I. State Information:

Plan Year:
Federal Fiscal Year (2022)

State Identification Numbers:
DUNS Number 1346326240000
EIN/TIN 51-6000279

State Agency to be Grantee for the PATH Grant
Agency: Name Delaware Health & Social Services
Organizational Unit: Division of Substance Abuse & Mental Health
Mailing Address: 1901 N. Dupont Highway, Springer Building, City: New Castle
Zip Code: 19720

Authorized Representative for the PATH Grant
First Name: Joni
Last Name: Patterson
Agency Name: Division of Substance Abuse and Mental Health
Mailing Address: 1901 N. Dupont Highway
City: New Castle
Zip Code: 19720
Telephone: (302)300-6408
Fax:
Email: joni.patterson@delaware.gov

Expenditure Period
From: 9/1/2022
To: 8/31/2023

Contact Person Responsible for Application Submission
First Name: Alexia
Last Name: Wolf
Telephone: 302-255-2701
Fax:
Email Address: alexia.wolf@delaware.gov

Forms that require signature:

- Assurances- Non-Construction Programs
- Certifications
- Funding Agreement: Needs to be signed by the governor. Note regarding letter to be submitted at later date due to COVID can be provided. Letter needs to be submitted prior to award.
- Disclosure of Lobbying Activities (SF LLL)

State PATH Regions:

NAME	DESCRIPTION	ACTIONS
Delaware- ALL	Statewide- New Castle County, Kent County, Sussex County	

I. Project Narrative

Delaware's Projects for Assistance in Transition from Homelessness (PATH) Formula Grant program is administered by the Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) and is an integral part of Delaware's comprehensive state-wide community-based system of care for adults with serious mental illness. The information contained in this submission, identifies the Scope of Work to be administered by the statewide awarded PATH Service Provider(s) and the Division's Staff under the Community Behavioral Health Social Determinants Bureau. The selected PATH Service Provider(s) will receive an estimated $288,000 in PATH grant funding including $55,000 to fund eligible housing services for PATH program participants. DSAMH will allocate $12,000 for administrative expenses. DSAMH will contribute the $100,000 in required matching funds to its PATH provider(s).

Service Areas: PATH program services will be available statewide. Outreach Coordinators will be assigned to service each of Delaware's three counties (New Castle, Kent, and Sussex). The PATH program aims to contact 750 homeless individuals and enroll 300 through outreach and ongoing client engagement.

Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the state (or territories), and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing eligible services specified in Section 522 of the PHS Act, Section 1.2, 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.

Service Providers 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 and drug treatment
- 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;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are experiencing homelessness and serious mental illness seek 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.
- Other appropriate services, as determined by the Secretary.

II. Executive Summary

1. State Summary Narrative:

The State of Delaware, Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) administers Delaware's Projects for Assistance in Transition from Homelessness (PATH) Formula Grant program and is an integral part of Delaware's comprehensive, statewide, community-based system of care for adults with serious mental illness (SMI).

Delaware's FY 2022-2023 federal allocation of $300,000.00, will be used for allowable PATH services statewide to include Kent, New Castle, and Sussex counties for adults (age 18 and over) diagnosed with serious mental illness and/or co-occurring SMI/Substance use conditions experiencing literal homelessness or at imminent risk of experiencing homelessness. Persons enrolled in PATH services will be provided appropriate referrals and case management services to assist PATH enrolled persons in obtaining and coordinating social and maintenance services, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, pre-vocational and vocational services, and housing services as well as for such other services as may be appropriate to obtain and sustain recovery.

Delaware's statewide PATH funded activities will include the following:

Outreach: Effective outreach reaches people who might not otherwise seek assistance or come to the attention of the homelessness service system and ensures that people's basic needs are met while supporting them along pathways toward housing stability and well-being. Delaware aims to provide systematic, coordinated, and comprehensive outreach services including prioritization of those with serious mental illness and especially those who are veterans and who are experiencing homelessness or who are at imminent risk of experiencing homelessness. Delaware's contracted PATH service providers will be expected to coordinate outreach efforts with a broad network of programs, services, and/or staff who are likely to encounter individuals experiencing unsheltered homelessness, and whose regular focus may be broader than homelessness. This might include law enforcement and other first responders, hospitals, health and behavioral healthcare providers, homeless education liaisons, workforce systems, faith-based organizations, and other community-based providers. Delaware aims to have street outreach efforts that are housing focused by having its contracted PATH service providers make connections to stable housing with tailored services and supports, such as health and behavioral health care, transportation, access to benefits, and more. In addition, Delaware contracted PATH providers will be expected to facilitate immediate connections to emergency shelter or temporary housing to provide safe options while individuals are on a pathway toward stability. To the extent possible, the Delaware contracted providers will ensure that their street outreach programs

utilize a *Housing First* approach that does not impose preconditions to make referrals to permanent housing, shelter, or other temporary housing, such as sobriety, minimum income requirements, absence of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

DSAMH will expect its PATH providers who will perform and provide outreach efforts to analyze local data regarding racial inequities and disparities among people experiencing homelessness and tailor and customize their efforts to ensure that equity is being achieved within their outreach activities and outcomes. In addition, DSAMH PATH providers will be expected to employ outreach efforts that utilize harm reduction principles, including non-judgmental, non-coercive provision of services and resources while maintaining a focus on creating connections to permanent housing, establish rapport and reduce harm by providing critical, life-saving resources such as food, water, clothing, blankets, and other necessities.[1]

DSAMH recognizes that outreach results in increased access to and utilization of community services by the target population. Thus, DSAMH defines active outreach as face-to-face interaction(s) with persons experiencing literal homelessness in streets, wooded areas, under bridges, and in other non-traditional settings. The outreach services to be performed by DSAMH's contracted service providers may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods. Furthermore, outreach may also include "in-reach," defined as when outreach staff are placed in a service site(s) frequented by people experiencing homelessness such as a shelter, community resource or drop-in center, and direct, face-to-face interactions which may occur at such sites.

