I. State Information

State Information

Plan Year
Federal Fiscal Year 2016

State Identification Numbers
DUNS Number 809045594
EIN/TIN 01-6000001

I. State Agency to be the Grantee for the PATH Grant
Agency Name Department of Health and Human Services
Organizational Unit Office of Substance Abuse and Mental Health Services
Mailing Address 11 State House Station
City Augusta
Zip Code 04333

II. Authorized Representative for the PATH Grant
First Name Sheldon
Last Name Wheeler
Agency Name Department of Health and Human Services
Mailing Address 41 Anthony Ave, 11# State House Station
City Augusta
Zip Code 04333
Telephone 207-287-4243
Fax 207-287-9152
Email Address Sheldon.Wheeler@maine.gov

III. State Expenditure Period
From 7/1/2016
To 6/30/2017

IV. Date Submitted
NOTE: this field will be automatically populated when the application is submitted.
Submission Date 5/26/2016 4:31:25 PM
Revision Date 7/26/2016 11:29:58 AM

V. Contact Person Responsible for Application Submission
Title Resource Development Manager
Organizational Unit Name Office of Substance Abuse and Mental Health Services
First Name Cynthia
Last Name McPherson
Telephone (207) 592-2279
I. State Information

Assurances - Non-Construction Programs

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

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM’s Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§295dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Name: Sam Adolphsen
Title: Chief Operating Officer
Organization: State of Maine, Department of Health and Human Services

Signature: ___________________________ Date: _____________________

Footnotes:
1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

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

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

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Signature: ___________________________ Date: ___________________________
I. State Information

Funding Agreement

FISCAL YEAR 2016
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State of Maine 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)
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 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.

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Signature: __________________________________________________ Date: ____________________

**Footnotes:**
I. State Information

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- 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 1631a(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)
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.

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Signature: [Signature] Date: 2/27/16

Footnotes:
I. State Information

Assurances - Non-Construction Programs

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

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM’s Standard for a Merit System of Personnel Administration (5 C.F.R. 900. Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §51501-51508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sam Adolphsen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Organization</td>
<td>State of Maine, Department of Health and Human Services</td>
</tr>
</tbody>
</table>

Signature: [Signature] Date: 7/24/16

Footnotes:
I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted:
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

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

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name: Sam Acopolpse
Title: Chief Operating Officer
Organization: State of Maine, Department of Health and Human Services

Signature: ____________________________ Date: 7/1/16

Footnotes:
I. State Information

Disclosure of Lobbying Activities

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

To print a Standard Form - LLL if required for submission, click the link below.

Standard Form LLL (click here)

Name: Sam Adolphsen
Title: Chief Operating Officer
Organization: State of Maine, Department of Health and Human Services

Signature: ___________________________ Date: 7/24/16

Footnotes:
July 25, 2016

Wendy Pang
Grants Management Specialist
DGM/OFR/SAMHSA
5600 Fisher Lane, Rm. 17E21C
Rockville, MD 20852
(240) 276-1419  Fax (240) 276-1430
Email: wendy.pang@samhsa.hhs.gov

Dear Ms. Pang,

This letter is to serve as authorization for Sam Adolphsen, Chief Operating Officer, Department of Health and Human Services, to sign for the PATH (Projects for Assistance in Transition from Homelessness) Agreements, Application and Assurances for the State of Maine.

Questions concerning this application should be directed to the contract administrator, Sheldon Wheeler, Director of Office of Substance Abuse and Mental Health Services at (207) 287-2595.

Sincerely,

Paul R. LePage
Governor

Cc: Sam Adolphsen, Chief Operating Officer, Maine DHHS
Sheldon Wheeler, Director, Office of Substance Abuse and Mental Health Services, Maine DHHS
I. State Information

Disclosure of Lobbying Activities

Are there lobbying activities pursuant to 31 U.S.C. 1352 to be disclosed?

☑ Yes ☐ No

To print a Standard Form - LLL if required for submission, click the link below.

Standard Form LLL (click here)

<table>
<thead>
<tr>
<th>Name</th>
<th>Sam Adolphsen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Organization</td>
<td>State of Maine, Department of Health and Human Services</td>
</tr>
</tbody>
</table>

Signature: ____________________________ Date: ______________

Footnotes:
## I. State Information

### State PATH Regions

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
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<td>Region I</td>
<td>Counties of: York and Cumberland County</td>
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</tr>
<tr>
<td>Region II</td>
<td>Counties of: Oxford, Franklin, Androscoggin, Kennebec, Somerset, Sagadahoc, Lincoln, Knox, and Waldo</td>
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<tr>
<td>Region III</td>
<td>Counties of: Aroostook, Piscataquis, Hancock, Washington, Penobscot</td>
<td></td>
</tr>
</tbody>
</table>

**Footnotes:**
II. Executive Summary

1. State Summary Narrative

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

Footnotes:
1. Executive Summary

Although persons experiencing chronic homelessness represent a smaller share of all persons experiencing homelessness, the mortality rate for these men and women is four to nine times higher than that of the general population. Working with people in Maine who are experiencing chronic homelessness is clearly a public health imperative. Maine now prioritizes PATH funds by targeting: 1) unsheltered, chronic and literal homeless individuals and families, 2) sheltered chronic and literal homeless individuals and families, and 3) other literally homeless individuals and families over the past five years, the need for homeless services in the State of Maine has remained unchanged. The percentage of Maine’s homeless who were without shelter in 2015 was the lowest of any state and the overall number of homeless residents was down 13 percent from 2014, compared with a 2 percent decrease nationally. However, despite significant year-to-year fluctuation over the past six years, the overall number of homeless people in Maine was about the same this year as it was in 2010, while the number nationally has decreased 11.4 percent during that period... The overall number of homeless in Maine showed a steep decrease – 2,726 to 2,372 – from 2014 to 2015, but the number has fluctuated widely over the past six years, and was only 0.3 percent fewer this year than it was in 2010. The number of chronically homeless in the state was just 4 percent fewer, 217 this year compared with 226 in 2010. In 2015 PATH targeted the literal homeless populations in conjunction with Maine State Housing initiatives to create system changes with emergency shelters. The statistics from 2013-2015 have made an impact on decreasing homelessness and reversing the rate of growth in shelters expenditures. In 2015 we had 12% less homeless clients, utilizing 4% less shelter beds and representing 63% decrease in the average length of time clients remain in the shelter. Maine’s chronically homeless are a particularly vulnerable population, with many of these individuals suffering from serious mental illness and/or co-occurring substance use disorder.

We anticipate state funding dedicated to the PATH program in State FY 2017 in the amount of $1,041,182.00. The sources of the required PATH match contributions are contained in our current contract with Catholic Charities Going forward, the State of Maine’s general funds amount is more than sufficient to reflect the match amount. With the addition of the $300,000 federal PATH contribution, SAMHS anticipates a FY2017 budget of $1,341,182.00.

Selection of PATH Local-Area providers will be carried out through an RFP process with a current contract in place until December 2016. A RFP (Request for Proposals) will publish in May 2016 to begin the process of awarding a new contract provider for Statewide PATH Program. The contract requires a regional presence in each of Maine’s three PATH regions. Catholic Charities is the current contract provider and manages the seven sub-contracts with other agencies providing for statewide coverage.

