

I. State Information

State Information

Plan Year

Federal Fiscal Year 2020

State Identification Numbers

DUNS Number 802743534

EIN/TIN 45-0309764

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

Agency Name North Dakota Department of Human Services

Organizational Unit Behavioral Health Division

Mailing Address 1237 West Divide Avenue Suite 1C

City Bismarck

Zip Code 58501

II. Authorized Representative for the PATH Grant

First Name Tami

Last Name Conrad

Agency Name North Dakota Department of Human Services - Behavioral Health Division

Mailing Address 1237 West Divide Avenue Suite 1C

City Bismarck

Zip Code 58501

Telephone 701-328-8733

Fax 701-328-8969

Email Address tconrad@nd.gov

III. Expenditure Period

From 7/1/2020

To 6/30/2021

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Tami

Last Name Conrad

Telephone 701-328-8733

Fax 701-328-8969

Email Address tconrad@nd.gov

Footnotes:

NOT FINAL

I. State Information

Assurances - Non-Construction Programs

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

Name

Pamela Sagness

Title

Director

Organization

State of North Dakota-Department of Human Services

Signature:

Date:

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

Footnotes:

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Assurances - Non-Construction Programs

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1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
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5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

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

Name **Pamela Sagness**

Title **Director**

Organization **North Dakota Department of Human Services - Behavioral Health Division**

Signature:



Date: **5-18-20**

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

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name

Pamela Sagness

Title

Director

Organization

North Dakota Dept. of Human Services

Signature:

Date:

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

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name **Pamela Sagness**

Title **Director**

Organization **North Dakota Department of Human Services - Behavioral Health Division**

Signature:



Date: **5-18-20**

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

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2020

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of North Dakota agrees to the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Charitable Choice Provisions:

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

Governor/Designee Name	Pamela Sagness
Title	Director
Organization	North Dakota Department of Human Services

Signature:

Date:

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

Footnotes:

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FISCAL YEAR 2020

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Governor/Designee Name Pamela Sagness
Title Director
Organization ND Dept of Human Services - Behavioral Health Division

Signature: 

Date: 5-18-20

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

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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

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

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

Name: Pamela Sagness

Title: Director

Organization: NDDHS-Behavioral Health Division

Signature: _____

Date Signed: _____

mm/dd/yyyy

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

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Region I: Northwest Human Service Center	Region I is served by Northwest Human Service Center, which is located in Williston, ND. The region consists of a three county area (Divide, Williams, McKenzie), including the Trenton Indian Service area. The population of the region is 54,877 as of July 1, 2019 according to the U.S. Census Bureau, Annual Estimates of Population. The decline in oil prices has resulted in significant change in the oil industry in the last two years but there continues to be a shortage of affordable housing.	
Region II: North Central Human Service Center	Region II is served by North Central Human Services Center, which is located in Minot, ND. The region consists of a seven county area (Burke, Renville, Bottineau, Montrail, Ward, McHenry, Pierce), including the Fort Berthold Indian Reservation. The population of the region as of July 1, 2019 is 98,630 according to the U.S. Census Bureau annual population estimates. The Minot Air Force Base is located in the region.	
Region III: Lake Region Human Service Center	Region III is served by Lake Region Human Service Center, which is located in Devils Lake, ND. The region consists of a six county area (Rolette, Towner, Cavalier, Ramsey, Benson, Eddy), including the Spirit Lake Indian Reservation and the Turtle Mountain Indian Reservation. The population of the region is 40,765 as of July 1, 2019 according to the U.S. Census Bureau, Annual Estimates of Population.	
Region IV: Northeast Human Service Center	Region IV is served by Northeast Human Service Center, which is located in Grand Forks, ND. The regions consist of a four county area (Pembina, Walsh, Nelson, Grand Forks). The Grand Forks Air Force Base is located in the region. The population of the region is 89,772 according to the U.S. Census Bureau, Annual Estimates of Population.	
Region V: Southeast Human Service Center	Region V is served by Southeast Human Service Center, which is located in Fargo, ND. The region consists of a six county area (Steele, Traill, Cass, Ransom, Sargent, Richland). The population of the region is 217,233 as of July 1, 2019 according to the U.S. Census Bureau, annual estimates of population. .	
Region VI: South Central Human Service Center	Region VI is served by South Central Human Service Center, which is located in Jamestown, ND. The region consist of a nine county area (Wells, Foster, Griggs, Stutsman, Barnes, Logan, LaMoure, McIntosh, Dickey). The region is home to the North Dakota State Hospital. The population of the region is 53,659 as of July 1, 2019, according to the U.S. Census Bureau, Annual Population Estimates.	
Region VII: West Central Human Service Center	Region VII is served by West Central Human Service Center, which is located in Bismarck, ND. The region consists of a ten county area (McLean, Mercer, Sheridan, Oliver, Burleigh, Kidder, Morton, Grant, Sioux, Emmons), including the Standing Rock Indian Reservation. The population of the region is 160,126 as of July 1, 2019, according to the U.S. Census Bureau, Annual Estimates of Population.	
Region VIII: Badlands Human Service Center	Region VIII is served by Badlands Human Service Center, which is located in Dickinson, ND. The region consists of an eight county area (Dunn, Billings, Golden Valley, Stark, Slope, Hettinger, Bowman, Adams). The population of the region is 47,091 as of July 1, 2019, according to the U.S. Census Bureau, Annual Estimates of Population.	

Add Region

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

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

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

Footnotes:

NOT FINAL

1. State Summary Narrative

The PATH Program in North Dakota is a service provided by the North Dakota Department of Human Services through the eight regional human service centers. By placing the PATH Coordinator positions in the regional human service centers, the PATH Coordinator is working within the primary community mental health center for each designated region. The PATH Coordinator in each region is the sole position for carrying out PATH activities (Southeast Human Service Center in Fargo does employ two PATH Coordinators and Northwest Human Service Center employs a .5 FTE PATH Coordinator). PATH activities include outreach, case management, screening and diagnostic treatment services, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, supportive and supervisory services in a residential setting and one-time rental assistance. Services are person-centered and recovery-focused. Federal funding is used to fund the PATH Coordinator positions who provides these services to the target population throughout the region. PATH Coordinators carry a caseload of between five and 35 PATH-eligible clients.

Even with some decrease in the oil industry activity, North Dakota's estimated population as of July 1, 2019 was 762,062. This estimate makes North Dakota the state with the highest percentage growth rate in the nation since the 2010 census. According to North Dakota's Housing Finance Agency's Executive Director, affordable housing continues to be a concern statewide in which homelessness is often a result. There are no homeless shelters in the two major western North Dakota communities and the slowdown in the oil industry has led to an increase in unemployment.

The most recent Point-In-Time (PIT) Survey conducted in January 2019 estimated 557 people were experiencing homelessness on that night in North Dakota. This information has been questioned as inaccurate by agencies providing homeless services throughout the state, due to lack of consistency in the agency spearheading the PIT count. North Dakota recently hired a Continuum of Care Coordinator, who is employed by the North Dakota Housing Finance Agency. This position will bring consistency to the homeless services and related data in the future, including the Point-In-Time Survey.

Coordination of homeless services continues to be a critical service in North Dakota. In fiscal year 2019, HUD awarded over \$2,058,043 to North Dakota Continuum of Care organizations. These funds help build accessible services to people who are homeless. However, without case management assistance in identifying the available resources and navigating the system, access can be difficult. The PATH Coordinator is the primary source of homeless case management in four of the most rural regions of North Dakota. All PATH Coordinators are members of the ND Coalition for Homeless People and actively take part in the Continuum of Care. Each of the eight regions has a regional homeless coalition and the PATH Coordinator is an active member in each of those coalitions. Through the regional homeless coalitions the PATH Coordinator develops effective professional relationships with other individuals and organizations that provide the array of essential services and supports to address the extensive needs of the homeless population. Even though resources are extremely limited, this close working relationship with other service providers throughout their regions helps to ensure that homeless

individuals receive needed services in a timely manner. All PATH Coordinators also work with Veterans Administration personnel to coordinate services for homeless veterans.

The PATH Program implemented the Homeless Management Information System (HMIS) in 2019. This allows for enhanced service coordination among the 8 regional programs. The PATH Coordinators are employees of the ND Department of Human Services- Field Services Division. This Division encompasses the 8 regional Human Service Centers, which each have a PATH Coordinator. All Human Service Centers are health care providers and provide a variety of mental health and substance use disorder treatment within the regional community they serve.

North Dakota has also trained 4 PATH Coordinators in the Supplemental Security Income/Social Security Disability Insurance (SSDI/SSI) Outreach, Access, Recovery (SOAR) program. It is a goal in 2020 to have at least one PATH staff trained in SOAR in each PATH program. Two PATH Coordinators attended the SOAR Leadership Academy held in New Orleans, LA in summer 2019. These individuals will serve as SOAR local leads in their communities and work with the SOAR State Team Lead to establish stakeholder groups and expand SOAR throughout North Dakota.

NOT FINAL

II. Executive Summary

2. State Budget

Planning Period From 7/1/2020 to 6/30/2021

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel	0.00	0.00	0.00	<input type="text"/>
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

f1. Contractual (IUPs)	\$ 295,000.00	\$ 479,937.00	\$ 774,937.00	<input type="text"/>
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f2. Contractual (State)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments
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PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.

g1. Housing (IUPs)	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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g2. Housing (State)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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h. Construction (non-allowable)				
i. Other	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

j. Total Direct Charges (Sum of a-i minus g1)	\$ 295,000.00	\$ 479,937.00	\$ 774,937.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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l. Grand Total (Sum of j and k)	\$ 295,000.00	\$ 479,937.00	\$ 774,937.00	
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Allocation of Federal PATH Funds	\$ 300,000	\$ 100,000	\$ 400,000	
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Source(s) of Match Dollars for State Funds:

North Dakota General Funds are used for state funds.

I.. Matching Funds

The sources of the in-kind, non-Federal contributions will include the PATH Coordinators office space, telephone services, and office supplies (see Table 1).

Central office staff of the Behavioral Health Division will provide administrative and supportive services to the PATH Project without compensation from PATH funds (see Table 2). All salaries and other in-kind contributions are funded by North Dakota General Funds.

In addition to the above-mentioned in-kind contributions, the State of North Dakota provides direct cash payments to the PATH program using General Fund dollars (see Table 3). These dollars are used to augment the services of the PATH Coordinators, as they are employees of the State of North Dakota. Please refer to Table 4 for the total in-kind contributions provided by North Dakota to the PATH program.

Because the in-kind contributions are included in the Department of Human Services' biennial budget, state match is available at the beginning of each PATH grant period.

Table 1. In-kind Contributions Provided by the Eight Regional Human Service Centers

CONTRIBUTION	COST	FACTOR	TOTAL CONTRIBUTION
Rent	\$2,691/year	X8	\$21,528
Telephone Services	\$517/year	X8	\$4,136
Office Supplies	\$20/year	X8	\$160
TOTAL			\$25,824

* Includes the eight regional human service centers' contribution

Table 2. In-kind Contributions Provided by the Central Office

POSITION	SALARY & BENEFITS	% OF TIME DEVOTED TO PATH PROJECT	TOTAL CONTRIBUTION
State PATH Contact and Grant Writer	\$82,837	5%	\$4,141
TOTAL			\$4,141

Table 3. General Fund Contributions Provided to the PATH Program

HUMAN SERVICE CENTER	TOTAL GENERAL FUNDS
Northwest Human Service Center	\$47,322
North Central Human Service Center	\$48,956
Lake Region Human Service Center	\$71,167
Northeast Human Service Center	\$54,790
Southeast Human Service Center	\$114,140
South Central Human Service Center	\$49,181
West Central Human Service Center	\$53,325
Badlands Human Service Center	\$52,929
TOTAL GENERAL FUNDS	\$491,810

Table 4. Total In-kind Contribution of Non-Federal Funds

CONTRIBUTION	AMOUNT
Human Service Center	\$21,528
Central Office	\$5000
General Fund	\$491,810
TOTAL	\$518,338

Footnotes:

NOT FINAL

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **07/01/2020**

Expenditure Period End Date: **06/30/2021**

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

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Badlands Human Service Center	Community mental health center	Region VIII: Badlands Human Service Center	\$36,875.00	\$49,444.00	200	125	1	5
Lake Region Human Service Center	Community mental health center	Region III: Lake Region Human Service Center	\$36,875.00	\$97,559.00	100	15	1	0
North Central Human Service Center	Community mental health center	Region II: North Central Human Service Center	\$36,875.00	\$41,727.00	130	29	1	3
Northeast Human Service Center	Community mental health center	Region IV: Northeast Human Service Center	\$36,875.00	\$47,759.00	75	75	1	5
Northwest Human Service Center	Community mental health center	Region I: Northwest Human Service Center	\$18,437.00	\$47,667.00	15	10	1	0
South Central Human Service Center	Community mental health center	Region VI: South Central Human Service Center	\$36,875.00	\$42,006.00	90	32	1	2
Southeast Human Service Center	Community mental health center	Region V: Southeast Human Service Center	\$55,313.00	\$107,311.00	200	90	1	5
West Central Human Service Center	Community mental health center	Region VII: West Central Human Service Center	\$36,875.00	\$46,464.00	126	72	1	5
Grand Total			\$295,000.00	\$479,937.00	936	448	8	25

* IUP with sub-IUPs

Footnotes:

Badlands Human Service Center
 300 13th Avenue W., Suite 1
 Dickinson, ND 58601
Contact: Karl Davis, PATH Coordinator

Provider Type: Community mental health center
PDX ID: ND-001
State Provider ID:
Contact Phone #: 701-227-7534

NOT FINAL

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider's use of PATH funds.

NOT FINAL

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel 36,875.00 16,124.00 52,999.00

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	52,999.00	100.00 %	0.70	36,875.00	16,124.00	52,999.00	salary <input type="text"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 0.00 % \$ 0.00 \$ 23,958.00 \$ 23,958.00

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 0.00 \$ 1,000.00 \$ 1,000.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0.00	\$ 1,000.00	\$ 1,000.00	required trainings <input type="text"/>

d. Equipment \$ 0.00 \$ 517.00 \$ 517.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone <input type="text"/>

e. Supplies \$ 0.00 \$ 20.00 \$ 20.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00	<input type="text"/>

f. Contractual \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 36,875.00 \$ 41,619.00 \$ 78,494.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 7,825.00 \$ 7,825.00

l. Grand Total (Sum of j and k) \$ 36,875.00 \$ 49,444.00 \$ 86,319.00

Source(s) of Match Dollars for State Funds:

North Dakota General Fund

Estimated Number of Persons to be Contacted: 200 Estimated Number of Persons to be Enrolled: 125

Estimated Number of Persons to be Contacted who are Literally Homeless: 20

Number staff trained in SOAR in grant year ending in 2019: 1 Number of PATH-funded consumers assisted through SOAR: 5

PATH Intended Use Plan for 2020

Badlands Human Service Center Region VIII

- **Collaboration with HUD Continuum of Care (CoC) Program:** BLHSC PATH Coordinator continues to learn more through collaboration with the ND HUD Continuum of Care program. The PATH Coordinator receives information through e-mails, power points, as well as attending meetings in person or electronic. We are not currently using the system in our state; however, this is on the horizon. Having the HMIS system will help by tracking homeless individuals and their families and guide them to the appropriate resources. I am also a member of the Southwest Homeless Coalition, which is our coalition in Region 8. The PATH Coordinator is involved on a frequent basis with other community agencies throughout the eight-county region. The PATH Coordinator also assists with the Point in Time survey, conducted once a year on a statewide basis. The results are then sent into the ND Homeless Coalition.
1. **Collaboration with Local Community Organizations:** Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.
- **The PATH Coordinator collaborates** with many different agencies in Region 8 to help ensure assessment, service coordination and referrals to available as needed. The Path Coordinator focuses on empowering the Path Clients to work to change their circumstances. The PATH Coordinator continues to redirect the PATH client thinking toward every aspect of life that effects stable housing (Mental Health, Addiction struggles, stable income, medical needs, insurance, food, etc.).
 - **Badlands Human Service Center (BHSC)** is a major resource recommendation for individuals assessed by the PATH Coordinator to be symptomatic of a Mental Disorder and/or Substance Use Disorder. Open Access offers an integrated assessment to provide the best possible recommendation for available supports identified struggles in mental health and Substance Use.
 - BLHSC refers clients to PATH coordinator as needed for screening and PATH Services determinations.
 - **Ministerial Funds** in every county are established by the churches and monitored by law enforcement for disbursement to prevent abuse. Stark County churches offer individual funds for assistance on a case by case basis. The PATH Coordinator assist with assessment and recommendations as requested by Ministerial organizations. The PATH Coordinator coordinates ministerial fund request as needed by PATH clients.

- **Community Action** in Dickinson is a great asset for PATH clients. CAP Housing Stabilization program works with Homeless individuals or those in danger of becoming homeless to offer financial assistance with Housing issues.
- **Salvation Army**...The Salvation Army may provide emergency vouchers for transportation in region 8 as well as provide funds for necessary medication, clothing for work related employment and other miscellaneous items/services. Representatives are available for the eight counties for access to assistance.
- **The Welcome Table**... The Welcome Table is a soup kitchen that is provided once a week (Thursday's) in Garvin Hall from 6-7 pm. This free meal is provided year-round and is well organized with different organizations taking part with the meal preparation and serving on a weekly basis.
- **ANGEL 37 KITCHEN**...This Community Based Kitchen is a non-profit organization, which provides a free meal every Tuesday at Queen of Peace Church from 6-7pm. "Nourishing the Body and Soul" is the motto.
- **House of Manna**... The House of Manna is charitable organization located in of Southwest Dickinson, North Dakota, The first act of kindness that grew into House of Manna occurred in November of 1989. Individuals can access needed household items and clothing on a weekly basis.
- **Amen Food Pantry**...The Amen Food Pantry can be accessed by referring an individual/family. They are able to access the Pantry once a month for needed food and non-food items. Some of the non-food items could include toothpaste, toothbrushes, laundry soap, deodorant, toilet paper, paper towels, cleaning products, etc. The PATH Coordinator issues the food vouchers for individuals/families in need of assistance.
- **SouthWest Homeless Coalition**...Currently, the coalition is meeting once a month, and has a 501-3c status. The coalition provides updates in the community among resources available.
- **Job Service of North Dakota and ND Vocational Rehabilitation**... These agencies are great assets to help PATH eligible clients with job searching and training, as well as resume building. Vocational Rehabilitation is primarily focusing on individuals who have disabilities.
- **ND Senior Career Development**..... A non-profit organization that helps to assist individuals 55 years and older to gain on the job training for employment.
- **Stark County Social Services**...Stark County is a resource that clients can access to get help with Medicaid, Medicaid Expansion Program, SNAP (food stamps), as well as daycare assistance.
- **Dickinson Police Department**...*The PD refers individuals in need to the PATH Coordinator*
- **Military Services**... Veterans are screened for Path eligibility and referred to Community Action Partnerships for their Supportive Services for Veteran's Families Program or to VA HUDVASH Social Worker at the local VA. This program can help assist Veterans and their families who are homeless or a risk of becoming homeless.

