
	24-30		
	31-50		
	51-61		
	62 and over		
	Don't Know		
	Refused		
	Total		
RACE	American Indian or Alaskan Native		
	Asian		
	Black or African American		
	Native Hawaiian or Other Pacific Islander		
	White		
	Two or More Races		
	Don't Know		
	Refused		
	Total		
ETHNICITY	Non-Hispanic/Non-Latino		
	Hispanic/Latino		
	Don't Know		
	Refused		
	Total		

VETERAN STATUS	Veteran		
	Non-Veteran		
	Unknown		
	Total		
CO-OCCURRING DISORDERS	Co-Occurring Substance Use Disorder		
	No Co-Occurring Substance Use Disorder		
	Unknown		
	Total		
RESIDENCE PRIOR NIGHT TO ENROLLMENT	Emergency shelter, including hotel or motel paid for with emergency shelter voucher (Short Term Shelter)		
	Transitional housing for homeless persons (including homeless youth)		
	Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)		
	Psychiatric hospital or other psychiatric facility		
	Substance use treatment facility or detox center		
	Hospital (non-psychiatric) or physical rehabilitation facility		
	Jail, prison or juvenile detention facility		
	Long term care facility (e.g. boarding or nursing home)		
	Staying or living in a family member's room, apartment or house		
	Staying or living in a friend's room, apartment or house		
	Hotel or motel paid for without emergency shelter voucher		
	Foster care home or foster care group home		
	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"		
	Other		

	Safe Haven		
	Rental by client, with VASH housing subsidy		
	Rental by client, with other (non-VASH) ongoing housing subsidy		
	Owned by client, with ongoing housing subsidy		
	Rental by client, no ongoing housing subsidy		
	Owned by client, no ongoing housing subsidy		
	Don't Know		
	Refused		
	Total		
LENGTH OF TIME LIVING OUTDOORS OR IN SHORT TERM SHELTER	Less than 2 days		
	2 - 30 days		
	31 - 90 days		
	91 days to 1 year		
	Over 1 year		
	Unknown		
	Total		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0205. Public reporting burden for this collection of information is estimated to average 27 hours per respondent, per year, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

APPENDIX C: LINKS TO HMIS, VI/SPDAT INFORMATION

HMIS:

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

SPDAT AND VI-SPDAT:

<http://100khomes.org/resources/the-vi-spdats>