DSAMH intends to establish basic training guidelines and recommendations for the outreach staff of its contracted service providers. For example, DSAMH contracted PATH outreach service providers would be encouraged to develop an individualized workforce development plan to ensure that all PATH outreach workers are at least minimally trained in the following areas:

1. How to make a good faith determination of severe mental illness
    a. Major Mental Illnesses / Clinical symptoms of mental illness and effective interventions
    b. Substance Abuse / Clinical symptoms of substance use disorders and effective interventions and co-occurring Substance Abuse / Mental Illness Issues
2. The definition of homelessness and at risk of homelessness and how to apply these definitions
3. Identifying/linking to resources (i.e., housing, entitlement benefits, food, clothing, medical substance abuse counseling, mental health services, employment and employment services, and psychiatric care)
4. Crisis prevention and intervention, including safety issues for outreach workers
5. How to conduct presentations and train community members and organizations on homelessness and/or mental illness
6. Recovery and Community Integration
7. Evidence Based Practices: Trauma Informed Care
8. Housing First

[1] United States Interagency Council on Homelessness, Core Elements of Effective Street Outreach to People Experiencing Homelessness, June 2019 (https://www.usich.gov/resources/uploads/asset_library/Core-Components-of-Outreach-2019.pdf).

***Screening & Diagnostic Services**:* The state of being homeless impacts significantly on health, resulting in higher rates of premature mortality[2]. In the USA, the current mean age of people experiencing homelessness is approximately 50 years[3]. Appropriate assessment tools are needed to identify the health needs of adults experiencing homelessness. Appropriate in this context means that the assessment should use language, items, and constructs which are relevant to homelessness. For instance, many validated tools are available to evaluate sleep quality, nutrition, and hygiene in the general population. These tools often have questions worded in a manner that assume that respondents sleep in a bed, and have access to food preparation and storage services, as well as bathroom and toilet facilities. As this may not be the case for many people experiencing homelessness, it is important that health screening tools are properly validated and appropriate for specific circumstances of homelessness.[4]

DSAMH contracted PATH providers will be expected to utilize assessment tools that are intended to prioritize resources for those with the greatest need, match people with the services that are most likely to help them exit homelessness, reduce the time it takes for clients to access services, and ensure that limited resources are allocated efficiently. DSAMH's preference would be the utilization of coordinated assessments which would be designed to include improved standardization of referrals that rely on more than caseworker judgment as well as an orientation toward the hardest to serve populations.

DSAMH recognizes that the first step in providing services to an individual experiencing homelessness involves initial observations and decisions about care including the importance of health and/or safety determinations of prospective PATH. DSAMH PATH providers will be expected to collect primary care records and information on the following: substance use and SUD, mental disorders, effects of specific symptoms, co-occurring disorders, and exposure to trauma. They should also evaluate the onset of homelessness, current ability to maintain stable housing, and criminal justice involvement. Client retention and continuity of care is a significant challenge to address among individuals experiencing homelessness. For those living with chronic homelessness, the task of addressing health care, financial needs, criminal justice issues, and housing security is daunting. Therefore, client retention requires the development of short-term, realistic treatment and prevention goals. Goals should be set collaboratively with clients to include specific milestones within a defined time period and rewards (contingency management) to increase retention around continuing access to services. Therefore, a continuum of assessment tools and services that ranges from brief eligibility screenings to comprehensive clinical assessments will be employed.

***Case Management Services**:* Case management refers to a collaborative and planned approach to ensuring that a person who experiences homelessness gets the services and supports that they need to move forward with their lives. Originating in the mental health and addictions sector, the strategies and tools of case management can be used more broadly to support anyone who has experienced homelessness overcome challenges. It is a comprehensive and strategic form of service provision whereby

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[2] Aldridge RW, Story A, Hwang SW, Nordentoft M, Luchenski SA, Hartwell G, Tweed EJ, Lewer D, Katikireddi SV, Hayward AC. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *Lancet.* 2018; **391:241**–250.

[3] Gordon, S. J., Grimmer, K., Bradley, A., Direen, T., Baker, N., Marin, T., Kelly, M. T., Gardner, S., Steffens, M., Burgess, T., Hume, C., & Oliffe, J. L. (2019). Health assessments and screening tools for adults experiencing homelessness: a systematic review. *BMC public health*, *19*(1), 994. https://doi.org/10.1186/s12889-019-7234-y.

[4] Aldridge RW, Story A, Hwang SW, Nordentoft M, Luchenski SA, Hartwell G, Tweed EJ, Lewer D, Katikireddi SV, Hayward AC. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *Lancet.* 2018; **391:241**–250; O'Connell JJ. *Premature mortality in homeless populations: a review of the literature.* Nashville: National Health Care for the Homeless Council Inc; 2005.

a case worker assesses the needs of the client and, where appropriate, arranges, coordinates and advocates for delivery and access to a range of programs and services designed to meet the individual's needs.

DSAMH contracted PATH service providers will be expected to implement a client-centered case management approach to ensure that the person who has experienced homelessness or who is at imminent risk of experiencing homelessness has a major say in identifying goals and service needs, and that there is shared accountability. DSAMH contracted PATH service providers will operate with the primary goal of case management as a service to empower people, draw on their own strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports and thus reduce the risk of homelessness and/or help them achieve housing stability. Thus, said providers will utilize a case management approach along with a system of care approach, where links are made to necessary services and supports, based on identified client need(s) so PATH eligible clients become 'clients' not of specific agencies, per se, but rather, of the sector. DSAMH aims to ensure that PATH eligible clients are supported from the moment they are identified as experiencing homelessness or imminently at risk of experiencing homelessness through to the solution stage.

The basic components of case management to be managed by DSAMH contracted PATH providers will include intake, assessment of needs, service planning, linkage to services, continuous monitoring, and client advocacy. In addition to increasing access to medical and psychosocial services, the case management services will also include crisis intervention, discharge planning and direct services such as emotional support, client education, and skill building[5]. Case management plays an integral role in achieving positive medical and non-medical outcomes for individuals experiencing homelessness through communication, health education, client advocacy, identification of service resources, and service facilitation. DSAMH believes that case management services may be especially beneficial for the highest need, most vulnerable, individuals including the chronically ill, frequent service users, and those with severe mental illness, and co-occurring substance use disorders[6] who are the intended recipients of PATH services.

