Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

Projects for Assistance in Transition from Homelessness (PATH)

Short Title: FY 2016 PATH FOA

Funding Opportunity Announcement No. SM-16-F2

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.150

Key Dates:

Application Deadline	**Applications are due by May 27, 2016**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2016 Projects for Assistance in Transition from Homelessness (PATH) grants. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illnesses or co-occurring serious mental illness and substance use disorders who experience homelessness or are at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management, and services which are not supported by mainstream mental health programs.

Funding Opportunity Title:	**Projects for Assistance in Transition from Homelessness**
Funding Opportunity Number:	**SM-16-F2**
Due Date for Applications:	**May 27, 2016**
Anticipated Total Available Funding:	**$61,260,664**
Cost Sharing/Match Required	**Yes** **See Section III-2 of this FOA for cost sharing/match requirements.**
Length of Project Period:	**1 year**
Eligible Applicants:	**States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands**

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, is accepting applications for fiscal year (FY) 2016 Projects for Assistance in Transition from Homelessness (PATH) grants. PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Since 1991, PATH has funded the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The goal of the PATH Program is to reduce or eliminate homelessness for individuals with serious mental illness or co-occurring serious mental illness and substance use disorders or who are at imminent risk of becoming homeless. PATH funds are used to provide a menu of allowable services, including street outreach, case management, and services which are not supported by mainstream programs. Through its services, PATH links a vulnerable population who experience persistent and pervasive health disparities to mainstream and other supportive services. Collectively these efforts help homeless individuals with serious mental illness secure safe and stable housing, improve their health, and live a self-directed, purposeful life.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by improving the quality and availability of substance abuse prevention, alcohol and drug abuse treatment, and mental health services. To achieve this mission, SAMHSA has identified six Strategic Initiatives to focus the Agency's work. The PATH program is part of SAMHSA's Recovery Support Strategic Initiative which includes goals to improve the physical and behavioral health of individuals with mental health disorders, increase access to permanent housing, increase attainment of employment, and increase social supports.

PATH grants are authorized under Section 521 et seq. of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

2. EXPECTATIONS

PATH funds are distributed to each state, the District of Columbia, Puerto Rico, and four U.S. Territories, so that they may, in turn, make grants to local, public, or non-profit organizations to provide a variety of legislatively authorized services. States are expected to fund organizations in areas with the highest concentration of people who are experiencing homelessness.

Grant Funds

Grantees must use third party and other revenue realized from provision of services to the extent possible. SAMHSA grant funds should be used only for services to individuals who are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. In addition, grantees are required to implement policies and procedures that ensure priority use of other available funding sources for PATH services.

Grantees are expected to assist eligible clients who seek health insurance in completing the application and enrollment process. Grantees should also help clients complete application processes for other mainstream benefits or supports they may seek and for which they may be eligible (e.g., Veterans Administration or senior services).

Recovery

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition advances recovery opportunities for all Americans and helps clarify this process for peers/persons in recovery, families, funders, providers, and others. This definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

SAMHSA encourages all grantees to address the behavioral health needs of returning veterans and their families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA will encourage its grantees to utilize and provide technical assistance regarding locally-customized web

portals that assist veterans and their families with finding behavioral health treatment and support.

Electronic Health Records

The Affordable Care Act and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator's (ONC) certifying body. For more information and resources on EHRs, see Appendix J.

Chronic Homelessness

Although persons experiencing chronic homelessness represent a smaller share of all persons experiencing homelessness (17 percent in 2015; 2015 Annual Homeless Assessment Report (AHAR)), the mortality rate for these men and women is four to nine times higher than that of the general population. Indeed, the public health imperative in working with people who are experiencing chronic homelessness is clear. Moreover, better access to health care, income supports, and work supports for this population can help further the goals of the United States Interagency Council on Homelessness (USICH) strategic plan, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.*

In order to proactively and comprehensively address the spectrum of service needs for individuals who experience chronic homelessness, SAMHSA is strongly encouraging states to prioritize services for this population using PATH funds.

HEARTH Act/Homeless Definition

States are strongly encouraged to adopt HUD's definition on homelessness to determine eligibility for services provided with PATH funds. The statutory language for the definition is in the McKinney-Vento Homeless Assistance Act, as amended by S.896, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and can be found at: https://www.hudexchange.info/homelessness-assistance/hearth-act/

Health Disparities

In accordance with the disparity-focused provisions of the Affordable Care Act, SAMHSA encourages PATH dollars to support the reduction of disparities in access, services provided, and behavioral health outcomes among its diverse subpopulations. Grantees are encouraged to collect and use data to: (1) identify subpopulations (i.e., racial, ethnic, limited English speaking, tribal, sexual/gender minority groups, and people living with HIV/AIDS or other chronic diseases/impairments) vulnerable to health

disparities, and (2) implement strategies to decrease the disparities in access, service use, and outcomes both within those subpopulations and in comparison to the general population. 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 (See Appendix H)

In October 2011, in accordance with section 4302 of the Affordable Care Act, HHS issued final standards on the collection of race, ethnicity, primary language, and disability status: (http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208). This guidance conforms to the existing OMB directive on racial/ethnic categories with the expansion of intra-group, granular data for the Latino and the Asian-American/Pacific Islander populations.

Disaster Preparedness and Emergency Planning

When disaster strikes, over-extended systems must work to meet the needs of the impacted population to include individuals experiencing homelessness. Prior planning and coordinated response which reaches across agencies and systems can advance recovery from disasters. This program guidance is intended to encourage PATH grantees to design, review, update, and test their emergency response plans in consideration of continuity of care needs for people experiencing homelessness and have a serious mental illness and or co-occurring serious mental illness and substance use disorder. Furthermore, grantees are encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, housing agencies, mental health, substance abuse, and emergency management services - and where not present, propose for inclusion, specific provisions that would address and or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters. (See Appendix K)

2.1 PATH-eligible services are the following:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services, including recovery support services, such as peer specialist/recovery coaches;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who experience homelessness require services;
- Case management services, including:
  - Preparing a plan for the provision of community mental health services to eligible homeless individuals involved, and reviewing such plan not less than once every 3 months;
  - Providing assistance in obtaining and coordinating social and maintenance services for eligible individuals who experience homelessness, including services relating to daily living activities, peer support services, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
  - Providing assistance to eligible individuals who experience homelessness in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
  - Referring eligible individuals who experience homelessness 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 individuals who experience homelessness are 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 services;
- Referral for primary health services, job training, educational services, and relevant housing services; and

- Housing services, as specified in Section 522(b)(10) of the Public Health Service Act, 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;
    - Costs associated with matching eligible individuals who are experiencing homelessness with appropriate housing situations;
    - One-time rental payments to prevent eviction; and
    - Other appropriate services, as determined by the Secretary.