- **Money follows the Person**...This is a program that can be a great benefit to individuals, especially those that have been hospitalized at the State Hospital in Jamestown for mental health reasons. It helps the individual with providing them with \$2,500.00 to help get their needs met when they return back to their community. They have also implemented Landlord Trainings as well as other informational trainings throughout our community.
- **Domestic Violence Shelter**.... helps provide a safe shelter for women and children that have been in a domestic violence situation. They have many resources to help women and families. Women do not have to be in a Domestic Violence environment to qualify for help.
- **Southwest Multi-County Correctional Center** ...Therapeutic Staff refer inmates near release to the PATH Coordinator for assessment to identify needs/resources needs.

2. Service Provision:

- **Outreach** is an essential aspect of being a PATH Coordinator. It allows the Path Coordinator to connect and build a rapport with Severe Mentally Ill homeless or at risk of being homeless individuals to identify barriers and the resources needed to stabilize life and housing. Time is spent assessing needs while earning trust with caring kindness through assisting with basic needs. Path Coordinator's build trusting partnerships with all business and organizations for quick referrals of those in need. PATH Coordinator spends most of time in the community providing outreach to individuals where they are comfortable. The PATH Coordinator has a State issued Cell phone to receive calls from those in need of PATH Services while out in the community. Clients are encouraged to call during work hours or leave a message. All other community resources also are encouraged to call the cell phone. The Staff at Badland are also encouraged to call with referrals and the PATH Coordinator makes every effort to return and meet with people who are identified to need PATH Services.

3. Gaps in service identified

- The SW Homeless coalition is in discussion of the Coordinated Entry Point and services that can be offered in due to the lack of a permanent shelter, or a transitional living environment. Women who are homeless or homeless with children may do an intake at the Domestic Violence Shelter, pending they have room available.
- Dickinson has no emergency resource plan for afterhours assistance.
- Public Transportation does not operate after 6 PM in Dickinson.

a. Description

- PATH activities include outreach, case management, screening and diagnostic treatment services, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, supportive and supervisory services in a

residential setting and one-time rent assistance, one-time security deposits, or one-time representative payee services to maintain persons who are homeless and mentally ill in the community. BHSC has an addiction program, in addition, they also have IDDT (Integrated Dual Diagnosis Treatment).

b. Data

- The PATH Coordinator is trained and active in the Homeless Management Information System (HMIS) used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

4. SSI/SSDO Outreach, Access, Recovery (SOAR):

There is 1 PATH Coordinator scheduled to complete training in the next 60 days.

5. Housing

- The PATH Coordinator has met with the Stark County Housing Authority to get more information on housing vouchers and low-income housing opportunities. This PATH Coordinator also has been in contact with local renters in the area and keeps up to date via the internet on available housing. The PATH Coordinator works closely with Management Companies that offer Low Income/Tax credit housing to make appropriate referrals and help coordinate assistance with Deposits and 1st month rent through Wrap-a-round Funds, Path Funds, Free through Recovery funds and Deposit assistance programs at Community Action

6. Staff Information:

- This Path Coordinator has a BS in Psychology with a MA in Human Service Counseling: Addiction and Recovery. This PATH Coordinator has worked 3 years as correctional officer at the NC Dept of Corrections Central Prison: Max Custody Facility, 1year as prison industrial supervisor, Home on the Range as a residential specialist in the Therapeutic working ranch for adolescents, IDDT Case manager for 2 1/2 years in SMI Extended Care at BLHSC, PATH Coordinator presently for 1 1/2 years.
- This PATH Coordinator through experience in IDDT attempts to get beyond the present struggle and go back beyond present substance use or MI symptoms usually determined to be Dual Diagnosis and or even a undiagnosed TBI to make recommendations for services.
- This PATH Coordinator believes strongly in a hand up and not a hand-out.

7. Client Information:

- Region 8 is a very large region to cover. Due to the everyday increasing/decreasing population of North Dakota, especially in our current area, it is difficult to project the number of homeless people that will be in our area, especially in current oil circumstances, with lots of ebb and flow.
- I estimate that I will have around 200 contacts annually and hopefully can enroll at least 125 PATH eligible clients in services.

8. Consumer Involvement:

- It is my understanding that when the opportunity arises to have family involved with the PATH eligible individual, it is encouraged. However, it appears that a lot of homeless individuals are estranged from most if not all of their family, and it is friends that they have as support. It is also my understanding that PATH eligible individuals assist in the evaluation, planning and implementation of programs and services. Individuals who have homes as well as those currently homeless are welcome to participate in the local and state homeless coalition.

9. Budget Narrative

The Region VIII PATH Program, Badlands Human Service Center, will receive \$36,875 from the federal PATH Grant and \$52,929 in North Dakota General Funds. This funding will provide for 1.0 FTE PATH Coordinator at a salary of \$52,999 along with \$27,943 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

NOT FINAL

Lake Region Human Service Center

200 Highway 2 South West

Devils Lake, ND 58301

Contact: Tania Lyon

Provider Type: Community mental health center

PDX ID: ND-002

State Provider ID:

Contact Phone #: 701-665-2216

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	36,875.00	16,117.00	52,992.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	52,992.00	100.00 %	0.70	36,875.00	16,117.00	52,992.00	
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 71,167.00	\$ 71,167.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 1,813.00	\$ 1,813.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 1,813.00	\$ 1,813.00	required trainings			
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 36,875.00 \$ 89,634.00 \$ 126,509.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 7,925.00 \$ 7,925.00

l. Grand Total (Sum of j and k) \$ 36,875.00 \$ 97,559.00 \$ 134,434.00

Source(s) of Match Dollars for State Funds:

ND General funds

Estimated Number of Persons to be Contacted:	100	Estimated Number of Persons to be Enrolled:	15
Estimated Number of Persons to be Contacted who are Literally Homeless:	50		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	0



2020 PATH Intended Use Plan

Agency Name: Region III Lake Region Human Service Center

Local Provider Description – The PATH Coordinator is employed by the Lake Region Human Service Center (LRHSC), Devils Lake. Our region serves 6 counties (Ramsey, Towner, Benson, Rolette, Eddy and Cavalier) in addition to serving two reservations (Spirit Lake Nation and Turtle Mountain Band of Chippewa). The population of the region is 40,672 (U.S. Census Bureau, Annual Estimates of Population). Our region has an outreach center in Rolette County (Rolla). A wide range of mental health services are provided by the LRHSC such as case management for serious and persistent mentally ill and for those with intellectual disabilities, therapy and counseling services, psychiatric and psychological services (both via tele-med and in person). The Center is also a provider of substance use disorder evaluation and treatment services, adult protective services and vocational rehabilitation services. For fiscal year 2020 the LRHSC will receive \$36,875 in PATH funds. These funds, along with the State match, fund 1 FTE. LRHSC has one FTE that can effectively and efficiently cover the large geographical area.

- LRHSC PATH program will actively work toward assuring that 50% of the PATH enrolled individuals are connected with community mental health services within 60 days of contact with the PATH coordinator.
- LRHSC PATH program will actively work to increase number of homeless individuals contacted during this next year.

1. Collaboration with HUD Continuum of Care (CoC) Program: Describe the organization's participation in the HUD CoC program and any other local planning, coordination or assessment activities. If you are not currently working with the CoC, briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

The PATH Coordinator continue to participate in the North Dakota Coalition for Homeless People, to include the HUD Continuum of Care Programs, with local housing initiatives, and coordinate with individual providers. Collaborations have evolved and continue with local emergency services providers, MFP - Ramsey County Housing Authority committee, and the VA Homeless Services Officer. Rolla area will focus on working closely with Turtle Mountain Housing Authority to provide tenant education programs to prevent homelessness. Coordinators participate in various committee work efforts, attend meetings and discuss areas of need and possible options to meet the unmet needs in the area

2. Collaboration with Local Community Organizations: Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Dakota Prairie Community Action Agency provides deposit assistance, utility deposit assistance, monthly food commodities, and emergency clothing. They also provide fuel assistance (10 gallons) and one-time assistance with medications if the person cannot afford them. DPCAA partners with other emergency service providers in the area to ensure the needs of the homeless are met. Depending on funding the above assistance options are available. By history, they had also assisted w/ one-night hotel stay for individuals. However, now we have a homeless shelter (open 7 p.m. to 7 a.m.) so the need is not present.

Hope Center (Devils Lake) assists with food baskets and other care items (hygiene items, diapers, etc.). It is a church affiliated and supported organization.

Lake Region Community Shelter: A church affiliated 10 - 12 bed emergency shelter will operate by volunteers from 7 PM – 7 AM daily. The first day of operation was on Friday, May 6, 2016.

Father Gerald Crisis Fund, through St Joseph's Catholic Church in Devils Lake, may provide assistance for partial payments or deposits for rent or utility bills. They may also provide occasional assistance with medications. (This vendor is considered a last resort by the provider, given they only have parishioner support/donations).

The Salvation Army provides assistance (up to \$200/person) with rental deposits, one-time payments to avoid evictions, medications, and transportation. The Salvation Army also has a program to assist homeless vets. This program can assist with security deposits, rent, and locating apartments. They also work with Supportive Services for vets and their families.

The Freedom Center, a Psychosocial Rehabilitation Center/Recovery Center, provides leisure and recreation opportunities as well as a noon meal seven days a week for members who are seriously mentally ill. A Recovery Coordinator has been hired who assists the consumers with activities and Peer Support meetings.

County and Tribal Social Services provide entitlement benefits including: Medical Assistance, SNAP benefits, heating assistance, general assistance, etc. For very brief periods of time Turtle Mountain Tribe will place homeless individuals in a motel under emergency situations.

PATH Coordinators work with the local County Housing Authorities, Tribal Housing Authorities, and landlords in Region III to assist people in securing affordable housing.

Mental Health and Substance Abuse treatments are available at the LRHSC for people who have either or both problems. State-wide initiatives are being developed and implemented, such as IDDT, to assist with the seriously mentally ill individuals who have substance dependency issues. LRHSC is also working to implement Assertive Community Treatment model for those with severe and persistent mental illness. Trauma informed care also remains centered in the work provided by LRHSC. There are also several private providers within Region III. The North Dakota State Hospital (Jamestown) is also available to provide both mental health and substance abuse treatment, as necessary and appropriate when community-based services are not adequate to meet the need of the consumer. LRHSC consumers also utilize private providers such as Altru Health System, Trinity, and Red River Behavioral Health as indicated for in-patient services. 5th Generation in Belcourt had been providing residential addiction services (Rolette County).

Indian Health Service and IHS mental health agencies on both reservations assist with health and mental health needs of enrolled members, including the IHS hospital in Belcourt, with staffing that includes two psychologists, several MSWs, and a psychiatrist and psychiatric nurse specialist. IHS in Fort Totten also staffs two MSWs and they are also contracting for psychiatric services via tele-med program (Arizona). Beginning June 1, 2016, the Spirit Lake Tribe began to oversee the operations/budget for the IHS Clinic and IHS Mental Health at Fort Totten.

Dakota Prairie Community Action in Rolla may also provide very brief emergency shelter at a motel for individuals who reside in the upper region of Region III. For domestic violence situations, we have a local agency, Safe Alternatives for Abused Families in Devils Lake and Hearts of Hope Belcourt, ND. These programs do offer shelter access to families affected by violence.

Prairie Heights, a HUD-COC based project and owned by the International Order of Odd Fellows, is a supportive housing complex with 22 apartments (17 SMI/Homeless, 4 Low income/Homeless, and 1 staff apartment), that provides safe, affordable housing to qualifying individuals. Consumers, who have either a PATH case manager or other case manager, have an Individualized Service Plan with Prairie Heights that serves to reduce the risk of future homelessness by addressing needs and barriers.

Society of St. Vincent De Paul is a world organization (serving 132 countries) which is working to fill in the service gaps for homeless individuals. Services are provided on Mondays, Tuesdays, Thursdays, and Fridays. This church-based organization is staffed by volunteers. The society partners with other emergency service providers to assist the homeless with food, shelter, clothing, household furnishings, rental/security deposits, utility assistance and transportation.

Progress Inc. opened an 8-bed transitional living program for individuals who have a serious and persistent mental illness who are in need of skills training and strengthening to transition to independent living. Goal is to transition individuals in 9-18 months out to their own apartment.

One of the most important “local organizations” would be the landlords in the area. Extensive work has been done to solidify and nourish these working relationships, so individuals are more likely to be given a chance to obtain and maintain housing in the area of their choice.

The “coordination of activities” is provided by PATH Coordinators via assisting individuals to contact any of the above organizations, assist with any paperwork for these supports, and coordinate care plans with these organizations (as allowed by individuals). PATH Coordinators will have scheduled meetings with local providers on specific individuals or referrals, will collaborate on larger work efforts, and be a support system called upon by landlords or organizations if they see consumer is at risk of homelessness also.

3. Service Provision: Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:

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

A continuation of concerted efforts in this year will focus on the work with the Housing Authorities to not only intervene with individuals who are literally and chronically homeless, but to support formerly precariously housed individuals (those who have been chronically homeless and have just obtained housing). In addition, PATH coordinators will make every effort to make periodic canvass of local areas homeless individuals gather as well as provide education to community stakeholders as to options when they encounter a homeless individual (where to call and who to ask for). In addition, increased collaboration with the local Shelter, where PATH Coordinator name and number is left on voicemail for a person of contact.

- It is important for the reader to note that in both the rural areas of Region III and the tribal reservations it is not unusual for a “literally homeless individual” to have a brief respite at a relative’s home or in a friend’s home. Due to the severity of weather and the cultural nuances it is not typical for an individual to be left in the sub-zero weather for any length of time. So, although these individuals may be temporarily housed indoors, they are still homeless. That is not to say there are not individuals in our region who are literally homes, as there are reports of ex-military individuals living in the subterranean.
- Continued briefings and trainings with collaborative agencies, police departments, social service agencies, and churches.
- Assure response time is within 48 hrs. for first contact and assessment. Continue to collaborate closely the medical providers who often make referrals.
- Active collaboration with NDSH, Indian Health Services, etc. to assure seamless transitions and referrals with these high-risk individuals.
- Participate in the Point in Time Surveys which allows even more opportunity to find persons for services, as assigned.
- LRHSC uses “open access” for point of contact/services. We have PATH Coordinator connecting frequently with the triage specialist on consumers who are homeless and those who are chronically homeless in the area.
- The PATH Coordinator meets monthly with Extended Care Supervisor to collaborate on needs, services, contacts, and discuss outreach opportunities.
 - Due to Covid 19, PATH coordinators will be collaborating with the Human Service Zones for the housing the homeless project. This consists of an interagency task force on homeless, domestic violence and food insecurity. PATH coordinators will be asked to provide case management services if the need arises.

b. Describe any gaps that exist in the current service systems.

- The identified gaps in services in Region III are: lack of general transportation; lack of affordable transportation; limited hours of public transportation; high rates of unemployment with increasing numbers of unemployed persons; formal shelter it is only open from 7 pm to 7 am daily; and there is a definite limit in available housing for persons with any kind of criminal history as well as housing being a continued challenge for the Spirit Lake and Turtle Mountain Band of Chippewa reservations. Finally, those individuals who have sexually based crime in their past or those who are ordered to register are often very difficult to house.
- Guardianships, when necessary, can be an expensive undertaking for the family/client, although the state does provide for assistance in many cases. There is also a substantive need for individuals willing to become guardians for individuals. To the extent it would be beneficial for tribes to have an identified agency or “public administrator” who would be willing to be guardian for individuals. In addition, there should be bonded Representative Payees available for individuals who live on reservations, but this is currently not addressed by the tribes. This has been suggested but buy-in is not evident.

- Medical detox options in Region III and a possible “wet house” for individuals could be of benefit. As it is now if someone needs formal medical detox the NDSH, Altru (Grand Forks) or Trinity (Minot) are the options.
- Gap in services noted for those individuals who are both concurrently served through DOCR and DHS. There are several individuals who have both criminal activity and mental health issues, they are often not mutually exclusive. Yet a coordinate effort by which an individual is held accountable legally at the same time as they receive mental health services is not typical in every case.
- There is also a gap in Social Services on reservations when General Assistance funding is depleted. A most serious gap is the lack of employment opportunities on reservations for individuals who would like to remain close to home either for family reasons or due to transportation difficulties. Also, it would be assistance if there were more Tribal Transportation options to bring and return individuals to home after working.

c. Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

PATH activities include outreach, case management, screening and diagnostic treatment services, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, supportive and supervisory services in a residential setting and one-time rent assistance, or one-time security deposits. PATH coordinators also have worked closely with the IDDT program to coordinate services. As noted above individuals served via PATH program are free to access local private, tribal or state funded services/programs. They are assisted with the referral process and accessing the services. PATH coordinator works closely with clients in 2.1 programming at the 3.1 residential Crisis Residential Unit. Providing resource referrals, education, application assistance, and all other housing related needs.

d. Description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

An individual is determined to be PATH eligible if they are found to have (or appear) to have a serious and persistent mental illness. Most often our consumers have been or are involved in services somewhere. We often obtain ROIs, if allowed, to both review diagnostic information and assist with referrals for needs and coordinating care. If the individual is literally homeless, in a shelter, jail, coming from an institutional setting, or are precariously housed (living w/ family or friends, couch surfing, etc.). We also, as time allows, do what we call Technical Assistance for individuals in Region III who may not actually be eligible, but we assist with consults, answer questions, applications, make referrals, and generally try and support them to secure housing.

Enrollment for those who are eligible is typically done the first or second contact, and upon consent of the consumer. Most often upon first contact.

Documentation is completed using forms set forth by Behavioral Health Division along with supporting forms created to gather data necessary for the PATH PDX. Most all the enrolled consumers also have an open chart at the LHRSC whereby staff complete a clinical staffing note. Documentation is also done in HMIS which was recently implemented in the region.

4. SOAR: SSI/SSDI Outreach, Access, Recovery (SOAR) Describe the provider's plan to train PATH staff on SOAR.

North Dakota will be using the SOAR model and all PATH coordinators will be trained in SOAR during the 2020-2021 PATH grant period. Currently, staff is trained in the SOAR model. The plan would be coordinator and the supervisor to complete the on-line training. The supervisor will due to the historically high turnover rate of PATH coordinators and to assist with continuing of care during those periods when we are short staffed. We would consider each coordinator appropriate to use SOAR model with consumers as indicated and agreed upon by the consumer.

5. Housing: Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency). Strategies for making suitable housing available to PATH clients in Region III include- coordination with all of the below entities in regard to consumers they are working with who desire permanent homes.