Housing Services – The Housing First Model has been thoroughly studied and there exists a volume of research and data supporting it as an effective approach to ending homelessness. DSAMH intends to integrate a *Housing First* homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to mental health illness and mental health and co-occurring substance use issues. The Housing First approach is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. Evidence shows that a Housing First and aligned treatment approach can work for even the highest need population of people experiencing homelessness[7].

Through its contracted PATH service providers, DSAMH intends to provide specialized services designed to increase access to and maintenance of stable housing for PATH enrolled clients who have significant or unusual barriers to getting or maintaining housing. DSAMH PATH providers will utilize

[5] De Vet R, Van Luijtelaar MJA, Brilleslijper-Kater SN, Vanderplasschen W, Beijersbergen M, Wolf J. Effectiveness of case management for homeless persons: A systematic review. Am J Public Health. 2013;103(10): e13-e26.
[6] Case Management Society of America. What is a case manager? http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/ tabid/224/Default.aspx. Accessed December 1, 2015.
[7] Maria C. Raven MD, MPH, MSc, Matthew J. Niedzwiecki PhD, Margot Kushel MD, A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services, First published: 25 September 2020 https://doi.org/10.1111/1475-6773.13553.

funds for Housing services as specified in Section 522(b) (10) of the Public Health Service Act, including:

- Minor renovation/expansion/repair of housing
- Planning of housing
- TA in applying for housing assistance
- Improvement in the coordination of housing services
- Security deposits
- Costs associated with matching eligible individuals experiencing homelessness with appropriate housing situations
- One-time rental payments to prevent eviction

Delaware's PATH Goals are inherently based on DSAMH's mission to improve the quality of life for adults with behavioral health conditions by promoting their health and well-being, fostering their self-sufficiency, and protecting those who are at risk. Delaware aims to contact 750 homeless individuals and enroll 300 through outreach and ongoing client engagement.

Additionally, Delaware aims to:

- Increase the number of persons experiencing homelessness contacted through outreach.
- Increase the percentage of those contacted through outreach who accept services.
- Increase the percentage of enrolled clients who are linked to community mental health treatment services, housing, and other wraparound services.
- Increase the number of veterans contacted through outreach.
- Increase the number of veterans enrolled in case management services.
- Increase the number of DSAMH Contracted Provider staff who are familiar with and get trained to utilize SOAR.
- Increase the partnership percentage of PATH and SOAR.

The table below is a brief financial overview of the use of PATH funds for Federal Grant Year 2022-2023:

Grant Project Cost Category	**Federal Amount**	**State Amount Minimum Match**
	$300,000	**$100,000**
Administrative	**$12,000**	**$0**
Contractual	**$288,000**	**$100,000**

2. State Budget-see separate document
3. Intended Use Plans [see separate document(s)]

II. State Level Information

A. State of Delaware Operational Definitions:

- **Individual experiencing homelessness**- 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 of 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 a 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**- Per Delaware Code Title 18. Insurance Code § 3343. Insurance coverage for serious mental illness, "Serious mental illness" means any of the following biologically based mental illnesses: schizophrenia, bipolar disorder, obsessive-compulsive disorder, major depressive disorder, panic disorder, anorexia nervosa, bulimia nervosa, schizo-affective disorder, and delusional disorder. The diagnostic criteria set out in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders shall be utilized to determine whether a beneficiary of a health benefit plan is suffering from a serious mental illness.
- **Co-occurring Disorders**- Refers to individuals who have at least one serious mental illness and substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other. PATH programs may outreach to all individuals but may only enroll and provide PATH services to individuals who have a serious mental illness and are experiencing homelessness or are at risk of homelessness. If the person has substance use issues and a serious mental illness, then they are eligible for PATH services.
- **Enrollment**- A PATH-eligible individual and a PATH provider have mutually and formally agreed to engage in services and the provider has initiated an individual file or record for that individual.

B. Collaboration:

Housing Alliance Delaware is the lead administrative agency for the Delaware Continuum of Care (CoC). They are also the database administrator for PATH mandated data system, Homeless Management Information System, known in Delaware as the Community Management Information System (CMIS).

The CoC is a community-based collaborative that ensures a responsive, fair, and just approach to addressing homelessness, and strives to achieve housing for all. The CoC Program promotes communitywide commitment to the goal of ending homelessness, provides funding to rehouse persons experiencing homelessness quickly while minimizing negative effects such as trauma, promotes access to and effects the utilization of mainstream programs by persons experiencing homelessness, and optimizes self-sufficiency among persons experiencing homelessness. The CoC utilizes Coordinated Entry to provide access to emergency shelter and housing resources for people experiencing homelessness throughout Delaware.

DSAMH staff actively participate in the Delaware Continuum of Care, attend quarterly meetings, and participate on subcommittees. The DSAMH contracted PATH provider(s) will be required to become active member(s) with the Delaware Continuum of Care. Participation of the agency will ensure the PATH program is integrated into Coordinated Entry ensuring individuals receive access to housing and community services.

Additionally, the DSAMH contracted PATH providers are required to use the Delaware Treatment and Referral Network (DTRN) for client linkage to any type of DSAMH contracted behavioral health services (includes behavioral health housing support services). DTRN is a statewide, comprehensive electronic referral network for behavioral health and substance use disorder treatment. The purpose of the DTRN is to furnish vendors of Mental Health and Substance Use Disorder services in Delaware an efficient and timely method to obtain services for persons in need.

C. **Veterans**

Veterans are a significant minority within the homeless target population. In addition to other minority group status issues that alienate veterans from society- at-large, homeless veterans often feel alienated from society as well as from other veterans who were able to adjust and successfully transition from military to civilian life. DSAMH will consider awarding PATH funds to entities who have demonstrated a commitment and level of effectiveness in serving veterans experiencing homelessness and who actively support Delaware's declaration of ending veteran homelessness.

Current PATH vendors must develop a reciprocal relationship with various community-based service organizations to include the Veteran's Administration.

Alignment with PATH Goals:

The DSAMH contracted PATH providers will provide aggressive outreach to shelters, free-standing supportive service programs, transitional housing programs, hospital emergency departments, inpatient settings, detoxification facilities, other supportive housing programs, and community organizations.