Although PATH funds can be used to support this array of services, applicants are encouraged to use these resources to fund street outreach, case management, and services which are not financially supported by mainstream services and or behavioral health programs. SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.2 Data Collection and Performance Measurement

All PATH grantees must submit required annual PATH data through the PATH Data Exchange (PDX). PATH provider data reports must be reviewed and approved by the State PATH Contact (SPC) prior to submission. SAMHSA will announce the due date for annual report submission in the fall of 2016.

By the end of the state fiscal year, PATH providers are expected to collect PATH client data through the Homeless Management Information System (HMIS) or other systemapproved by SAMHSA that supports interoperability with the local HMIS.

- Participation in HMIS provides a platform for coordinating care and improving client access to mainstream programs and housing resources. This practice is effective in reducing duplicative intakes by numerous agencies within the Continuum of Care (CoC), thus increasing productivity and reducing service costs. It also helps enhance service providers' understanding of clients' needs. Use of HMIS for PATH enables SAMHSA to report reliable and consistent data on the performance of the PATH program. SAMHSA will continue to partner with

the U.S. Department of Housing and Urban Development (HUD) to support states and providers in meeting this goal.

States are reminded that compliance with applicable federal and state health information confidentiality regulations, including the regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, is required when submitting information to HMIS or other electronic health record system. 42 CFR Part 2 contains certain requirements for the disclosure of information by substance abuse treatment programs; most notably, client consent is required for disclosures, with some limited exceptions.

- 42 CFR Part 2 applies to all federally funded individuals or entities that "hold themselves out as providing, and provide, alcohol or drug abuse diagnosis, treatment or treatment referral."

- A program is federally funded if it:
  - is authorized, licensed, certified, or registered by the federal government;
  - receives federal funds in any form, even if the funds do not directly pay for the alcohol or drug abuse services; or
  - is assisted by the Internal Revenue Service through a grant of tax-exempt status or allowance of tax deductions for contributions; or is authorized to conduct business by the federal government; or is conducted directly by the federal government.
- SAMHSA will provide technical assistance to states, both jointly through the learning community structure, and individually as needed to support achievement of PATH goals and compliance with federal requirements. States that have not yet completed their transition to HMIS for PATH are expected to complete the following activities:

  - Submit a timeline for fully transitioning all providers to HMIS by the end of the state fiscal year 2016;

  - Provide an overview of the policies and procedures that are currently used by service providers funded through PATH to support compliance with 42 CFR Part 2 when sharing information with local CoC or other systems.

  - Indicate which PATH providers are subject to 42 CFR Part 2.

  - Identify technical assistance needed to complete the transition.

  - Fully participate in HMIS technical assistance (learning communities, webinars and consultation) and training activities;

  - Facilitate flexible use of PATH funds to support HMIS activities;

- Connect and collaborate with CoC to facilitate data collection transition and timely service coordination; and

- Work with local HMIS administrators to assure that all PATH providers are trained in the use of HMIS.

II. AWARD INFORMATION

The PATH Program will distribute approximately $61.26 million to states and territories. The awards will range from $50,000 to $8.760 million total, depending upon a legislatively determined formula. **Appendix A** lists the funds allocated for each state and territory.

Additional federal criteria set forth in 2 CFR 200/45 CFR Part 75 – Health and Human Services Uniform Grants Requirements stipulate generic requirements concerning the administration of grants and are applicable to these awards. These requirements are available at http://www.samhsa.gov/grants/grants-management/policies-regulations.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

Section 522 of the PHS Act requires that states and territories must expend their payments under the Act only 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 providing services specified in the Act. See Section I-2 Expectations, to review PATH-eligible services.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing is required as specified in Section 523 (a) of the PHS Act. The state must match 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 federal PATH funds. Non-federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, should not be included when determining the amount of non-federal contributions.

IV. APPLICATION AND SUBMISSION INFORMATION

1. WebBGAS

Applications must be submitted electronically through WebBGAS. WebBGAS is a web-enabled grant management system that allows for the creation, submission, review, and archive of your PATH application. WebBGAS benefits both states and the federal government by significantly reducing the paperwork burden required for creation, submission, revision, and approval of documents. The electronic system facilitates the preparation of required documents in the following ways:

- Eliminates redundant data entry by automatically pre-populating information that was previously entered. Allows multiple state staff to work on different sections of the application at the same time.
- Integrates documents originally written in Microsoft Word, Microsoft Excel, or PDF when files are uploaded through WebBGAS.
- Enables uploading Intended Use Plans (IUPs) to WebBGAS in Microsoft Word, Microsoft Excel, or PDF
- Reduces the overall burden associated with submitting the application.

The application may be viewed by other state users, state citizens, and federal staff. In addition, once the application document has been generated, it may be viewed, searched, or printed with Adobe Acrobat. Archived applications and documents will be available in WebBGAS for future reference.

The Web site link to access WebBGAS is: https://bgas.samhsa.gov.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

A complete list of documents can be accessed at https://bgas.samhsa.gov. This includes:

- The State Information Page, budget forms, assurances, and certifications. **Applications that do not include the required forms will be returned for resubmission.**

- This Funding Opportunity Announcement (FOA) provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. The FOA will be available on the WebBGAS website at https://bgas.samhsa.gov

2.2 Required Application Components

Grantees must complete the WebBGAS sections that include the following required application components:

- **State Information Page:** See **Appendix B** for Supplementary Instructions.

- **Budget Form** – **Grantees manually enter the budget in the WebBGAS section for providers from their IUPs. WebBGAS will automatically roll up this information to the state level budget forms under the contractual column in the WebBGAS. States may request that providers use the** SF-424A as a template to submit their budget. A sample budget and budget justification is included in **Appendix C** of this document. **NOTE: Individual budgets for local provider agencies are to be submitted with the Local Provider Intended Use Plans**.