- Working with county Housing Authorities to access Section 8 vouchers for housing. These vouchers are able to be used with any landlord to provide affordable housing to the individual. The individual is required to pay 30% of the monthly income and the Housing Authority pays the remaining rent to the landlord.
- Lake Rentals, in Devils Lake, works with the North Dakota Housing Finance Agency to provide zero to low income housing to individuals in the Region. Again, the individual is responsible for 30% of the income towards the rent for the apartment. The NDHFA pays the remaining rent to Lake Rentals. If a person has no income, they are required to pay as low as \$10 a month for rent. Once a person obtains employment, they are required to report their income and their rent is adjusted, accordingly.
- Metro Plains Management also offers low income apartments to individuals that qualify. The individual is required to pay 30% of their income and, through rural development grants; the remaining amount of rent is paid to Metro Plains Management.
- Domestic Violence situations: Consumers are referred to the SAAF House in Devils Lake or Hearts of Hope in Belcourt, ND. Funding for this activity is provided through the Safe Alternatives for Abused Families. At times, we have accessed YWCA in Fargo and Minot also for situations.
- Transition House, this can house one family for a limited time and is funded through DPCAA.
- Lake Region Community Shelter is open from 7 p.m. to 7 a.m. each night.
- Permanent Supportive Housing is available through Prairie Heights in Devils Lake. This is a HUD-COC project and is owned by the International Order of Odd Fellows.
- The Odd Fellows Village provides low-income housing for individuals over the age of 55 and/or individuals with disabilities. These apartments are provided through separate HUD section 8 vouchers. The individual is required to pay rent equal to 30% of the income with HUD providing the remaining rental amount.
- Turtle Mountain Housing has built apartment complexes in the Rolla/Belcourt area. One focused on supporting individuals with substance abuse/dependence issues, a second which focuses on singles and families, and a third focuses on families. There is talk about a fourth being developed. The

housing authority directors from the three tribes in North Dakota have joined forces with the Housing Authority Directors from the reservations in South Dakota to address the housing shortage and homeless tribal member's needs.

- Spirit Lake Nation has built an apartment building for the elderly and disabled in the recent years. Focus is on low income and there is an extensive Wait List for eligible tenants.

6. Staff Information. Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities.

PATH Coordinators are classified as Extended Care Case Manager (ETC) II's. The Devils Lake Coordinator is also an ETC who just completed her master's degree in social work.

The LRHSC makes available all service and assistance without regard to race, color, religion, national origin, age, gender, disability, or status with respect to marriage or public assistance. Staff are encouraged to participate in training devoted to cultural awareness. There are trainings offered each year through the Tribal College or through Tribal Programs which PATH workers may attend. Regarding sensitivity to age, general and racial/ethnic differences and training; our staff is provided periodic trainings on staff diversity and cultural competence. Workshops on tribal traditions and cultural differences are periodically offered to staff. For example, the Red Road Approach to Healing & Wellness is being presented almost yearly and is open for Coordinators to attend. Both coordinators serve consumers from varying backgrounds and cultures.

LRHSC employs staff of Native American descent who are utilized for their insight and knowledge base. We make every attempt to provide culturally sensitive services to our consumers.

7. Client Information Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

Region III encompasses six counties (Eddy, Benson, Ramsey, Towner, Cavalier, and Rolette) as well as two Native American Reservations (Spirit Lake Nation, near Devils Lake, and the Turtle Mountain Band of Chippewa, near Rolla, ND). Region III has 45% of all Native American people in the state of North Dakota and 1/3 of the residents in the Lake Region's catchment area are Native American. In excess of 40% of all clients served by LRHSC are Native American.

LRHSC anticipates contacting 75 - 100 clients with PATH funded services during FY 2020.

- This would be an increase from recent prior years.
- This would also include those who are outreached and not enrolled, and for individuals who are receiving professional help.

LRHSC anticipated that out of the 15 adult clients that will be served with PATH funds, 5% of these individuals will be classified as "literally homeless".

8. Consumer Involvement Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be 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. See Appendix A “Guidelines for Consumer and Family Participation.”

Consumers are interviewed as a component of Human Service Center licensing which occurs every other year. When held in the region, the Stakeholder meetings are also an opportunity for consumers and families to provide feedback. Consumers are encouraged to participate in the monthly meetings held at the Freedom Center to help plan the activities for the month. In addition, some individuals who began as PATH consumers and have subsequently transitioned to traditional SMI case management services have become involved in the LRHSC’s Volunteer Program and Recovery programming (formerly Peer Support). The Volunteer program is facilitated by our Mental Health Technicians with the focus being to assist consumers to improve self-esteem, explore options for potential work readiness, and increase the number of positive contacts they have with the community and facilitate the community having positive interactions with our consumer.

9. Budget Narrative Provide a budget narrative that includes the local-area provider’s use of PATH funds. See Appendix C for a sample detailed budget.

The Region III PATH Program, Lake Region Human Service Center, will receive \$36,875 from the federal PATH Grant and \$71,167 in North Dakota General Funds. This funding will provide for 1.0 FTE PATH Coordinator at a salary of \$52,992 along with \$45,237 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

NOT FINAL

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	36,875.00	13,147.00	50,022.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	50,022.00	100.00 %	0.74	36,875.00	13,147.00	50,022.00	matched funds for salary
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 27,627.00	\$ 27,627.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 416.00	\$ 416.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 416.00	\$ 416.00	Budget for in region travel for PATH Coordinator and travel to required training and meetings.			
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 36,875.00 \$ 41,727.00 \$ 78,602.00

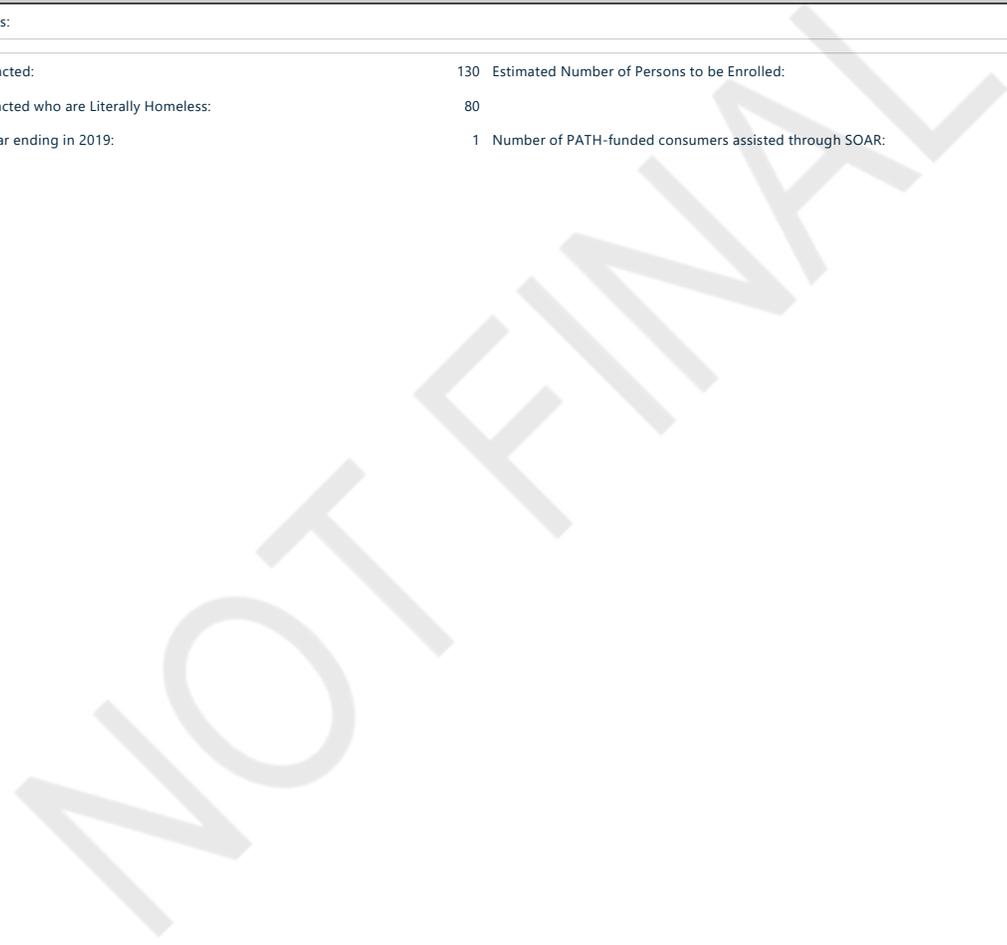
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 0.00 \$ 0.00

l. Grand Total (Sum of j and k) \$ 36,875.00 \$ 41,727.00 \$ 78,602.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	130	Estimated Number of Persons to be Enrolled:	29
Estimated Number of Persons to be Contacted who are Literally Homeless:	80		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	3



2019 PATH Intended Use Plan

Agency name: Region II North Central Human Service Center

Local Provider Description - North Central Human Service Center (NCHSC), Region II is one of eight regional human service centers in North Dakota offering comprehensive services. NCHSC is located in Minot and provides Behavioral Health Services such as integrated assessments, residential treatment for substance abuse, behavioral health teams for mental health along with Specialized Teams such as SUDs Teams, Intensive Case Management, Integrated Dual Diagnosis and Service Programs such as DDPM, Community Services, DVR and Aging Services. NCHSC serves a seven-county area (Burke, Renville, Bottineau, Mountrail, Ward, McHenry, Pierce), including the Fort Berthold Indian Reservation, plus the Minot Air Force Base is also in Region II. The Region II PATH Program, North Central Human Service Center, will receive \$36,875.00 from the federal PATH Grant. Along with state matching funds it will support 1 FTE.

1. Collaboration with HUD Continuum of Care Program - Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The Region II PATH Program is a member of the North Dakota Coalition for Homeless People (NDCHP) which coordinates and supports efforts to provide basic human needs and housing. The PATH Coordinator assists with the PIT survey of the homeless population. The Region II PATH Program is also a member of the statewide Continuum of Care (CoC). The PATH Coordinator attends and participates in select committees for both NDCHP and the CoC. The PATH Coordinator sits on the COC Steering Board and the CARES State Governance Board. In addition, the PATH Coordinator is a member of the Minot Area Homeless Coalition (MAHC) and sits on both of their boards.

2. Collaboration with Local Community Organizations- Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

Region II's PATH Coordinator specializes in dealing with the homeless population. The PATH Coordinator works closely with the following service providers:

Local soup kitchens, food pantries, and clothing pantries provide services to the low-income and homeless population in Region 2. The food pantries are in three locations in Minot. The soup kitchens serve hot meals seven days a week with one evening meal on Wednesday evenings. Area churches are another means of contact with homeless individuals.

City and county health clinic. This clinic serves low income individuals and families in Region 2 that have limited or no health insurance coverage. They provide screenings and other needed medical health services. This service is crucial to participants who have not yet accessed Medicaid or other health care alternatives.

Community Action Opportunities Agency. Community Action Opportunities, Inc. offers several programs to assist low-income individuals in becoming economically and socially self-sufficient. They offer programs in self-sufficiency, housing programs, emergency programs and energy conservation.

Veterans Outreach Case Manager. PATH eligible veterans are referred to **SSVF for their Supportive Services for Veteran's Families** program or **HUD-VASH** which is designed to assist homeless veterans. The **Military Outreach Program** provides outreach to all veterans, service members and families statewide to ensure they are aware of and receive benefits, resources, and services available to them. Trained professionals are located throughout North Dakota to meet with veterans as needed. There is a Veteran clinic located in Minot so that Veterans don't have to travel out of town for medical needs.

Independent living center Independence Inc. They work with homeless individuals to help promote independent living skills. They help assist individuals in applying for Social Security Disability benefits and help with organizational skills. They assist in employment opportunities. They will provide additional job training skills and skills in daily living for people with disabilities.

Job Services of North Dakota. This service is available to individuals seeking employment. They can register on their own at the local library or in the PATH coordinator's office to establish an appointment for an assessment to see what job would suit their skills. The Job Services of North Dakota is an integrated part of the community. Job Services frequently will work with **RSI** and **Voc Rehab** to train and find suitable job placements for people who are disabled and/or homeless.

Minot Area Homeless Coalition (MAHC). The coalition serves as the central advocate for issues pertaining to homeless. MAHC serves as the final prevention to homelessness when all other agencies can't meet the needs. It can be temporary stays at a local motel with food vouchers or financial assistance to keep a family in their home. A great deal of effort is expended to collaborate between supporting agencies rather than one agency draining their financial resources. The PATH coordinator is the central point of contact for all mental health referrals to North Central Human Service Center from the MAHC.

Minot Housing Authority. The mission of MHA is to provide quality, affordable housing opportunities and promote maximum independence for the community's lower income families, elderly and persons with disabilities. MHA provides public housing and housing vouchers (Section 8).

Minot Police Department. The police department is often the first contact for people who are homeless. They have been a part of the Homeless Coalition since its inception.

Minot Public Schools Adult Learning Center (ALC). The ALC's homeless children and youth program serves from Head-Start age to graduation. The Adult Learning Center has a program that serves educational and employability services from the age of 16+. Homeless families that have not sought help are sometimes identified through the Homeless Services Coordinator of the ALC, through their contact with the children in school. The ALC also provides GED training for adults. In addition, ALC provides education to inmates at the city jail

and in some of the treatment facilities throughout the community. This service puts the Coordinator in contact with individuals who may have nowhere to go on discharge and have no resources to find accommodation.

North Dakota Association Of The Disabled: Provides services and support to persons with disabilities in Region II. Services include medication monitoring, independent living counselors (case aides), cost of medication, and handicap accessibility items as well as general support, advocacy, information and referrals.

Rehab Services, Inc. (RSI): The mission of Rehab Services, Inc. is “to provide consumer-driven holistic programming for persons with unique needs- addressing employment, independent living, housing and community support services”. RSI has experience in the management of 24-hour residential programming for individuals receiving addiction treatment services. RSI also works closely with **Vocational Rehabilitation, North Central Human Service Center, Social Security and Social Services** to provide services for the individuals it serves. In addition, Rehab Services is the federal grantee providing Benefits Planning, Assistance & Outreach services to the individual involved in the program that are receiving SSI and SSDI.

Salvation Army: They work with homeless people by providing vouchers for motels, meals, food, and clothing. They provide transportation assistance to the people who request it. The Salvation Army also has a program to help prevent homelessness by paying rent and utilities.

Human Service Zone (Ward County Social Services): Provides needed services such as food stamps, Medicaid, transportation, and general assistance. County assistance is often the only source of income for people who are homeless, and it will continue to be a significant resource for the participants in the project. This assistance will provide much needed funding to be used for health care, transportation and food until the participant can become self-sufficient; and

Florence Anderson Center of Hope (YWCA): Their primary mission is dedicated to the elimination of racism and empowerment of women through a common vision of peace, justice, freedom, and dignity for all people. They provide educational opportunities and service options to the women and children they serve. This allows for and encourages a successful reintegration into the community.

Society of St. Vincent de Paul: They provide funds to help with food, rent, utilities and other basic needs. They help with transportation including gas and bus vouchers. The Society also can provide referrals for food pantries and meal programs employment opportunities, housing opportunities of rental property, hotels, and shelters.

3. Service Provision - Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. **Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

The PATH Coordinator in conjunction with a representative from the Minot Area Homeless Coalition searches the streets of Minot daily seeking homeless individuals who desire assistance. Basic needs of food, shelter, and a shower are provided first. The PATH Coordinator also provides case management services to PATH-eligible individuals to help connect them with necessary housing, financial, treatment and other service resources.

b. Describe any gaps that exist in the current service systems.

Permanent immediate homeless shelter for men or low income housing is non-existent in the local area. There is currently a men's winter refuge that opens on November 1st and closes April 30th of each year. There is an inability to obtain public housing in a timely manner. There is a current waiting list up to 12 months to obtain public housing or a Section 8 voucher to offset expenses. Landlords have raised their rents above the fair market value, making it difficult for clients who have housing assistance to find housing. It is also difficult to find housing for families that need three or more rooms. It is also difficult to find housing for persons with a criminal history, poor credit, or poor landlord history. Depending on the charge, people with a criminal record may not qualify for housing assistance.

c. Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.

PATH activities include outreach, case management, screening and diagnostic treatment services, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, supportive and supervisory services in a residential setting and one-time rent assistance, one-time security deposits, or one-time representative payee services to maintain persons who are homeless and mentally ill in the community. North Central has the IDDT Program which is for people who have mental illness as well as substance use disorder.

d. Describe a brief description of how PATH Eligibility is determined, when enrollment occurs and how eligibility is documented for PATH enrolled clients.

Currently the PATH worker meets with the client to gather information regarding their mental health and /or SUD history as well as to determine their current housing status on if they are homeless or at risk of homelessness. If a person meets this criterion, they become enrolled in PATH. The PATH worker will then help through case management until such time when PATH services are no longer needed. All PATH enrolled clients are documented in Avatar and HMIS.

4. Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

The ND PATH Program has finally been entered into the HMIS system and the PATH Coordinators have been trained and are able to enter their data.

4 SSI/SSDI Outreach, Access, Recovery (SOAR) - Describe the provider's plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model.

The PATH Coordinator at North Central Human Service Center has completed the SOAR training and received her certificate. The PATH Coordinator will assist those who are experiencing or at risk of homelessness and have a mental health illness, co-occurring substance abuse disorder or other disability in applying for SSI/SSDI.

5. Access to Housing -Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

The Minot Housing Authority is serving as the lead agency with assistance from the City of Minot to develop and implement an Affordable Housing strategy. The Risk Mitigation project has been completed. Independence Inc has taken on this project. Through this program the landlord agrees to work with an individual and an individual's case manager to develop an agreement that ensures potential costs of damage to the apartment or failure to pay rent. This provides an opportunity for people who have a problematic history as tenants to access housing while providing some reassurance for landlords. The PATH Coordinator continues to participate in meetings with other community organizations to initiate a program for families that are homeless. The housing resiliency funds through HUD have now been approved through the Minot City Council for this project. Property has been purchased and they are in the planning stages of removing some of the existing buildings.

6. Staff Information - Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities.

The current PATH Coordinator has a Baccalaureate in Social Work. Region II encompasses the major city of Minot and a seven-county area including the Fort Berthold Indian Reservation and the Minot Air Force Base. It is the policy of the North Dakota Department of Human Services to not discriminate or deny services to due to age, gender, racial/ethnic differences. It is the policy to not turn away services to anyone if they qualify.

As an employee of the human service center, the PATH Coordinator has received training on trauma informed care, suicide awareness and intervention, confrontation avoidance and motivational interviewing. In addition, annual three-day Clinical Forum Conference are conducted to support and encourage a statewide system of quality mental health services. The Forum seeks to educate professionals from multiple disciplines in evidence-based practices and cultural differences within our society.

7. Client Information- Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless

There has been an increase of people who have come in for assistance due to referrals from other agencies or people who have been helped in the past have referred someone. There are noticeably more men who are seeking assistance. It is thought that there will be between 130-155 individuals who will be seen and at least 80 will be literally homeless.

8.Consumer Involvement- Describe how individuals who are homeless and have serious mental illnesses, and family members will be 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.

Within Region II, we have made every effort to include homeless individuals which have serious mental illnesses to be included into the Minot Area Homeless Coalition and the Welcome table. They serve as members of the organizations as well as members of the Board of Directors. Each organization is dedicated to meeting the un-met needs of the homeless population.

