

HHS0016124 - Exhibit H
Statement of Work
Projects for Assistance in Transition from Homelessness (PATH)

I. GRANTEE RESPONSIBILITIES

Grantee shall:

- A. Administer the Projects for Assistance in Transition from Homelessness (PATH) program to provide allowable services to eligible persons who are homeless, or at imminent risk of becoming homeless, and who have a serious mental illness or co-occurring substance use disorder. Grantee shall serve as the front door to homeless services funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program and as a bridge to community mental health services, primary health care, and substance use service systems. This includes collaborating with the HUD CoC program and with other local community organizations to provide housing, mental health treatment, substance use disorder treatment, employment services, and shelter services. Information on HUD's CoC program is available on the [HUD Exchange CoC: Continuum of Care Program](#) webpage.
- B. Provide outreach services to contact and engage people not currently connected to:
 1. community mental health services, primary health care, and substance use service systems. Grantee shall utilize strategies aimed at engaging people into the needed array of services, including identification of people in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Grantee shall provide a bridge to behavioral health services such as Assertive Community Treatment, housing, substance use treatment services, and primary health care as clinically appropriate.
- C. Meet the Substance Abuse Mental Health Services Administration (SAMHSA) goal for PATH programs to reduce or eliminate homelessness for individuals with a serious mental illness or co-occurring substance use disorder who are homeless or at imminent risk of becoming homeless.
- D. Target adults or families with children who are literally homeless, or at imminent risk of homelessness. Grantee shall focus on the following priorities:
 1. Outreach services that include face-to-face interactions with homeless people on the streets, shelters, under bridges, and in other non-traditional settings;
 2. Case management; and
 3. Other services, which may not be supported by community mental health programs (e.g., housing services included in 42 U.S. Code § 290cc-22(b) (10)).
- E. Collaborate with System Agency, according to a schedule provided by System Agency, on the development of an annual Intended Use Plan. This plan will outline how Grantee intends to provide services and use funds in alignment with this Contract and SAMHSA PATH grant requirements.
- F. Provide PATH services according to the approved Intended Use Plan.
- G. Provide PATH services independently of other ongoing mental health treatment services, and not use PATH services as a substitute or replacement for ongoing mental health treatment services.
- H. Provide, or partner to provide, any subset of PATH services outlined and defined as follows:
 1. Outreach services - The process of bringing clients into service that do not access traditional services. Effective outreach utilizes strategies aimed at engaging clients into the needed array of services, including identification of clients in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by clients who are homeless and have mental illness/co-occurring disorders.
 - a. Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.
 - b. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods. This type of outreach is allowable but must be offered in conjunction with active outreach activities.
 - c. Outreach may also include passive outreach, also called "in-reach," defined as when outreach staff is placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In passive outreach, homeless individuals seek out outreach workers. Passive outreach is

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allowable but may not occur unless the PATH provider is also conducting active outreach activities.

2. Screening and diagnostic treatment services - A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.
3. Habilitation and rehabilitation services - Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have a mental illness or co-occurring disorder.
4. Community mental health services - Community-based supports designed to stabilize and provide ongoing supports and services for clients with serious mental illness and/or co-occurring disorders or dual diagnoses. This general category does not include case management, substance use disorders treatment services, and/or habilitation and rehabilitation services, since they are defined separately in this document. This category can include mental health crisis services as defined separately in this document.
5. Substance use treatment services - Preventive, diagnostic, and other outpatient treatment services as well as support for clients who have a psychological or physical dependence on one or more addictive substances, and a co-occurring mental illness.
6. Staff training - Materials, packages, or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, and substance abuse programs and other sites regarding the needs of the target population, job related responsibilities, and service delivery strategies to promote effective services and best practices. Staff training also includes annual training referenced in this Attachment.
7. Case management services - Services that develop case plans for delivering community services to PATH eligible Clients. The case plans should be developed in partnership with Clients who receive PATH services to coordinate the assessment, treatment, housing, and care of Clients, tailored to Client needs and preferences. Case managers assist the Client in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc. Case Management Services include:
 - a. Preparing a plan for the provision of community mental health services to the eligible homeless Client involved, and reviewing such plan not less than once every three months;
 - b. Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless Clients, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, pre-vocation and vocational services, and housing;
 - c. Providing assistance to the eligible homeless Clients in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - d. Referring the eligible homeless Client for such other services as may be appropriate; and
 - e. Providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless Client is receiving aid under Title XVI of such act and if the Grantee is designated by the Secretary of the US Department of Health and Human Services, to provide such services.
8. Supportive and supervisory services in residential settings - Services provided in residential settings that are designed to support individuals during their transition into mainstream services.
9. Referrals for primary health services, job training, educational services, and relevant housing services - Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH providers.