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project and consists of the following sections:

  - Executive Summary

  - State-Level Information

  - Local Provider Intended Use Plans (you must upload the IUP documents into WebBGAS)

  See Section V: Application Review Information on completing each section of the Project Narrative.

- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on WebBGAS, print, sign, and upload into the Attachment Section of WebBGAS. A hard copy of the signed agreement with the original signature must be sent to SAMHSA's Division of Grants Management at the address identified in Section VII of this FOA.

- **Certifications** – You must read the list of certifications provided on the WebBGAS site and print, sign, and upload into the Attachment Section of WebBGAS. A hard copy of the signed agreement with the original signature must be sent to SAMHSA's Division of Grants Management at the address identified in Section VII of this FOA.

- **Agreements** – **Appendix D** (this document is in the WebBGAS) contains a set of agreements to be signed by the Governor or an individual designated to sign on behalf of the Governor assuring compliance with specific requirements of the PATH legislation. A copy of this agreement is available in WebBGAS. You

must print and upload a copy of the signed letter into the Attachment Section of WebBGAS. A hard copy of the signed agreement with the original signature must be sent to SAMHSA's Division of Grants Management at the address identified in Section VII of this FOA. If a designee signs the agreement, a letter from the Governor authorizing the individual to sign on his/her behalf must be included with the application. A copy of the letter may be uploaded into WebBGAS from year to year as long as the letter includes language indicating that the designation is valid for more than one year, such as, "As long as I am Governor," etc.

- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. **If there are any lobbying activities, then you must print, sign, and upload into the Attachments tab on WebBGAS.**

- **Charitable Choice** – On September 30, 2003, SAMHSA issued final regulations to implement its two Charitable Choice provisions (Sections 581-584 and Section 1955 of the Public Health Services Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively). The Charitable Choice reporting requirements for PATH are being developed. Grantees will be required to report on Charitable Choice implementation as part of the reporting requirements for the 2016 Annual Report. The Charitable Choice provisions and their regulations allow religious organizations to provide SAMHSA-funded substance abuse prevention and treatment services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions and regulations contain important protections both for religious organizations that receive SAMHSA funding and for individuals who receive their services, and apply to religious organizations and to state and local governments that provide substance abuse prevention and treatment services under SAMHSA grants. A copy of these regulations is available at http://www.hhs.gov/fbci/waisegate21.pdf. The Charitable Choice assurance is included in the agreement (**Appendix D)** and is a downloadable WebBGAS document.

2.3 Application Formatting Requirements

- Please refer to **Appendix E**, Checklist for Formatting Requirements for SAMHSA Grant Applications, for SAMHSA's basic application formatting requirements. As states are entering the information into the WebBGAS system, the format is pre-

set. Providers who are submitting Intended Use Plans (IUPs) must adhere to the SAMHSA formatting requirements as stated in Appendix E. IUPs that do not comply with these requirements will be returned for resubmission.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are requested as soon as possible but must be received no later than May 20, 2016. You must select the "submit button" in the WebBGAS system (https://bgas.samhsa.gov) by 11:59 PM (Eastern Time). You may sign-in using the logon credentials emailed to your official email on file with SAMHSA from the WebBGAS helpdesk. If the PATH State Contact has not received the logon credentials or has a problem accessing WebBGAS, contact the WebBGAS help desk at BGASHelpdesk@SAMHSA.hhs.gov, enter a support ticket from the WebBGAS Help Desk Page, or contact a support desk staff person at **1-888-301-BGAS (2427).**

In order to submit the application, all items need to have a status of "complete" on the "Applications Forms Overview" screen within WebBGAS. As you complete each form you may set the status to "complete" by selecting the "complete" button under each screen. When all the items are marked as "complete" in the "Application Forms Overview" screen, a "Ready For Review" tab will appear on the left menu. Selecting the "Ready For Review" tab displays a confirmation window to confirm that the application is ready for review. Once you select "Ready For Review" within the "Application Ready for Review" window, the "Authorized Representative" will then receive a message indicating completion of the review. A new tab "Submission" will appear on the left menu. Once the "Authorized Representative" is ready to submit the application, select the "Submission" tab within the "Application Submission" window, and then select the "submit" button. Once the "Authorized Representative" selects "submit", the State Dashboard shows the application as "Submitted".

SAMHSA does not accept or give consideration to an application received in any other format, including those that are hand carried or sent by facsimile.

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This program is not subject to the intergovernmental review requirements of E.O. 12372, as implemented through DHHS regulations at 45 CFR Part 100. However, individual states may require, or an applicant state mental health agency may want to implement, coordination procedures similar to those specified in E.O. 12372.

E.O. 12372 sets up a system for state and local government review of applications for federal financial assistance. Under these procedures, local agencies seeking federal funds should contact the state's Single Point of Contact (SPOC) as early as possible to alert the SPOC to the prospective application(s) and to receive any necessary instructions on the state's review process. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and can be downloaded

from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in 45 CFR Part 75 Subpart F, which are available at http://www.ecfr.gov/cgi-bin/text-idx?SID=06a0b0411d1520fae5e2799030e64ebf&node=pt45.1.75&rgn=div5

In addition, SAMHSA's PATH grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than 4% of the federal PATH funds received shall be used for administrative expenses, as specified in Section 522(f) of the PHS Act.
- No more than 20% of the federal PATH funds allocated to the state may be expended for eligible housing services, as specified in Section 522(h)(1) of the PHS act.

Grant funds may not be used:

- To support emergency shelters;
- For inpatient psychiatric treatment;
- For inpatient substance abuse treatment;
- To make cash payments to intended recipients of mental health or substance abuse services;
- To pay for the purchase or construction of any building or structure to house any part of the grant program; or
- For lease arrangements in association with the proposed project utilizing PATH funds beyond the project period nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in the Executive Summary, State-Level Information, and Local Area –Provider Intented Use Plans.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- Your response should be as brief as possible, but must convey the requested information. Some information may be presented in tabular format.
- WebBGAS has pre-populated sections for the Executive Summary and State-Level Information questions. You may enter the text directly into the boxes or upload as a document.
- Local Area-Provider Intended Use Plans must be uploaded as a pdf or Microsoft Word document.
- When uploading the document into WebBGAS, include a footer on each page of the document that identifies the title of the sub-section, page number, and other relevant information, to assist in locating specific material.
- When uploading the document into WebBGAS, use the header of each sub-section for identifying your response. Incomplete applications, or those that are virtual resubmissions of applications from previous years, will be returned to the state for revision and resubmission, which may delay the grant award. Please contact your Government Project Officer (GPO) if you have any questions pertaining to this section. See **Appendix G** for a listing of GPOs for each state and territory**.**
- You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the activities. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means.

