



STATE OF WYOMING
 DEPARTMENT OF HEALTH
 BEHAVIORAL HEALTH DIVISION
 MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
 122 W. 25TH STREET, HERSCHLER BUILDING 2 WEST, SUITE B
 CHEYENNE, WYOMING 82002

Request for Application (RFA)

Projects for Assistance in Transition from Homelessness (PATH) Grant

Part II: Application

Program funding cycles: September 1, 2022 – August 31, 2023;
 September 1, 2023 - August 31, 2024

Funding Award Period: September 1, 2022 – August 31, 2023;
 September 1, 2023 - August 31, 2024

Application must be submitted electronically by midnight (12 a.m.) Mountain Standard Time (MST) on **Sunday, February 27, 2022** to Megan Norfolk at megan.norfolk1@wyo.gov.

For more information please email or call (307) 777-7903 (toll free at 1-800-535-4006). Questions regarding the application must be submitted in writing to the above contact, **no later than Monday, February 14, 2022**.

THERE ARE THREE PARTS TO THIS RFA:

Part II: Application (This document)

Part I: Guidance and Part III: Budget Application, found here:

<https://health.wyo.gov/mhsa/grants/>

Application Deadline	Applications must be submitted electronically by Sunday, February 27, 2022 by Midnight (12 a.m.) MST.
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Submission of this application certifies that the information provided is true and correct and that the organization’s Board of Directors and the organization’s Director have authorized application submission. 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. “WY_PATH_*Org Name*”.

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 (2) 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 MST, Sunday, February 27, 2022 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 ensure:

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 (Matching Unique Entity Identifier):
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 - 20pts - maximum five (5) pages, plus table

- A. Local Provider Description - Provide a brief description of your organization including name, type of organization, scope and/or mission statement, amount requested, 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 other organizations to prioritize people who are homeless and have been emergently detained under Wyoming Statute Title 25 and/or are at risk of emergency detention and/or are in jail.
 - a. If a current PATH provider, include a summary of your accomplishments to date.
- D. Service Provision - Describe how your organization has the infrastructure to support the PATH Grant as an additional service. Please provide a coordinated and comprehensive services plan, including:
 - a. Briefly summarize the primary gaps existing in the current service systems and include any supportive data.
 - b. Provide a brief description of the current services in your community available to clients identified as having a co-occurring disorder; individuals experiencing both serious mental illness and substance use disorder.
 - c. A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- E. 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 as an additional attachment.

Please consult Part I: RFA Guidance, Appendix B, Service Requirements and Allowable Expenditures for more information on the following prompts in Section 2.

- F. Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

- G. 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 (1) process from the Guide for which your organization needs improvement. List the process and three (3) action steps you will take to strengthen your organization's governance through consumer involvement by July 2022.
- H. Summarize your organization's experience with housing people who are experiencing homelessness.
- I. 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.
- a. List one (1) community strength and one (1) barrier in regards to permanently housing people experiencing homelessness.
 - b. What training is needed in your community to ensure that PATH participants become quickly housed and remain housed?
- J. 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.
- K. Summarize training you anticipate PATH staff will need during the coming year.

Note: PATH funded staff are required to attend at least two (2) in-state meetings as determined by the Wyoming Department of Health. Previously, two (2) statewide Continuum of Care (CoC) meetings were required annually, this may fall in this category.

- L. Affirm that you and all PATH staff (if applicable) have read and understood all the sections of Part I: Guidance, and you and all PATH staff (if applicable) will adhere to Part I: Guidance requirements.
- M. Provide the names of staff already trained in Supplemental Security Income / Social Security Disability Insurance (SSI/SSDI), Outreach, Access, and Recovery (SOAR), number of staff you anticipate will be trained in SOAR during the contracted year, and the number of PATH-funded consumers assisted through SOAR.
- N. List PATH funded staff, staff position, primary job function, proposed salary/benefits and Full Time Employee (FTE) percentage. You may add rows as needed. Chart may be copied

and pasted into a separate application, such as: Microsoft Excel. If a separate document is created for response(s), clearly indicate the section and numbers/letters at the beginning of the answer.

Staff Name (N/A if not known at this time)	Position Title Examples provided below and labeled with (ex)	Estimated % of Time for These PATH Duties (out of 100%) (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						
	ex: SOAR Case Manager						
	ex: PATH Administrative Position						
	ex: Other Direct Client Contact Staff						
	ex: Other						

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. 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.
- C. Housing - Describe at least three (3) strategies 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 it affordable, and collaborators in implementing the strategy.
- D. Provide the percentage of all people your organization has served during the past year who are in these categories. Describe if these are actual percentages or estimates.
 - a. Literally homeless: _____ %
 - b. In poverty (include your organization’s definition of poverty): _____ %
 - c. With serious mental illness and/or substance use disorder: _____ %
 - d. What percent of people currently employed with your organization have experience recovering from serious mental illness, substance use disorder, and/or homelessness: _____ %

E. Please complete the below questions. Please use completed historic data from September 1, 2020 - August 30, 2021 to complete the following requests, if possible:

- a. Number of adults who are literally homeless in project area (i.e. County): _____
- b. Number of SMI clients who are literally homeless in project area: _____
- c. Number of Co-occurring clients who are literally homeless in project area: _____
- d. Number of Persons enrolled in PATH program: _____
- e. Number of PATH Case Management enrollees housed within 30 days: _____
- f. Number of new PATH enrollees housed during Sept 2020 - Aug 2021: _____
- g. Number of enrolled in housing to transition to another funding source: _____

Please use estimated or anticipated numbers for September 1, 2022 - August 30, 2023.