The current PATH provider, Catholic Charities of Maine is a private non-profit organization, and is Maine’s sole source PATH provider. Catholic Charities of Maine subcontracts to seven providers and has six sites in Maine that cover the three PATH regions of Maine. These three regions are: I) York and Cumberland Counties; II) Oxford, Franklin, Androscoggin, Kennebec, Somerset, Sagadahoc, Lincoln, and Knox Counties; III) Aroostook, Piscataquis, Hancock, Washington, and Penobscot Counties.
A unique component of Maine’s PATH program is a contractual set-aside for Peer PATH Navigators, this position is defined as a PATH funded outreach worker under contract whose principal role is outreach, engagement, and education for homeless individuals regarding appropriate resources. Peer support focuses on the development of relational change for an individual; a commitment to mutuality, negotiation, noticing power dynamics, and a transparent agreement that both people are there to learn through the process of their relationship. This starts with the very first contact and is carried through by an on-going process of self/relational care. The Peer Path Navigator is an individual who has experienced homelessness, and has at some time been diagnosed with a serious mental illness (SMI) or mental health and chronic substance use disorder. Twenty percent of the total funding received through contracts supports the employment of Peer Path Navigators who are benefit eligible employees.

Another unique component of Maine’s PATH program is its focus on the reduction of recidivism rates within its target population. Follow up and follow through on referrals to ensure successful engagement in mainstream community resources is a key component of the PATH worker’s funded activities. Accompanying the individual to initial appointments and building rapport with mainstream providers will take place. The PATH program is intended to outreach, engage, enroll and exit program with Mainstream resources in place within a 6 month period. The Provider shall utilize evidence-based practices, to further Outreach and Engagement activities. Within six (6) months of first outreach contact with each Client, client will be enrolled and have applied for Mainstream services within 72 hours of enrollment into PATH program. Request for Extensions Beyond Six Months: All PATH consumers are to be exited/transitioned out of PATH program within 6 months from date of first outreach contact. When more time is required to complete enrollment activity or to attain core Mainstream resources, the PATH provider may request an extension of 30 or 60 days. Request for extension will be approved by the Provider. Extension request must contain action plan and associated timelines of how the PATH providers will attain Core Mainstream Resources within 30 or 60 days. A maximum of 10 percent set-aside is dedicated to screening, diagnostic, and assessment services to be provided in each of the three PATH regions in Maine. These services are designed to determine eligibility for MaineCare services (the state’s Medicaid program), particularly Section 17 services (Community Integration /Case Management). PATH will support these services on a fee-for-service encounter basis. The assessment services will be billed to MaineCare for those individuals found to be MaineCare eligible. Of ineligible individuals, the assessment will be billed to PATH.
## II. Executive Summary

### 2. State Budget

Planning Period From 7/1/2016 to 6/30/2017

* Indicates a required field

<table>
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<tr>
<th>Category</th>
<th>Federal Dollars</th>
<th>Matched Dollars</th>
<th>Total Dollars</th>
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Allocation of Federal PATH Funds

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<th>Federal Dollars</th>
<th>Matched Dollars</th>
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Source(s) of Match Dollars for State Funds:

State of Maine $100,000 matched Federal Grant dollars.
# Catholic Charities-

**DUNS # 809045594**

## Catalog of Federal Domestic Assistance Function or Activity

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<thead>
<tr>
<th>Grant Program</th>
<th>Federal</th>
<th>Non-Federal</th>
<th>Federal</th>
<th>Non-Federal</th>
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<tbody>
<tr>
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<td>(b)</td>
<td>(c)</td>
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## BUDGET INFORMATION - Non-Construction Programs

### Section A

**Object Class Categories**

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<th>PATH</th>
<th>DHHS/State Grant</th>
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<td>Personnel</td>
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<tr>
<td>Fringe Benefits</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Travel</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Equipment</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Supplies</td>
<td>$300,000</td>
<td>$1,041,182</td>
</tr>
<tr>
<td>Contractual</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Construction</td>
<td>$300,000</td>
<td>$1,041,182</td>
</tr>
<tr>
<td>State Match</td>
<td>$-</td>
<td>$-</td>
</tr>
</tbody>
</table>

**Total Direct Charges (sum of 6a-6h)**

<table>
<thead>
<tr>
<th>PATH</th>
<th>DHHS/State Grant</th>
<th>CC In-Kind</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300,000</td>
<td>$1,041,182</td>
<td>$-</td>
</tr>
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</table>

**Indirect Charges**

<table>
<thead>
<tr>
<th>PATH</th>
<th>DHHS/State Grant</th>
<th>CC In-Kind</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,000</td>
<td>$41,647</td>
<td>$53,647</td>
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**TOTALS (sum of 6i and 6j)**

<table>
<thead>
<tr>
<th>PATH</th>
<th>DHHS/State Grant</th>
<th>CC In-Kind</th>
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</thead>
<tbody>
<tr>
<td>$312,000</td>
<td>$1,082,829</td>
<td>$1,394,829</td>
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## Section B

### Section C

<table>
<thead>
<tr>
<th>PATH</th>
<th>Applicant</th>
<th>State</th>
<th>Other Source</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300,000</td>
<td>$300,000</td>
<td>$1,041,182</td>
<td>$1,041,182</td>
<td></td>
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</table>

## Section D

### Section E

**FUTURE FUNDING PERIODS (Years)**

<table>
<thead>
<tr>
<th>PATH</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
</tr>
</thead>
<tbody>
<tr>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
</tbody>
</table>

## Section F

<table>
<thead>
<tr>
<th>PATH</th>
<th>Applicant</th>
<th>State</th>
<th>Other Source</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
</tbody>
</table>

### Section G

**Remarks**

21. Direct Charges:

22. Indirect Charges: 
### II. Executive Summary

#### 3. Intended Use Plans (IUPs)

**Expenditure Period Start Date:** 07/01/2016  
**Expenditure Period End Date:** 06/30/2017

<table>
<thead>
<tr>
<th>Primary IUP Provider</th>
<th>Provider Type</th>
<th>Geographic Service Area</th>
<th>Allocations</th>
<th>Matching Funds</th>
<th>Estimated # to Contact</th>
<th>Estimated # to Enroll</th>
<th># Trained in SOAR</th>
<th># Assisted through SOAR</th>
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</thead>
<tbody>
<tr>
<td>Catholic Charities</td>
<td>Social service agency</td>
<td>Region I</td>
<td>$300,000</td>
<td>$100,000</td>
<td>600</td>
<td>300</td>
<td>46</td>
<td>44</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td></td>
<td><strong>$300,000</strong></td>
<td><strong>$100,000</strong></td>
<td><strong>600</strong></td>
<td><strong>300</strong></td>
<td><strong>46</strong></td>
<td><strong>44</strong></td>
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**Footnotes:**

Maine FY 2016 PATH RFA Catalog No.: 93.150 RFA No.: SM-16-F2  Approved: 03/28/2016  Expires: 05/27/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Federal Dollars</th>
<th>Matched Dollars</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fringe Benefits</td>
<td>31.81 %</td>
<td>$52,901</td>
<td>$0</td>
<td>$52,901</td>
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<tr>
<td>Travel</td>
<td></td>
<td>$10,020</td>
<td>$0</td>
<td>$10,020</td>
<td></td>
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<tr>
<td>Mileage Reimbursement</td>
<td></td>
<td>$10,020</td>
<td>$0</td>
<td>$10,020</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td>$31</td>
<td>$0</td>
<td>$31</td>
<td></td>
</tr>
<tr>
<td>Printer Lease/Purchase</td>
<td></td>
<td>$31</td>
<td>$0</td>
<td>$31</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td>$5,457</td>
<td>$0</td>
<td>$5,457</td>
<td></td>
</tr>
<tr>
<td>Client Other Supplies</td>
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<td>$5,457</td>
<td>$0</td>
<td>$5,457</td>
<td>Program Supplies and food</td>
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<tr>
<td>Contractual</td>
<td></td>
<td>$31,653</td>
<td>$100,000</td>
<td>$131,653</td>
<td></td>
</tr>
<tr>
<td>Other (Describe in Comments)</td>
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<td>$100,000</td>
<td>$131,653</td>
<td>Subcontracts with providers in Region 2 and Region 3.</td>
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</tr>
<tr>
<td>Construction (non-allowable)</td>
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<td>$21,658</td>
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</tr>
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<td>Office Rent Expenses</td>
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<td>$8,487</td>
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<tr>
<td>Office Utilities/Telephone/Internet</td>
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<td>$0</td>
<td>$7,702</td>
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<td></td>
</tr>
<tr>
<td>Staffing: Training/Education/Conference</td>
<td>$5,469</td>
<td>$0</td>
<td>$5,469</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Direct Charges</td>
<td></td>
<td>$288,000</td>
<td>$100,000</td>
<td>$388,000</td>
<td></td>
</tr>
<tr>
<td>Indirect Costs</td>
<td></td>
<td>$12,000</td>
<td>$0</td>
<td>$12,000</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>$300,000</td>
<td>$100,000</td>
<td>$400,000</td>
<td></td>
</tr>
<tr>
<td>Source(s) of Match Dollars for State Funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Maine provides $100,000.00 in match for Federal grant dollars</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Estimated Number of Persons to be Contacted: | 600 |
| Estimated Number of Persons to be Contacted who are Literally Homeless: | 600 |
| Number Staff trained in SOAR in Grant year ended in 2014: | 46 |
| Number of PATH-funded consumers assisted through SOAR: | 44 |
3. Local-area provider intended use plans (IUPs)

