

**PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)
APPLICATION INSTRUCTIONS**

STATE FISCAL YEAR (SFY) 2007-2008

APPLICATION PACKAGE

An application package is required which contains information for all programs that receive PATH funding, including those from the previous grant year. The application package should include the following documents:

1. **PATH Allocation Worksheet** - Planning Estimate (MH 1772B) (Enclosure I). The initial allocation will be sent for the Local Mental Health Director's signature when the State Budget is passed;
2. **Certifications** - (Enclosure II);
3. **Compliance Assurances** (Enclosure III);
4. **Assurances** - Non-Construction Programs (Enclosure IV);
5. **Intended Use Plan** - (Enclosure V with supplemental pages);
6. **Federal Grant Detailed Provider Budget** (MH 1779, Rev. 4/2004) (Enclosure VI);

APPLICATION DEADLINE AND SUBMISSION

To enable the Department of Mental Health (DMH) to meet certain federal requirements, it is imperative that information submitted from counties be received in accordance with specific DMH deadlines.

The application package is to be submitted as follows:

Items 1 through 6 of the package are due by **May 4, 2007**. **Please submit one original and three copies.**

Final application approval will be given when all items in the application have been received. Funding will begin at the time of the approval, but subsequent to enactment of the SFY 2007-2008 Budget Act. Should the budget introduce additional constraints upon the PATH program, it may be necessary to require program changes, budget changes or both. To avoid any routing delays, all submissions in the application package should be sent directly to:

Peter Best
Adult and Older Adult
Program Policy Unit
Department of Mental Health
1600 Ninth Street, Room 100
Sacramento, California 95814

If during the fiscal year counties wish to make revisions to approved PATH programs, **an original and three copies** of the planned revisions should be sent to the above address. Implementation of any changes must be contingent upon approval by DMH.

APPLICATION QUESTIONS AND CLARIFICATIONS

Please address questions and requests for clarifications to:

For PATH program requirements, please contact Peter Best (916) 657-3487 or e-mail at peter.best@dmh.ca.gov.

For PATH fiscal or budget questions, please contact Kimberly Wimberly at (916) 653-7968 or e-mail at kimberly.wimberly@dmh.ca.gov.

COMPLETION OF PART ONE

THE INTENDED USE PLAN

The purpose of this section is to provide detailed information regarding programs and services that are totally or partially funded by PATH. This part of the application will be submitted in its entirety by DMH for federal review, and therefore, must meet the standards that are reflected in these guidelines. The following standardized format for the **Intended Use Plan** must be submitted for each program funded:

I. PROVIDER INTENDED USE PLAN - FACE SHEET (Enclosure V)

Submit one Face Sheet for each separate provider. Allowable PATH services are defined in the Specification of Services Section of this document.

II. INTENDED USE PLAN NARRATIVE

Using the information below, provide a description of your organization's federal PATH program. The description of your organization should be no longer than 3 or 4 pages.

NOTE: Each PATH funded organization must submit an *Intended Use Plan*.

In the Intended Use Plan, the County must furnish the following information for each agency that receives PATH funds or provides PATH-related services:

1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.
2. Indicate the amount of PATH funds the organization will receive. Provide a detailed budget and budget narrative for its use. Include a justification for direct costs and indirect costs. In your budget narrative, include a brief description for all expenses.
3. Describe the plan to provide coordinated and comprehensive services to eligible PATH clients, including:
 - a. the projected number of clients who will receive PATH-funded services in FY 2007.
Indicate what percentage of clients served with PATH funds are projected to be "literally"

- homeless (e.g., living outdoors or in an emergency shelter rather than at imminent risk of homelessness.);
- b. list specific services to be provided;
 - c. community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations;
 - d. gaps in the current service system;
 - e. services available for clients who have both a serious mental illness and substance use disorder;
 - f. strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).
4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.
 5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age; gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.
 6. Describe how homeless persons with serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

SPECIFICATION OF SERVICES

This section outlines the services that can be funded under the PATH grant. The PATH funds can be utilized to create new services, as well as to augment and enhance services that are now available to the target population. All PATH funding must pertain to one or more of the following services:

1. Outreach services;
2. Screening and diagnostic treatment services;
3. Habilitation and rehabilitation services (relating to training and education to improve the individual's functioning in the community);
4. Community mental health services;
5. Alcohol and/or drug treatment services;
6. Staff training (for individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals require homeless services);
7. Case management services;
8. Supportive and supervisory services in residential settings;
9. Referrals for primary health services, job training, educational services, and relevant housing services; and
10. Housing services (limited to 20 percent of the PATH grant) including:
 - A. Minor renovation, expansion, and repair of housing
 - B. Planning of housing
 - C. Technical assistance in applying for housing assistance

- D. Improving the coordination of housing services
- E. Security deposits
- F. Costs associated with matching eligible homeless individuals with appropriate housing situations
- G. One-time rental payments to prevent eviction.

Federal law does not permit the use of PATH funding in support of emergency shelters or for emergency beds. The PATH funds used to directly house clients should be related **ONLY** to security deposits or one-time payments to prevent eviction.

The DMH strongly encourages the development of programs that serve persons with mental illness who also abuse substances.

PATH STATE FISCAL YEAR (SFY) 2007-2008 FISCAL REPORTING

NOTE: Directions for completing the forms are included on the back of the form.

INITIAL BUDGET FORMS

Both the Federal Grant Detailed Provider Budget, MH 1779 (Enclosure VI), and the form on which it is based, the PATH Allocation Worksheet, MH 1772B (Enclosure I), are to be submitted with the application package. The DMH approval of the total application package will initiate payments.

PAYMENT/QUARTERLY REPORTS

Monthly payments will be based on 1/12th of the allocation. Quarterly reports shall be submitted within 20 days after the quarter's end (October 20, January 20, April 20, and July 20). Quarterly Report forms are MH 1784 and MH1785 (Enclosures VIII and IX).

PLEASE NOTE:

All Payment/Quarterly Report forms and the Cost Report Settlement forms listed below should be sent directly to:

Kimberly Wimberly
Department of Mental Health
1600 9th Street, Room 120
Sacramento, California 95814
Or fax to the attention of Kimberly Wimberly at (916) 653-7968.

COST REPORT SETTLEMENT

The Cost Report Settlement is based on the "Federal First Dollar" policy for SFY 2002-2003, which allows the expenditure of all federal funds for the PATH program prior to the

expenditure of state or county funds for that identical program. The Cost Report forms are MH 1767-S (Enclosure VII), MH 1767 (Enclosure VII-A), MH 1784 (Enclosure VIII), and

MH 1785 (Enclosure IX) which are due to DMH no later than **December 31, 2007** for the SFY 2006-2007 programs.

Please note that the Federal First Dollar policy does not obviate the county obligation to match PATH funds in the amount of one dollar for every three dollars of federal funds provided. Failure to do so may result in audit exceptions.