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10. Housing services (payments for these services shall not exceed 20 percent of total payments disbursed) as specified in 42 U.S. Code § 290cc–22(g)(1) – Specialized services designed to increase access to and maintenance of stable housing for PATH enrolled individuals who have significant or unusual barriers to housing. These services are distinct from and not part of PATH-funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities. Housing services as specified in 42 U.S. Code § 290cc–22 (b) (10) include:
 - a. Minor renovation. Services or resources provided to make essential repairs to a housing unit to provide or improve access to the unit and/or eliminate health or safety hazards.
 - b. Planning of housing. Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.
 - c. Technical assistance in applying for housing services. Targeted training, guidance, information sharing, and assistance to, or on behalf of, PATH-enrolled Clients who encounter complex access issues related to housing.
 - d. Improving the coordination of housing services. The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.
 - e. Security deposits. Provision of funds for PATH-enrolled Clients who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.
 - f. Costs associated with matching eligible homeless Clients with appropriate housing situations. Expenditures made on behalf of PATH-enrolled Clients to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding Client debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.
 - g. One-time rental payments to prevent eviction. One-time rental payments are made for PATH-enrolled Clients who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who qualify for these services based on income or need.
- I. Provide PATH services as follows:
 1. In cooperation with the public health and emergency behavioral health response systems;
 2. Perform functions related to crisis services and jail diversion; and
 3. Make homeless services available to individuals who are literally homeless or at imminent risk of homelessness and have serious mental illness or co-occurring substance use disorder.
- J. Develop and maintain policies or procedures that specifically relate to Grantee's provision of PATH services, including:
 1. PATH Program-specific policy and procedure manual, or PATH Program-specific policies and procedures included in Grantee's agency-wide manual;
 2. Internal policy or procedure for reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff who provided the services; and
 3. Quality assurance process for the PATH program.
- K. Ensure PATH service teams consist of professional and paraprofessional staff or persons with minimal credentialing as a qualified mental health professional-community services as defined in

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26 Texas Administrative Code, Part 1, Chapter 301, Subchapter G as well as experience working with persons who are homeless and have serious mental illness or co-occurring substance use

1. Professional staff must have demonstrated competency in the identification and treatment of persons with serious mental illness or persons with co-occurring substance use disorders, and in the provision of mental health crisis services; and
 2. Paraprofessional staff must have demonstrated experience in working with persons who are homeless and have a serious mental illness or co-occurring substance use disorder.
- L. Train all PATH staff responsible for clinical practices annually:
1. Stages of change;
 2. Motivational interviewing;
 3. Co-occurring substance use disorders;
 4. The nature of mental illness, the importance and process of recovery; and
 5. PATH program goals, purpose, and activities.
- M. Document that all non-licensed staff providing PATH services are supervised by Licensed Practitioners of the Healing Arts (LPHA) as defined in 26 Texas Administrative Code, Part 1, §301.303 (i.e., a physician; a licensed professional counselor; licensed clinical social worker; a psychologist; an advanced practice nurse recognized by the Board of Nurse Examiners for the State of Texas as a clinical nurse specialist in psych/mental health or nurse practitioner in psych/mental health; or a licensed marriage and family therapist).
- N. Use a HUD-compliant Homeless Management Information System (HMIS) to document all services, including screenings, assessments, engagement activity, case management, and linkage to other community services, behavioral health services, and primary health care services.
- O. Report key performance measures described in Section II, on a State Fiscal Year quarterly basis via PATH Data Exchange (PDX).
- P. Conduct an assessment, for each individual deemed ready for transition to ongoing mental health treatment, utilizing the approved uniform assessment tool that will be provided by the System Agency.
- Q. Create written documentation of case management services provided in a HUD-compliant HMIS.
- R. Create written documentation that justifies providing ongoing PATH services beyond 180 calendar days from first contact with the person receiving services. Justification may include, but is not limited to:
1. An individual's placement on a waiting list for services; or
 2. An individual's unwillingness to make the transition from PATH services to community mental health services.
- S. Submit an annual report to SAMHSA via PDX on the timeline and in the format established by SAMHSA. Timelines and formats are set by SAMHSA and may vary annually.
- T. Plan and develop activities that will allow the PATH Grantee to collect and report homeless services data in the HUD-compliant (HMIS).
- U. Provide PATH services that supports current performance requirements under the Government Performance and Results Act (GPRA) for PATH. The performance requirements under the GPRA include the following reporting metrics:
1. Number of homeless individuals contacted;
 2. Number of PATH providers trained on SOAR to ensure eligible homeless Clients are receiving benefits;
 3. Percentage of contacts enrolled in PATH services is 57% or greater;
 4. Percentage of persons enrolled in PATH services receiving mental health services is 64% or greater.