Catholic Charities (CCM) is a statewide non-profit agency that initiates and provides innovative, community based, social services to the vulnerable and marginalized throughout the state of Maine. As the sole recipient of $300,000 in PATH funds, CCM manages PATH service delivery in all sixteen of Maine’s counties. CCM has been incorporated in the state of Maine as a charitable, benevolent, non-profit corporation since 1966 and has provided community support, outreach, and treatment to persons with serious mental illness or co-occurring mental health and substance use disorders for over thirty years.

Collaboration with HUD Continuum of Care Program

CCM actively participates in the Statewide Homeless Council and all three Regional Homeless Councils; the Project Director is Co-Chair of the Region II Homeless Council. Activity in the Homeless Council includes coordination with the HUD Continuum of Care process. Sub-contractors utilized by CCM are active participants in State and Regional Homeless Council and the two COC’s. The Project Director served on the COC Program Monitoring and Evaluation Subcommittee to identify a policy and procedure that will enable Coca’s to be in compliance with HEARTH Act requirements related to project monitoring, ESG consultation and performance measures. CCM and sub-contractors are involved in local homeless collaborative (e.g. The Lewiston-Auburn Alliance for the Homeless (LLASH) and City of Portland Coalition to End Homelessness). CCM as local PATH provider has taken on a leadership role in LAASH to develop infrastructure appropriate to the service coordination needs of the local homeless system which is the second highest population center in Maine.

Collaboration with Local Community Organizations

CCM and sub-contractors are long standing providers of community support and homeless services holding existing service relationships, cooperative agreements and MOU’s with local service organizations and local government essential to serving this population. Successful community integration includes access to housing, primary health care and behavioral health treatment, health care, financial stability, food, education/employment, and social connections, thus the collaboration focuses on these areas as well as close coordination with public safety and crisis response. All behavioral health providers whose role is as a subcontractor and CCM are active members in the key Mental health and Co-Occurring Services Associations in Maine: Maine Association of Mental health Services, Maine Substance Abuse Providers, and the Behavioral Health Collaborative of Maine.

Service Provision

Outreach and engagement services

CCM both provides services and coordinates and manages a network of providers through sub-agreements. Each provider is responsible for the delivery of services in a designated geographical area to ensure that every county in Maine is covered. This network of providers brings together programs with on-going homeless outreach presence and strong behavioral health experience. In each region work is done in shelters, on the streets, and wherever the person is located for outreach and engagement to start the process of case management with homeless individuals. Direct service staffing includes more traditional outreach case managers (called Path
Navigators and peer outreach (Peer Navigators) as the primary staff for doing the outreach, engagement and maintaining a schedule that best responds to the population, addresses the challenges of covering a large geographic area, and maximizes coordination with other resources. Staff schedules are based on becoming a consistent and familiar presence where literally homeless individuals are located. The priority target populations for the PATH program are those that are literally homeless with presumed mental illness or co-occurring disorders, as this population of literally homeless adults are most vulnerable and most difficult to engage and enroll into mainstream resources. Path I and Peer Navigator’s initial first task is to engage homeless individuals and to assess their strengths, challenges, and the obstacles related to obtaining housing and services. Staff prioritizes engagement, recognizing that challenges for literally homeless individuals can often include trust, isolation, and lack of social skills. Once a relationship of trust has been established the focus will be on assessing needs and developing an initial plan as soon after intake as possible.

Screening, diagnostic, referral and transition services

Staff will ensure that an assessment is or has been conducted to determine eligibility for Medicaid reimbursable services. Screening, diagnostic, and assessment services will be primarily accessed within the PATH program through clinicians and staff licensed to conduct these assessments. As needed, staff may also make referrals for diagnostic evaluation to other local providers. For those consumers found eligible for Medicaid services, it will be a priority to expedite referral/transition to local Community Support Services. PATH enrolled consumers transitioning into mainstream resources; PATH will assist for up to six months in applying and enrolling for mainstream benefits such as housing, education/employment, primary and behavioral health care and other resources to sustain successful community living. All existing staff is trained in SOAR. SOAR is now being used as a mainstream resource for the PATH program. The PATH program uses SOAR trained staff to start SSI/SSDI applications, if more resources are needed to complete the application, the individual is referred out to a SOAR specialist in the area in order to complete the application. Engagement in mainstream community resources/providers – one month to six months

Staff employ a client centered approach, developing a mutually agreeable plan based on consumer needs/wants. The range of needs and best approaches and the length of time for engagement and for provision of PATH services after enrollment will vary based on individual assessments and service plans. For individual who qualify for PATH services, within six (6) months of first outreach contact for each client, the client will be enrolled and have applied for Mainstream services within 72 hours of enrollment into PATH program. Those mainstream services include housing, education/employment, primary and behavioral health services. Request for Extensions beyond Six Months: All PATH consumers are to be transitioned out of PATH program within 6 months from date of first outreach contact. When more time is required to complete enrollment activity or to attain core Mainstream resources, the PATH provider may request an extension of 30 or 60 days. Request for extension will be approved by the Provider If an individual is not found eligible then PATH funded staff will continue to provide basic referral resources on behalf of the person which include problem solving in efforts to secure other resources for which the person is eligible. CCM and its subcontractors all have long histories of system level collaboration with many partnerships and service linkages in their respective areas enhancing their ability to seamlessly connect individuals to appropriate resources.
Support of PATH providers

In addition to HMIS training, PATH services participate in monthly technical assistance conference calls on implementation issues. Providers are supported in the implementation of evidence-based practices. For example, Critical Time Intervention model is an evidence-based tool used by staff to provide essential strategies for developing short-term case management support for literally homeless individuals, and another evidence-based tool, Motivational Interviewing, is used by staff to engage homeless individuals who are usually ambivalent about accessing traditional services or receiving assistance in general.

Service System and Co-occurring Homeless

The Maine delivery system includes a network of community support and substance use disorder services available to clients with co-occurring disorders. Literally homeless individuals with co-occurring issues prioritized for the Maine PATH program typically are not successfully engaged by mainstream services, or lack reimbursement capability due to not being determined as disabled; most services require Medicaid coverage. In addition to lacking creative and effective engagement strategies the current mainstream system lacks capacity to provide street outreach that is capable of dealing with substance use disorders.