Specific Services include:

Outreach: Delaware aims to provide systematic, coordinated, and comprehensive outreach services including prioritization of those with serious mental illness who are veterans and who are experiencing homelessness or who are at imminent risk of experiencing homelessness. Delaware's contracted PATH service providers will be expected to coordinate outreach efforts with a broad network of programs, services, and/or staff who are likely to encounter individuals experiencing unsheltered homelessness, and whose regular focus may be broader than homelessness. This might include law enforcement and other first responders, hospitals, health and behavioral healthcare providers, homeless education liaisons, workforce systems, faith-based organizations, and other community-based providers. DSAMH defines outreach to include face-to-face interaction with persons experiencing literal homelessness in streets, wooded areas, under bridges, and in other nontraditional settings as well as the distribution of flyers and other written information, public service announcements, and other indirect methods. In its definition, DSAMH also includes "in-reach," which is when outreach staff are placed in a service site frequented by homeless people, such as a shelter, community resource or drop-in center, and

direct, face-to-face interactions occur at that site. The primary outcome of said outreach efforts will be increased access to and utilization of community services by the target population.

Screening & Diagnostic Services: - DSAMH contracted PATH providers will be expected to utilize a continuum of assessment tools and services that range from brief eligibility screening to comprehensive clinical assessments that are intended to prioritize resources for those with the greatest need, match people with the services that are most likely to help them exit homelessness, reduce the time it takes for clients to access services, and ensure that limited resources are allocated efficiently. DSAMH's preference would be the utilization of coordinated assessments which would be designed to include improved standardization of referrals that rely on more than caseworker judgment as well as an orientation toward the hardest to serve populations.

Case Management Services: DSAMH contracted PATH service providers will be expected to implement a client-centered case management approach to ensure that the person who has experienced homelessness or who is at imminent risk of experiencing homelessness has a major say in identifying goals and service needs, and that there is shared accountability. DSAMH contracted PATH service providers will operate with the primary goal of case management as a service to empower people, draw on their own strengths and capabilities, and promote an improved quality of life by facilitating timely access to the necessary supports and thus reduce the risk of homelessness and/or help them achieve housing stability. Thus, said providers will utilize a case management approach along with a system of care approach, where links are made to necessary services and supports, based on identified client need(s) so PATH eligible clients become 'clients' not of specific agencies, per se, but rather, of the sector.

Housing Services - DSAMH intends to integrate a Housing First homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to mental health illness and mental health and co-occurring substance use issues. The Housing First approach is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. Through its contracted PATH service providers, DSAMH intends to provide specialized services designed to increase access to and maintenance of stable housing for PATH enrolled clients who have significant or unusual barriers to getting or maintaining housing. DSAMH PATH providers will utilize funds for Housing services as specified in Section 522(b) (10) of the Public Health Service Act, including:

- Minor renovation/expansion/repair of housing
- Planning of housing
- TA in applying for housing assistance
- Improvement in the coordination of housing services
- Security deposits
- Costs associated with matching eligible individuals experiencing homelessness with appropriate housing situations
- One-time rental payments to prevent eviction

Additionally, DSAMH sponsors other non-PATH funded programs that also target outreach and case management as priority services and maximize serving the most vulnerable adults who are

literally and chronically homeless. These services are provided directly by DSAMH and include Crisis Intervention Services, Bridge Clinics, Targeted Case Management, and the Treatment Access Center (TASC).

- BRIDGE CLINICS- The Bridge Clinics' mission is to promote health and well-being by educating about, promoting awareness of, and bringing access to services that can make a difference. The Bridge Clinic offers fast access to services for substance use and mental health disorders. The Bridge Clinics are evidenced-based program services modeled after the National Alliance for Model State Drug Laws' (NAMSDL) *Model Act for Overdose Stabilization and Warm Hand-Off Centers,* to expand access to treatment for individuals without access to care or as an alternative to the Emergency Department setting. The Bridge Clinic New Castle County location is open 24/7.

- CRISIS INTERVENTION SERVICES (CIS)-Crisis Intervention Services (CIS) is offered through the Department of Substance Abuse and Mental Health (DSAMH) for individuals who are experiencing distress and functional impairment in the community. CIS staff are available 24 hours a day, 7 days per week, to provide an array of emergency response services to individuals who are experiencing a behavioral health crisis. CIS staff meet the individual in crisis where the individual is are to initiate the helping process in a safe and supportive manner.

  The goal of CIS is to divert individuals from the criminal justice system and psychiatric hospitalization, if applicable, and restore them to their adequate level of functioning by utilizing comprehensive screening and assessments, brief intervention, information and referral and linkages to community vendors and/or wrap-around services. CIS collaborate with law enforcement agencies to maximize safety for the individual in crisis and the community. CIS provides on-going training to law enforcement agencies, community vendors and other state agencies on emergency response, crisis intervention, de-escalation, screening and assessment, and community resources. CIS offers the following services:

  - TARGETED CASE MANAGEMENT (TCM)-The Targeted Case Management Program (TCM), funded by and operated through the Division of Substance Abuse and Mental Health (DSAMH), provides temporary bridge support services to clients exiting the Delaware Psychiatric Center (DPC) and other designated Institutes of Mental Disease (as able). TCM assists DSAMH clients in leaving DPC with supported services when other services are not readily available.

  - The Treatment Access Center (TASC)- coordinates and monitors all drug court diversion programs that are funded by DSAMH. All offenders diverted by Superior Court and Court of Common Pleas will be assigned to a case manager. The case manager will be the liaison between the program and the drug court, TASC and other agencies/programs with which the client may be involved. The Diversion programs perform intake assessments, ongoing urinalysis, educational groups, counseling including psychoeducational and outpatient counseling services and case management services. Diversion program participants who are determined to need more intense levels of

treatment are referred to other programs, in the same or another agency, that provide the appropriate level of care for criminal justice referred clients.

Alignment with State Comprehensive Mental Health Services Plan:
Under Public Law (P.L.) 102-321, the State Comprehensive Community Mental Health Services Plan is required to establish and implement a program of outreach to, and services for, individuals with serious mental illness who are homeless.