Executive Summary

Provide a brief overview of the activities the state proposes to support through the PATH Formula Grant Program. The executive summary should provide an overview of

the State PATH program, providing key points that will be expanded upon in the State Level Information section in WebBGAS. The following items must be addressed.

- Organization to receive funds – list name and type of organization (e.g., community mental health center, county or local government entity, health care provider, private non-profit organization, etc.).
- Amount of PATH funds received by each provider.
- Service area(s) – indicate the geographic area(s) to be served.
- Amount and source of matching funds to be provided.
- Number of individuals contacted – Estimate the total number of clients who will be contacted by each provider using PATH funds in FY 2016 and how many will be adults and literally homeless.
- Number of individuals served (enrolled) – Estimate the total number of clients who will be enrolled in services by each provider using PATH funds.
- Services to be provided using PATH funds.

State-Level Information

- Provide the state's operational definition for the terms below:
  - **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: "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 –** The definition of adults with serious mental illness generally refers to individuals 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 Serious Mental Illness and Substance Use Disorders -** The definition for co-occurring serious mental illness and substance use disorders used in this announcement generally refers to individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

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

- **Recovery Support** – Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

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

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

- **Alignment with State Plan to End Homelessness** – Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning, and the process of updating and testing their emergency response plans.

- **Process for Providing Public Notice** – Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; mental health, substance abuse, and housing agencies; and 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.

- **Programmatic and Financial Oversight** – 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 or regional behavioral health authorities), describe how these organizations monitor the use of PATH funds.

- **Selection of PATH Local-Area Providers** – 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).

- **Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness** – 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.

- **Matching Funds** – 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.

- **Other Designated Funding** – 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.

- **Data** – Describe the state's and providers' status on the HMIS transition plan, with an accompanying timeline for collecting all PATH data in HMIS by FY 2017. If the state is fully utilizing HMIS for PATH services, please describe plans for continued training and how the state will support new local-area roviders.

- **Training** – Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

- **SSI/SSDI Outreach, Access and Recovery (SOAR)** – 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.

- **Coordinated Entry-** Describe the state's coordinated-entry program and role of key partners.

- **Justice Involved**-Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history, such as jail diversion and other state programs, policies and laws. Indicate the percent of PATH clients with a criminal history.

Local-Area Provider Intended Use Plans

NOTE: The state must submit an Intended Use Plan (IUP) for each PATH-funded organization. If the state has not selected the organizations to receive PATH funding before the PATH application is due for submission to SAMHSA's Center for Mental Health Services, provide as much information as possible about the intended use of PATH funds. For example, if the same organizations funded in the prior year will be funded in the current year, but the RFP process has not been completed, you may submit information about the organizations from the prior year. Once the selection process has been completed, you are required to submit a revised Intended Use Plan through WebBGAS to SAMHSA. Once you notify the Government Project Officer (GPO) of a new or revised IUP after the application is submitted, the GPO will send a revision request through WebBGAS where you may upload this information. Indicate any changes in providers compared to FY 2015 and include a justification for the change(s).

The state must include the following information for each agency that provides services with PATH funds in the Intended Use Plan:

- **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 in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

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

specific information about how coordination with other outreach teams is achieved.

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

  - 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.

  - Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

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

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

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

- **Data** – Describe the provider's status on the HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.

- **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 2015 (2014- 2015), and the number of PATH-funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.

- **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 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).

- **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 served using PATH funds to be literally homeless.

- **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 I** "Guidelines for Consumer and Family Participation".

- **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.

2. REVIEW AND SELECTION PROCESS

Decisions to award state allotments will be based on SAMHSA review and a determination that all of the documents and attachments described under "Required Application Components" have been included and meet program requirements.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, your Government Project Officer (GPO) and/or your Grants Management Specialist (GMS) will contact you to discuss the results of the review and obtain any additional information in writing.

After all outstanding issues/concerns have been successfully addressed, the authorized representative listed in the application will be notified via email, and the Notice of Award (NoA) signed by SAMHSA's Grants Management Officer.

Grantees must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. Grantees may assess the extent to which language assistance services are necessary in your

grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons,* available at http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html.

Grant funds cannot be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- **Maintenance of Effort**

  States must maintain expenditures for services specified in the legislation at a level that is not less than the average level of such expenditures maintained by the state for the 2-year period preceding the fiscal year for which the state is applying to receive grant funds. Further guidance on the maintenance of effort requirement will be provided post award.

- **Special Rule Regarding Substance Use**

  Grants will not be made to the state unless the state agrees that sub-awards will not be made to any organization that (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of a mental illness.

- **Coordination**

  As specified in Section 522(c) of the PHS Act, the state must agree to make grants only to entities that have the capacity to provide, directly or through arrangements, the PATH-eligible services specified above, including coordinating the provision of services in order to meet the needs of eligible individuals who are experiencing homelessness and who have serious mental illness or co-occurring serious mental illness and substance use disorders.

- **Special Consideration Regarding Veterans**

  As specified in Section 522(d) of the PHS Act, in making grants using PATH appropriations, the state must give special consideration in the awarding of PATH funds to entities with a demonstrated effectiveness in serving veterans who experience homelessness.

- **Healthy People 2020**

  The PHS Act is committed to achieving the health promotion and disease prevention objectives of Healthy People 2020, a PHS Act led national activity for setting priority areas. The PATH RFA is related to the priority area of Mental Health and Mental Disorders Topic Area HP 2020-MHMD. Applicants may obtain a copy of Health People 2020 online at http://www.healthypeople.gov/2020/default.aspx

3. REPORTING REQUIREMENTS

3.1 Post Award Requirements

- Annual data reports for activities funded with PATH funds are required on or before January 31 of each year following the grant award. Reporting guidelines will be distributed to State PATH Contacts approximately two months prior to the due date of the report.