Data

- Catholic Charities and sub-contractors are fully utilizing HMIS and PATH services. Two sub-contractors have had to integrate HMIS data with their HER.
- All PATH service delivery and administrative support staff, as HMIS users, have been provided with new user training and follow up training on HMIS report formats. As new users are hired, Maine Housing (local HMIS system administrator) provides timely new user training through webinar format.
- CCM has established a PATH HMIS email distribution list for sharing information and providing technical assistance, and has hosted with Maine DHHS webinars on utilizing data quality reports to enhance data documentation.
- The State DHHS Office of Substance Abuse and Mental Health Services Quality Management unit has cross-walked data off of HMIS to be able to run quarterly performance measure reports to ensure that the Program is compliant with State and Federal performance requirements and able to meet reporting guidelines.
- The State DHHS Data Quality Specialist assigned to PATH and CCM PATH Administrator participates in PATH HMIS Learning Community webinar sessions and other appropriate national level trainings.
- CCM, DHHS and Maine Housing collaborated in 2014 on three important data projects for PATH: (1) implementation of 2014 HUD data standards, (2) enhancements under HMIS to enable PATH to more effectively document service delivery under outreach, engagement and enrollment, (3) creation of new export management reports off of HMIS for PATH providers on key service delivery indicators.
- A process has begun involving DHHS, Maine Housing, PATH, and key homeless partners on data sharing across homeless programs to enable greater service coordination and facilitate documentation chronic homelessness.

SSI/SSDI Outreach, Access, Recovery (SOAR)
All existing staff is trained on SOAR and Catholic Charities utilizes SOAR as a mainstream resource for their consumers. SOAR trained staff are utilized to start the SSI/SSDI application process and if more resources are needed in order to complete the application, the application is referred out to a SOAR trained specialist in the area. From 2013-2015, 46 PATH staff were trained in SOAR. In 2014 CCM was part of a process with DHHS SAMHS and MSHA to identify and count the number of PATH funded consumers assisted SOAR. As part of implementing 2014 HUD data standards, Maine Housing has added under HMIS enhanced capacity to track SOAR activity which will facilitate reporting in 2015. In 2014, the Project Director along with DHHS staff attended the national SOAR Academy.

Access to Housing

The PATH program assists all contacted and enrolled consumers in applying for housing and expects 80 percent of enrolled participants will access a housing resource. CCM and sub-contractors have strong interagency relationships with local housing agencies and mental health agencies, and relationships with local landlords and prioritize access of Shelter Plus Care, Bridging Rental Assistance Program and Housing Choice Vouchers. Under the auspices of the State Homeless Council and Continuum of Care, and through collaboration of Maine State Housing Authority and the DHHS, Maine is currently undertaking and alignment and targeting of supportive housing and care coordination of three priority groups: 1 Homeless Persons suffering with Severe and Persistent Mental Illness and co-occurring Substance Use Disorder 2)Chronically and literally homeless (as defined federally); and 3) long-term stayers (as defined in Maine as more than 180 days in emergency shelter in a 365 day period). PATH service delivery personnel will be deployed to coordinate services for these priority groups and will be able to access on a priority basis available housing vouchers and subsidies. The alignment of housing resources with case management practice ensures that the consumers can not only “access” housing but “keep” the housing.

Staff Information

CCM and sub-contractors are all licensed contract agencies and required to provide cultural competent services; provide training to staff in cultural competence develop practice and policy statements on cultural competence and hire staff where possible, that reflect the consumer population. This is consistent with developing strategies around outreach and engagement. Inclusion of peers as providers of service helps ensure sensitivity to issues of stigma around homelessness, mental illness and poverty. As captured in State contracts cultural competence also includes sensitivity to deaf culture and person in recovery. All contracts negotiated by CCM with sub-contractors include clear language and expectation around cultural competence; compliance with these expectations will be audited by the PATH Program Administrative Manager.

Client Information

The client population of PATH reflects characteristics of a state that consists of an aging population, limited in ethnic and racial diversity; less than ten percent of Maine’s population is non-white and 62 percent of the client population is male.

- 1200 homeless persons will be contacted by PATH providers
• 50 percent of those contacted will be enrolled in PATH
• 100 percent of those served under PATH will come from literally homelessness

Consumer Involvement

• This Program has an affirmative strategy to utilize consumers as providers of outreach and engagement; more than 20 percent of all program funds will be dedicated to employing peers as benefit eligible employees. Peer Navigators will have completed the Intentional Support Peer Specialist (IPSAS) training.
• CCM and sub-contractors providing mental health services are required by contract to include consumers as voting members on their Boards, provide access to opportunities for consumer voice and input, and utilize affirmative practice with family members. All providers in the Program will be collaborating with consumers involved at the COC level and formal and informal consumer networks.
• State contracts held by CCM and any sub-contractor templates clearly delineate provider responsibility to obtain informed consent, notify all consumer and recipients of services of their rights, and to share the grievance policy and procedures.
III. State Level Information

A. Operational Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Individual:</td>
<td>A person sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned or condemned buildings, or is sleeping in homeless shelters.</td>
</tr>
<tr>
<td></td>
<td>U.S. Department of Housing and Urban Development’s definition of ‘Literally Homeless’: A person living on the streets or in a shelter.</td>
</tr>
<tr>
<td></td>
<td>Literal Homelessness: The primary focus of the PATH program in Maine is the literal homeless population. PATH providers are to provide outreach to all individuals who are experiencing literal homelessness with the intent of identifying and engaging those they believe are PATH eligible. PATH outreach services prior to PATH enrollment should continue without the expectation or burden of the identification of PATH eligibility.</td>
</tr>
<tr>
<td></td>
<td>Literally Homeless persons who are sleeping in places not meant for human habitation, such as a car, parks, sidewalks, abandoned buildings, woods, camp grounds or the street; sleeping in an emergency shelter, or staying in a hospital or correctional setting, or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation immediately prior to entry into the hospital or institution. Also, literally homeless individuals include: those graduating from, or timing out of, a transitional housing program for homeless persons, victims of domestic abuse or violence, as well as veterans experiencing homelessness.</td>
</tr>
</tbody>
</table>

| Imminent Risk of Becoming Homeless: | Not being targeted for Maine’s PATH program in state fiscal year 15, beginning July 1, 2014. Maine’s PATH program will target the HUD defined ‘Literally Homeless’ in State Fiscal Year 16. |

| Serious Mental Illness:            | Requirements for Severe Mental Illness (SMI) under the State of Maine MaineCare Benefits Manual 10-144 Chapter 101                                                                                                           |
|                                  | Requirements for Eligibility. A person is eligible to receive covered services if he or she meets both general MaineCare eligibility requirements and specific eligibility requirements for Community Support Services. Eligibility for services under the MaineCare Benefits Manual, Chapter II, Section 13, Targeted Case Management Services, - Section 65, Behavioral Health Services, Section 91, Health Home Services and Section 92, Behavioral Health Home Services may not preclude eligibility for covered services under this Section. However, services must be coordinated and not duplicated. |
|                                  | 17.02-2 General Requirements. Individuals must meet the eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive. Specific Requirements: A member meets the specific eligibility requirements for covered services under this section if: |
|                                  | A. The person is age eighteen (18) or older or is an emancipated minor with:                                                                                      |
|                                  | 1. A primary diagnosis of Schizophrenia or Schizoaffective disorder in accordance with the DSM 5 criteria; or                                                      |
|                                  | 2. Another primary DSM 5 diagnosis or DSM 4 equivalent diagnosis with the exception of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders who: |
|                                  | a) has a written opinion from a clinician, based on documented or reported history, stating that he/she is likely to have future episodes, related to mental illness, with a non-excluded DSM 5 diagnosis, that would result in or have significant risk factors of homelessness, criminal justice involvement or require a mental health inpatient treatment greater than 72 hours, or residential treatment unless community support program services are provided; based on documented or reported history; for the purposes of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver; or |
|                                  | b) has received treatment in a state psychiatric hospital, within the past 24 months, for a non-excluded DSM 5 diagnosis; or                                               |
|                                  | c) has been discharged from a mental health residential facility, within the past 24 months, for a non-excluded DSM 5 diagnosis; or                                         |
|                                  | d) has had two or more episodes of inpatient treatment for mental illness, for greater than 72 hours per episode, within the past 24 months, for a non-excluded DSM 5 diagnosis; or |
e) has been committed by a civil court for psychiatric treatment as an adult; or

f) until the age of 21, the recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a clinician, in the last 12 months, stating that the recipient had risk factors for mental health inpatient treatment or residential treatment, unless ongoing case management or community support services are provided.

