



Wyoming Department of Health Behavioral Health Division

Request for Application (RFA) Part II: Application

Projects for Assistance in Transition from Homelessness (PATH)

Program funding cycle: September 1, 2020 – August 31, 2021
**Application must be submitted electronically by midnight (12 a.m.) on
Monday, April 27, 2020**
to Megan Norfolk at megan.norfolk1@wyo.gov

THERE ARE TWO (2) PARTS TO THIS RFA:

Part I: Guidance: Please read thoroughly. You can find the Guidance document here:
<https://health.wyo.gov/behavioralhealth/mhsa/grants/>

Part II: Application (This document)

Submission of this application certifies that the information set forth in this grant application is true and correct and that the organization's Board of Directors and the organization's Director have authorized this request. Should a contract be awarded, additional information will be provided. For more information please email megan.norfolk1@wyo.gov or call (307) 777-7903 (toll free 1-800-535-4006).

Application Format and Submission Instructions

In order to complete this application, type directly into the document to fill-in the questions and tables, below. Save the document under a new name, i.e. PATH_WyomingCounty.

If a separate document is created for response(s), clearly indicate the section and numbers/letters at the beginning of the answer, i.e. Section 2.A.

Only information included in the appropriate numbered question will be considered. Please do not combine a response for two or more questions.

Responses should be specific and concise.

Text must be legible. Pages must be single-spaced, using Times New Roman font, text size 12, black, with all margins (left, right, top, and bottom) at least one inch. Times New Roman, text size 10 is allowable for charts and tables only.

The point totals after each heading are the maximum number of points a review committee may assign to that section. Although scoring weights are not assigned to individual questions, each question is assessed in deriving the overall section score.

Send application no later than 12:00AM., midnight, Monday, April 27th, 2020 to:

Megan Norfolk
Behavioral Health Division
Email: megan.norfolk1@wyo.gov

The applicant's designated contact will receive an email confirming receipt of the application.

Late and/or incomplete applications will not be reviewed.

**Please do not send hard-copies of your application. We are doing our part to be greener.
Please consider the environment before printing copies.**

Please check your application to include:

Accurate sentence structure, punctuation, spelling, and grammar.
All questions are answered and tables completed.

Section 1. Applicant Information (Required, not scored)
Please provide the following information:

Organization Legal Name:
DUNS or Unique Entity Identifier (UEI) Number:

Mailing Address (City, State, Zip included):
Physical Address (City, State, Zip included):

Phone Number: (000) 000-0000

Name of Application Contact:
Contact Person Email:

Name of Executive Director:
Executive Director's Email:

Total Amount Requested: \$
Total amount available for non-federal match: \$

If applying for multiple counties, the application must include separate data and information for each county.

County or area will be impacted by the funds requested:
Population of the county or area:

Authorized Contract signee, (Name and Title):
Phone number: (000) 000-0000

Section 2. Organizational Capacity and Readiness - 30pts - maximum five (5) pages

- A. Provide a brief description of your organization including name, type of organization, scope and/or mission statement, and region(s) served.
- B. Describe how the services you provide align with PATH goals to engage people via street outreach, provide PATH case management, and gain permanent housing as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.
- C. Describe how your organization will coordinate with others to prioritize people who are homeless and have been emergently detained under Title 25 and/or are at risk of emergency detention and/or are in jail. If a current PATH provider, include a summary of your accomplishments to date.
- D. Describe how your organization has the infrastructure to support the PATH Grant as an additional service.
- E. Briefly summarize the primary gaps that exist in the current service systems and include any supportive data.
- F. Provide a brief description of the current services in your community available to clients who are identified as co-occurring individuals; individuals experiencing both serious mental illness and substance use disorder.
- G. Describe your organization's plan(s) to connect individuals with mental health and substance use disorder treatment and recovery services?
 - a. If you have a written memorandum of understanding (MOU) or another formal agreement with a mental health provider, please include a copy with your application and label appropriately.
 - b. The Target Performance Level is at least seventy percent (70%) of enrolled PATH participants receiving mental health services within sixty (60) days of enrolling. What are your strategies to meet this performance level and how will you measure outcomes?