The PATH Coordinator is part of the ND Statewide CoC Process as well as a member in the regional process. The Region II PATH Coordinator is also involved in numerous subcommittees on the local and statewide level. The Minot Area Homeless Coalition serves as the focal point in the community for guidance and direction pertaining to homeless issues. Members from the Coalition serve as public speakers in the region to promote educational awareness and advocacy on homeless issues. This process is also used to facilitate greater involvement of people who are currently homeless or have lived experiences in influencing service development and implementation.

9. Budget Narrative- Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget.

The Region II PATH Program, North Central Human Service Center, will receive \$36,875.00 from the federal PATH Grant and \$48,956 in North Dakota General Funds. This funding will provide for 1 FTE PATH Coordinator at a salary of \$55,680 along with \$24,909 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

Northeast Human Service Center
 151 South 4th Street, Suite 401
 Grand Forks, ND 58201
Contact: Gerri Anderson, PATH Coordinator

Provider Type: Community mental health center
PDX ID: ND-004
State Provider ID:
Contact Phone #: 701-795-3059

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	36,875.00	18,092.00	54,967.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	54,967.00	100.00 %	0.67	36,875.00	18,092.00	54,967.00	
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 28,335.00	\$ 28,335.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 795.00	\$ 795.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 795.00	\$ 795.00	Budget for in region travel and attendance at required training and meetings.			
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 36,875.00 \$ 47,759.00 \$ 84,634.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 0.00 \$ 0.00

l. Grand Total (Sum of j and k) \$ 36,875.00 \$ 47,759.00 \$ 84,634.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	75	Estimated Number of Persons to be Enrolled:	75
Estimated Number of Persons to be Contacted who are Literally Homeless:	25		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	5

NOT FINAL

NEHSC INTENDED USE PLAN 2020

Local Area Provider Description – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Region IV is served by Northeast Human Service Center, which is located in Grand Forks. The region consists of a four-county area (Pembina, Walsh, Nelson, Grand Forks). According to the 2019 U.S. Census Bureau estimates, the population of the region is 89,772. The program receives \$36,875 annually from the PATH grant.

Collaboration with HUD Continuum of Care (CoC) Program – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities.

Currently the Region 4 PATH Coordinator participates in the quarterly meetings of the ND Continuum of Care and of the ND Coalition for the Homeless (NDCHP). On a regional level, she attends monthly meetings of the Community Agency Networking Association (CANA) to discuss the COC and to network with various service providers in the community regarding those experiencing homelessness and poverty. The PATH worker assists with the Point in Time Survey of homeless persons which is conducted one time yearly on a statewide basis by the NDCHP/ND COC. Our region is currently meeting monthly to continue to develop and implement the Coordinated Assessment, Referral, Entry, and Stabilization system in our area.

Collaboration with Local Community Organizations – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

The PATH worker is an employee of the primary community mental health provider which is an entity of the ND Department of Human Services Behavioral Health Division. The ND State Hospital is also under that umbrella. The PATH worker collaborates with the ND State Hospital staff regarding follow up services for persons with SMI and/or SMI/SUD conditions who are discharging back to the community and may be experiencing homelessness. The PATH worker and other community providers (TIEH workers, the mental health and homelessness liaisons from the police department, local shelter staff and the VASH/SSVF workers) currently conduct street outreach to persons experiencing homelessness. PATH staff also participates in a multi-agency monthly meeting (Region 4 Supportive Housing Collaborative) to identify gaps in services and to discuss the housing and supportive services needs of various special needs populations within the service area. The PATH provider participates in a quarterly Community Coordinating Committee meeting (healthcare providers, court administrators, attorneys, Parole and Probation, Vulnerable Adult Program staff, law enforcement, Juvenile Court, various other entities) where they discuss agency updates, and discuss our services and gaps in those services. This writer also works with the homeless liaison from the Grand Forks Public Schools and has had a meeting with the school social workers to offer assistance to PATH eligible parents and their children. The PATH worker has formed a partnership with another agency that provides

SUD treatment at the local Correctional Center (CC) to offer case management services to those individuals in their program. The meetings are currently on hold due to COVID restrictions at the CC. The hope is that this service can be expanded to more inmates. Also, the PATH worker would like to establish outreach hours at the local recovery center and the public library where individuals experiencing homelessness visit. This writer links with potential PATH eligible clients at the local social detox when requested by their staff.

- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - o How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;

At present, the PATH case manager can manage the majority of the PATH contacts regardless of whether they are chronically homeless and/or literally homeless. Those living outdoors are already prioritized based on their precarious living arrangements during the cold months and the need to access shelter and services quickly. The PATH worker continues to work with city officials to identify those persons residing outside or in places not meant for human habitation. This PATH Coordinator would estimate that less than 12 persons are living outside in our community at any one time. Some choose to reside outside as they prefer that setting to the local shelter where they need to maintain sobriety, follow rules, etc. As mentioned previously, agencies in our service area have developed the CARES process which utilizes the VI-SPDAT to prioritize those most in need of housing, however the prioritization list is only accessible to limited entities who pulls the names from the list for a housing first project. Currently, the PATH workers in our state do not complete the Vi-SPDATs on HMIS. Our community meets monthly to discuss how CARES can be more fully implemented in our area so that we are prioritizing those most in need. The ND COC continues to explore ways to use the data available in HMIS to better serve those most in need. Our region does have a HUD VASH and SSVF worker who prioritize the needs of Veteran’s in our community. They also manage a master list of Veteran’s in our community. The State of ND is in the process of getting approval from CMS for a 1915i state plan amendment that will increase services such as pre-tenancy, tenancy, prevocational, and peer support services to assist individuals to maintain long-term housing success.

- o Any gaps that exist in the current service systems;

In Region 4 there continues to be a bottle neck in finding housing and supportive services for persons with mental illness or other populations who would be considered chronically homeless. There are limited services available for supportive services for a person who wants to live in their own apartment but require additional support, however the 1915i amendment aims to address that. We continue to need more supported residential settings for persons with mental illness. There continues to be difficulty in finding housing for those who have poor credit or landlord history, and those who owe former landlords or housing assistance programs money. Currently our housing authority has enacted policies that deny assistance to persons that owe the housing authority or other landlords’ money. This has made it very difficult for individuals to

afford rent in our region. The fair market rent in our community is high and not affordable for individuals with low incomes. It also remains difficult to find permanent housing for persons with serious felony convictions or those who are registered sex offenders. There is currently a need for more availability for recovery oriented half-way houses or transitional housing for single men and women and men and women with families who are in recovery. Another barrier mentioned by the individuals is that rental agencies charge a \$20-\$30 fee to apply for an apartment. The selection of apartments that meet the payment standard for fair market rent is extremely limited and low-income renters are often pigeonholed into select areas of town. There is also a need for affordable housing that is accessible for persons with physical disabilities. Transitional housing for persons leaving domestic violence is generally at maximum capacity and slots are limited. Although there are some Shelter Plus Care slots in our area, there is rarely openings in the program. We continue to need another small shelter in our region for those who cannot access the main shelter in town for one reason or another. Efforts to establish a low barrier shelter that would shelter persons regardless if they are medicated, sober, etc, have been unsuccessful.

o A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and

The PATH Coordinator is an employee of and is housed at **Northeast Human Service (NEHSC)**. NEHSC is a community based behavioral health center that provides mental health and substance use disorder treatment services to PATH eligible persons and other residents of North Dakota. NEHSC has an IDDT/ACT team that work with individuals with dual diagnosis and those with a higher level of needs. The Human Service Centers across the state offer open access to services Monday thru Friday. There are other providers of mental health and substance related services in the community, however persons must have financial resources and/or insurance. ie Drake Counseling, Douglas Place, Agassiz Associates, Red River Behavioral Health, Altru Hospital, etc. Spectra Health is a federally qualified healthcare center that is currently offering medical care with integrated behavioral healthcare like counseling, assessments, medication management, MAT, on a sliding fee. We have a Withdrawal Management Center in our region and one other MAT provider, Ideal Options. We also have a syringe exchange program through our local Public Health.

o A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Currently the PATH worker meets with the client to gather information regarding the individual's mental health and/or SUD history as well as to determine their current housing status. If the individual meets the PATH definition (homeless or at risk, SMI and/or COD), they are found eligible and it is documented in HMIS and our electronic record. The individual is considered enrolled when the individual and the worker mutually and formally agree to engage in services.

Data – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff.

The PATH provider was trained in HMIS earlier in 2020 and has begun inputting data to the system. We continue to have access to ongoing training from our HMIS administrator. The PATH worker has also been trained in the SOAR process and in 2019 attended a SOAR leadership academy. We are in the process of developing policies for SOAR applications that are reflective of the needs and processes of North Dakota. Once the plan is in place, we will be looking at more fully implementing the SOAR process across the state.

• **Housing:** Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

Region 4 has an array of suitable housing and support services available to PATH eligible clients, however as previously mentioned, services are maxed out. There are three emergency shelters that serve men, women and children, and families experiencing domestic violence. There is an array of treatment settings such as **Centre Inc.**, a crisis residential setting for persons with chemical dependency and/or mental illness and **Duane R. Dornheim**, a transitional living center for persons with SMI. Centre also has beds for those who are exiting the department of corrections. There are two lodges operated by **Prairie Harvest Mental Health** for persons with SMI. They also operate a 12 plex supported residential setting (Harvest Homes) for persons with SMI. Stern Place, operated by **Prairie Harvest Mental Health**, is a 9 plex of supported residential living for people with serious mental illness. Prairie Harvest also has an additional 8 bed supportive housing project which is called Siewert Plains. There is private and public housing assistance within the community. Housing assistance based on income is available from two agencies. (**Grand Forks Housing Authority, Metro Plains**) There is one sober house for persons in recovery from chemical dependency. **St Joseph's Social Cares** operates 3 permanent supportive housing projects for families who have experienced homelessness and where at least one family member has a disabling condition. The **Community Violence Intervention Center** operates an emergency shelter and a transitional living program for women and children who are experiencing domestic violence. **Red River Valley Community Action** oversees the Shelter + Care slots in Grand Forks. **LaGrave on First**, opened in August 2018, and is a 42-unit complex for those who have experienced chronic homelessness and have a disabling condition. ViSPDAT scores are used to prioritize individuals for this housing option. The PATH worker continues to work with individuals to determine their desires in terms of housing, to assess the person’s ability to reside in a particular setting and to locate those places. Nursing home care and basic care options (**St. Anne’s, Tufte Manor, Borg Home**) are available in our area.

• **Staff Information:** Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

Currently, the PATH Coordinator in Region 4 is a Licensed Social Worker who received training regarding cultural issues during her formal university training. She has also attended numerous workshops regarding cultural humility, gender related, racial issues, trauma informed care, ethics, etc. Training regarding mental health/illness/psychiatric medications is provided on an on-going basis by the employing agency. We also have ongoing access to multiple different trainings online through the ND DHS. The PATH worker's licensure requires annual training in ethics. The current PATH worker has over 29 years of experience in adult behavioral health services. The agency requires that interpreter services be made available for those who speak different languages or have a hearing impairment.

- **Client Information:** Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

In 2020, the PATH worker intends to serve at least 75 individuals. This writer would estimate that less than 25% will be literally homeless. Our colder climate affects our numbers for those who are literally homeless. In the last few years there has been an addition of numerous other staff in our community that serve those experiencing homelessness (2 TIEH, 1 VASH, 1 SSVF, 2 Social Workers at the local shelter) so the number of people served by the PATH worker have shifted some. The PATH workers across the state are currently involved in providing case management services for those who are COVID positive or have been exposed to someone that is positive. A large majority of these individuals are anticipated to be PATH eligible. Our role is to link the individual with services that they may need in the community and to provide support while they are in quarantine or isolation.

- **Consumer Involvement:** Describe how individuals who experience homelessness and have serious mental illness, and their 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. See Appendix I – Guidelines for Consumer and Family Participation.

Homeless consumers, their family members, and other community members are given an opportunity to respond to the PATH grant application through notice in the local newspaper and on the state DHS website. Consumers are surveyed by the agency regarding their satisfaction with the services offered. Most of the clients seen by the PATH worker do not have involved family members and often decline to allow contact with their families if they have one. Currently, the provider agency does not employ any PATH eligible persons. Because of the states limited allocation, the entire state has only 8 PATH providers, all of whom are trained professionals.

- **Budget Narrative:** Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for more details.

The Region IV PATH Program, Northeast Human Service Center, will receive \$36,875 from the federal PATH Grant and \$54,790 in North Dakota General Funds. This funding will provide for 1.0 FTE PATH Coordinator at a salary of \$54,967 along with \$28,335 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

NOT FINAL

NOT FINAL

Northwest Human Service Center
 316 2nd Avenue West
 Williston, ND 58802
Contact: Trisha Kutz, PATH Coordinator

Provider Type: Community mental health center
PDX ID: ND-005
State Provider ID:
Contact Phone #: 701-774-4677

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	18,437.00	18,422.00	36,859.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	36,860.00	50.00 %	0.50	18,437.00	18,422.00	36,859.00	
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 24,730.00	\$ 24,730.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 18,437.00 \$ 43,689.00 \$ 62,126.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 3,978.00 \$ 3,978.00

l. Grand Total (Sum of j and k) \$ 18,437.00 \$ 47,667.00 \$ 66,104.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	15	Estimated Number of Persons to be Enrolled:	10
Estimated Number of Persons to be Contacted who are Literally Homeless:	4		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	0

NOT FINAL

2020-2021 PATH Intended Use Plan

Agency Name: Region I Northwest Human Service Center

1. Local Provider Description – Northwest Human Service Center (NWHSC), Williston. Region I is one of eight regional human service centers in North Dakota. The center is located in Williston and provides counseling and mental health services, substance abuse treatment, disability services, and other human services to a three-county area (Divide, Williams, and McKenzie), including the Trenton Indian Service area (TISA) and a small area of the Fort Berthold Indian Reservation. Williston has been listed as the nation’s fastest-growing micropolitan city (under 50K) for three consecutive years by the US Census Bureau and currently estimates its population at close to 30,000. This region covers the Northwest corner of North Dakota and is one of the most rural areas of the state. This area is also the area most impacted by both the oil boom and decline.

2. Collaboration with HUD Continuum of Care (CoC) Program: Describe the organization’s participation in the HUD CoC program and any other local planning, coordination or assessment activities. If you are not currently working with the CoC, briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

Northwest Human Service Center (NWHSC) in Williston is one of eight regional mental health centers within the state of North Dakota. Services provided by the center include Child, Adult, and Family Services; Intellectual Disability/Developmental disabilities Case Management; Vocational rehabilitation; Chemical Abuse Program; Aging Services; and Extended Care Services for those with serious and persistent mental illness. The Region I PATH Program is a member of the North Dakota Coalition for Homeless People (NDCHP) which coordinates and supports efforts to provide basic human needs and housing. The Region I PATH Program is also a member of the statewide Continuum of Care (CoC). The PATH Coordinator attends and participates in select committees for both NDCHP and the CoC. In addition, the PATH Coordinator is a member of the Williston Basin Resource Coalition (WBRC). The Williston Basin Resource Coalition (WBRC) of today’s days is not currently holding meetings. Once the meetings are up and running again the PATH Coordinator will again participate in meetings.

3. Collaboration with Local Community Organizations: Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations.

The Region I PATH Coordinator works closely with local service providers to ensure service coordination, availability, and access for PATH eligible clients.

Housing-Community Action Partnership, Williston Housing Authority, NDAD, Family Crisis Shelter, Lutheran Social Services, Salvation Army

Primary Health-Williams County Social Services, Good Samaritan Center, Bethel Lutheran Home, Craven-Hagen Clinic, Trinity Western Dakota Clinic, Tioga Medical Center, Crosby Clinic, Upper Missouri District Health Unit, Trenton Clinic, VA Clinic, Mercy Mental Health Clinic, and Fairlight Walk-In Clinic

Mental Health-Northwest Human Service Center, 24-hour Crisis Line, Native American Resource Center, Williston Recovery Center, Summit Counseling

Employment-Job Service, Vocational Rehabilitation, Command Center

Food-Salvation Army, various churches, Community Action Partnership

Transportation-Northwest Dakota Pubic Transit Bus

4. Service Provision: Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. **Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

The opportunity to provide services to the most vulnerable adults, who are literally and chronically homeless, is very limited due to the in-migration of people in response to oil production in this region of North Dakota. The oil industry has once again been on the rise, there continues to be a significant shortage of affordable housing. Our funds are available to provide supportive residential services, emergency medical services, therapy, skill building, rental assistance, independent living services, and funding for moving individuals out of town due to a continued level of high rental prices and decrease in company work staff.

- b. **Describe any gaps that exist in the current service systems.**

Affordable housing continues to be a large need in the community. Low income units are more readily available. Housing costs in this region continue to be near the highest in the entire state. The number of people arriving has increased, however, people do continue to arrive to find work and many are not prepared for the cost of living.

A fully staffed homeless shelter would be beneficial to the community. Emergency and transitional housing for families is non-existent.

The cost of living continues to remain high, though some prices have significantly increased. Programs like SNAP and Social Security are not adjusting benefits to cover the cost of living in this region.

- c. **Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.**

PATH activities include outreach, case management, screening and diagnostic treatment services, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, supportive and supervisory services in a residential setting and one-time rent assistance, one-time security deposits, or one-time representative payee services to maintain person who are homeless and mentally ill in the community. The PATH Coordinator is an employee of the publicly funded service delivery system which provide health care services, inclusive of mental illness, and also provides substance use disorder evaluation and treatment. Because these services are publicly funded they are available to eligible individuals at reduced or no cost. The PATH Coordinator is in an ideal position to provide supportive referrals for any PATH eligible client to access treatment and services for both mental illness and substance use disorder.

d. A brief description of how PATH eligibility is determined, when enrollment occurs and how eligibility is documented for PATH enrolled clients.

Eligibility is determined by two primary criteria: person has a serious mental illness or a serious mental illness with a co-occurring substance use disorder and be homeless or at risk of homelessness.

Enrollment happens when the eligible individual and the PATH coordinator have agreement to engage in services and the coordinator has started a PATH record for the individual. The coordinator will enter the individual's information into the local HMIS.

Documentation is completed in a PATH Plan. The plan is based on the individual's goals and the specific activities and services that PATH will provide. The plan is what the client agrees to and wants.

5. Data: The PATH Coordinator in Region I is currently collecting data under HMIS. Staff training has been provided to utilize HMIS. Turn over with staff will require that the training be completed by new staff. The State PATH Contact is working with the HMIS Vendor to secure the completion of Business Associates and Qualified Service Organization Agreements.

6. New SOAR (SSI/SSDO Outreach, Access, Recovery): Describe the provider's plan to have PATH staff trained in the SOAR online course and to assist clients with SSI/SSDI applications.

The Region I PATH Coordinator will need to complete the introductory training of the SOAR on-line training and assist individual's with completing and submitting an SSI/SSDI application.