AND

B. Has significant impairment or limitation in adaptive behavior or functioning directly related to the primary diagnosis and defined by the LOCUS or other acceptable standardized assessment tools approved by the Department. If using the LOCUS, the member must have a LOCUS score, as determined by a LOCUS Certified Assessor, of seventeen (17) (Level III) or greater, except that to be eligible for Community Rehabilitation Services (17.04-2) and ACT (17.04-3), the member must have a LOCUS score of twenty (20) (Level IV) or greater.

C. Eligible members who are eighteen (18) to twenty-one (21) years of age shall elect to receive services as an adult or as a child. Those members electing services as an adult are eligible for services under this Section. Those electing services as a child may be eligible for services under Chapter II, Section 65, Behavioral Health Services or Section 13 or both.

D. The LOCUS or other approved tools must be administered, at least annually, or more frequently, if DHHS or an Authorized Entity requires it.

Co-occurring Serious Mental Illness and Substance Abuse Disorders:

Co-occurring Services are integrated services provided to a member who has both a mental health and a substance abuse diagnosis. This includes persistent disorders of either type in remission; a substance related or induced mental disorder and a diagnosable disorder that co-occurs with interacting symptoms of the other disorder. Co-occurring Services consist of a range of integrated, appropriately matched interventions that may include comprehensive assessment, treatment and relapse prevention strategies that are combined within the context of a single treatment relationship. Clinicians must practice within the scope of their individual license(s) and follow all applicable mental health and substance abuse regulations in regards to member records including, but not limited to assessments, individual treatment plans and progress notes.

Footnotes:
III. State Level Information

B. Veterans

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

Footnotes:
III. State Level Information

B. Veterans

The Maine PATH contract does not give special consideration to entities/agencies serving veterans. However, our contract stipulates and measures the linkages with mainstream resources including resources targeting veterans. From time to time the Department may direct the Provider(s) to serve a particular individual(s). Veterans served are specifically included in Maine’s HMIS database and recorded so that we can monitor their participation in the PATH program.
III. State Level Information

C. Recovery Support

Narrative Question:
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.
III. State Level Information

C. Recovery Support

There is a substantive component in Maine’s PATH program which emphasizes recovery Supports through Peer involvement. Maine’s PATH program dedicates 20 percent of funds to employ Peers as Peer Navigators. The Peer Navigator will have at least two (2) years of experience in successfully engaging homeless persons with disabilities; at some time been diagnosed with a SMI or a Co-Occurring Disorder; and Completed Intentional Peer Support (IPS) Specialists Training Program within one (1) years of hire.

The development of a trauma informed curriculum “Intentional Peer Support: An Alternative Approach” in collaboration with Sheryll Mead and the Office of Substance Abuse and Mental Health Services and consumers from throughout Maine has led to this curriculum being used for the Certified Intentional Peer Support Specialist Training program as well as other training opportunities offered through the office.

The PATH Navigator will also complete Cultural Competency Training, and continually participate in the Point in Time (PIT) Homeless Count directed and coordinated by Maine State Housing Authority.

Employed PATH and Peer Navigators will be provided training and supervision of all aspects of this contract.
III. State Level Information

D. Alignment with PATH Goals

Narrative Question:
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.

Footnotes:
III. State Level Information

D. Alignment with PATH Goals

The PATH program is designed to support the delivery of eligible services to person who are literally homeless and have serious mental illnesses or co-occurring serious mental health and substance use disorder with a particular emphasis targeting:

1) the literally homeless as defined by Housing and Urban Development (HUD) Definition of Literally Homeless: individuals who are sleeping in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, woods, camp grounds or the street. The primary target population for PATH funded services in Maine will consist of outreach and engagement services to literally homeless adults, who are the hardest to reach and most difficult to engage with yet may have unknown severity of mental illness or co-occurring mental health and substance use disorders.

2) Services which are not supported by mainstream mental health: PATH funds are used to provide initial street/shelter outreach, engagement, case management, and other services targeting these persons who are disengaged from mainstream resources. When a client is determined to be eligible for PATH services (they are literally homeless and have been a diagnosed serious mental illness or co-occurring serious mental health and substance use disorder) and has formally given consent to participate in services provided by the PATH project they are enrolled into the PATH project.

And 3) services not covered by an individual insurance.

PATH Eligible Services in Maine

Services covered by Maine PATH funding as part of Outreach and Engagement include the following: Outreach & engagement services; screening and diagnostic services; community mental health services including recovery support services, such as peer specialist/recovery coaches; Case management and peer services; and referral for primary and behavioral healthcare services, job training, education services, and relevant housing services.

A PATH consumer is defined as a person who: 1) is literally homeless (contractual obligation) and has a serious mental illness or a co-occurring mental health and substance abuse disorder; 2) who receives services in some measure with Federal PATH funds, and 3) for whom a clinical or other formal record has been prepared, indicating formal enrollment.

Grantees are expected to facilitate the MaineCare enrollment application process for eligible uninsured clients. Maine’s PATH has a 5% set-aside specifically allocated for the eligibility assessment for Section 17 (Community Support) services.
III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

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

Footnotes:
III. State Level Information

E. Alignment with State Comprehensive MH Services Plan

Sheldon Wheeler, as the Director for the Office of Substance Abuse and Mental Health Services (SAMHS), is the State PATH Contact. SAMHS Resource Development Unit is responsible for oversight of the Mental Health Block Grant as well as other associated State Housing programs. The PATH program is under the Management of Resources Development Unit in order to align the housing and homelessness resources and services, such as the use of the “Housing First” model, with the PATH services. Aligning the PATH program with housing and homelessness resources within SAMHS will also enable oversight and continuous quality improvement of data collection and reporting on specific PATH program performance measures.

All of Maine’s PATH programs are required to report their data to the Homeless Management Information System (HMIS), which is administered by the Maine State Housing Authority (MSHA). Participation in HMIS provides a platform for providers to coordinate care and improve access time to mainstream programs and housing resources for clients experiencing homelessness. This practice is effective in reducing duplicative intakes by numerous community agencies within the Continuum of Care (CoC).
III. State Level Information

F. Alignment with State Plan to End Homelessness

Narrative Question:
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.

Footnotes:
III. State Level Information

F. Alignment with State Plan to End Homelessness

The state of Maine has increased its support while leveraging and coordinating resources to fund outreach and engagement services to homeless persons. Outreach and engagement services (like those funded by PATH) are prominently displayed in several locations throughout the plan. Beginning in the spring of 2014, PATH program activities are working with the Shelter plus Care program and Maine State Housing Authority’s HMIS. HMIS will be providing de-identified numbers and location of chronically homeless and Maine’s defined long-term stayers to the Office of Substance Abuse and Mental health Services which administer both the Shelter Plus Care program and PATH program. Weave a substantial opportunity to have the ability to provide a supported housing voucher to every chronically homeless person in the state of Maine.