The Division of Substance Abuse and Mental Health (DSAMH) is the single state agency (SSA) for the State of Delaware and is responsible for the development and implementation of a comprehensive strategic plan for prevention and treatment in the State of Delaware, as well as the coordination of state and federal funding, and development of standards for the certification and approval of prevention and treatment programs. DSAMH is the state's public mental health and substance abuse authority and as such is responsible for administering both the PATH Formula Grant Program and the Combined Behavioral Health Services Block Grant Program, formerly Community Mental Health Services Block Grant, the agency can ensure that planning and implementation activities are coordinated between the two programs. DSAMH's Comprehensive Plan encompasses both the State Plan and PATH, while implementation and oversight for both programs are coordinated through the State Mental Health Authority.

Process for Providing Public Notice:
For future application submission during calendar year 2022, DSAMH intends to advertise the draft PATH application for public commentary on its website in alignment with the similar public notice as the Combined Behavioral Health Services Block Grant Program. As an example, for future PATH public notice advisory, please see the public posting of the Block grant application process, https://www.dhss.delaware.gov/dsamh/sabg.html. In addition, DSAMH will disseminate protected drafts of the application via email listservs that include providers and community organizations located throughout the state.

Programmatic and Financial Oversight:
Contractually all DSAMH vendors are held by the following requirements:

1. The Vendor agrees to provide the staff and services and to seek reimbursement for services provided according to the terms and conditions set forth in the executed agreement. Delaware residents shall be given priority over residents of other states in determining eligibility for services provided under agreement.

2. In the event that Vendor fails to complete the project or any phase thereof within the time specified in the Agreement, or with such additional time as may be granted in writing by Delaware, or fails to prosecute the work, or any separable part thereof, with such diligence as will ensure its completion within the time specified in the Agreement or any extensions thereof, Delaware may suspend the scheduled payments.

3. The Division reserves the right to reduce the number of people a Vendor currently serves, restrict the number of referrals a Vendor may receive, or rescind authorization to operate one or more service sites (e.g., neighborhood home, apartment) or any combination of such measures as sanctions for documented unsatisfactory agreement

performance as determined by the Division. The Division may impose such sanctions for a period of between 30 to 365 days, with the right to renew the sanctions at the Division's sole discretion.

4. The Vendor agrees to acknowledge, in any communication involving the public, the media, the legislature or others outside of DSAMH, that the services provided under the terms of this agreement are funded by and are part of the system of public services offered by DSAMH.

5. The Vendor agrees to participate in the DSAMH reporting and identification system and to use such forms as are approved/required by or supplied by DSAMH. Any modifications to the approved forms must have prior authorization from DSAMH.

6. DSAMH retains the specific right of access to all treatment records, plans, reviews, and essentially similar materials that relate to the services provided to clients/consumers under the terms of this agreement. DSAMH shall be entitled to make and retain possession of copies of any treatment records, plans, reviews, and essentially similar materials which relate to the services provided to clients/consumers under the terms of this agreement and the vendor shall not restrict DSAMH from such possession.

7. The Vendor agrees to submit incident reports, notifications, and reports of any and all adverse events pursuant to DHSS Policy Memorandum 46 titled, "Responding to Reportable Incidents/Allegations."

8. The Vendor agrees to maintain such participant record systems as are necessary and required by DSAMH and/or federal mandate to document services. Program record systems shall be compatible with existing DSAMH systems, including the management information system, be based on project objectives and measure and track the movement of clients through the program.

9. The Vendor agrees to provide DSAMH copies of such records, statistics and other data required for research, evaluation, client follow-up, training needs assessment and program or financial monitoring or audit.

10. The Vendor agrees that no employee, board member, or representative of the Vendor, either personally or through an agent, shall solicit the referral of clients to any facility or program in a manner, which offers or implies an offer of rebate to persons referring clients or other fee-splitting inducement. This applies to contents of fee-schedules, billing methods, or personal solicitation. No person or entity involved in the referral of clients may receive payment or other inducement by a facility/program or its representatives. No person shall be employed for the sole reason to direct people with serious mental illness to a facility that they are employed by or get remuneration of any kind.

11. The Vendor and DSAMH mutually understand and agree that DSAMH may at any time elect to seek another vendor to provide the services required by this agreement. In the event that DSAMH selects another vendor, the Vendor agrees and shall be

required to cooperate fully in the development and execution of an orderly and coordinated close-out of the Vendor's program operation to ensure the continuity of appropriate client care during the transition to another service vendor.

12. The Vendor agrees to apportion the delivery of services as purchased under agreement and to assure that services are reasonably available to DSAMH-approved and/or funded consumers/clients throughout the term of the agreement. DSAMH reserves the right to delay or withhold payments for services provided under this agreement when it appears that services are being provided in a manner that threatens reasonable availability of services or delays the expected provision of client specific data reports monthly throughout the term of the agreement

Quality Assurance and Risk Management

The Quality Assurance Unit (QA) works with vendors and prospective vendors who wish to acquire and maintain a license and/or Medicaid certification to operate programs for mental health or substance use disorder services in the State of Delaware.

The Risk Management Unit (RM) works with the agency's administrative and clinical leaders as well as with community partners to safeguard consumers in programs that are licensed or Medicaid-certified by DSAMH or are otherwise in a program for which DSAMH has an agreement. To that end, the RM Unit facilitates the availability and use of all necessary risk management procedures, forms, and review processes.