- States must submit a Federal Financial Report (FFR) SF-425 to the SAMHSA Division of Grants Management no later than 90 days after the end of the total project period (i.e. 90 days after the 12 month). The required non-federal contributions must be shown in the Recipient's Share of Net Outlays section of the FFR. The FFR must show at least the minimum required match for the budget period – no less than $1 in state funds for every $3 in federal funds awarded. For questions about the Federal Financial Report contact Wendy Pang at (240) 276-1419 or Wendy Pang@samhsa.hhs.gov .

- 45 CFR Part 75 Subpart F provides audit requirements for non-federal entities. An audit is required for non-federal entities that expend $750,000 or more of federal funds in each fiscal year. Audit reports MUST be submitted to the Federal Audit Clearinghouse electronically via http://harvester.census.gov/sac.

- PATH states and providers are expected to collect PATH data through HMIS. PATH states and providers are expected to develop actions to facilitate flexible use of PATH administrative funds to support HMIS activities. It is expected that all PATH states and providers will be collecting PATH data through HMIS no later than fiscal year 2017.

3.2 Government Performance and Results Act (GPRA)

SAMHSA has initiated several activities to increase consistent and reliable outcome reporting data for GPRA. Performance data will be reported to the public as part of SAMHSA's Congressional Justification. The following GPRA measures are reported:

- Increase the percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services.

- Number of homeless persons contacted.

- Percentage of contacted homeless persons with serious mental illness who become enrolled in services.

- Increase the number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.

In addition, SAMHSA asks that states report the following three outcome measures:

- Number of persons referred to and attaining housing.

- Number of persons referred to and attaining mental health services.

- Number of persons referred to and attaining substance abuse services.

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.

- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.

- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

CDR Marivic Fields
Acting PATH Director
Division of Service and System Improvement
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Rockville, MD 20857
Room No. 14N34D
Rockville, Maryland 20857
Telephone: (240) 276-1754
Fax: (240) 276-1930
Maria.fields@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Wendy Pang
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Rockville, Maryland 20857 (standard mail delivery)
Room 17E21C
Telephone: (240) 276-1419
Fax: (240) 276-1430
wendy.pang@samhsa.hhs.gov

Appendix A – FY 2016 Estimate Allocation of Federal PATH Funds

MINIMUM MATCH REQUIREMENT DEMONSTRATED

State or Territory	FY2016Allotment	Minimum Match Required
Alabama	$609,388	$ 203,129
Alaska	$300,000	$ 100,000
Arizona	$1,341,207	$ 449,069
Arkansas	$302,122	$ 100,707
California	$8,760,322	$ 2,920,107
Colorado	$1,013,016	$ 337,672
Connecticut	$794,585	$ 264,862
Delaware	$300,000	$ 100,000
District of Columbia	$300,000	$ 100,000
Florida	$4,308,380	$ 1,436,127
Georgia	$1,660,009	$ 553,336
Hawaii	$300,000	$ 100,000
Idaho	$300,000	$ 100,000
Illinois	$2,688,993	$ 896,331
Indiana	$1,005,446	$ 335,149
Iowa	$332,555	$ 110,852
Kansas	$375,130	$ 125,043
Kentucky	$466,095	$ 155,365
Louisiana	$728,655	$ 242,885
Maine	$300,000	$ 100,000
Maryland	$1,263,919	$ 421,306
Massachusetts	$1,549,529	$ 516,510
Michigan	$1,719,208	$ 573,069
Minnesota	$806,129	$ 268,710
Mississippi	$300,000	$ 100,000
Missouri	$888,426	$ 296,142
Montana	$300,000	$ 100,000
Nebraska	$300,000	$ 100,000
Nevada	$612,249	$ 204,083
New Hampshire	$300,000	$ 100,000
New Jersey	$2,125,347	$ 708,449
New Mexico	$300,000	$ 100,000
New York	$4,197,842	$ 1,399,281

State or Territory	FY2016Allotment	Minimum Match Required
North Carolina	$1,371,349	$ 457,116
North Dakota	$300,000	$ 100,000
Ohio	$1,974,599	$ 658,200
Oklahoma	$450,121	$ 150,040
Oregon	$627,232	$ 209,077
Pennsylvania	$2,352,724	$ 784,241
Rhode Island	$300,000	$ 100,000
South Carolina	$676,147	$ 225,382
South Dakota	$300,000	$ 100,000
Tennessee	$904,322	$ 301,441
Texas	$4,965,652	$ 1,655,217
Utah	$587,934	$ 195,978
Vermont	$300,000	$ 100,000
Virginia	$1,463,397	$ 487,799
Washington	$1,321,209	$ 440,403
West Virginia	$300,000	$ 100,000
Wisconsin	$831,642	$ 277,214
Wyoming	$300,000	$ 100,000
Puerto Rico	$885,784	$ 295,261
Guam	$50,000	$ -
Virgin Islands	$50,000	$ -
American Samoa	$50,000	$ -
Northern Mariana Islands	$50,000	$ -

Appendix B – State Information Page

NOTE: Some information has been pre-populated within WebBGAS. Please review all information in WebBGAS and make any necessary changes to reflect your current information under the section titled “State Information and State Profile”.

- **Plan Year**
  - Federal Fiscal Year (2016)

- **State Identification Numbers**
  - DUNS Number
  - EIN/TIN

- **I. State Agency to be the Grantee for the PATH Grant**
  - Agency Name
  - Organizational Unit
  - Mailing Address
  - City
  - Zip Code

- **II. Authorized Representative for the PATH Grant**
  - First Name
  - Last Name
  - Agency Name
  - Mailing Address
  - City
  - Zip Code
  - Telephone
  - Fax
  - Email Address

- **III. Expenditure Period**
  - From
  - To

- **IV. Contact Person Responsible for Application Submission**
  - First Name
  - Last Name
  - Telephone
  - Fax
  - Email Address

You may also add any footnote in the section provided. This may include clarifying such things as “the Authorized Representative” and the “Person Responsible for Application Submission” for the grant is the same, or any further clarification regarding the information identified above.