Due to the coordination with statewide homeless community stakeholders, Maine’s Continuum of Care’s and Maine State Housing Authority, DHHS/SAMHS utilized and adopted Dr. Jeffrey Brenner hotspot data to target the chronic homeless population and highest utilizers of homeless shelters measured by length of stay. DHHS/SAMHS did not wait for HUD approval and unilaterally implemented reprioritization protocols in their applications by December 2103 to address this population. This approach has resulted in a 60% decrease in length of stay in homeless shelters and contributed to the reduction of chronic homelessness.

HMIS is providing de-identified numbers and location of chronically homeless and Maine’s defined long-term stayers (those individuals homeless 180 days out of the past 365 days) to the Office of Substance Abuse and Mental health Services which administer both the HUD Shelter Plus Care program and SAMHSA PATH programs well as our State of Maine funded BRAP program. The management of these programs also is represented in the COC program as well as involvement and regular attendance at the Statewide Homeless Council of Maine. These two groups are the key designers, along with Maine Housing Authority, in the development of the state’s plan to end homelessness. In conjunction with these groups and the initiatives supported by this office, not only is the effort to end chronic homelessness supported but possibly eliminated, within a substantially short period of time, by supporting the ability to provide a supported housing voucher to every chronically homeless person in the state of Maine.

Each of our PATH provider agencies is monitored annually, not only for performance, but also for emergency preparedness and disaster response planning.
III. State Level Information

G. Process for Providing Public Notice

Narrative Question:
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.

Footnotes:
III. State Level Information

G. Process for Providing Public Notice

For the last several years, we have worked with the consumer advisory group to the SAMHSA funded Community Mental health Block Grant, known as the Statewide Quality Improvement Council. This and other groups (such as the Consumer Council System of Maine) continue to help shape our thinking in the delivery of services which can be monitored and evaluated. For example, the concept of a 20 percent set-aside of dollars dedicated to Recovery and Peer services within the PATH program came from public input. Also, these and other groups have helped us focus resources on the literally homeless. Maine has a website dedicated to PATH which includes an opportunity for feedback/comment regarding any aspect of the program.
III. State Level Information

H. Programmatic and Financial Oversight

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

Footnotes:
III. State Level Information

H. Programmatic and Financial Oversight

The state is currently in contract with Catholic Charities of Maine and Catholic Charities is the PATH Lead Agency. Catholic Charities subcontracts with six other agencies to cover the entire state. SAMHS SPC maintain routine communication with Catholic Charities and state PATH Resource Managers conduct provider site visits in conjunction with Catholic Charities. A formal audit tool was developed and this was implemented in 2016 site visit with all PATH subcontractors. SAMHS provides oversight of HMIS data and has implemented measures to insure data quality and completeness. Maine State Housing Authority staff coordinates with SAMHS to provide on-going HMIS training to users of this system. Quarterly reports on Performance Measures were created. Face to face contact with the PATH Lead Agency and its subcontractors is more consistent and this provides direct contact to address issues and concerns. SAMHS expectations of all PATH provider agencies regarding the goals of the PATH program to connect the literally homeless individual to housing and mainstream resources has been articulated through these site visits and contacts with the Lead PATH provider.

As a result of the contracting process, quarterly financial reports are submitted to and reviewed by a vertical contract team at SAMHS. This vertical team includes program managers, program administrators, contract managers at as well as representatives from accounting and audit within SAMHS and Division of Contract Management. Furthermore, we have increased our capacity to generate our own reports in Maine’s Homeless Management Information System, currently hosted by the Maine State Housing Authority. SAMHS has a collaborative relationship with MSHA regarding the HMIS data system to identify data needed and to efficiently record and report data.

The State of Maine contact person is also the Director of the office of Substance Abuse and Mental Health Services.
III. State Level Information

I. Selection of PATH Local-Area Providers

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

Footnotes:
III. State Level Information

I. Selection of PATH Local-Area Providers

Selection of PATH Local-Area providers has been carried out through an RFP process with a current contract in place until December 2016. A RFP (Request for Proposals) will be published in May 2016 to begin the process of awarding a new contract provider for Statewide PATH Program. The contract requires a regional presence in each of Maine’s three PATH regions. Catholic Charities is the current contract provider and manages the seven sub-contracts with other agencies providing for statewide coverage.

The allocation of PATH funds through the RFP specifically allocated funds based on data, proportionally allocated by region based on the number of documented homeless through the annual Point in Time Count. The demographic table in the next section of this application (detailing the locations of documented homeless in Maine) has not changed significantly for some time.

The State of Maine is currently seeking input from other data sources, addressing the rural areas and placing resources in those areas to record the homeless populations, reported to exist by community groups.
## III. State Level Information

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

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

**Footnotes:**
Nationally and in Maine, approximately 25 percent of homeless persons have a severe mental illness (SMI). The attached reflects all documented homeless persons in Maine for the period of calendar years December-January 2014 and 2015. The source of this data is Maine's Homeless Management Information System, administered by one of our substantial partners, The Maine State Housing Authority.