- h. Estimated Number of Persons to be contacted: _____
- i. Estimated Number of Persons to be engaged in initial assessment: _____
- j. Estimated Number of Persons to be contacted who are literally homeless: _____
- k. Estimated Number of Persons to be contacted via street outreach: _____
- l. Estimated Number of Persons to receive housing costs through PATH Grant: _____
- m. Estimated Number of enrolled who are housed are expected to remain enrolled September 1, 2022: _____
- n. Estimated Number of enrolled still housed six (6) months after initial enrollment (including those still enrolled September 1, 2022) _____

F. Staff information – The Substance Abuse and Mental Health Services Administration (SAMHSA) requires a disparity impact statement (DIS) for all grant awards. Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and difference of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

Note: All awarded recipients will be required through contract to “comply with the Civil Rights Act of 1964, the Wyoming Fair Employment Practices Act (Wyo. Stat. § 27-9-105, et seq.), the Americans with Disabilities Act (ADA), 42 U.S.C. § 12101, et seq., and the Age Discrimination Act of 1975 and any properly promulgated rules and regulations thereto and shall not discriminate against any individual on the grounds of age, sex, color, race, religion, national origin, or disability in connection with the performance under this Contract.”

- a. Estimate the numbers for the contract year project in all blank boxes. If possible, use your organization’s previous data to answer the below questions; Path Data Exchange (PDX) referenced questioned numbers are listed to assist.

Estimated Numbers for contracted year (Sept 2022 - Aug 2023)				
PATH Direct Services	Outreached	Served via PATH Case Management	PDX Question	
By Race/Ethnicity				
• American Indian, Alaska Native, or Indigenous			26c - Demographics - Race	
• Asian or Asian American				
• Black, African American, or African				
• Native Hawaiian or Pacific Islander				
• White				
• Hispanic or Latino				
• Two or more races				
• Unknown, Refused, or Not Collected				
By Gender				
• Female			26a - Demographics - Gender	
• Male				
• No Single Gender				
• Questioning				
• Transgender				
• Unknown, Refused, or Not Collected				
By Economic Status¹				
A. Lacks medical insurance	N/A		19 - 24: Outcomes	
B. Lacks an income source at intake	N/A			
By Environmental Disadvantage				
C. Literally homeless	N/A	>80% ²		
D. Chronically homeless				
E. Imminent danger of homelessness		<20% ³		
F. FY21 PATH enrollees who are housed within 90 days of enrollment ⁴		80%		
G. FY21 PATH enrollees till housed 6 months after initially served	N/A			
H. Lives in a mental health and health professional shortage area				
I. Percentage of PATH local staff who self-identify as PATH related consumer				
By Health Disparity				
J. Persons served who have an SMI diagnosis ⁴		100%		

¹ Estimated from Wyoming FY2019 Path Annual Report (PDX).

² PATH program requirement.

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

⁴ PATH program requirement.

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

The following questions derive from the PATH application and awarded recipient’s responses will be entered into the Wyoming PATH application.

- A. Collaboration with Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program - Describe the organization’s participation with local HUD CoC recipient(s), Wyoming Homeless Collaborative, and other local planning activities and program coordination initiatives, such as coordinated entry activities. Please include outcomes and dates of the participation.
 - a. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- B. Collaboration with Local Community Organizations - Provide a brief description of six (6) partnerships with local community organizations providing key services, such as primary health, mental health services, substance use disorder services, recovery services, food/food subsidies, transportation, financial assistance, employment assistance to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. 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 serving 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. New participants are required to receive training on the HMIS system.
- F. The major changes of policy or practices which 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 the entire community, individuals experiencing homelessness, and individuals experiencing mental illness are better as a whole?)

Section 5. Evidence-Based Practices - 15 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 / No)	Coordinate with other agencies? (Yes / No)	When/how often do you plan to use this EBP?	How is fidelity maintained to the EBP? (Describe) Will training be provided for the community and/or staff to maintain fidelity? (Yes / No)
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 - 15 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 three (3) 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. Data - Describe the organization's participation in HMIS and describe plans for continued training and how the organization will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

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, 2022 (promised in writing or cash-on-hand). Match funds must be expended only on allowable PATH expenses. The non-federal match amounts are calculated to have one (1) dollar match for every three (3) federal PATH dollars:

- A. What is the total amount of non-federal match funds that your organization has available for the PATH Grant Contract (September 1, 2022 - August 30, 2023)?
- 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.