Appendix C – Supplementary Instruction for Standard Form 424A Budget Information – Non-Construction Programs (For Local-Area Provider Intended Use Plans)

NOTE: Providers may use the SF-424A to submit their budgets. Read generic instructions for SF-424A and then refer to the supplementary instructions below.

Budget Categories (SF-424A)

List PATH Federal funds in column 1 and non-federal (i.e., state and local) funds in column 2. In column 1, provide budget detail by object class category (i.e., personnel, fringe, travel, equipment, supplies, contractual, etc.) for PATH federal funds only.

Budget Narrative and Justification

Prepare a separate budget narrative that provides additional detail regarding PATH federal and match (i.e., state and local) funds requested for each object class category. See Examples A and B below for the level of detail to include in the budget for each local provider agency. Submit budgets for the local provider agency with Section C: Local Provider Intended Use Plan.

Grant funds may only be used for expenses necessary to carry out PATH eligible services listed in Section I.1 of this FOA, including both direct and indirect costs.

EXAMPLE A

Provider #1

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Caseworker	$30,000	1.0	$30,000	
Clinic Support Assoc	$18,000	0.5	$9,000	
Counselor	$25,000	0.3	$7,500	
Resource Specialist	$30,000	1.0	$30,000	
Outreach Worker	$25,000	1.0	$25,000	
Enter subtotal on 424A, Section B, 6.a.				$101,500
Fringe Benefits (25%)			$25,375	
Enter subtotal on 424A, Section B, 6.b.				$25,375
Travel Local travel for outreach team				$1,508
Travel to training, workshops and Statewide meetings				$1,300
Enter subtotal on 424A, Section B, 6.c.				$2,808
Equipment (List Individually) Note: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year.				
Computer				$1,000

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Printer				$500
Enter subtotal on 424A, Section B, 6.d.				$1,500
Supplies Office Supplies				$500
Client-related Supplies				$500
Enter subtotal on 424A, Section B, 6.e.				$1,000
Contractual Enter subtotal on 424A, Section B, 6.f.				$0
Construction (Construction costs are not allowable) Enter subtotal on 424A, Section B, 6.g.				$0
Other One-time housing rental assistance				$2,000
Client transportation - $180 month x 12 months				$2,160
Enter subtotal on 424A, Section B, 6.h.				$4,160
Total Direct Charges (sum of 6.a-6.h)				$136,343

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Enter subtotal on 424A, Section B, 6.i.				$136,343
Indirect Costs State Administrative Cost @ 4%				$5,454
Enter subtotal on 424A, Section B, 6.j.				$5,454
Total (sum of 6i and 6j)--Enter total on 424A, Section B, 6.k				$140,237

EXAMPLE B

PROVIDER #2

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Resource Specialist	$30,000	1.0	$30,000	
Activity Coordinator	$25,000	1.0	$25,000	
Enter subtotal on 424A, Section B, 6.a.				$55,000
* Indicate "annualized" salary for positions.				
Fringe Benefits (25%)			$13,750	
Enter subtotal on 424A, Section B, 6.b				$13,750
Total (sum of 6a and 6b)--Enter total on 424A, Section B, 6.k.				$68,750

The following example is applicable to States that list allocations to local providers as a contractual expense. Note that the level of detail requested is the same as in Example A.

CONTRACTUAL

PROVIDER #1

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Director	$75,000	0.5	$56,250	
Resident Advocate	$38,000	1.0	$38,000	
Activity Coordinator	$35,000	1.0	$35,000	
Mental Health Asst.	$29,000	1.0	$29,000	
Case Manager	$25,000	1.0	$25,000	
Subtotal				$183,250
*Indicate "annualized" salary for positions.				
Fringe Benefits (25%)			$45,813	
Subtotal				$45,813
Travel 2 Trips for Training				$1,800
Annual Conference or meetings				$1,300
Subtotal				$3,100
Supplies Office Supplies				$1,500

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Software				$1,500
Subtotal				$3,000
Other Printing				$5,000
Audit				$1,000
Subtotal				$6,000
Enter subtotal on 424A, Section B, 6.f.				$241,163
Indirect Costs State Administrative Cost @ 4%				$9,646
Enter subtotal on 424A, Section B, 6.j.				$9,646
Total (sum of 6f and 6j)--Enter total on 424A, Section B, 6.k.				$250,809

CONTRACTUAL

PROVIDER #2

Position	Annual Salary*	PATH-funded FTE	PATH-funded Salary	Total
Travel 1 Trip for Training				$900
Annual Conference or meetings				$1,300
Subtotal				$2,200
Supplies Office Supplies				$1,500
Client related supplies				$1,500
Subtotal				$3,000
Enter total on 424A, Section B, 6.f. and 6.k.				$5,200

Appendix D – Agreements

FISCAL YEAR 16

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

AGREEMENT

I hereby certify that the State of _____ 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 for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness;
- Are suffering from serious mental illness and have 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 eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing;

- Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

- Referring eligible homeless individuals 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 abuse disorder; or

- Has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

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

Section 522(g). Maintenance of Effort (MOE) requirement. The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such 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:

    - To support emergency shelters or construction of housing facilities;

    - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or

    - To make cash payments to intended recipients of mental health or substance abuse 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:

- Identifying existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Containing 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;
- Describing the source of the non-Federal contributions described in Section 523;
- Containing assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describing any voucher system that may be used to carry out this part; and
- Containing 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

- Identifies the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance abuse, and housing services are located; and
- Provides 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 abuse, 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, 2017, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2016 and of the recipients of such amounts; and

- Determining 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 Date

Appendix E – Checklist for Formatting Requirements for SAMHSA Grant Applications

Grantees (States and territories) must submit the application through the WebBGAS system. Providers that are submitting IUPs must comply with the following basic application requirements. IUPs that do not comply with these requirements will be returned for resubmission.