In 2015, Maine had 12% less homeless clients, utilizing 4% less shelter beds and representing a 63% decrease in the average length of time clients remain in the shelter.
<table>
<thead>
<tr>
<th>Homeless Shelter Statistics</th>
<th>2014 Beds</th>
<th>2015 Beds</th>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangor Area Homeless Shelter</td>
<td>38</td>
<td>38</td>
<td>Bangor</td>
<td>Penobscot</td>
</tr>
<tr>
<td>Bread of Life Shelter</td>
<td>9,109</td>
<td>234</td>
<td>Augusta</td>
<td>Kennebec</td>
</tr>
<tr>
<td>City of Portland - Family Shelter</td>
<td>104</td>
<td>104</td>
<td>Portland</td>
<td>Cumberland</td>
</tr>
<tr>
<td>City of Portland - Oxford Street Shelter</td>
<td>246</td>
<td>246</td>
<td>Portland</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Homeless Emmaus</td>
<td>25</td>
<td>25</td>
<td>Ellsworth</td>
<td>Hancock</td>
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<tr>
<td>Home Inc - Dorr House Emergency Shelter</td>
<td>6</td>
<td>6</td>
<td>Orland</td>
<td>Hancock</td>
</tr>
<tr>
<td>Home Inc - Duplex Orland Emergency Shelter</td>
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<td>9</td>
<td>Orland</td>
<td>Hancock</td>
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<tr>
<td>Home Inc - Hospice House Emergency Shelter</td>
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<td>5</td>
<td>Bucksport</td>
<td>Hancock</td>
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<tr>
<td>Home Inc - St Francis Community Mandala Farms</td>
<td>13</td>
<td>13</td>
<td>East Orland</td>
<td>Hancock</td>
</tr>
<tr>
<td>Home Inc - St Francis Inn</td>
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<td>0</td>
<td>Bangor</td>
<td>Hancock</td>
</tr>
<tr>
<td>Hope Haven Emergency Shelter</td>
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<td>30</td>
<td>Lewiston</td>
<td>Androscoggin</td>
</tr>
<tr>
<td>HSA - Sister Mary O'Donnell Shelter</td>
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<td>0</td>
<td>Presque Isle</td>
<td>Aroostook</td>
</tr>
<tr>
<td>Knox/Walbo Homeless Coalition - Hospital House</td>
<td>19</td>
<td>29</td>
<td>Rockland</td>
<td>Knox</td>
</tr>
<tr>
<td>Mid Maine Homeless Shelter</td>
<td>50</td>
<td>65</td>
<td>Waterville</td>
<td>Kennebec</td>
</tr>
<tr>
<td>Milestone - Substance Abuse Shelter</td>
<td>41</td>
<td>41</td>
<td>Portland</td>
<td>Cumberland</td>
</tr>
<tr>
<td>New Beginnings</td>
<td>12</td>
<td>12</td>
<td>Lewiston</td>
<td>Androscoggin</td>
</tr>
<tr>
<td>PCHC Hope Shelter Home</td>
<td>64</td>
<td>64</td>
<td>Bangor</td>
<td>Penobscot</td>
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<tr>
<td>Preble Street - Florence Homeless Emergency Shelter</td>
<td>25</td>
<td>25</td>
<td>Portland</td>
<td>Cumberland</td>
</tr>
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<td>Preble Street - Joe Kreister Teen Shelter</td>
<td>24</td>
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<td>Portland</td>
<td>Cumberland</td>
</tr>
<tr>
<td>HGH - Norway Homeless Shelter</td>
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<td>12</td>
<td>Norway</td>
<td>Oxford</td>
</tr>
<tr>
<td>RHG - Rumford Family Center</td>
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<td>12</td>
<td>Rumford</td>
<td>Oxford</td>
</tr>
<tr>
<td>RHG - S. Paris Men's Shelter</td>
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<td>2</td>
<td>South Paris</td>
<td>Oxford</td>
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<tr>
<td>Rural Community Action Ministry</td>
<td>10</td>
<td>10</td>
<td>Leeds</td>
<td>Androscoggin</td>
</tr>
<tr>
<td>Shaw House</td>
<td>16</td>
<td>16</td>
<td>Bangor</td>
<td>Penobscot</td>
</tr>
<tr>
<td>Tedford - Adult Shelter</td>
<td>16</td>
<td>16</td>
<td>Brunswick</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Tedford - Family Shelter</td>
<td>29</td>
<td>29</td>
<td>Brunswick</td>
<td>Cumberland</td>
</tr>
<tr>
<td>Western Maine Homeless Outreach Shelter</td>
<td>16</td>
<td>16</td>
<td>East Wilton</td>
<td>Franklin</td>
</tr>
<tr>
<td>Yana Emergency Shelter</td>
<td>10</td>
<td>10</td>
<td>Saco</td>
<td>York</td>
</tr>
<tr>
<td>York County Emergency Shelter</td>
<td>53</td>
<td>53</td>
<td>Alfred</td>
<td>York</td>
</tr>
<tr>
<td>Step Up - MAPS Shelter Services (CLOSED)</td>
<td>12</td>
<td>12</td>
<td>Portland</td>
<td>Cumberland</td>
</tr>
<tr>
<td>CCI Oxford Hills Family Shelter (CLOSED)</td>
<td>9</td>
<td>9</td>
<td>Lewiston</td>
<td>Androscoggin</td>
</tr>
<tr>
<td>CCI Rumford Area Shelter (CLOSED)</td>
<td>9</td>
<td>9</td>
<td>Rumford</td>
<td>Oxford</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Shelter Name</th>
<th>Clients served by mo</th>
<th>Clients served by more than 1 shelter</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>981</td>
<td>738</td>
<td>-4%</td>
</tr>
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</table>

Total Domestic Violence 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients served</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>30,451</td>
<td>33 9</td>
</tr>
<tr>
<td>2015</td>
<td>30,140</td>
<td>(311) 33 9</td>
</tr>
</tbody>
</table>

Total including Domestic Violence 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Clients served</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>359,558</td>
<td>15 (59)</td>
</tr>
<tr>
<td>2015</td>
<td>347,512</td>
<td>12 (66)</td>
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</table>

% Change w/ DV

-3% 9%
## Domestic Violence Shelters

<table>
<thead>
<tr>
<th>Shelter Name</th>
<th>Period 1 # Beds</th>
<th>2015 Beds</th>
<th>City</th>
<th>County</th>
<th>Bed Nights</th>
<th>Unique Clients</th>
<th>Avg LOS</th>
<th>Available Beds</th>
<th>Bed Nights</th>
<th>Unique Clients</th>
<th>Avg LOS</th>
<th>Available Beds</th>
<th>% Utilization</th>
<th>Change in Nights</th>
<th>Change in Clients</th>
<th>Change in Adv LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring Unlimited</td>
<td>18</td>
<td>18</td>
<td>York</td>
<td></td>
<td>5,356</td>
<td>110</td>
<td>49</td>
<td>6,570</td>
<td>82%</td>
<td>6,417</td>
<td>150</td>
<td>43</td>
<td>6,570</td>
<td>98%</td>
<td>1,061</td>
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<tr>
<td>Family Crisis Services DV Shelter</td>
<td>16</td>
<td>16</td>
<td>Cumberland</td>
<td></td>
<td>5,605</td>
<td>119</td>
<td>47</td>
<td>5,840</td>
<td>96%</td>
<td>5,499</td>
<td>131</td>
<td>42</td>
<td>5,840</td>
<td>94%</td>
<td>(106)</td>
<td>12</td>
</tr>
<tr>
<td>Family Violence Augusta Shelter</td>
<td>16</td>
<td>16</td>
<td>Kennebec</td>
<td></td>
<td>3,465</td>
<td>122</td>
<td>28</td>
<td>5,840</td>
<td>59%</td>
<td>3,620</td>
<td>89</td>
<td>41</td>
<td>5,840</td>
<td>62%</td>
<td>155</td>
<td>(33)</td>
</tr>
<tr>
<td>Family Violence Somerset Shelter</td>
<td>11</td>
<td>11</td>
<td>Somerset</td>
<td></td>
<td>2,275</td>
<td>32</td>
<td>71</td>
<td>4,015</td>
<td>57%</td>
<td>2,318</td>
<td>20</td>
<td>116</td>
<td>4,015</td>
<td>58%</td>
<td>43</td>
<td>(12)</td>
</tr>
<tr>
<td>Hope and Justice Houlton Shelter</td>
<td>14</td>
<td>14</td>
<td>Aroostock</td>
<td></td>
<td>632</td>
<td>29</td>
<td>22</td>
<td>5,110</td>
<td>12%</td>
<td>1,241</td>
<td>46</td>
<td>27</td>
<td>5,110</td>
<td>44%</td>
<td>609</td>
<td>17</td>
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<tr>
<td>Hope and Justice St. John Valley Shelter</td>
<td>8</td>
<td>8</td>
<td>Aroostock</td>
<td></td>
<td>1,689</td>
<td>26</td>
<td>65</td>
<td>2,920</td>
<td>58%</td>
<td>1,553</td>
<td>34</td>
<td>45</td>
<td>2,920</td>
<td>53%</td>
<td>(136)</td>
<td>8</td>
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<tr>
<td>Hope and Justice Caribou Shelter</td>
<td>12</td>
<td>12</td>
<td>Aroostock</td>
<td></td>
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<td>27</td>
<td>34</td>
<td>4,380</td>
<td>21%</td>
<td>972</td>
<td>7</td>
<td>139</td>
<td>4,380</td>
<td>22%</td>
<td>50</td>
<td>(20)</td>
</tr>
<tr>
<td>New Hope Safe Homes</td>
<td>14</td>
<td>14</td>
<td>Knox</td>
<td></td>
<td>33</td>
<td>12</td>
<td>3</td>
<td>5,110</td>
<td>11%</td>
<td>42</td>
<td>15</td>
<td>3</td>
<td>5,110</td>
<td>1%</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Next Step Mchias Shelter</td>
<td>12</td>
<td>12</td>
<td>Washington</td>
<td></td>
<td>2,118</td>
<td>55</td>
<td>39</td>
<td>4,380</td>
<td>48%</td>
<td>923</td>
<td>24</td>
<td>39</td>
<td>4,380</td>
<td>21%</td>
<td>(1,195)</td>
<td>(31)</td>
</tr>
<tr>
<td>Safe Voices Annie Pearl Shelter</td>
<td>17</td>
<td>17</td>
<td>Androscoggin</td>
<td></td>
<td>5,505</td>
<td>122</td>
<td>45</td>
<td>6,205</td>
<td>89%</td>
<td>4,429</td>
<td>137</td>
<td>32</td>
<td>6,205</td>
<td>71%</td>
<td>(1,076)</td>
<td>15</td>
</tr>
<tr>
<td>Spruce Run DV Shelter</td>
<td>17</td>
<td>17</td>
<td>Penobscot</td>
<td></td>
<td>2,851</td>
<td>72</td>
<td>40</td>
<td>6,205</td>
<td>46%</td>
<td>3,126</td>
<td>106</td>
<td>30</td>
<td>6,205</td>
<td>50%</td>
<td>275</td>
<td>34</td>
</tr>
<tr>
<td>Totals:</td>
<td>155</td>
<td>155</td>
<td></td>
<td></td>
<td>30,451</td>
<td>726</td>
<td>34</td>
<td>30,140</td>
<td>43</td>
<td>33</td>
<td>759</td>
<td>9</td>
<td>(311)</td>
<td>33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