Programmatic Oversight:

- DSAMH has the right to conduct any on-site evaluation and monitoring of the Vendor(s)'s activity at any time without notice.
- Performance determination shall be based on, but not limited to, considerations of the following factors:

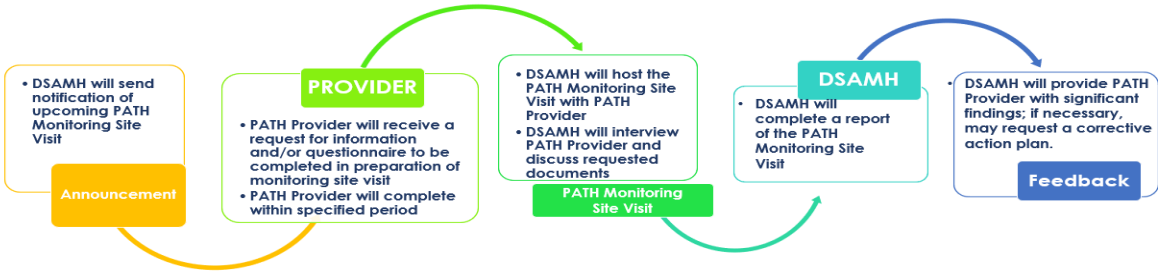
Performance Objective	Performance Standard / Acceptable Quality Level	Performance Goal	Method of Assessment
Provide services as identified in Work Plan	100% of Program/Site Compliance	100% of planned workload	Monitoring, review of program reports, third-party feedback
Adhere to requirements in Professional Service Agreement and Divisional Requirements	100% of Organization, Program compliance	100%	Monitoring, review of program reports, third-party feedback
Adhere to all required Federal and State regulations	100% of Program/Site compliance	100% of Program/Site	Monitoring, review of program reports and invoices
Reconcile accounts before submitting invoices	At least 95% of costs submitted for particular month include only costs incurred during that month	100% of costs	Review of Vendor invoices and back-ups to the invoices

Submit required invoices on time	Submit 95% of invoices for current month by 10th of subsequent month with 100% required information that is 100% accurate.	Submit 100% of invoices for current month by 10th of subsequent month with 100% required information that is 100% accurate	Review of Invoices
Deliver required reports	Gather information and submit the requested reports by the given deadline to DSAMH as established	Gather information and submit the requested reports by the deadline 100% of time	Review of Reports and Deadlines
Adherence to Program Activity Timelines and Program Outcome Measures	95% adherence to activity timelines and program outcome measures	100% adherence	As established by DSAMH

In addition, DSAMH performs PATH program monitoring to support its goal of providing coordinated and collaborative PATH outreach and case management services. DSAMH's monitoring efforts are designed to:

- ✓ quickly connect unsheltered homeless individuals to safe available housing, income, health/behavioral healthcare, and other supports;
- ✓ identify people living in unsheltered locations and help them to reduce the associated risks;
- ✓ minimize service duplication; and,
- ✓ use available resources strategically to end unsheltered homelessness for as many people as possible, prioritizing those who are most vulnerable and/or have been experiencing homelessness the longest.

Most importantly, DSAMH aims to identify both best practices to share and leverage across DSAMH's PATH efforts and identify areas of opportunity and growth for DSAMH and its PATH Providers.



Data Reporting:

Direct and indirect technical assistance and guidance as a part of the executed agreement with DSAMH, the awarded Service Vendor and future vendors will maintain client demographic

service data and outcomes data on PATH clients using the Delaware Community Management Information System, otherwise known as HMIS. The awarded Service Vendor will be required to utilize CMIS in order to maintain records of its clients and services received. This data will be a required reporting function as stipulated in the Division's PATH State Funding Agreement.

- Vendor must participate in Government Performance and Results (GPRA) Modernization Act of 2010 data collection and reporting which is required by all SAMHSA grant subrecipients.

- All contracted Vendors are required to submit CRF data for all publicly funded clients served. That would include all Medicaid, Medicare and DSAMH funded clients.

Performance outcomes will be measured through submission of the Consumer Reporting Form (CRF). DSAMH SRU maintains all CRF submission information and requirements at http://dhss.delaware.gov/dhss/dsamh/cpfrms.html . The Division reserves the right to update the website at the Division's discretion, and if updated, will notify the Vendor. The Vendor is responsible for complying with any updates and/or changes.

The Vendor shall implement policies and procedures for ensuring the complete, accurate and timely submission of encounter data (CRF) for all services for which Vendor has incurred any financial liability, whether directly or through subagreements or other arrangements. Encounter data shall include data elements specified in DSAMH's most recent requirements related to CRF data reporting. The Vendor must comply with completing all data elements as defined; reporting deadlines; and format submission requirements. Vendor shall have in place mechanisms, including edits and reporting systems sufficient to assure encounter data transfer is complete and accurate prior to submission to DSAHM SRU. Vendor shall upload encounter data to DSAMH SRU by the 10th business day of each month in the form and manner specified at http://dhss.delaware.gov/dhss/dsamh/cpfrms.html related to data reporting.

Upon written notice by DSAMH SRU that the encounter data (CRF) has not been uploaded, is incomplete or has not met the 95% threshold for error rate, the Vendor shall ensure that corrected data is transferred within the ten (10) business days of receipt of DSAMH notification. Upon Vendor's written request, DSAMH may provide a written extension for submission of corrected encounter data.

If encounter data (CRF) is not transferred after DSAMH has notified the vendor that the data is incomplete or does not meet the 95% error threshold, invoice payment for services will be withheld until the required CRFs are submitted with an accuracy rate of 95%.

Vendors with Electronic Health Record system will be given ninety (90) days advance notice of any changes for required data collection. This is to help prepare their external/internal vendors for coming adjustments to their system.

Enrollment requires a determination that the individual meets the Target Population criteria for the PATH funding, and the opening of a case record for the individual 100% of the clients outreached must have a record in the Homeless Management Information System HMIS (in Delaware this is known as the Community Management Information System "CMIS"). All

subsequent contacts, demographics, and service provision data must be entered into this system per grant requirements.

- On a quarterly basis, DSAMH will extract and compile crucial data from CMIS Based on the data and information entered into the system by the Vendor(s).
- Vendor will become a registered, active, and consistent user of CMIS within ninety (30) days of the agreement start date. To register, the Vendor should contact the Delaware Housing Alliance at (302) 654-0126.
- Vendor shall continue to participate actively and consistently with CMIS under the licensing agreement and direction of the Delaware Housing Alliance.
- Vendor is responsible for recording client data into CMIS regularly, or whenever an occurrence warrants changes to the program participants' characteristics. Such data includes but is not limited to:
    - Number of encounters with client
    - Enrollment and discharge information
    - HUD Mandated characteristics and additional information as required by the Delaware Housing Alliance
    - Information required for Centralized Intake, as applicable.
- The vendor will insure and indicate on case records that clients are aware of available peer support and peer advocacy services.
- Client level outcomes should include the transition of clients from outreach to treatment and progress toward attaining permanent housing (the outcomes identified in the matrix are an example of progress and success).
- The vendor should demonstrate an understanding of persons who receive Outreach vs. persons who receive In-Reach and are enrolled in PATH. Reporting standards for persons receiving Outreach only and persons who are enrolled in PATH differ in their degree of specificity. Program demographic, housing status and services utilization data is based on the number of clients enrolled.