- Information provided must be sufficient for review.
- Text must be legible.
- Type size in the Project Narrative cannot exceed an average of 12 characters per inch, as measured on the physical page (type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.).
- Text in the Project Narrative cannot exceed six lines per vertical inch.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.
- Use black ink and number pages consecutively from beginning to end so that information can be located easily during review of the application. Appendices should be labeled and separated from the Project Narrative and Budget sections, and all pages should be numbered sequentially.
- Pages should be typed single-spaced with one column per page.
- Pages should not have printing on both sides.
- **It is strongly recommended that the providers prepare their Intended Use Plans and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.).** If you do not have access to Microsoft Office 2007 products, you may submit PDF files.
- **Grantees must upload the IUPs and name the uploaded form with the provider agency name, and a subsequent word which indicates the content** (for example: ABCagency_program narrative, ABCagency_budget detail or ABCagency_budget form). The document the provider uploads into the provider section of the WebBGAS must be a .pdf or Microsoft word document.
- Text legibility: **Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, and bottom) of at least one inch each.** Adhering to these standards will help to ensure the accurate transmission of your document.

Appendix F – Guidance for Electronic Submission of Applications

Applications must be submitted electronically through WebBGAS. WebBGAS is a web-enabled grant management system that allows for the creation, submission, review, and archive of your PATH application. WebBGAS benefits both states and the federal government by significantly reducing the paperwork burden required for creation, submission, revision, and approval of your application. The electronic system facilitates the preparation of required documents in the following ways:

- Eliminates redundant data entry by automatically pre-populating information that was previously entered.
- Allows multiple state staff to work on different sections of the application at the same time.
- Integrates documents originally written in Microsoft Word, Microsoft Excel, or PDF when files are uploaded through WebBGAS.
- Enables uploading Intended Use Plans (IUPs) to WebBGAS in Microsoft Word, Microsoft Excel or PDF.
- Reduces the overall burden associated with submitting the application.

The application may be viewed by other state users, state citizens, and federal staff. In addition, once the application document has been generated, it may be viewed, searched, or printed with Adobe Acrobat. The historical applications and the documents will be available in WebBGAS for reference.

The Web site link to access WebBGAS is: https://bgas.samhsa.gov

You must follow the instructions in the User Guide available at https://bgas.samhsa.gov.

- Please refer to **Appendix E**, Checklist for Formatting Requirements for SAMHSA Grant Applications, for SAMHSA's basic application formatting requirements. As states are entering the information into the WebBGAS system, there is a set format. For Providers who are submitting IUPs, they must adhere to the SAMHSA formatting requirements as stated in Appendix E. IUPs that do not comply with these requirements will be returned for resubmission.

Applications are requested as soon as possible but must be received by May 20, 2016. Applications are due by **May 20, 2016**. You must select the "submit button" in the WebBGAS system (https://bgas.samhsa.gov) by 11:59 PM (Eastern Time). **You may sign-in using the logon credentials emailed to your official email on SAMHSA file from the WebBGAS helpdesk.** If the PATH State Contact has not received the logon credentials, or has a problem accessing WebBGAS contact the WebBGAS help desk at BGASHelpdesk@SAMHSA.hhs.gov or enter a support ticket from the WebBGAS Help

Desk Page or contact a support desk staff person at **1-888-301-BGAS (2427).**

In order to submit the application all items need to have a status of "complete" on the "Applications Forms Overview" screen within WebBGAS. As you complete each form you may set the status to "complete" by selecting the "complete" button under each screen. When all the items are marked as "complete" in the "Application Forms Overview" screen, a "Ready For Review" tab will appear on the left menu. Selecting the "Ready For Review" tab displays a confirmation window to confirm that the application is ready for review. Once you select "Ready For Review", within the "Application Ready for Review" window, the "Authorized Representative" will then receive a message indicating completion of the review. A new tab "Submission" will appear on the left menu. Once the "Authorized Representative" is ready to submit the application, select the "Submission" tab within the "Application Submission" window, and then select the "submit" button. Once the "Authorized Representative" selects "submit" the State Dashboard shows the application as "Submitted".

SAMHSA will not accept or consider any applications that are received in another format or that are hand carried or sent by facsimile.

It is strongly recommended that the providers prepare their Intended Use Plans and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). If you do not have access to Microsoft Office 2007 products, you may submit PDF files. **PowerPoint files are not acceptable.**

Applicants must upload the IUP and name the uploaded form with the provider agency name, and a subsequent word which indicates the content (for example: ABCagency_program narrative, ABCagency_budget detail or ABCagency_budget form). The document the providers upload must be a .pdf or Microsoft word document into the provider section of the WebBGAS.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Formatting requirements for SAMHSA grant applications are described in Appendix E of this announcement. These requirements help ensure the accurate transmission and equitable treatment of applications.

Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, and bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

Appendix G – PATH Government Project Officer for Each State and Territory

STATE/TERRITORY	FEDERAL PROJECT OFFICER
Alabama	Dorrine Gross
Alaska	Pamela Fischer
Arizona	Pamela Fischer
Arkansas	Robert Grace
California	Pamela Fischer
Colorado	Carl Yonder
Connecticut	Stephanie Zidek-Chandler
Delaware	Maia Banks-Scheetz
Dist. of Col.	Maia Banks-Scheetz
Florida	Dorrine Gross
Georgia	Dorrine Gross
Hawaii	Pamela Fisher
Idaho	Pamela Fischer
Illinois	Robert Grace
Indiana	Robert Grace
Iowa	Carl Yonder
Kansas	Carl Yonder
Kentucky	Dorrine Gross
Louisiana	Robert Grace
Maine	Stephanie Zidek-Chandler
Maryland	Maia Banks-Scheetz
Massachusetts	Stephanie Zidek-Chandler
Michigan	Robert Grace
Minnesota	Robert Grace
Mississippi	Dorrine Gross
Missouri	Carl Yonder
Montana	Carl Yonder
Nebraska	Carl Yonder
Nevada	Pamela Fischer
New Hampshire	Stephanie Zidek-Chandler
New Jersey	Stephanie Zidek-Chandler
New Mexico	Robert Grace
New York	Stephanie Zidek-Chandler
North Carolina	Dorrine Gross
North Dakota	Carl Yonder
Ohio	Robert Grace
Oklahoma	Robert Grace

STATE/TERRITORY	FEDERAL PROJECT OFFICER
Oregon	Pamela Fischer
Pennsylvania	Maia Banks-Scheetz
Rhode Island	Stephanie Zidek-Chandler
South Carolina	Dorrine Gross
South Dakota	Carl Yonder
Tennessee	Dorrine Gross
Texas	Robert Grace
Utah	Carl Yonder
Vermont	Stephanie Zidek-Chandler
Virginia	Maia Banks-Scheetz
Washington	Pamela Fischer
West Virginia	Maia Banks-Scheetz
Wisconsin	Robert Grace
Wyoming	Carl Yonder
Puerto Rico	Stephanie Zidek-Chandler
Guam	Pamela Fischer
Virgin Islands	Stephanie Zidek-Chandler
American Samoa	Pamela Fischer
Northern Mariana Islands	Pamela Fischer

Appendix H – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: "**Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities."** Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see "Sample Health Disparities Impact Statement" at the end of this appendix).