7. Housing: Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

- There are 2 low-income housing options and 6 tax credit properties in Region I.
- Williston Housing Authority

- West View Apartments (managed by Region I Community Action)
- Water's Edge Apartments (Tax Credit)
- Nakota Ridge Apartments (Tax Credit)
- Williston Senior Apartment Homes (Tax Credit)
- Nordic Hills in Tioga (Tax Credit)-Through Lutheran Social Services
- Tax credit property in Watford City and Williston through Lutheran Social Services
- NDAD Permanent Supportive Housing
- NDAD Transitional Residential Housing

At this time NDAD Permanent Supportive Housing has one opening and NDAD Transitional Residential Housing has two openings, however, the criteria for these options are quite specific.

The PATH Coordinator assists clients in identifying housing options, conducting housing searches, and completing housing applications.

8. Staff Information: Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://ThinkCulturalHealth.hhs.gov>).

All efforts are made to ensure that PATH clients are made to feel comfortable regardless of gender, race/ethnicity, sexual orientation, religion, disability or other personal characteristics. NWHSC currently has 1 PATH part-time case manager for Region I. As an employee of the human service center the PATH Coordinator has access to all trainings provided at the center and through the statewide web-based training that is part of the ND Department of Human Services. These training topics include training on cultural competence and cultural diversity.

9. Client Information: Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

2019-2020 Figures

Age: 17 & under (0), 18-23 (0), 24-30 (2), 31-50 (0), 51-61 (1), and 62 and older (0), Unknown (0)

Gender: Male (0), Female (1)

Race: American Indian or Alaskan Native (1), Asian (0), Black or African American (1), Native Hawaiian or other Pacific Islander (0), White (0), Two or more races (0), Unknown (0)

Ethnicity: Hispanic or Latino (0), Non-Hispanic or Latino (1), Unknown (0)

Co-Occurring Substance abuse: Co-occurring (1), No Co-occurring (0), Unknown (0)

Veteran: Veteran (0), Non-Veteran (1), Unknown (0)

Housing Status: Outdoors (0), Institution (0), Own or someone else's apartment/home (1), Motel/Hotel (0), Other (1)

In 2019-2020, 10 individuals were contacted, and 1 clients were enrolled in PATH services. It is projected that the number of clients served in the coming year will be 15, the number that are literally homeless will be 4. The PATH Coordinator will enroll 10.

10. Consumer Involvement: Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be 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. See Appendix A "Guidelines for Consumer and Family Participation."

Individuals served have the option of completing a Consumer Satisfaction survey and the responses are used to plan and implement service. Every effort is made to ensure individuals are well informed of options and plans for assistant are person centered. Individuals who are homeless or at risk of homelessness are always invited to attend the regional coalition (WBRC) meetings and provide input.

11. Budget Narrative: Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget.

The Region I PATH Program, Northwest Human Service Center, will receive \$18,437.50 from the federal PATH Grant and \$47,322 in North Dakota General Funds. This funding will provide for .5 FTE PATH Coordinator at a salary of \$36,860 along with \$24,730 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

South Central Human Service Center

520 3rd Street, NW
Jamestown, ND 58401

Contact: Richard Yonick, PATH Coordinator

Provider Type: Community mental health center

PDX ID: ND-006

State Provider ID:

Contact Phone #: 701-253-6321

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	36,875.00	13,183.00	50,058.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	50,058.00	100.00 %	0.74	36,875.00	13,183.00	50,058.00	
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 27,358.00	\$ 27,358.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 928.00	\$ 928.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Annual PATH Conference	\$ 0.00	\$ 928.00	\$ 928.00				
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 36,875.00 \$ 42,006.00 \$ 78,881.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 0.00 \$ 0.00

l. Grand Total (Sum of j and k) \$ 36,875.00 \$ 42,006.00 \$ 78,881.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	90	Estimated Number of Persons to be Enrolled:	32
Estimated Number of Persons to be Contacted who are Literally Homeless:	32		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	2

NOT FINAL

2020 Intended Use Plan

Agency name: Region VI South Central Human Service Center

Local Provider Description: South Central Human Service Center is one of eight regionals human service centers in North Dakota. The center is in Jamestown and provides counseling and mental health services, substance abuse treatment, disability services, and other human services to a nine-county area (Wells, Foster, Griggs, Stutsman, Barnes, Logan, Lamoure, McIntosh, Dickey). The region is home to the North Dakota State Hospital. The population of the region 61,504 (www.nd.gov). South Central Human Service Center will receive \$36,875 in Federal PATH funds.

1. Collaboration with HUD Continuum of Care (CoC) Program: Describe the organization's participation in the HUD CoC program and any other local planning, coordination or assessment activities. If you are not currently working with the CoC, briefly explain the approaches to be taken by the agency to collaborate with the local CoC:

The PATH Coordinator is an active member of the North Dakota Coalition for the Homeless which is the lead agency in North Dakota that assists the homeless population. The PATH Coordinator is also an active member in the local South-Central Homeless Coalition based out of Jamestown which currently has approximately 85 members from across the region. The coalition has updated the 10-year plan to end homelessness and facilitated a regional survey to discuss options for needs for the homeless. The Salvation Army is currently the main clearing house for the homeless or those at risk of homelessness. The local Great Plains Housing Authority has rental assistance grants that are available to assist individuals. These funds have assisted individuals in maintaining their current residences by reducing evictions and other problems that occur with evictions as well as securing permanent residences through payment of first month's rent. The local Salvation Army has also provided funding to assist individuals in paying past due utility bills to avoid eviction, however this is a limited resource. The local county housing agency has provided funds to pay security deposits and/or utility deposits to obtain safe and affordable housing. The local social service office also aids with heating costs in the winter months with fuel assistance program as well as partnering with Community Action for air conditioners in the summer months.

2. Collaboration with Local Community Organizations Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations:

The PATH Coordinator provides case management services to assist individuals in accessing services and locating resources. Services for outreach case management is provided to Region VI, which consists of nine counties.

The PATH Coordinator maintains contact with the **County Social Service** agencies across the region, local housing agencies, Salvation Army representatives throughout the region and faith-based organizations.

The PATH Coordinator also provides emergency services, including crisis screenings. The PATH Coordinator assists consumers in accessing food programs such as the local food pantries through **Community Action, Salvation Army**, and local faith-based organizations which include an evening meal one night per week.

The PATH Coordinator coordinates referrals to the local **Social Services programs** such as **SNAP, TANF and fuel assistance programs** as well as meal and monetary assistance programs through local faith-based organizations. The PATH Coordinator coordinates transportation to the bus depot with local and area transit and transportation providers.

The PATH Coordinator also aids consumer's specific housing needs such as applications to **Great Plains Housing Authority, HUD, and Rural Development**.

The PATH Coordinator assists consumers in accessing **medical health services** through the local **public health agency** which includes programs such as Medicaid, Medicaid Expansion and Medicare, community health organizations such as addiction and mental health services, educational services and employment services through the local job service office.

The PATH Coordinator maintains and updates a list of available housing in the nine county regions and assists PATH-eligible consumers with housing applications and meeting with potential landlords.

The PATH Coordinator **completes an intake form thru PATH**, or an **Open Access Assessment may be completed by a mental health professional through South Central Human Service Center** to evaluate mental illness and/or co-occurring disorders and develop an individualized support plan. Job training or employment services are coordinated between PATH Coordinator and South-Central Human Service Center Vocational Rehabilitation Staff, Job Service staff, Freedom Resources, or a contracted agency to provide habilitation and rehabilitation.

Case Management is provided by PATH Coordinator while integrated treatment services are provided by South Central Human Service Center Staff, i.e. treatment mall, skills training, skills integration, medication monitoring and medication management. Outreach services are provided by staff at South Central Human Service Center and referrals are made to private providers throughout the region while inpatient services are provided via North Dakota State Hospital.

Any specialized services **for consumers who are seriously and persistently mentally ill combined with a substance abuse disorder** have the availability of trained staff through **South Central Human Service Center**. The PATH Coordinator conducts in-services and/or education programs to inform and educate professionals or community members on homeless issues and concerns as well as local members of the South-Central Homeless Coalition. Case Management services are provided in the consumer's home to promote skills training, skills integration, supportive services, daily living skills and other skills to maintain the highest level of independent living as possible. PATH consumers often volunteer at Progress Recovery Center. Referrals from the PATH Coordinator are made to Social Security, public health, medical clinics,

social service agencies, housing agencies, educational services, job employment/training services when appropriate to assist the consumer.

3. Service Provision: Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. **Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

Outreach and Case Management: Outreach is a primary component of the services provided by the PATH Coordinator. The PATH Coordinator regularly travels to where homeless individuals are known to congregate to offer and coordinate services. The PATH Coordinator also provides case management services to PATH-eligible individuals to help connect them with necessary housing and financial resources. Individuals are maintained on the PATH Coordinator's case load until such time the consumer is willing and able to transition to mainstream services.

- b. **Describe any gaps that exist in the current service systems.**

Safe and Affordable Housing: Housing for individuals with significant criminal backgrounds has presented as a challenge in Region VI, however Great Plains Housing Authority and landlords have implemented programs to decrease this gap. Some landlords are becoming more stringent with their criteria and evictions are becoming more prevalent due to an individual's inability to pay in a timely manner or even at all, however due to the mainstream voucher program this program has assisted in working with landlords. The Salvation Army is utilized to assist with one-night stay in hotels/motels.

Shelters: There is no access to transitional or long-term shelters in Region VI. Fargo and Bismarck shelters are consistently at maximum capacity and often unable to assist individuals coming from the Jamestown area.

- c. **Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.**

Integrated services are available for individuals with a serious mental illness and substance abuse disorder. Referrals are made to South Central Human Service Center when appropriate for assessment and services. The North Dakota State Hospital provides the region with inpatient services for individuals with a serious mental illness and substance abuse disorder when deemed appropriate for inpatient hospitalization. Case management and addictions services are provided at South Central Human Service Center. Region VI provides individual services at the Crisis Residential Unit when appropriate for treatment or engagement in addiction services. According to the American Society of Addiction Medicine criteria, an individual can be placed into three levels of care: Low Intensity Treatment, Crisis Residential or withdrawal management. These services are provided at South Central Human Service Center. If intensive inpatient treatment or medical detoxification is needed, the North Dakota State Hospital is available through the screening process. Group therapy, individual skills training and skills integration and case

management services are available through South Central Human Service Center. Referrals are made to private treatment facilities, as deemed necessary. Jefferson Bus Line can transport individuals that are diagnosed with a serious mental illness and/or a substance use disorder to Bismarck and Fargo when necessary and vouchers can be attained at the Salvation Army.

d. Describe how the local provider agency pays for providers or otherwise supports evidence-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.

Data: The PATH Program in Region VI is using HMIS. South Central Human Service Center provides training on evidence-based practices to its staff, including the PATH Program. South Central Human Service Center supports the use of evidence-based practices including Motivational Interviewing and Assertive Community Treatment (ACT).

4. SSI/SSDI Outreach, Access, Recovery (SOAR) Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2017 (2016-2017), the number of PATH funded consumers assisted through SOAR, and the approximate number of staff to be trained in SOAR for grant year 2018 (2017-2018):

SSI/SSDO Outreach, Access, Recovery (SOAR): The PATH Coordinator has received SOAR training.

5. Housing: Indicate what strategies will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

The PATH Coordinator works diligently with local and county housing agencies as well as with the North Dakota Housing Agency and HUD. Regular contact is made with local rental agencies, landlords and housing managers to locate and secure affordable housing to PATH eligible individuals. The PATH Coordinator maintains an updated list of any available housing options for the region. A working relationship with community stakeholders is useful when securing housing for PATH eligible individuals due to the shortage of housing in the area.

6. Staff Information Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:

The PATH Coordinator has worked for the North Dakota Department of Human Services for the past 10 years within the mental health field. He worked with individuals experiencing addiction and serious mental illness. He has worked with a plethora of individuals from different ethnic and cultural backgrounds. He has worked with the elderly and disabled individuals. He has experience working with food stamps, Medicaid, Medicaid Expansion, Social Security and Social Security Disability benefits.

7. Client Information Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.

- Client Information:
 - Male 20
 - Female 12
 - Under Age 18 0
 - Age 18+ 32
 - Co-Occurring 21
 - Total Contacted 81
 - Total Enrolled 32

Projected for 2020:

- Literally Homeless: 32
- Number of persons to be contacted in 2020: 90
- Number of persons to be enrolled: 32
- Number of staff trained in SOAR: 1 (intro)
- Number assisted through SOAR: unknown

8. Consumer Involvement Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be 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. See Appendix A “Guidelines for Consumer and Family Participation.

The Advisory Council for the South-Central Human Service Center consists of consumers, private citizens, community leaders/stakeholders and mental health service providers. The councils oversee the planning, implementation and evaluation of the Human Service Center’s programs and services which includes the services of the PATH Coordinator to the individuals and families who are homeless or at risk of becoming homeless within this region. The Point-in-Time survey is administered by the Continuum of Care Coordinator in Jamestown on a yearly basis to determine the scope and types of needed services the PATH Coordinator delivers to those individuals. Individuals who are currently homeless or have previously experienced homelessness are invited to be members of the North Dakota Coalition for the Homeless with their membership fee waived. Client and individuals have been invited to join the local coalition. South Central Human Service Center works closely with Progress Enterprises, Inc. Progress Recovery Center which consumers facilitate services related to Peer Support Programs.

9. Budget Narrative Provide a budget narrative that includes the local-area provider’s use of PATH funds. See Appendix C for a sample detailed budget.

The Region VI PATH Program, South Central Human Service Center, will receive \$36,875 from the federal PATH Grant and \$49,181 in North Dakota General Funds. This funding will provide

for 1.0 FTE PATH Coordinator at a salary of \$50,058 along with \$27,358 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

NOT FINAL

Southeast Human Service Center
 2624 9th Avenue SW
 Fargo, ND 58103
Contact: Carmen Schanilec, PATH Coordinator

Provider Type: Community mental health center
PDX ID: ND-007
State Provider ID:
Contact Phone #: 701-298-4684

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	55,313.00	45,435.00	100,748.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	100,748.00	150.00 %	0.55	55,313.00	45,435.00	100,748.00	
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 54,841.00	\$ 54,841.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 6,498.00	\$ 6,498.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 6,498.00	\$ 6,498.00	Budget for PATH Coordinator in region travel and travel to required trainings and meetings.			
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 55,313.00 \$ 107,311.00 \$ 162,624.00

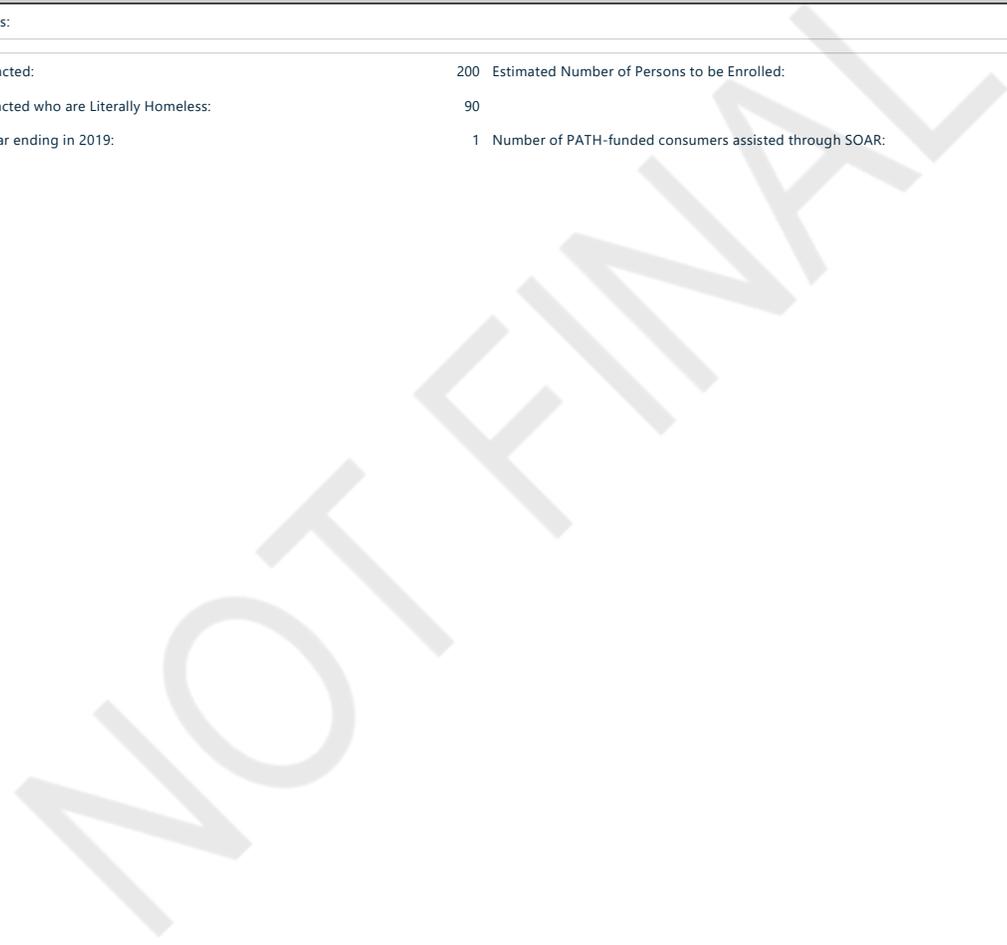
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 0.00 \$ 0.00

l. Grand Total (Sum of j and k) \$ 55,313.00 \$ 107,311.00 \$ 162,624.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	200	Estimated Number of Persons to be Enrolled:	90
Estimated Number of Persons to be Contacted who are Literally Homeless:	90		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	5



2020 PATH Intended Use Plan

Agency name: Region V South East Human Service Center

1. Local Provider Description - Southeast Human Service Center (SEHSC), Fargo. Region V region serves a six-county area (Steele, Traill, Cass, Ransom, Sargent, Richland). The population of the region is 217147. Fargo is the largest and most urban community in North Dakota and has a significant population of New Americans. The PATH funding will, with the state matching funds, support 1.5 FTE's.

2. Collaboration with HUD Continuum of Care Program - Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities

The full time PATH Coordinator at Southeast Human Service Center is a member of both the Continuum of Care and North Dakota Coalition for Homeless Persons (NDCHP) as well as the Fargo/Moorhead Coalition for Homeless Persons (FMCHP).

The SEHSC PATH Coordinator also participates in HUD Continuum of Care in several other local ways. The first activity includes the fact that the PATH Coordinator served as a member of the Implementation committee in Fargo/Moorhead to plan and implement Coordinated Assessment in this area. This committee aims to assess the current "doors" that individuals and families have to access in order to enter the Coordinated Assessment system. The full time PATH Coordinator also attends the community VI-SPDAT/ Coordinated Assessment (CARES) meetings in order to streamline the housing process for those consumers who qualify for supportive housing services. The PATH Coordinator also collaborates with Continuum by participating in the screening committee for Cooper House, which is a Permanent Supportive Housing option for those who have experienced chronic homelessness in the Fargo area.

PATH Coordinators have also been trained and are able to implement the VI-SPDAT assessment tool. PATH Coordinators also collaborate with local shelters and community action agencies to utilize walk-in VI-SPDAT assessments as PATH Coordinators are not able to enter VI-SPDAT scores into the community's database due to State confidentiality standards.