Financial Oversight*:*

The PATH vendor must submit the following financial reports:

1. The Vendor's financial records must adequately reflect all direct and indirect administrative and service costs expended in the performance of this Agreement. Indirect costs shall be the Vendor's actual indirect cost or no greater than 12% of the direct program costs in this program, whichever is the lesser of the two figures. The funds received and expended under the executed Agreement must be accounted for and recorded by the Vendor in order to permit auditing and accounting for all expenditures in conformity with the terms and provisions of this Agreement, and State and Federal laws and regulations.

2. If applicable, the purchase of any individual unit of capital property with a value in excess of $1,000 with funds wholly, or in part, from any cost reimbursement portion of the executed Agreement must have prior written approval from DSAMH. With respect to capital property acquired, the Vendor agrees to maintain detailed inventory of the capital property, and to submit a property inventory each calendar quarter, indicating any new purchases made during the calendar quarter not later than ten (10) days following the reporting calendar quarter. The full inventory must indicate any loss, destruction, or disposal of property appearing on any previous inventory. The Vendor shall not transfer ownership of, sell, destroy, divert to use, or purpose

other than that for which purchased, or relocate such inventory items without prior written approval by DSAMH. The Vendor shall make available property inventory to DSAMH survey and audit staff upon request. Title to any capital property acquired in the manner described above shall transfer automatically to DSAMH upon the termination of services provided under this Agreement or subsequent renewals.

3. The Vendor shall provide DSAMH a full inventory of the property not later than thirty (30) days following the termination of this Agreement. If formal re-titling is necessary, it shall be the responsibility of the Vendor to provide DSAMH will all paperwork, forms, and documentation necessary to re-title the capital property at the time it provides DSAMH with a full inventory of property following the termination of this Agreement. The Contactor shall also cooperate with DSAMH as needed to complete any formal re-titling process for capital property purchased with funds in whole or in part provided pursuant to this Agreement.

The Vendor is required to have an annual audit, conducted by an independent auditor, and provide DSAMH with a copy of the completed annual audit, including any related financial statements and management letters, within nine (9) months of the end of the Vendor's fiscal year. The Vendor must provide one bound copy via US Mail and an electronic (via the DHSS_DSAMHFiscalMonitoring@delaware.gov mailbox). Any DSAMH initiated audit shall neither obviate the need for, nor restrict the Vendor from conducting required annual corporate audits. Financial statements are to be prepared in accordance with appropriate generally accepted accounting principles.

Vendor audits must be performed in accordance with auditing standards generally accepted in the United States and Government Auditing Standards issued by the U.S. Comptroller General. When required by the amount of the Vendor's total annual Federal award expenditures, the Vendor must comply with the requirements of the U.S. Office of Management and Budget (OMB) Uniform Grant Guidance, and its successors.

G. Selection of PATH Local Area Vendors:
As a state governed agency, it is DSAMH's responsibility to follow all state regulations pertaining to procurement and contracting https://delcode.delaware.gov/title29/c069/sc06/index.shtml. The contracted vendors designated to receive PATH funding, will provide services within their designated geographical region to individuals who experience homelessness with serious mental illnesses and co-occurring substance use disorders. The vendors will have demonstrated experience serving the target population and conducting the activities under PATH.

The PATH service provider(s) are required to capture required data in CMIS and become an active member with the Delaware Continuum of Care. Participation of the agency will ensure the PATH program is integrated into Delaware's centralized intake. The awarded PATH provider(s) will be required to participate in local planning activities and program coordination initiatives within the CoC and its established subcommittees.

Delaware Department of Health and Human Services staff currently reside as active members on the Housing Alliance Delaware board. DSAMH Staff will participate in quarterly meetings alongside the awarded service vendors to ensure PATH program integration.

Additionally, the contracted PATH provider(s) are required to use the Delaware Treatment and Referral Network (DTRN) for client linkage to any type of DSAMH contracted behavioral health services (includes behavioral health housing support services). DTRN is a statewide, comprehensive referral network for behavioral health and substance use disorder treatment. The purpose of the DTRN is to furnish vendors of Mental Health and Substance Use Disorder services in Delaware an efficient and timely method to procure services for persons in need.

H. Location of Individuals with Serious Mental Illness who are Experiencing Homelessness:
Housing Alliance Delaware conducts at least one point-in-time survey per year. These surveys provide a snapshot count of persons who are homeless on one day of the year.

The Point in Time (PIT) Count is a one-night count of those experiencing homelessness in Delaware communities, and a survey of their characteristics. The PIT Count includes adults and children throughout the state who are sheltered in weather-related shelters such as Code Purple sanctuaries, emergency shelters, including hotel/motel vouchers and domestic violence shelters, transitional facilities and people who are sleeping in unsheltered locations, such as the streets, in cars, sheds, tents, and other places not meant for human habitation. The Point-In-Time Survey methodology produces the most reliable estimates to date on the current number of homeless persons in the State of Delaware.
The 2021, PIT data can be found at
https://static1.squarespace.com/static/59ca9d72268b96cb977e74fd/t/5f2c3c18a70e8e2213cfc9c5/1596734488577/2020+PIT-HIC+Summary.pdf

I. Matching Funds:
Delaware is obligated to provide a minimum mandatory match of $100,000.00. The Department of Health and Social Services, Division of Substance Abuse and Mental Health will contribute the mandatory monetary match to the awarded PATH service provider(s). Matching funds will be available on the first day of the project period.