% Change: -1% 4%
III. State Level Information

K. Matching Funds

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

Footnotes:
III. State Level Information

K. Matching Funds

The State of Maine provides $1,041,182.00 of state general funds dedicated to the PATH program. Any portion or the entire amount can be considered a match for the PATH grant.
III. State Level Information

L. Other Designated Funding

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

Footnotes:
III. State Level Information

L. Other Designated Funding

Both the Mental Health Block Grant and Substance Abuse Block Grant resources serve the literally homeless persons with serious mental illness and co-occurring disorders, specifically targeting the uninsured and underinsured.

State General Revenue Funds specifically allocates funding to support the PATH program to serve individual who experience literally homeless individuals and have Serious Mental Health (SMI) and co-occurring Serious Mental Health and Substance Use disorders.

The State of Maine also provides 6 million dollars of general funds for “Housing First” rental assistance programs which prioritizes mental health clients leaving psychiatric hospitals and residential treatment programs, as well targeting the homeless population.
III. State Level Information

M. Data

Narrative Question:
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 providers.

Footnotes:
III. State Level Information

M. Data

All of Maine’s PATH programs are required to report 100% their data to the Homeless Management Information System (HMIS), which is administered by the Maine State Housing Authority (MSHA). Participation in HMIS provides a platform for providers to coordinate care and improve access time to mainstream programs and housing resources for clients experiencing homelessness. This practice is effective in reducing duplicative intakes by numerous community agencies within the Continuum of Care (CoC). SAMHS in close collaboration with MSHA have implemented a data sharing of basic demographic information by and between provider agencies within Maine’s HMIS. New Release of Information (ROI) documents were rolled out by Maine State Housing on January 1, 2016. This will allow PATH providers to receive verification of homeless stays in the shelter system and among other PATH programs, across the state. The ROI allows for a retrospective look-back for occurrences of homelessness. As new persons come into the shelter system and their information is entered into HMIS, we will have access not only to their current stay information, but their histories as well.

Beginning in 2013, PATH providers were required to submit all data into the HMIS system managed by MHSA (local PHA) and 100% compliance has been achieved. In 2014, new data quality standards were set by HUD for HMIS. SAMHS has worked closely with MSHA/HIMS staff to align all data elements with PATH outreach, engagement and enrollment UDE’s. All current PATH providers have been trained in these new standards and are graded by letter grade for data completeness in HMIS. This expectation will be outline in the May 2016 RFP and will remain an expectation for all providers going forward under our PATH contract. All current PATH providers have been trained in these new standards and are graded by letter grade for data completeness in HMIS.
III. State Level Information

N. Training

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

Footnotes:
III. State Level Information

N. Training

DHHS has an expectation built into the contract that PATH providers will have specific training provided to all their front-line staff, including Intentional Peer Support Specialist training. The core training program for the Intentional Peer Support program is a 9 week course. This course as reported by PATH Peer Navigators during the September 2015 PATH site visit interviews conducted “was excellent and helped them develop needed skills.” “Peers also appreciated the ongoing support they were provided and shared that having the opportunity to do this work and assist others also helped them stay on track with their recovery.”

PATH staff received training on a regular basis through their agency of programmatic changes. The expectation of ongoing training is a must for all PATH funded staff as we require any and all HMIS, DHHS policy, and program changes to be documented and presented to all staff through use of a scheduled monthly conference call, special trainings for specific data entry offered through online training as well as periodic face to face training for all staff.

This expectation is built into the RFP and will be in future contracts.
III. State Level Information

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

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

Footnotes:
III. State Level Information

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

All existing staff is trained in SOAR. SOAR is now being used as a mainstream resource for the PATH program. This mainstream resource is documented and captured through HMIS for reporting purposes.

The PATH program uses SOAR trained staff to start SSI/SSDI applications, if more resources are needed to complete the application, the individual is referred out to a SOAR specialist in the area in order to complete the application.
III. State Level Information

P. Coordinated Entry

Narrative Question:
Describe the state's coordinated entry program and role of key partners.

Footnotes:
III. State Level Information

P. Coordinated Entry

In the past three years, there have been efforts by the MCOC and PCOC towards coordinated entry/assessment. This has set a path for establishing the system-wide coordinated entry/assessment system. In 2012 and 2013, the Collaborative Applicants for the MCOC and PCOC submitted a planning grant application which would allow both CoC’s to identify and work toward a state-wide Coordinated Entry/Assessment System. Both CoC’s received the FY2012 Planning Grant which was then implemented in 2014 and identified initial steps. Because the Collaborative Applicants did not receive the FY2013 planning grant, a private foundation grant was applied for and was approved to continue the work in FY2015.

Going forward, both CoC’s were awarded the FY2014 Planning Grants which are expected to be implemented in 2016 to continue help the system become fully operational.

Both CoC’s in Maine are participating through an established leadership group, along with the CA’s of the two COCs, and with TA from HUD approved TA group, to create a coordinated entry system which includes HUD directives and best serves the entire state. Although this is not currently “Live” this group has adopted a draft of written standards which identifies the elements of this system and is working towards identifying the resource’s, that may be present as well as those needed to initiate this system and will continue to work on obtaining those resources with the intent of going “Live” as soon as all elements and resources are in place.

An expected pilot of the Coordinated Entry System will take place this summer 2016 in a selected area of the state which contains urban and rural areas as a representative area of the larger state areas.
III. State Level Information

Q. Justice Involved

Narrative Question:
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.

Footnotes:
III. State Level Information

Q. Justice Involved

The Maine PATH contract does not give special consideration to entities/agencies serving PATH client with a criminal history. However, our contract stipulates and measures the linkages with mainstream resources including resources targeting housing, employment, education, primary and behavioral health and veteran services for individuals experiencing Severe Mental Illness and co-occurring Mental Health and Substance Use Disorders. From time to time the Department may direct the Provider(s) to serve a particular individual(s). Occasionally PATH providers receive a referral about an individual with criminal background that was discharged from a correctional facility jail to literal homelessness with no services in place. The PATH program will provide outreach, engagement and enrollment to that individual.

SAMHS currently has a jail diversion program in place within the correctional settings. This program is state funded and is administered through SAMHS Intervention Unit. The Forensic Intensive Case Management Program provides services to adults 18 years of age and older who have been diagnosed with a mental illness or are dually diagnosed and are in a correctional facility. Services are being delivered state wide at all county jails and most DOC prisons and prerelease centers. The goals of the ICM program include: actively engaging people who have been diagnosed with mental illness and are incarcerated to reduce recidivism, reducing unnecessary inpatient treatment and helping participants to meet their own goals in a variety of areas, such as housing, employment, and community involvement.