The PATH Coordinators collaborate with the local housing providers daily; whether it is checking in on an individual's application status or advocating for a consumer that may have been denied housing due to legal or past housing issues. Local housing agencies are also flexible and PATH Coordinators are able to introduce consumers to housing staff as well as take tours of housing units if a consumer is interested or contemplating housing.

The PATH Coordinators will provide outreach and case management to all clients that are based at the hotel during the COVID19 Pandemic. These clients are under quarantine orders due to either being in close contact with someone with Covid19 or have been diagnosed with Covid19. Connect with clients who are in the sheltering project to provide support, counseling, discharge

planning, education/wellness via telehealth, phone, and face to face (face to face utilized to avert crisis, high need situations).

Connect with individuals referred to SEHSC via RIS/Open Access triage. Assist individuals to get identified needs met.

3. Collaboration with Local Community Organizations- Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations

Collaboration with local community organizations is an essential part of the PATH program in order to ensure effective and efficient services to the homeless population. Agencies that collaboration occurs with include:

Centre Inc., Southeast Community Action Agency, Fargo Housing Authority, Cass County Housing Authority, Moorhead Housing Authority, Clay County Housing Authority, VA Medical Center, Cass County Social Services, Regional Social Services, Job Service ND, Community Options, Share House, Sanford Hospital, Essentia Hospital, Prairie at St. John's, Rape and Abuse Crisis Center, Youthworks, Stepping Stones Resource Center, Fargo Public Schools, Presentation Sisters, local churches, St. Francis, Freedom Resource Center, CARES, Lutheran Social Services, Fargo/Cass Public Health, North Dakota Housing and Finance, Salvation Army, FM Coalition for the Homeless, FM Emergency Food Pantry, Myrt Armstrong Social Club, Social Connexions (Moorhead), Stepping Stones Resource Center for Youth, Youthworks, New Life Center, Dorothy Day House, Churches United for the Homeless, YWCA Shelter, Fargo Police Department, and Cass County Jail.

The PATH coordinator remains in close contact with each of these facilities. Releases of Information are obtained when a client applies for the services to have open communication and ensure appropriate levels of care when necessary as well as maximizing the benefits to the clients.

The PATH program collaborates with the local shelters by conducting routine outreach at each of the shelters in Fargo. Outreach is conducted in the early mornings at the emergency shelter in town to ensure that individuals experiencing homelessness as well as a serious mental illness and/or dual diagnosis can receive engagement services. Outreach is coordinated either by weekly visits that are set up ahead of time (such as Tuesday and Thursday mornings; 7a – 8a outreach is provided to the Gladys Ray shelter) or through collaboration when a community provider contacts the PATH coordinator to set up an initial meeting or conduct emergency assessment services as needed.

The shelters that outreach services are provided to include YWCA Cass Clay Emergency Shelter, New Life Center, as well as the Gladys Ray Shelter. Outreach is also provided as needed to individuals who want to remain ND residents but must access Churches United Shelter and Dorothy Day Shelter in Moorhead, MN. Outreach is also conducted at Homeless Health Services on a routine basis, consisting of one morning per week. Outreach is also directed at

youth experiencing homelessness with PATH providers present at Stepping Stone Resource Drop-in Center for youth as well as the permanent supportive housing project; Butler House.

The City of Fargo has also implemented an outreach specialist for the downtown area. The outreach specialist is another connection for individuals experiencing homelessness and assists individuals to resources. The outreach specialist does not provide case management but can provide a warm handoff of consumers to PATH Coordinators. Collaborating occurs as needed between the City of Fargo outreach specialist and PATH Coordinators.

The PATH program also collaborates with the local housing authority after they have identified individuals who are not connected with services but may benefit from mental health or dual diagnosis services that are tied to their housing. Contact information of the PATH program is given to individuals seeking such services.

PATH also collaborates with Vocational Rehabilitation as well Community Options. Community Options is a supported employment service provider which operates on the same stage-based treatment modality as the PATH program. A community Options staff person has been identified to work with those who are eligible for the services (must be SMI or Dual diagnosis) and attends team meetings on a weekly basis to coordinate services for those who are interested in and motivated to work.

The PATH Coordinator is also collaborating with the FM Coalition and subsequent working committee to assist in the development of the State of ND Human Service Center and Coordinated Assessment working relationship and practice protocol. The protocols described entail assurance that confidentiality and HIPAA rights are protected while facilitating access the Coordinated Assessment system.

4. Service Provision - Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:

- a. **Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.**

Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population include: Street outreach in downtown Fargo such as the Salvation Army during the breakfast and lunch time, contact with individuals camping outside or seen with camping equipment (referrals given at this point for engagement purposes). Outreach is provided at each shelter in Fargo and as needed in Moorhead, MN. Outreach is conducted early morning hours twice a week at the Emergency shelter in Fargo to engage the most chronic population. Collaboration occurs with downtown police, community psychiatric services, community medical services, corrections settings, as well as housing agencies when a referral is given. PATH case management also does outreach with Homeless Health services. The PATH program is also working with Cass County Jail administration to have regular outreach times set at the jail. Current outreach at the jail is on a case by case basis and most often occurs with

individuals who were working with PATH prior to incarceration. The PATH team will also visit local libraries to outreach those who access the library during the day for a place to be. PATH case management will basically meet with individuals in any “safe” situation. SEHSC Extended Care Coordinator and PATH Coordinator continue to discuss how consumers can be integrated more quickly into mainstream case management which will allow for more time directed specifically at outreach in the community. PATH case management also provides short term case management to individuals they have been working with prior to client’s getting into Permanent Supportive Housing to ensure consistency and engage in services once they are in housing. This is done to have supports in place for those who may have never had the opportunity to be housed and are not comfortable with new providers at first move-in. PATH case management also participates in the Point-In-Time surveys and other attempts to get a count of individuals experiencing homelessness. Outreach is conducted at various locations on the date of the survey.

All the above strategies target those who are experience the literally homeless population which includes the most vulnerable adults.

b. **Describe any gaps that exist in the current service systems**

There are gaps in the current service system that serves the homeless population. The waiting time for housing programs and housing vouchers continues to be problematic. Gaps can also be found while assessing the waiting time for other services such as County benefits including food stamps and medical assistance. Often the clients will not have adequate identification (birth certificates, etc.) and will have to wait to access those services until the identification is obtained. Not only is an individual not eligible to apply for housing assistance without identification; once they are able to apply waiting lists are often long and some are currently closed to new applications. A recent gap in service provision that has surfaced is in conjunction with the ND Driver’s Licensing identification requirements; to include mail from the address the individual will have on ID. PATH works with individuals who may have not accessed the shelter system and instead slept outside. This presents a barrier to being able to obtain identification.

A gap is found in connecting the homeless population with mental health services in an efficient manner. Often individuals do not meet the “crisis criteria” to meet with a psychiatrist at the regional human service center and will be placed on a waitlist as well as referred to their primary care provider. During this wait time they must continue to endure personal and community stressors and often end up accessing emergency mental health services in the community. Open access at SEHSC has lessened this barrier as individuals are able to receive same day assessments and if meeting crisis psychiatric criteria, have potential to be seen in that same week at SEHSC by psychiatry.

Transportation is also an issue in the FM area. Often the cost of a ride exceeds what an individual is able to afford, and bus routes are not always accessible or timely. Local agencies or organizations are often not able to provide clients with bus tokens due to rising out-of-pocket expenses.

Another gap is affordable housing options for those that do not qualify for housing due to criminal background (sex-offenders, some felonies, etc.) It is also difficult to find housing for

persons with poor credit or poor landlord histories. The Gladys Ray Shelter opened in 2008 and serves as an emergency shelter to those individuals who are unable to access other shelter options. The Cooper House began operating May 10, 2010 in Fargo. Cooper House offers permanent supportive housing to those who may be considered “chronically homeless.” The Cooper House has helped to fill the gap to serve this population. However there remains a gap in serving those who are considered “chronically homeless” as the facility houses 43 individuals at one time.

The community also currently lacks a true “Housing First” Model which creates a gap in keeping those individuals who may be hardest to house in their homes.

There also continues to be gaps between service providers across the country who may choose to use “Greyhound therapy” without contacting mental health professionals in this area prior to sending their clients. The client therefore does not have a contact person to get in touch with once they arrive in the Fargo area and may end up hospitalized or in other institutions.

One interesting gap this provider has found comes with Coordinated Assessment. Once an individual has completed a VI-SPDAT, they are then placed on all homeless housing program waitlists. Individuals are pulled from waitlists based on the appropriate score aligning with housing program currently pulling. This writer has found, although individuals may have supports in place and are ready for housing, there is an overall lack of income based housing opportunities in Fargo-Moorhead and so individuals may remain without housing assistance and in a homeless situation for a significant length of time. Prior to Coordinated Assessment, this writer would have been able to refer to Shelter Plus Care vouchers without the wait time.

PATH case management has active involvement with consumer throughout their criminal justice experiences. From arrest, to visitation in jail, coordinating with mental health coordinator in jail as well as nursing to ensure medication consistency, collaboration with lawyers and judges, and finally coordinating a release plan. Individuals may be placed at crisis beds following release to achieve psychiatric stabilization while awaiting the court process. PATH case management has also participated jail diversion program as well. PATH case management also works with the City of Fargo outreach specialist who has developed a program with the City of Fargo police department so that consumers can participate in community service vs. serve jail time or a fine. PATH case management is also actively working with ND Probation and Parole mental health probation officer who works with consumers in a more collaborative and understanding of mental illness overall.

c. **Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder**

PATH activities include outreach, case management, screening and diagnostic treatment services, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, supportive and supervisory services in a residential setting and one-time rent assistance, one-time security deposits, or one-time representative payee services to maintain persons who are homeless and mentally ill in the community.

The PATH Coordinator is an employee of and housed at **Southeast Human Service Center (SEHSC)**. SEHSC is a community based behavioral health center that provides mental health and substance use disorder treatment services to PATH eligible people.

d. **A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.**

The PATH eligibility process begins at first meeting with consumers. Individuals will self-report mental health diagnoses or community providers will identify potential mental health concerns with those individuals. PATH case management will either verify a serious mental illness by requesting past records or working with individuals to be seen by a community mental health provider. PATH considers individuals to become enrolled once a “working file” has been developed with that individual (that can include an actual diagnostic assessment and internal referral from SEHSC or PATH workers consistently meeting with an individual to engage in services). In the case that SMI diagnosis is questionable or requires diagnostic clarification, PATH will work with individuals for a period of 90 days to have a diagnostic assessment or psychiatric evaluation. If SMI diagnosis cannot be substantiated, PATH will work with individuals to refer for appropriate supports and then close file. Eligibility is documented in the PATH reports.

d. **Specific examples of how the agency serves to better link clients with criminal justice histories to health services, housing programs, job opportunities, and other supports**

PATH case management has active involvement with consumer throughout their criminal justice experiences. From arrest, to visitation in jail, coordinating with mental health coordinator in jail as well as nursing to ensure medication consistency, collaboration with lawyers and judges, and finally coordinating a release plan. Individuals may be placed at crisis beds following release to achieve psychiatric stabilization while awaiting the court process. PATH case management has also participated jail diversion program as well. PATH case management also works with the City of Fargo outreach specialist who has developed a program with the City of Fargo police department so that consumers can participate in community service vs. serve jail time or a fine. PATH case management is also actively working with ND Probation and Parole mental health probation officer who works with consumers in a more collaborative manner and has a better understanding of mental illness overall.

PATH case management works with individuals with criminal justice histories just as any other consumer in terms of linking with mental health or health supports in the community. PATH works with private landlords in the community for housing options as well as advocate on consumer’s behalf with housing programs to allow individuals with criminal justice backgrounds a chance in housing; specifically if they have worked to address the issue or also on a housing first basis. PATH also connects consumers with Community Options as they are more flexible in services than typical employment agencies and

collaborate with a local employment program specifically for those with criminal background; F5 Project.

5. Data –Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation

Both staff are trained and participating in documentation into HMIS.

6. SSI/SSDI Outreach, Access, Recovery (SOAR)

Neither PATH staff at SEHSC has been trained in the SOAR model. North Dakota will be using the SOAR model and SEHSC PATH Coordinators will be trained in SOAR during the 2020 PATH grant period.

Once trained, both PATH Coordinators will be using the SOAR models to assist consumers with SSI/SSDI application and will plan to track the application process as the SOAR process recommends.

Both current PATH Coordinators at SEHSC provide assistance to individuals with SI/SSDI applications. PATH Coordinators have found local SSA to be efficient in the application process and individuals on initial application in 90 days. Face to Face appointments or phone interviews can be scheduled within a 30-day time frame as well.

7. Access to Housing -Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency)

Housing options that are utilized for PATH eligible clients to house people who are homeless vary because of individual need. There are five emergency shelters in the Fargo Moorhead area that serve women, children, and/or men for those individuals who need emergency shelter services. There is also a youth drop-in center that serves as a temporary shelter in the winter months.

Housing Authorities that provide Section 8 vouchers and/or scattered site buildings are offered by Fargo Housing Authority, Cass County Housing, Clay County Housing (Minnesota), Moorhead Public Housing (Moorhead MN), and North Dakota Housing and Finance. Fargo Housing Authority receives Continuum of Care (COC) money for a RASHP program. Cooper House is also available at this time for those experiencing chronic homelessness. YWCA also receives CoC for both transitional and a permanent supportive housing program. The Fargo community has implemented the Coordinated Assessment process and so individuals are now screened using the VI-SPDAT tool. Once their score on this tool has been determined as well as Releases of Information completed; their case is able to be staffed and appropriate level of housing support is determined. Current openings in those housing options are determined and the consumer can either access that option or be placed on the waitlist. The PATH Coordinator

also takes part in the screening committee for Cooper House. Individuals are screened based on their experience of homelessness and a determination that Cooper House is the appropriate level of care.

Southeast Community Action Agency received federal grant monies to provide funding for deposit, first month rent, startup employment costs, and maintenance rental assistance. These monies are currently limited. For those people with income or those that would not qualify for subsidized housing due to criminal background, there are landlords that do not complete background checks and provide affordable housing. PATH case managers collaborate with these landlords on a consistent basis and remain in close contact once individuals have moved in as there can be difficulties for these individuals in maintaining their housing. There are also programs for deposit and first month's rent assistance through agencies such as Salvation Army, St. Francis, and Presentation Partners in housing. PATH can also assist with one-time deposit as well as emergency one time rent payment to avoid eviction.

PATH also partners with SEHSC contract agency, Dakota Foundation, to house individuals at Dakota Pioneer supported apartments if the individuals requires a more supportive environment; to include monitored medication and case aide services. Another transitional option for consumers with serious mental health or dual diagnosis is Hope Haven, which is also staff by Dakota Foundation. This facility allows an individual transitional residential supportive services for a period of up to 18 months to continue working on psychiatric stabilization and independent living skills development.

8. Staff Information - Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>)

- One PATH Coordinator is a 38-year-old Caucasian female and the other is a 43 year old Caucasian female.
- The PATH program provides services to individuals regardless of their age, gender, disability, racial or ethnic identity, as well as sexual orientation. Care is taken to ensure that their individual values are honored, and individual needs addressed while incorporating their values and beliefs into their treatment plan.
- The PATH program is aware of and respectful of the diverse needs of consumers. Care is taken to address concerns while at the same time being cognizant of cultural beliefs and practices. PATH Case managers collaborate with culturally specific services if they exist in the community. Examples include Lutheran Social Services as well as local identified leaders in the consumer's cultural community. Language interpreters are also utilized if needed.
- The PATH workers also work with the current housing providers, whether shelter or actual housing, to ensure that individual's needs are addressed based on their identity and that their rights are not violated. PATH workers also work with Dakota

Foundation, which provides crisis bed and transitional housing services to PATH consumers. Education is provided to staff as needed to meet individual needs. Advocacy services are provided if needed.

- Both PATH Coordinators have received training regarding cultural issues by attending numerous workshops regarding cultural, gender related, and racial issues. PATH Coordinators also spend time with individuals to learn about their cultural beliefs and values and incorporate those into practice. Both PATH workers have been trained in HMIS and have started the process of being trained in SOARS.

9. Client Information- Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless

There is approximately 760 homeless individuals in the Fargo-Moorhead area. The population served by SEHSC PATH services is approximately 35% female and 65% male. 71% of the populations served were Caucasian. The next highest category served was Black or African American with 15%. 100% of the clients are between the ages of 18 and 73. 46% of these clients also carry a co-occurring substance abuse disorder.

The projected number of homeless people that the PATH position will serve in FY 2020 is 200. It is expected that 45% of individuals who are eligible will become enrolled in services. Last year the projected number was 250, but the true number served was 212. The PATH program is finding individuals are presenting with more complicated and complex issues which results in the need for longer term case management. The percentage of this number that will meet the HUD definition of homeless (staying in a shelter or on the streets, etc.) is anticipated to be approximately 80%.

- **Increase the percentage of enrolled homeless persons in the PATH program who receive community health services, number of persons contacted, and Percentage of contacted homeless persons with serious mental illness who become enrolled in services**

Southeast Human Service Center implemented Open Access clinic in 2016 which allows individuals to access mental health and substance abuse assessment on a walk-in basis vs. the past procedure of scheduling intakes that could potentially be months out. PATH Coordinators can bring individuals in as they are ready for services. Intake team will work with PATH to prioritize the PATH population as well. PATH coordinators are currently working with Southeast Human Service to allow a timelier warm handoff of consumers into mainstream resources. The end goal or desired outcome is that it will allow PATH workers to increase the number of persons with SMI to become enrolled as well as allow more time to practice active outreach in the community (increase persons contacted) vs. the current longer terms case management.

10. Consumer Involvement- Describe how individuals who are homeless and have serious mental illnesses, and family members will be 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

Individuals working with the PATH Coordinator are involved in creating their treatment plan for Southeast Human Service Center whenever possible. Individuals and families are offered opportunities to voice their concerns and ideas at different listening circles held throughout the community and are invited to attend the FM Coalition meetings. The plan is to continue to try to involve individuals both who are or were previously homeless in the planning and advancement of homeless issues.

11. Budget Narrative Provide a budget narrative that includes the local-area provider's use of PATH funds. See Appendix C for a sample detailed budget.

The Region V PATH Program, South East Human Service Center, will receive \$36,875 from the federal PATH Grant and \$114,140 in North Dakota General Funds. This funding will support 1.5 FTE, salary of \$100,748 along with \$54,841 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

West Central Human Service Center

1237 West Divide Avenue, Suite 5
Bismarck, ND 58501

Contact: Melissa Mitzel, PATH Coordinator

Provider Type: Community mental health center

PDX ID: ND-008

State Provider ID:

Contact Phone #: 701-328-8870

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget narrative that includes the local-area provider’s use of PATH funds.