Note: Payments with funds from this grant are not allowed for Mental Health and Substance Use Disorder treatment and recovery services. Community agencies receive funds from the Behavioral Health Division for that purpose and PATH participants are among the prioritized populations to be served.

- H. Review the document using the link below to find a list of ways to promote consumer involvement in organizational governance.
<https://www.nhchc.org/wp-content/uploads/2016/11/quick-guide-on-consumer-engagement-formatted.pdf>

- a. Current subrecipients, list the consumer involvement goal for this year and the outcomes.
- b. New applicants, choose one process from the Quick Guide for which your organization needs improvement. List the process and three action steps you will take to strengthen your organization’s governance through consumer involvement by July 2021.

Please consult Part I: RFA Guidance, Appendix B, Service Requirements and Allowable Expenditures for more information on H through L.

- I. Summarize your organization’s experience with housing people who are experiencing homelessness.
- J. Describe how you will work with your community and PATH participants to establish ongoing methods for paying for housing and housing needs for people with serious mental illness who have experienced homelessness.
- K. List one community strength and one barrier in regards to permanently housing people experiencing homelessness.
- L. What training is needed in your community to ensure that PATH participants become quickly housed and remain housed?
- M. Affirm that you and all PATH staff (if applicable) have read the “Housing for PATH Participants”, “Rent Expenses for PATH Participants”, and “Housing Minimum Expectations” sections of the guidance and will follow the guidelines.
- N. Describe how your organization pays for or otherwise supports evidenced-based practices and training for other agencies and/or the community who support the goal to eliminate homelessness.
- O. Summarize training you anticipate PATH staff will need during the coming year. (Ideas: Homeless Management Information System (HMIS), SSI/SSDI Outreach, Access, and Recovery (SOAR), best practices, leadership, system change.)

Note: PATH funded staff are required to attend at least two in-state meetings as determined by the Wyoming Department of Health. Previously two statewide CoC meetings were required, this may fall in this category.

- P. Provide the names of staff already trained in SOAR, number of staff you anticipate will be trained in SOAR during the FFY21 grant year, and the proposed number of clients you will assist via the SOAR process during the FFY21 grant year.
- Q. List PATH funded staff, staff position, primary job function, proposed salary/benefits and FTE %. You may add rows if needed. (Chart can be copied and pasted into a separate

application, such as: Microsoft Excel)

Staff Name (N/A if not known at this time)	Position Title	Estimated % of Time for These PATH Duties (see Guidance for allowable tasks)				Proposed total Salary and Benefits (all sources)	% FTE on this project
		Street Outreach	PATH Case Management	Community planning and Community training	Other		
	Lead PATH Case Manager						
	Other Direct Client Contact Staff						

Section 3. PATH Services - 20 pts - maximum three (3) pages for narrative, plus tables

- A. Briefly describe how your organization currently provides and/or plans to provide regular and frequent outreach to meet with people who are literally homeless where they are such as on the streets, under bridges, in parks, at places where people who are homeless frequent. Include who conducts the Street Outreach, where usually conducted, and when it is usually conducted.
- B. Describe how your organization will determine PATH eligibility and, when enrollment occurs, how eligibility is documented.
- C. If Street Outreach will be funded through another funding source, describe the funding source and how you will ensure PATH is prioritized in this effort.
- D. Describe three strategies that your organization uses or plans to use for creating suitable housing available for PATH clients. Please include the type of housing, if the housing will be subsidized or plans to make affordable, and collaborators in implementing the strategy.
- E. Provide the percentage of all people your organization has served during the past year who are in these categories. Note if these are actual percentages or estimates.
 - a. Literally homeless: _____%
 - b. In poverty (note how you define poverty): _____%
 - c. With serious mental illness and/or substance use disorder: _____%
 - d. Native Americans: _____%

- e. What is the number of people on your current staff who have their own experience recovering from serious mental illness, substance use disorder, and/or homelessness?
- _____