You also will be required to implement a data-driven quality improvement plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a "particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language,

beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011, http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National

CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: http://www.ThinkCulturalHealth.hhs.gov.

Sample Health Disparities Impact Statement:

Access to Services

Based on the general population who will receive services from this grant, the behavioral health outcomes for Latino/Hispanics and African Americans are significantly worse than other groups. We have prioritized the service needs of these populations for this grant and propose to serve the following numbers of clients:

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	400	100	100	100	100
By Race/Ethnicity					
African American	80	20	20	20	20
American Indian/Alaska Native	<20	<5	<5	<5	<5
Asian	<20	<5	<5	<5	<5
White	180	45	45	45	45
Hispanic or Latino	100	25	25	25	25
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	n/a
Two or more Races	unknown	unknown	unknown	unknown	unknown
By Gender					

Female	192	48	48	48	48
Male	208	51	51	51	51
By Sexual Orientation/Identity Status					
Lesbian	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	unknown	unknown

Service Use

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service completion rates will be consistent with the access to services projections noted above.

Outcomes

Access and service use data will be used to manage grant implementation activities to improve the behavioral health outcomes of Latino/Hispanic and African American clients by 10 percent from their baseline performance.

Appendix I – Guidelines for Consumer and Family Participation

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below.

Program Mission – An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

Program Planning – Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

Training and Staffing – The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

Informed Consent – Recipients of project services should be fully informed about the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

Rights Protection – Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

Program Administration, Governance, and Policy Determination – Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Board of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

Program Evaluation – Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusion. Consumers and

family members should also be involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.

Appendix J – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit: http://www.healthit.gov/providers-professionals

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: http://onc-chpl.force.com/ehrcert

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (http://www.samhsa.gov/HealthPrivacy/). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact: SAMHSA.HIT@samhsa.hhs.gov.

Appendix (K) – Addressing Disaster Preparedness and Emergency Planning

Integrating disaster preparedness and emergency planning while working with people experiencing homelessness can be quite challenging due to the transient nature of this population. These challenges are often exacerbated by mental health and substance abuse issues. Thus, it is vital that grantees have an explicit (written) disaster preparedness plan for individuals experiencing homelessness within your state. PATH grantees are encouraged to ensure the participation of people experiencing homelessness in the design, review, updating, testing and implementation of emergency plans that currently exist or will be developed as a result of the adoption of this program guidance. In forming disaster preparedness plans, PATH grantees should consider the challenges of reconnecting populations experiencing homelessness to essential services post disaster if services have been interrupted. Additionally, your disaster preparedness plan should consider from a behavioral health perspective, how a person experiencing homelessness (and any serious mental illness) may be prone to severe reactions (high risk), and perhaps are less resilient than survivors who are well connected in terms of social support systems. Furthermore, it is important to identify and contact your State Disaster Behavior Health Coordinator. If your state receives a presidential disaster declaration and requests Individual Assistance, this person will be integral in the coordination of disaster behavior health services and resources.

On a yearly basis, or as deemed consistent with existing emergency plan milestones for the State, PATH grantees, are encouraged to assess and adjust as appropriate, their emergency services plans to ensure it continues to meet the service needs of people experiencing homelessness. In addition, PATH grantees should create After Action Reports (AAR) for their documentation and review of best practices and challenges pertaining to disaster response. The AAR reports can be shared with other PATH grantees to increase capacity building for future disasters.

Definition of Disaster Behavior Health

Disaster behavioral health is an integral part of the overall public health and medical preparedness, response, and recovery system. It includes the interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance abuse, and the effect of these influences on preparedness, response, and recovery from disasters or traumatic events. Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response and recovery strategies and public health measures.

Resources

Promising Practices in Disaster Behavioral Health Planning

The goal of the webcast Introduction to Promising Practices in Disaster Behavioral Health Planning is to define promising practices in DBH planning and share examples that have been implemented.

https://www.youtube.com/watch?v=_tpsxPB0UoA&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships

This webcast provides information and examples of how to build effective working relationships with federal, state, and local government, and non-government partners, in developing a comprehensive DBH plan.

https://www.youtube.com/watch?v=e95C4yMybP4&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Implementing Your Disaster Behavioral Health Plan

This webcast addresses the essential components and promising practices in implementing a DBH plan for a state, territory, or tribe. It focuses on identifying and defining the key mechanisms and processes that put a plan into action in response to an event.

https://www.youtube.com/watch?v=EgXnfGP3LGc&list=PLBXgZMI_zqfRcTt9ndxkbieQ-pQslk-R6

Promising Practices in Disaster Behavioral Health Planning: Integrating Your Disaster Behavioral Health Plan

This webcast discusses how states, territories, and tribes can update and integrate their DBH plans with their overarching disaster response plans.
https://www.youtube.com/watch?v=Ipg0_5IOgOg

SAMHSA Disaster Behavioral Health Information Series (DBHIS) DBHIS is a collection of resources on numerous subjects, including Children and Youth, Deployed Military Personnel and Their Families, Languages other than English, Older Adults, Persons with Functional and Access Needs, Rural Populations, Tribal Organizations, and many more. http://www.samhsa.gov/dtac/dbhis-collections

SAMHSA Disaster Response Template Toolkit

This Disaster Response Template Toolkit features public education materials that disaster behavioral health response programs can use to create resources for reaching people affected by a disaster. The Template Toolkit includes print, website, audio, video, and multimedia materials that disaster behavioral health response programs can use to provide outreach, psycho-education, and recovery news for disaster survivors. Many of the links contain sample materials and online tools that have been used in previous disaster situations across the country. The templates can also be adapted for future use as desired.

http://archive.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp

SAMHSA Disaster App

Access critical, disaster-related resources right from your phone with the SAMHSA Disaster App. http://store.samhsa.gov/apps/disaster/