Planning Period From 7/1/2020 to 6/30/2021

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* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
a. Personnel	36,875.00	16,124.00	52,999.00				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	52,999.00	100.00 %	0.70	36,875.00	16,124.00	52,999.00	
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments		
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 28,943.00	\$ 28,943.00			
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments			
c. Travel	\$ 0.00	\$ 860.00	\$ 860.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 860.00	\$ 860.00	Budget for PATH Coordinator in region travel and travel to required trainings and meetings.			
d. Equipment	\$ 0.00	\$ 517.00	\$ 517.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 0.00	\$ 517.00	\$ 517.00	telephone			
e. Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Office: Supplies	\$ 0.00	\$ 20.00	\$ 20.00				
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00				

No Data Available

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

No Data Available

h. Construction (non-allowable)

i. Other \$ 0.00 \$ 0.00 \$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i) \$ 36,875.00 \$ 46,464.00 \$ 83,339.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 0.00 \$ 0.00

l. Grand Total (Sum of j and k) \$ 36,875.00 \$ 46,464.00 \$ 83,339.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	126	Estimated Number of Persons to be Enrolled:	72
Estimated Number of Persons to be Contacted who are Literally Homeless:	22		
Number staff trained in SOAR in grant year ending in 2019:	1	Number of PATH-funded consumers assisted through SOAR:	5



FY 2020 – 2021 PATH Intended Use Plan

Agency Name: Region VII West Central Human Service Center

Local Area Provider Description: Region VII is served by West Central Human Service Center, which is in Bismarck. Region VII is one of eight regional human service centers in North Dakota. The center provides counseling and mental health services, substance abuse treatment, and disability services to a ten-county area. The regions consist of McLean, Mercer, Sheridan, Oliver, Burleigh, Kidder, Morton, Grant, Sioux, and Emmons, including the Standing Rock Indian Reservation. The Region VII PATH Program, West Central Human Service Center, will receive \$36,875 from the federal PATH Grant. This funding will, with the state matching funds, support 1 FTE.

Collaboration with HUD Continuum of Care (CoC) Program: The Region VII PATH Coordinator is involved with the Continuum of Care program by attending both the North Dakota Coalition for Homeless People and the Missouri Valley Coalition for Homeless People (MVCHP) meetings and also serves on the unmet needs committee for the MVCHP. The PATH Coordinator is involved daily with agencies in the community, which are also members of the Continuum of Care. The PATH Coordinator also assists with the Point-In-Time Survey of homeless persons. Region VII Path Coordinator is also the CARES (Coordinated Access, Referral, Entry & Stabilization System) Chair for Region VII and sits on the CARES State Governance Board.

Collaboration with Local Community Organizations: The PATH Coordinator works closely with the following service providers to ensure service coordination and availability for PATH-eligible clients:

The Abused Adult Resource Center (AARC), AID, Inc., Community Action Program Region VII Inc. (CAP7), Community Options, Heaven's Helper's Soup Café, Ministry on the Margins, Native American Development Center, Spirit of Life Food Pantry, The Salvation Army, Welcome House, Inc., Youthworks, Burleigh County Housing Authority, Morton County Housing Authority, University of North Dakota Center for Family Medicine, Sanford Health, CHI-St. Alexius, Bismarck Burleigh Public Health, Burleigh-Morton Detention Center, North Dakota State Penitentiary, Veteran's Administration Clinic, Job Service of North Dakota, Vocational Rehabilitation, Experience Works, United Way Shelter, CAP7 Supportive Services for Veteran's Families, Military Outreach Center, Three Rivers Human Service Zone, Burleigh County Human Service Zone, West Central Human Service Center, Bismarck Public Schools, Dakota Center for Independent Living, Dakota Boys and Girls Ranch, Northland Health Centers, Great Plains Food Bank, and The Banquet at Trinity Lutheran

Services are accessed between a PATH eligible client, PATH Coordinator, and the service provider in several ways. PATH Coordinator will do intake on PATH eligible client and assess for services needed. If possible, PATH Coordinator will call the service provider to discuss situation to see if client is able to access services from service provider. A Release Of Information (ROI) is also signed if the PATH client is willing incase service provider is not available and/or follow up is necessary.

During the COVID-19 the State of North Dakota has funding available for hotels for individuals who are affected by this pandemic. Once in the hotels the PATH Coordinator is a main contact of individuals linking them to services.

Service Provision:

- Outreach is a primary component of the services provided by the PATH Coordinator. The PATH Coordinator regularly travels to where homeless individuals are known to congregate to offer and coordinate services. The PATH Coordinator also provides case management services to PATH-eligible individuals to help connect them with necessary housing, mental/substance use disorder treatment services, and community recovery supports necessary to assure success in long-term housing.
- Affordable Housing: Housing is always a need in the area. Landlords have raised their rents above the fair market value, making it difficult for clients who have housing assistance to find housing. It is also difficult to find housing for families that need three or more rooms. There are housing agencies that aid individuals/families; however, the wait time to receive a voucher can range from six months to two years. Rent prices have increased over the year, making it difficult for people to find housing within their income needs and/or within the voucher amount. People are not finding housing and losing their housing vouchers. They then must reapply and wait until their name reaches the top of the waitlist again. It is also difficult to find housing for persons with a criminal history, poor credit, poor landlord history, or if a person has to register as an offender against children. Depending on the charge, people with a criminal record may not qualify for housing assistance.

Shelters: There is a need for a shelter for families with children. The shelter needs would include single women or single men with children and couples with children. Welcome House and the Abused Adult Resource Center's shelters are usually full. United Way shelter does not accept men with children.

Permanent Supportive Housing for homeless individuals with mental illness and/substance abuse is also limited

There is also no transitional housing available in Bismarck/Mandan area.

Medication assistance for individuals who do not qualify or who are not covered by insurance is needed. Due to lack of funding many individuals go without medications. Hospitals discharging clients to the homeless shelter with no discharge plan or follow-up is another issue in this region.

Transportation is also a need in the area. Bismarck Transit (door to door service) and CAT system (buses) have limited hours. Many people who have employment often don't work the 9 to 5 hours. For an individual to qualify for Transit they must have a disability. You cannot qualify for transit if you are "just" homeless. The fare to ride the bus is also difficult for individuals to pay if they have no income.

Day Programming: There is a need for a day program where individuals and families can go for a one-stop shop for extensive case management services and other needs (support groups, daycare, job skills, meals, lockers and showers).

- PATH activities include outreach, case management, rehabilitation services, community mental health services, mental health medical services, alcohol and drug treatment services, one-time rent assistance, one-time security deposits, or one-time representative payee services to maintain persons who are homeless and mentally ill in the community. This includes assistance with finding housing, employment, and other services. West Central started the ACT Program in January 2013 for people who have mental illness as well as substance use disorder.

- PATH eligibility is determined if an individual is homeless or at risk of homelessness and has a serious mental illness. If an individual meets this criterion then they become enrolled in PATH. All PATH enrolled clients are documented in Avatar and Homeless Management Information System (HMIS) and receive case management services.

Data: The PATH Coordinator is HMIS trained and participated in HMIS. PATH Coordinator will also complete any future required trainings.

Housing:

The following are the shelters in the community that are utilized:

- Abused Adult Resource Center has a shelter for families and individuals who are fleeing domestic violence and sexual assault.
- Welcome House, Inc. serves chronic and long-term homeless families with children by placing them in their shelter.
- There are two housing agencies that provide housing assistance: Burleigh County Housing and Morton County Housing. Community Action also has housing assistance programs. AID Inc., Salvation Army, Welcome House, and Community Action can assist with security deposits or rental assistance when funding is available.

At this time, it can take six months to two years to receive housing assistance on any of these programs. The main concern is finding affordable housing: landlords have raised their rents above the voucher amount and landlords are also becoming stricter on who they let into their apartments

Staff Information: The Current PATH Coordinator has a Master's in Business Administration. It is the policy of the North Dakota Department of Human Services to not discriminate or deny services to due to age, gender, racial/ethnic differences. It is the policy to not turn away services to anyone if they qualify. In-service trainings for staff, including the PATH coordinator, are held at WCHSC at least quarterly, and the topics of the in-services vary on all populations of individuals served ranging from types of mental illness, different cultures, specific gender issues, treatment approaches, services provided, cultural issues, etc. PATH Coordinator is also SOAR

Certified and became a SOAR Local Lead by attending SOAR Leadership Academy in November 2019.

Client Information:

	2019 PATH Data	2020 PATH Projected Data
Male:	44	47
Female:	23	25
Under 18:	0	0
Age 18+:	67	72
Co-Occurring:	48	56
Total Contacted:	107	126
Total Enrolled:	67	72
Literally Homeless:	13	22

Consumer Involvement: When the opportunity arises to have family involvement in the process of working with individuals who are homeless and are diagnosed with a serious mental illness it is encouraged. Homeless consumers are involved in an on-going basis regarding the PATH services and are surveyed by the host agency regarding their satisfaction with the services offered. Most of the clients seen by the PATH Coordinator do not have involved family members and often decline to contact their families. Former PATH eligible individuals assist in the evaluation, planning, and implementation of programs and services. Individuals who were homeless and those currently homeless are invited to participate on local and state coalitions. The Advisory Council for the West Central Human Service Center consists of consumers, private citizens, community leaders/stakeholders and mental health service providers. The council oversees the planning, implementation and evaluation of the Human Service Center’s programs and services which includes the services of the PATH Coordinator to the individuals and families who are homeless or at risk of becoming homeless within this region.

Budget Narrative: The Region VII PATH Program, West Central Human Service Center, will receive \$36,875 from the federal PATH Grant and \$53,325 in North Dakota General Funds. This funding will provide for 1.0 FTE PATH Coordinator at a salary of \$52,999 along with \$28,943 in fringe benefits. In kind contributions of \$2691 for rent, \$20 for office supplies and \$517 for telephone services.

NOT FINAL

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	The state PATH-related operational definition for an individual experiencing homelessness must be as least restrictive as defined by the PHS Act Section 330(h)(5)(A): "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing."
Imminent Risk of Becoming Homeless:	The definition of imminent risk of homelessness commonly includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.
Serious Mental Illness:	Refers to adults, 18 years of age or older, with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
Co-occurring Disorders:	Refers to individuals who have at least one serious mental illness and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

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Footnotes:

NOT FINAL

III. State Level Information

B. Collaboration

Narrative Question:

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

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Footnotes:

NOT FINAL

B. Collaboration

North Dakota federal PATH funds support part of the salaries of the PATH Coordinators in the eight regional human services centers, located across the state. PATH coordinators refer individuals to services within the regional human service centers and work with local and state funding to provide needed housing services and referrals for other services. PATH funding is not being used to provide any housing services at this time in North Dakota. If housing services are provided to PATH clients, state or local funding is used to meet the need. PATH Coordinators are members of the North Dakota Continuum of Care, which is coordinated by the North Dakota Housing Finance Agency. PATH Coordinators are also members of the North Dakota Coalition of Homeless People organization. This allows statewide representation of PATH coordinators in local, regional and state organizations.

NOT FINAL

III. State Level Information

C. Veterans

Narrative Question:

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

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

Footnotes:

NOT FINAL

B. Veterans

All regional human service centers receive PATH funds. This allows consumers in every region to access PATH services, if needed. Department of Housing and Urban Development (HUD) reports a continuing decline in the number of homeless veterans in ND. According to the HUD 2019 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulation report, 49 veterans were identified as sheltered out of the 557 total Point in Time Count in North Dakota. The report states no unsheltered veterans were identified. There continues to be concerns regarding accurate reporting numbers for the Point-in-Time count. Efforts are being made statewide by several housing agencies and the new Continuum of Care Director who was recently hired by the ND Housing Finance Agency to work to increase accuracy of next year's count. The North Dakota PATH program served 9 veterans in 2018.

All PATH Coordinators are members of the North Dakota Coalition for Homeless People (NDCHP) and NDCHP was awarded the Supportive Services for Veteran Families (SSVF) program grant by the United States Department of Veterans Affairs (VA). The grant provides supportive services to low-income veteran families living in or transitioning to permanent housing. All PATH Coordinators work with Veterans Administration personnel to coordinate services for homeless veterans.

The PATH Coordinators are employees of the North Dakota Department of Human Services Field Services Division. The North Dakota Department of Human Services is a member of the North Dakota Cares (ND Cares) Coalition. The Coalition includes a broad spectrum of more than 40 service providers and partners whose work touches the lives of Service Members, Veterans, Families, and Survivors. Members share a common interest in strengthening an accessible network of support across the state, even though each entity retains authority over its own programs and services. The purpose of the ND Cares coalition is to resolve barriers or gaps in services to ensure those who have served, their families and survivors receive the behavior health care and assistance they need.

The PATH Coordinators work closely with and make referrals to the SSVF (Supportive Services for Veteran Families) workers around the state. They also make referrals to the HUD VASH workers in their regions. The Community Action programs and PATH Coordinators are members of each of the eight regional homeless coalitions and through those regional coalitions work together to respond to the needs of veterans who are homeless at the local level. The PATH Coordinators enrolled 355 new clients in 2016 and 2.5% were veterans.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

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Footnotes:

NOT FINAL

C. Alignment with PATH Goals

Keeping in line with the PATH goals, the PATH Program in North Dakota provides outreach and case management as priority services. In the most recent reporting period, North Dakota PATH Coordinators documented outreach to 880 individuals. The total number of new persons contacted in PATH FY 2018 was 754. The number of those contacted in a PATH Street Outreach project in FY 2018 was 135 and 619 were contacted in a PATH Services only project. In addition, 374 individuals were clients who became enrolled during this reporting period.

Each PATH Coordinator also carries a caseload of persons who are homeless and have a mental illness and provides them with intensive case management services. PATH Coordinators are also responsible for serving other homeless persons within their regional service area through appropriate information and referral services. Through the involvement with the regional homeless coalitions PATH Coordinators are able to connect homeless people who do not meet PATH eligibility criteria with other services.

Through the participation in the regional homeless coalitions, the PATH Coordinators also have established effective referral sources that complement their outreach efforts and support the appropriate referral of PATH eligible clients to the PATH Coordinator. Outreach to the community providers, referral for mainstream services and case management will remain priorities for the PATH Program in North Dakota.

NOT FOR RELEASE

III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

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

Footnotes:

NOT FINAL

F. Alignment with State Comprehensive Mental Health Services Plan

Brief State Background

North Dakota is a vastly rural and frontier state with a relatively small population. North Dakota covers 69,000.80 square miles and has a 2018-estimated population of 760,077 people. According to 2010 US Census data, North Dakota had 9.7 people per square mile compared to the United States at 87.4 people per square mile and has 357 incorporated communities. Fifty-five percent of these communities have 200 people or less. The state's largest cities are Fargo (127,422), Bismarck (75,858), Grand Forks (58,500), and Minot (49,409) (2018 Estimate).

In 2018, the state's median age was 35.4 years. Eleven percent of persons live below the poverty level, compared to 13.5% nationally. According to the U.S. Census Bureau, 87.5% of the state's population is white, 5.5% is American Indian/Alaska Native, 3.1% is Black or African American and 3.7% is of Hispanic/Latino origin (2018 Estimate). There are five federally recognized American Indian Tribes located at least partially within the State of North Dakota: Mandan, Hidatsa, & Arikara Nation (Three Affiliated Tribes); Spirit Lake Sioux Tribe; Standing Rock Sioux Tribe (bestrides North Dakota and South Dakota); Turtle Mountain Band of Chippewa Indians (including Trenton Indian Service Area); and Sisseton-Wahpeton Oyate Nation (majority located in South Dakota).

The western half of North Dakota consists of many small communities spread across thousands of acres of farmland, with farming as one of the primary sources of income. A "Virginia-sized", 24,000 square mile oil reserve of an estimated 4.3 billion barrels lies 10,000 feet below the surface of western North Dakota creating an "oil boom." Production rates of ND oil began to rise in 2004 but increased dramatically in 2007 with advancements in technology and higher oil prices. In 2015, expansion of oil production began to slow steadily, leading to economic shifts that have equally impacted these same communities. This has led to dramatically increased population, rising by 48% from 2007 to 2018, which has taxed the surrounding infrastructure and community-based systems.

There are more than 56,000 civilian veterans in North Dakota, comprising approximately 7.5% of the adult population. North Dakota has two Air Force Bases which consist of 8,206 active duty and civilian personnel. As of May 2012, a total of 10,095 North Dakotans had been deployed since the 2001 terrorist attacks on America.

State Mental Health Structure:

The Behavioral Health Division is a part of the North Dakota Department of Human Services. The Division serves as the State Mental Health Authority (SMHA), State Substance Abuse Authority (SSA), and the State Opioid Treatment Authority (SOTA). The Behavioral Health Division (NDCC 50-06-01.4) is a policy division responsible for reviewing and identifying service needs and activities in the state's behavioral health system in an effort to ensure health and safety, access to services, and quality of services. The Division is also responsible for establishing quality assurance standards for the licensure of substance use disorder program services and facilities and providing policy leadership in partnership with public and private entities.

Behavioral health is an essential part of overall health in which prevention works, treatment is effective, and people recover. The North Dakota behavioral health system is built to support people – at both the individual and community levels.

The vision for the North Dakota Behavioral Health System is grounded on the Institute of Medicine's Continuum of Care model. The goal of this model is to ensure there is access to a full range of high-quality services to meet the various needs of North Dakotans. The services available throughout this

continuum should reflect current knowledge and technology and be grounded in evidence-based practice. Throughout all levels of the continuum, there should be a continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes.

In summary, the goal of the state's behavioral health system is to ensure there is access to quality services across the continuum of care supporting the behavioral health of North Dakotans across the lifespan.

Evidence Based Practices:

- North Dakota has implemented several evidence-based and best practice including Integrated Dual Disorder Treatment, Matrix, Motivational Interviewing, Treatment Collaborative for Traumatized Youth (TCTY), and Peer Support Services. The regional human service centers have begun work towards implementation of Assertive Community Treatment. The division requires all contracted entities to provide services that are evidence-based and best practice.

Key Initiatives:

The Behavioral Health Division's three key initiatives are:

- 1. Support the full continuum of care.**
- 2. Increase community-based services.**
- 3. Prevent criminal justice involvement for individuals with a behavioral health condition**

These are accomplished through promotion of the following principles:

- Behavioral health is health;
 - Stopping the shame and stigma around behavioral health
 - Ensuring integration and parity of health and behavioral health
- Supporting the full continuum of care across prevention, early intervention, treatment and recovery
- Ensuring person-centered care to
 - Meet people where they are
 - Engage in individual and family driven care
 - Provide trauma-informed services
 - Provide services focused on recovery
- Ensure behavioral health services and supports are available for individuals in the community to avoid the institutionalizing and criminalizing of behavioral health conditions
- Be efficient and effective to
 - Leverage best practices
 - Monitor and evaluate outcomes
 - Measure the return on investment
- Develop, recruit, and retain a competent behavioral health workforce

Key Support Services/Programs:

The Behavioral Health Division directly funds or aids in the support of the following services in North Dakota:

- **Free Through Recovery:** a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.
- **SUD Voucher:** established to address barriers to treatment and increase the ability of people to access treatment and services for substance use disorders. Focusing on underserved areas and programs, increasing the provision of evidence-based services, and ensuring reporting on process and outcome measures.