F. Please complete the below charts. Chart can be copied and pasted into a separate application.

	September 2018- August 2019	September 2019- August 2020	Anticipated for September 2020 – August 2021	Data Source
Number of adults who are literally homeless in your project area (i.e. county)				
Number of adults who are literally homeless in your project area who also have a serious mental illness (SMI)				
Number of adults who are literally homeless with SMI who also have a substance use disorder				
	<i>Please provide if currently providing these services.</i>		<i>MINIMUM required for FFY2021 for PATH, Add information if projecting higher numbers</i>	
	September 2018- August 2019	September 2019- August 2020	<i>County Pop<70,000</i>	<i>County Pop>70,000</i>
Number of people who are literally homeless contacted via street outreach			6 each month	8 each month
Number of people who are literally homeless engaged in PATH initial assessment ¹			4 each month	5 each month
Number of new PATH Case Management enrollees			3 each month	4 each month
Number of PATH Case Management enrollees housed within 30 days of enrollment			2 each month starting October	2 each month starting October OR 7 per Quarter
Number of new PATH enrollees housed during this period			8 over the year	10 over the year

¹ The **PATH initial assessment** is the intentional interactive engagement between the person who is homeless and the PATH staff which puts on paper a very brief history of SMI experiences and a very brief history of homelessness.

Number of new PATH enrollees you expect these Grant funds will help support via housing costs				
Number of enrollees who are housed you expect will be still enrolled September 1, 2020				
Projected number of enrollees still housed six (6) months after initial enrollment (includes those still enrolled September 1, 2020)	<i>Total enrolled and housed during the past three (3) years:</i>	<i>Total enrolled and housed at six (6) months:</i>	Projected total number of enrollees Housed for FFY21	Projected number who will be housed for six (6) months or more
Number of enrollees who transition to another way of paying for their ongoing housing ²				

² Please see "Budget Guidance" in Part I: RFA Guidance.

G. SAMHSA requires a disparity impact statement (DIS) for all grant awards. These are the categories for Wyoming. Estimate the numbers for your FFY2021 project in all blank boxes. Please use your organization's historic data if available.

PATH Direct Services: Estimated Numbers for FFY2021	Outreached	Served via PATH Case Management	PDX Question
Numbers to be Served			
By Race/Ethnicity			Q28c
• Native American/Alaska Native			
• Asian/Pacific Island			
• Black or African American			
• White			
• Hispanic or Latino			Q28d
• Two or more races			
By Gender			Q28a
• Female			
• Male			
• Transgender			
By Economic Status³			
A. Lacks medical insurance	N/A		Q23
B. Lacks an income source at intake	N/A		Q19b
By Environmental Disadvantage			
C. Literally homeless			Q28h

² Please see "Budget Guidance" in Part I: RFA Guidance.

³ Estimated from Wyoming FY2017 Path Annual Report (PDX).

D. Chronically homeless	N/A	>80% ⁴	Q28I
E. Imminent danger of homelessness		<20% ³	
F. FY18 PATH enrollees who are housed within 90 days of enrollment ⁴		80%	
G. FY18 PATH enrollees till housed 6 months after initially served	N/A		
H. Lives in a mental health and health professional shortage area	100%	100%	
I. Percentage of PATH local staff who self-identify as PATH related consumer			Voluntary / Q5
By Health Disparity			
J. Persons served who have an SMI diagnosis ⁴	N/A	100%	

³ Estimated from Wyoming FY2019 Path Annual Report (PDX).

⁴ PATH program requirement.

Section 4. Collaboration and Communication - 20 pts - maximum three (3) pages

- A. Describe your organization’s participation with Wyoming’s statewide Housing and Urban Development (HUD) Continuum of Care and Wyoming Homeless Collaborative. Please include outcomes and dates of the participation.
- B. Provide a brief description of six (6) partnerships with local community organizations that provide key services: primary health, mental health services, substance use disorder services, recovery services, food/food subsidies, transportation, financial assistance, employment assistance. Include the name of the partner organization, outcomes of the collaboration, and any coordination of activities and policies with the partner.
- C. Your organization’s collaboration and/or coordination with other agencies that serve people who are literally homeless such as shelters, soup kitchens, children/family homelessness programs, and other vulnerable populations.
- D. Explain how you will maximize housing resources for PATH participants via the HUD CoC, HUD Emergency Solutions Grant (ESG) funding, Community Services Block Grant (CSBG), Community Development Block Grant (CDBG), providers of HUD housing vouchers, tribal housing agencies, and other similar agencies.
- E. Your participation in or plan to participate in HMIS Coordinated Entry.
- F. The major changes of policy or practices that have occurred in your community because of collaboration and/or the changes of policy or practices you anticipate will occur during the next year. (i.e. how your entire community, individuals experiencing homelessness, and individuals experiencing mental illness better off as a whole?)