J. Other Designated Funding:
The Division of Substance Abuse and Mental Health (DSAMH) views the PATH Grant as an important mechanism to fund the programs and activities necessary to meet the agency's targets for serving individuals experiencing homelessness, as established in DSAMH's State Plan. This reliance on the PATH Grant for support to achieve the State Plan's goals and objectives for this population will help ensure that the PATH Grant Program will continue to be coordinated with the State Plan in the future. State funded (General Fund Appropriation) homeless outreach services are also provided by the Crisis Intervention Services, Bridge Clinics and Targeted Case Management. Additionally, resources available through DSAMH grants such as Community Mental Health Block Grant, Delaware Emergency COVID-19 Grant, and State Opioid Response Grant will help support resources for participants of the PATH program.

K. Data:
DSAMH will oversee data collection and performance measurement of PATH, building on the current PATH data collection process. 100% of PATH data will be entered into HMIS (known locally as CMIS). The Division and awarded vendors will work with local CMIS administrators to assure that all PATH vendors acquire CMIS licensure and are trained in the use of CMIS. The

awarded PATH Service vendor(s) will be expected to obtain access to CMIS and collect the following GPRA and SAMHSA measures as required by the Notice of Funding:

- Number of homeless persons contacted.
- Number of PATH vendors trained in SOAR to ensure eligible homelessness clients are receiving benefits.
- Percentage of enrolled homeless persons in the PATH program who receive community mental health services.
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services; and
- Number of persons referred to and attaining housing.
- Number of persons referred to and attaining mental health services; and
- Number of persons referred to and attaining substance use disorder services.

DSAMH will use data-driven quality improvement processes to evaluate and enhance PATH Project performance.

Delaware PATH services and activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community. The Division of Substance Abuse and Mental Health (DSAMH) and the Delaware community behavioral health network of vendors and health specialists will have lead roles in ensuring the cultural and linguistic needs of grant participants are effectively addressed, particularly the disparate population from Central American Countries.

The State's evaluation unit will use a continuous quality improvement approach to analyze, assess, and monitor key GPRA performance indicators as a mechanism to ensure services are delivered in a manner that is high-quality and effective for the target population. In addition, GPRA, CMIS (Delaware's HMIS), and DSAMH Consumer Reporting Form (CRF) data will be used to monitor and manage program outcomes by race, and ethnicity. LGBTQ status is also an area the DHSS CLAS Workgroup is working to normalize within all data collection tools within the quality improvement processes. Programmatic adjustments will be made as indicated to address identified issues, including behavioral health disparities, across departmental and divisional program domains.

DSAMH will review and analyze the data submissions to measure the State's progress in meeting the established goals and outcomes for each subpopulation in all three Delaware counties. The team will meet bi-monthly for data dissemination activities that will include working with service vendors, stakeholders, and consumers to identify disparities in access to treatment and support services and suggest programmatic changes as needed. Continuous quality improvement efforts will include all key stakeholders. DSAMH will provide quarterly and annual evaluation reports that document the local program outcomes and the progress of proposed goals and objectives in formal meetings.

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

DSAMH Path contracted service providers will be expected to have staff trained in the provision and utilization of SOAR applications. Said PATH providers are provided information about available online training. In addition, DSAMH will facilitate communication and coordination with the Delaware SOAR TA Liaison, Abigail Kirkman (see contact information below):

TA Center Liaison: Abigail Kirkman
Email: akirkman@prainc.com(link sends e-mail)
Phone: (518) 439-7415 x5226

It is the State of Delaware, Department of Health and Social Services, Division of Substance Abuse and Mental Health (DSAMH) expectation to assure services funded by DSAMH are used as the Payor of Last Resort.

Subrecipients, such as PATH vendors must utilize third-party and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Subrecipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Subrecipients should also consider other systems from which a potential service recipient may be eligible for services (i.e., the Veterans Administration). In addition, subrecipients are required to implement policies and procedures that ensure other sources of funding are utilized first, when available, for that individual.

M. PATH Eligibility and Enrollment:
The PATH program is designed to support the outreach, engagement, and delivery of services to eligible persons who are experiencing homelessness or who are at imminent risk of experiencing homelessness and who have serious mental illness(es) and/or co-occurring substance use disorder with an emphasis on:

- persons most in need of services and/or engagement;
- Services which are not supported by mainstream behavioral health programs
- Individuals who meet PATH eligibility criteria and are already linked to mental health treatment are still considered eligible for PATH services under the federal PATH statute, as they may need services other than mental health treatment (e.g., housing services, linkage to income assistance, and other mainstream services and benefits).
- The primary target population for PATH-funded services consist of outreach and engagement services to adults aged 18 and over who are literally homeless and deemed to be the hardest to reach and most difficult to engage with and whose severity of mental illness and/or co-occurring substance use disorders is unknown.

Once a participant is referred, staff will complete a full assessment of the individual to determine the following: intensity of care needed, behavioral health service history and/or diagnostic need, status of entitlements and application of entitlements, housing needs, medical needs, employment and educational needs, community support needs, legal status and obligations and other areas of living that impact a participant's overall success with independence in the community. Staff will conduct assessments wherever needed.

If PATH eligibility is determined and the participant is willing to enroll in services, staff, and the participant to be served will develop a recovery plan that is strengths-based and focuses on the participant's goals, particularly short-term goals. This will include goals that include the anticipated length of involvement and well as a plan to link the individual to longer- term community supports (including housing) and other wraparound service providers.

N. Charitable Choice For PATH

It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all contracted providers of services adhere to all requirements of the Code of Federal Regulations pertaining to Charitable Choice (42 CFR 54). Religious organizations are eligible, on the same basis as any other organization, to participate in applicable programs, as long as their services are provided consistent with the Establishment Clause and the Free Exercise Clause of the First Amendment to the United States Constitution. Religious organizations contracting with or holding a sub-contract must comply with all Federal Regulations pertaining to Charitable Choice. Providers will be required to adhere to Federal Statutory language (42 CFR Part 54), on Charitable Choice provisions. Charitable Choice applies to both prevention and treatment services; however, funding cannot be expended for inherently religious activities such as worship, religious instruction, or proselytization.

III. Local Provider Intended Use Plan ("IUP")

State of Delaware is issuing an RFP to locate Path Service Provider(s). Once selected the IUP(s) will be submitted.