- **Peer Support:** an evidence based practiced utilizing individuals with lived experienced and specialized training to assist others in their recovery. During the 2019 legislative session North Dakota lawmakers authorized the Behavioral Health Division to create a Peer Support Specialist Certification, which establishes a minimum set of standards for the profession and allows for potential reimbursement.
- **Extended Free Through Recovery program:** During the 2019 legislation session additional funding was set aside to expand the Free Through Recovery model to additional populations. This community based behavioral health program will be designed to support children and families focusing on keeping individuals out of the child welfare system.
- **Suicide Prevention and Awareness:** Reducing the occurrence of suicide through prevention, awareness, and access to community-based services and supports is being woven strategically through programming within the division and the Department of Human Services. Utilizing partnerships with stakeholders, state entities, and the Behavioral Health Planning Council suicide prevention is a priority across the state.

PATH Services in North Dakota

PATH Coordinators are employed at the regional human service centers and supervised by the regional director of community- based services for persons with mental illness. Primary responsibilities for each PATH Coordinator is to provide the case management service focused on assisting and facilitating long-term homeless people with gaining and maintaining eligibility for mainstream supports such as; Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families Program (TANF) Medicaid, and Medicare. PATH Coordinators will also assist their clients to access other supportive services such as representative payees or guardians when this level of support is appropriate. Because case management is a primary function of the PATH Coordinator and each PATH Coordinator is a member of regional homeless coalitions, the PATH program is in perfect alignment with the goal that people who are homeless are also connected to supportive services. Through their involvement with regional homeless coalitions, the PATH Coordinator is able to effectively network, stay updated on any service and support options that are available, and connect their clients to those services.

The PATH Coordinator's location within the regional human service center is also ideal for ensuring that the PATH program is aligned many of the programs explained as key support services and programs within the state. North Dakota has provided several of these programs through state funds. PATH Coordinators are well versed in the multiple state programs that may be of benefit to clients that they serve. The State PATH contact provides education and information to PATH Coordinators regarding additional services that are not provided within the human service centers.

NOT FINAL

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

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

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Footnotes:

NOT FINAL

E. Process for Providing Public Notice

The Behavioral Health Division accepts public comments on the proposed activities described in the PATH Formula Grant Application through the following initiatives:

- The application is placed on the Department of Human Service's website. The website can be accessed at <http://www.nd.gov/humanservices/>. A public notice is issued to notify the public of the application's availability for review. Written comments are accepted throughout the year.
- Copies of the application are made available to members of the North Dakota Coalition for Homeless People for their review and comments. The Coalition consists of a wide cadre of providers involved with services to homeless individuals including the regional human service centers, local housing agencies, homeless shelters, and various state agencies.
- Copies of the application are made available to the North Dakota Behavioral Health Planning Council, a 30-member Governor-appointed board consisting of key state agencies, advocacy groups, family members of adults diagnosed with a serious mental illness, parents of children diagnosed with a serious emotional disturbance, and adult mental health consumers. Throughout the year, the Council is updated by Division staff members about PATH and other homeless activities. Because the Council oversees the allocation and adequacy of the community-based public mental health system in North Dakota, they are involved in the overall planning process for the PATH program.

In addition to these activities, the regional human service centers include consumers in all aspects of their service system planning. Consumers are represented on the Human Service Center Advisory Groups and are invited to attend regional planning meetings. Recognizing that at times it is difficult to obtain consumer involvement, the Department of Human Services is continually reworking activities to ensure consumer participation in planning and implementing the system of care.

III. State Level Information

G. Programmatic and Financial Oversight

Narrative Question:

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

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Footnotes:

NOT FINAL

F. Programmatic and Financial Oversight 2020

The PATH program oversight consists of two components: financial and programmatic. The Department of Human Services' Division of Fiscal Administration and Behavioral Health Division jointly monitor the financial component. They are responsible to ensure that funds are distributed to the human service centers and that those funds are expended in the manner described in the grant application. State audits are conducted annually on Federal grant funds.

The State PATH Contact assumes primary responsibility for the general oversight of a PATH program's activities. This position will provide oversight of the PATH program and its activities by:

- Facilitate quarterly meetings with the PATH Coordinators and the Extended Care Directors, as the regional supervisors of the PATH Coordinators, to share information and to:
 1. Provide assistance as needed and requested;
 2. Review the status of each component of the Implementation Plan; and
 3. Review the data collected in each quarter.
- Conduct annual and as needed on-site visits to observe PATH program activities in the regions.
- Encourage and, through PATH grant funds, support PATH Coordinators' involvement in regional and state coalitions for homeless people.
- Identify training opportunities and facilitate the participation of PATH Coordinators, in cooperation with regional supervisors and human services center directors, in those training opportunities.
- Perform biennial human service center licensure visits to review all clinical programs including the PATH program.

Implementation Plan – July 1, 2020 to June 30, 2021

Task	Barriers to Implementation	Strategies to Overcome Barriers	Time Frames	Responsible Party
1) Designate & divide PATH funding to each HSC	1) None	1) None	1) 7/1/20 to 6/30/21	1) a. DHS liaison accountant b. PATH State Contact
2) Retain PATH Coordinators in all 8 regional HSCs	2) Turnover rates	2) ID reasons for turnover, work with administration to establish plan to retain staff.	2) 7/1/20 to 6/30/21	2) Extended care directors in regional HSCs
3) Provide training to PATH Coordinators & other staff who work with this population	3) None	3) None	3) At quarterly meetings of the ND Coalition for Homeless People, participation in HSC trainings – on-going 7/1/20 to 6/30/21	3) PATH State Contact with assistance from expert consultants

4) Provide targeted case management services to homeless population to ensure access to mainstream services to address all behavioral health issues	4) Getting homeless persons interested in MH/SA programs/ treatments 5b) Lack of funding options for some levels of SUD treatment	4) Meet basic needs of the homeless; e.g., food, housing, etc. Ensure training is available to all PATH Coordinators on motivational interviewing and other strategies to support clients. 5b) Implementation of a Voucher program to provide SUD treatment	4) Ongoing 5b) The SUD Treatment Voucher Program has been initiated. – PATH Coordinators will access information through regional HSC's. Ongoing	4) PATH Coordinators 5b) PATH Coordinators Regional Human Service Centers and participating licensed private SUD providers
6) Provide support to facilitate access to needed services available at regional HSCs, county social service board, Job Service of ND, addiction services, etc. to each eligible client of the PATH Program.	6) Coordinating efforts	6) Utilizing the ND state & regional coalitions for the homeless to effectively network and create linkages between services that make the movement through the system as comfortable for the client as possible	6) Ongoing	8) PATH Coordinators, regional HSC staff, and staff of other agencies that work with the homeless
7) Evaluate success of meeting the needs of the homeless (Reports & on-site visits)	7) Need to ensure the consistency of data collection across the state	9) None	9) Ongoing	9) PATH Coordinators, Extended Care Directors, & PATH State Contact
8) Provide training (SOAR & HMIS) as needed to new PATH Coordinators	Ensure coordinators complete training and complete SOAR applications once trained	provide technical assistance and on-line training to all staff	Ongoing	PATH Coordinators & PATH State Contact

NOT FOR RELEASE

III. State Level Information

H. Selection of PATH Local-Area Providers

Narrative Question:

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

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

Footnotes:

NOT FINAL

I. Selection of Path Local-Area Providers

PATH Formula Grant funds are divided between the eight regional human service centers. Northwest Human Service Center (Williston) employs a half-time PATH Coordinator and receives \$18,438 in Federal PATH funds. Southeast Human Service Center (Fargo) employs two full-time PATH Coordinators and receives \$55,312. The remaining six human service centers (Minot, Devils Lake, Grand Forks, Jamestown, Bismarck, Dickinson) each receive \$36,875 to cover the cost of one FTE.

The PATH Annual report for 2018 reports outreach contacts in all regions of North Dakota resulted in the PATH coordinators enrolling a total of 135 individuals. All regions have a coalition of agencies that provide some level of services to individuals who are homeless, but the PATH Coordinator is the primary source of case management for individuals who are homeless. In 2018, Regions IIV and IIIV served the highest number of chronically homeless individuals in the North Dakota PATH program. These regions include urban areas with the highest populations in the state. Although there is a much more robust continuum of care in the most heavily populated regions, there is still a significant need for case management. Due to the fact there is a very limited number of homelessness services in the rural regions such as Region I, II and V, the role of the PATH Coordinator is even more vital in effectively addressing the needs of the homeless population.

Providing PATH funding and services statewide supports and ensures that there is a continued focus on homelessness across the state, even in the rural areas. Locating PATH services in each region in the state also enhances the ability to provide services to the four Native American reservations in the state. Although the 2019 Point-In-Time data resulted in inaccurate data for all populations in North Dakota, it is believed many American Indians/Alaskan Native individuals. The number of American Indian/Alaskan Native individuals served by the North Dakota PATH program in FY 2018 was 68. The ND PATH Coordinators provide services to reservations that are in the 8 PATH regions. As stated earlier in the application, the hiring of a Continuum of Care Director through the North Dakota Finance Housing Agency will increase accuracy and collaboration with the Point-in-Time count and increase accuracy in the future.

III. State Level Information

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

Narrative Question:

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

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Footnotes:

NOT FINAL

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

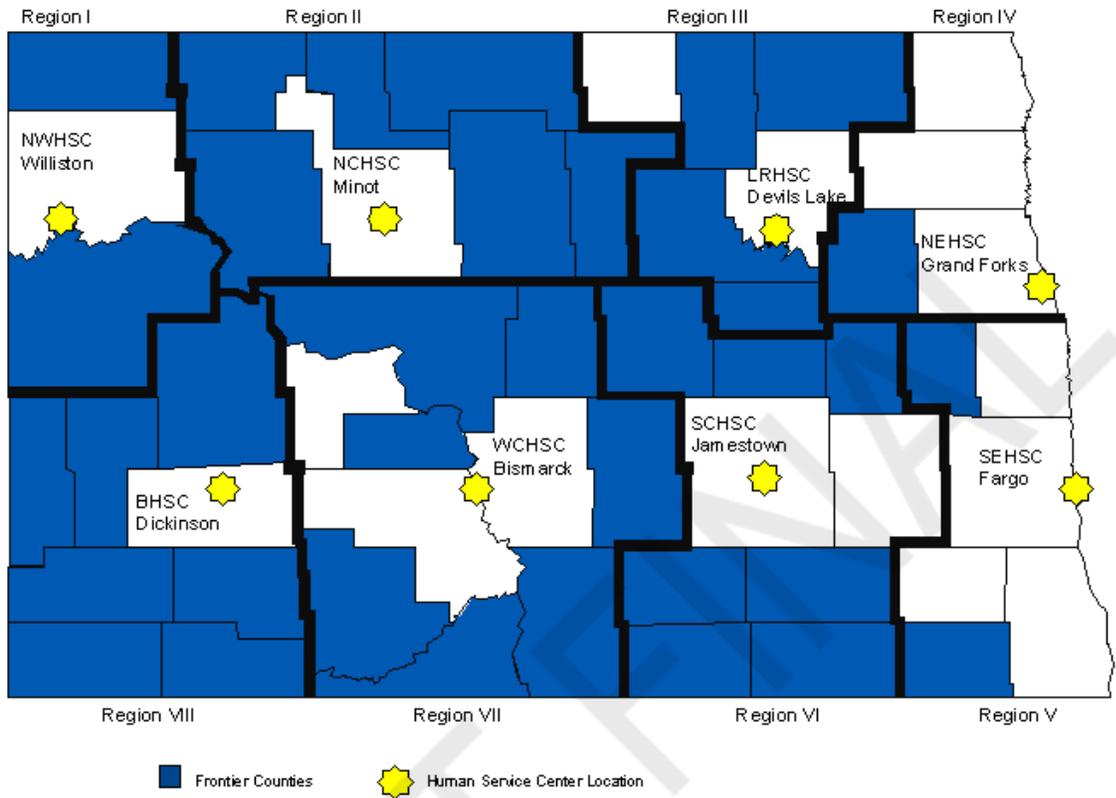
Homelessness continues to be an issue in North Dakota. The state lacks sufficient affordable housing, especially for low and extremely low-income brackets. There is a severe shortage of homeless shelter options available in at least five of North Dakota's eight regions. The availability of housing options that serve people with differing levels of need is also very limited – transitional units, low demand housing, and supported permanent housing are in very short supply. Housing subsidy funds are limited and waiting periods of 6 months to more than 1 year are common. Some zoning laws in the state contain provisions that make it difficult to construct group living facilities, which is the category most permanent supportive housing projects fall into. The specific regulatory language often involves definition of “non-household” living, rules regarding the number of unrelated individuals per unit, and the requirement for public hearings associated with conditional use permits process. Rental and credit history requirements create significant barriers for people to transition out of homelessness. Regions report that minimum credit scores of 600 are common for people to access housing. There continues to be barriers, particularly with HUD subsidized housing, for people with criminal histories and finding housing for individuals with a history of sexual offenses is particularly problematic. In addition, the employment opportunities are decreasing in the areas of the state impacted by the oil industry, due to the decline in activity, but the housing costs have not shown a similar decline. This has resulted in less potential for people who are homeless to enter the job market while the lack of affordable housing has maintained. The ND Housing Finance Administration Director reports that there is a continued shortage of affordable housing.

The most recent Point-In-Time Survey found 565 (2019 PIT) homeless persons in North Dakota including 430 adults and 135 children. Of these, 391 people were in emergency shelters, 124 were in transitional settings, 30 in safe haven and 20 were unsheltered.

Chronically Homeless Individuals and Individuals with Serious Mental Illness

The 2019 Point in Time Survey data identified 73 of the 565 estimated homeless in the state met the definition of chronically homeless. North Dakota 2018 PATH data identified 62% of PATH enrolled clients as meeting the definition of chronically homeless and 37% of enrolled clients identified as having a serious mental illness.

Map of North Dakota with Human Service Center / PATH Coordinator Locations



III. State Level Information

J. Matching Funds

Narrative Question:

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

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Footnotes:

NOT FINAL

I.. Matching Funds

The sources of the in-kind, non-Federal contributions will include the PATH Coordinators office space, telephone services, and office supplies (see Table 1).

Central office staff of the Behavioral Health Division will provide administrative and supportive services to the PATH Project without compensation from PATH funds (see Table 2). All salaries and other in-kind contributions are funded by North Dakota General Funds.

In addition to the above-mentioned in-kind contributions, the State of North Dakota provides direct cash payments to the PATH program using General Fund dollars (see Table 3). These dollars are used to augment the services of the PATH Coordinators, as they are employees of the State of North Dakota. Please refer to Table 4 for the total in-kind contributions provided by North Dakota to the PATH program.

Because the in-kind contributions are included in the Department of Human Services' biennial budget, state match is available at the beginning of each PATH grant period.

Table 1. In-kind Contributions Provided by the Eight Regional Human Service Centers

CONTRIBUTION	COST	FACTOR	TOTAL CONTRIBUTION
Rent	\$2,691/year	X8	\$21,528
Telephone Services	\$517/year	X8	\$4,136
Office Supplies	\$20/year	X8	\$160
TOTAL			\$25,824

* Includes the eight regional human service centers' contribution

Table 2. In-kind Contributions Provided by the Central Office

POSITION	SALARY & BENEFITS	% OF TIME DEVOTED TO PATH PROJECT	TOTAL CONTRIBUTION
State PATH Contact and Grant Writer	\$82,837	5%	\$4,141
TOTAL			\$4,141

Table 3. General Fund Contributions Provided to the PATH Program

HUMAN SERVICE CENTER	TOTAL GENERAL FUNDS
Northwest Human Service Center	\$47,322
North Central Human Service Center	\$48,956
Lake Region Human Service Center	\$71,167
Northeast Human Service Center	\$54,790
Southeast Human Service Center	\$114,140
South Central Human Service Center	\$49,181
West Central Human Service Center	\$53,325
Badlands Human Service Center	\$52,929
TOTAL GENERAL FUNDS	\$491,810

Table 4. Total In-kind Contribution of Non-Federal Funds

CONTRIBUTION	AMOUNT
Human Service Center	\$21,528
Central Office	\$5000
General Fund	\$491,810
TOTAL	\$518,338

III. State Level Information

K. Other Designated Fundings

Narrative Question:

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

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NOT FINAL

K. Other Designated Funding

Currently, neither mental health block grant nor substance abuse block grant funding is specifically earmarked for the PATH population. State General Funds are used to provide services to the PATH population. The following general fund contributions are provided to the PATH program:

HUMAN SERVICE CENTER	TOTAL GENERAL FUNDS
Northwest Human Service Center	\$47,322
North Central Human Service Center	\$48,956
Lake Region Human Service Center	\$71,167
Northeast Human Service Center	\$54,790
Southeast Human Service Center	\$114,140
South Central Human Service Center	\$49,181
West Central Human Service Center	\$53,325
Badlands Human Service Center	\$52,929
TOTAL GENERAL FUNDS	\$491,810

NOT FINAL

III. State Level Information

L. Data

Narrative Question:

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

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Footnotes:

NOT FINAL

K. Data

All PATH funded services are provided by the PATH Coordinators. The PATH Coordinators are employees of the North Dakota Department of Human Services at the regional human service centers. The regional human service centers are both a health care provider and a provider of substance use disorder treatment services.

All PATH Coordinators are currently trained in the use of the Homeless Management Information System (HMIS). North Dakota PATH Coordinators have been submitting client data and services provided into the HMIS system beginning July 1, 2019. North Dakota data will be greatly improved and more accurate than in the past, due to the implementation of HMIS in the state.

NOT FINAL

III. State Level Information

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

Narrative Question:

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

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Footnotes:

NOT FINAL

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

The PATH State Lead currently serves as the SOAR State Lead and attended the SOAR Leadership Academy in Atlanta, GA in June 2018. At this time, five PATH Coordinators are SOAR certified. Two PATH Coordinators attended the SOAR Leadership Academy in New Orleans, LA in November 2019. These individuals will act as SOAR Local Leads in their communities and assist the SOAR State Lead in building stakeholder groups to expand the use of SOAR throughout the state. All PATH Coordinators, including any new staff, will be required to complete the SOAR on-line training in 2020.

NOT FINAL

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question:

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

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NOT FINAL

N. PATH Eligibility and Enrollment

PATH services in North Dakota are eligible to those who meet the following needs: are diagnosed with a serious mental illness, diagnosed with a co-occurring serious mental illness and substance use disorder, and are homeless or at imminent risk of becoming homeless.

PATH services are provided at the eight (8) regional Human Service Centers located across the state. There is a PATH Coordinator located at each Human Service Center, which are located in the eight major cities in North Dakota. These services include:

- Outreach to locate those in need of PATH services
- Case management
- Assistance with meeting immediate needs such as obtaining food, shelter, clothing, transportation, financial assistance, benefits and services
- Assistance with applying for and obtaining housing
- Assistance with obtaining employment
- Assist with applying for social security benefits
- Referrals for mental health assessments and psychological or psychiatric evaluations
- Referral to addiction treatment related services

NOT FINAL

PATH Reported Activities

Charitable Choice for PATH

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Notice to Program Beneficiaries - Check all that apply:

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

Referrals to Alternative Services - Check all that apply:

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

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

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