⁴ PATH program requirement.

Section 5. Evidence-Based Practices - 10 pts

Use the following table to identify the evidence based practices currently being utilized or that your organization would begin using to address the needs of persons you would be serving through the PATH Grant. You may copy/paste in another application (Microsoft, Google, etc.) and add rows if needed.

Please visit the below websites for more information:

<https://endhomelessness.org/ending-homelessness/solutions/>

<http://endhomelessness.org/wp-content/uploads/2016/10/exhibit-5-1-monitoring-progress-on-10-essentials.pdf>

Evidence Based Practice (EBP)	Currently Using yes or no	Coordinate with other agencies? yes or no	When/how often do you plan to use this EBP?	How is fidelity maintained to the EBP? Will training be provided for community and/or staff to maintain fidelity?
SOAR				
HMIS Coordinated Entry				
Active and ongoing planning with community to address homelessness				
Active and ongoing examination of local data with community partners to gain insight into addressing homelessness				
Active and ongoing participation with community partners to gauge accomplishments to address homelessness by using a shared community performance measure				
Regular and frequent outreach results in meeting people who are experiencing homelessness so that they have an opportunity to participate in community processes that help them become housed				
Benefits advocacy, assistance in gaining jobs & job training, active linkage to ongoing financial benefits (i.e. SNAP), and a focus on helping participants acquire income are an ongoing part of the program				
Ongoing supports are provided (through PATH or another program) to assist PATH participants to stay housed				
Active and ongoing partnerships result in a community system that quickly re-house people who become homeless				
Permanent and supportive housing is the primary intervention utilized to help PATH participants. See				

https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/				
Community has a crisis response system that identifies those experiencing homelessness, prevents homelessness when possible, and connects people with housing quickly and provides services when needed				
Peer Specialists and/or Recovery Coaches				
Consumers on your organization's board of directors, staff, and/or governance and/or in community planning				
Assertive Community Treatment (ACT)				
Wellness Recovery Action Plan (WRAP®)				
Housing First				
Customized employment supports				
Dialectical behavior therapy (DBT)				
Supported employment				
Illness management and recovery				
Motivational Interviewing (MI)				
Trauma Recovery and Empowerment Model (TREM)				
Critical Time Intervention (CTI)				
Mental Health First Aid®				
Best practices in conducting street outreach				
Other (list):				

Section 6. Data and Reporting - 10 pts - maximum one (1) page

PATH providers must use the Homeless Management Information System (HMIS) PATH module during this Grant funding cycle. It is a requirement of all PATH providers to enter every PATH encounter within five (5) days and to enter all HMIS information with 100% accuracy and 100% completion. Please contact the Institute for Community Alliance, Wyoming's HMIS lead organization, at (307) 274-8276, to acquire information about your participation in HMIS. HMIS fees may be included in your PATH budget.

- A. Please describe plans for HMIS utilization and training and how you will support staff to use HMIS.

Section 7. Budget - 10 pts - maximum one (1) page

The non-federal match funds your organization uses for this project must be available before September 1, 2020 (promised in writing or cash-on-hand). Match funds must be expended only on

allowable PATH expenses. The non-federal match amounts are calculated at one (1) match dollar for every three (3) federal PATH dollars:

- A. What is the amount of non-federal match funds that you have available for this Grant for FFY21?
- B. Describe the source of your non-federal match and how this match will be obtained.
- C. Submit a budget based on annual projections. This budget document is available in a Microsoft Excel format and can be downloaded at: <https://health.wyo.gov/behavioralhealth/mhsa/grants/>

Please contact Megan Norfolk at 307-777-7903 or megan.norfolk1@wyo.gov if a different file format is needed.