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II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in this Attachment and compliance with the Contract's terms and conditions. Grantee shall also comply with the following:

- A. Grantee shall meet the annual performance targets approved by System Agency in accordance with the terms outlined in **Attachment [X]**.
- B. At least every 90 calendar days, Grantee shall document in a HUD-compliant HMIS that PATH services were provided to enrolled PATH Clients.
- C. Grantee shall submit to System Agency the following reports as specified:
 1. Policy and Procedure Report
 - a. No later than the 20th day following the end of the first state fiscal quarter, Grantee shall send by email to System Agency the PATH policy and procedure or the agency-specific policy and procedure to verify Grantee has developed and maintains a procedure for the following:
 - i. Reporting the occurrence of any PATH-related events that endanger the health or safety of either the individual served or staff providing services;
 - ii. A quality assurance process for the PATH program and Staff Training.
 - b. Grantee shall submit policy and procedure information upon request by System Agency.
 2. Training Report
 - a. No later than the 20th day following the end of the first state fiscal quarter, Grantee shall send by email to System Agency documentation of training that covers the areas specified in Section I.K.1-4.
 - b. Grantee shall submit documentation of training as requested by System Agency.
 - c. Documentation shall include:
 - i. Names of PATH staff responsible for clinical practice and other PATH services training activities;
 - ii. Staff participating in training within the past twelve months; and
 - iii. Name, title, and credentials of the trainer.
 3. Supervision Report
 - a. No later than the 20th day following the end of the first state fiscal quarter, Grantee shall send by email to System Agency documentation that non-licensed PATH staff responsible for clinical practices are supervised by a Licensed Professional of the Health Arts (LPHA) as defined in 26 Texas Administrative Code, Part 1, Chapter 301, Subchapter G.
 - b. Grantee shall submit documentation of supervision as requested by System Agency.
 - c. Documentation shall include:
 - i. Name of LPHA and license; and
 - ii. Name of non-licensed PATH staff supervised.
- D. SAMHSA Annual Report - According to the submission timeline established by SAMHSA, Grantee shall submit to SAMHSA an annual report which contains the data elements found on the [PATH Data Exchange](#) website for all PATH services delivered for the corresponding fiscal year.
- E. State Fiscal Quarter Data Elements Report - No later than the 20th day following the end of each state fiscal quarter, Grantee shall report key performance measures described in this Section via PDX.
- F. All reports, documentation, and other information required of Grantee shall be submitted electronically to the MHContracts@hhs.texas.gov email address, as well as to the assigned System Agency Contract Manager and the State PATH Contact.

III. SERVICE AREA

Grantee shall deliver services or activities to participants or clients in the counties or service areas identified in the approved Intended Use Plan.

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IV. ELIGIBLE POPULATION

- A. PATH funds are for the purpose of providing services or activities to adult individuals or families with children who:
 - 1. Have serious mental illnesses and may have co-occurring substance use disorders; and
 - 2. Are homeless or at imminent risk of becoming homeless.
- B. Individuals may be served in the outreach setting, and when appropriate, enrolled for the sole purpose of engaging the human service agencies, mental health services, or education system to provide services to the individual.

V. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher Form 4116, which is incorporated by reference and can be downloaded at [Form 4116, Authorization for Expenditures | Texas Health and Human Services](#). At a minimum, invoices shall include:
 - 1. Name, address, and telephone number of Contractor;
 - 2. System Agency Contract or Purchase Order Number;
 - 3. Identification of service(s) provided;
 - 4. Dates services were delivered;
 - 5. Total invoice amount;
 - 6. A copy of the General Ledger for the period which supports the budget items requesting reimbursement; and
 - 7. Any additional supporting documentation which is required by this Statement of Work or as requested by System Agency.
- B. Electronically submit all invoices with supporting documentation to the Claims Processing Unit at HHSC_AP@hhsc.state.tx.us, with a copy to MHContracts@hhs.texas.gov and the assigned System Agency Contract Manager.
- C. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in **Attachment [X]** of this Contract.