I. State Information

State Information

Plan Year
Federal Fiscal Year  2017

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  41 Anthony Ave 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   04347
Telephone      207-287-4243
Fax             207-287-9152
Email Address  Sheldon.Wheeler@maine.gov

III. State Expenditure Period
From  7/1/2017
To    6/30/2018

IV. Date Submitted
NOTE: this field will be automatically populated when the application is submitted.
Submission Date  6/23/2017 4:16:09 PM
Revision Date    7/13/2017 3:12:38 PM

V. Contact Person Responsible for Application Submission
Title            Resource Development Manager
Organizational Unit Name  DHHS Office of Substance Abuse and Mental Health Services
First Name       Cynthia
Last Name        McPherson
Telephone        207-287-2595
Footnotes:
See attachment: FY 17 PATH Authorization Letter Governor LePage
June 16, 2017

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 Scott Lever, Senior Legal and Policy Advisor, 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:  Ricker Hamilton, Acting Commissioner, Maine DHHS
Sheldon Wheeler, Director, Office of Substance Abuse and Mental Health Services, Maine DHHS
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. §§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 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 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).


13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §1001 et seq.) and Section 4(f) of the Department of Transportation’s Highway Safety Act of 1966, as amended (23 U.S.C. §138) which prohibit the use of Federal funds for any project which effects or contributes to the destruction or removal of any property listed in the National Register of Historic Places, or which involves the realignment or relocation of any such property.

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

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

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

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

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

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

Name  
Scott Lever

Title  
Senior Legal and Policy Advisor

Organization  
Department of Health and Human Services

Signature:  
Date:

Footnotes:
I. State Information

Assurances - Non-Construction Programs

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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.

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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
Scott Lever

Title
Senior Legal and Policy Advisor

Organization
Department of Health and Human Services

Signature: [Signature]
Date: 6/21/17

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 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. Notice shall be made no later than five calendar days after such conviction;

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

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

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
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room S17-D

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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 Service 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

Scott Lever

Title

Senior Legal and Policy Advisor

Organization

Department of Health and Human Services

Signature: ___________________________ Date: ___________________________

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.

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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 of each affected grant;

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

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:
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Department of Health and Human Services
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3. Certifications Regarding Lobbying

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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.)

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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 civil, criminal, 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 Pre-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
Scott Lever

Title
Senior Legal and Policy Advisor

Organization
Department of Health and Human Services

Signature: [Signature]

Date: 6/21/17

Footnotes:
I. State Information

Funding Agreement

FISCAL YEAR 2017
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 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, 2018, prepare and submit a report providing such information as is necessary for:
• Providing a description of the purposes for which amounts received under the PATH Formula Grant Program were expended during
fiscal year 2017 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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<table>
<thead>
<tr>
<th>Name</th>
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<tr>
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**Signature:**

**Date:**

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---

Name: Scott Lever

Title: Senior Legal and Policy Advisor

Organization: Department of Health and Human Services

Signature: [Signature]

Date: 6/21/17

Footnotes:
I. State Information

Disclosure of Lobbying Activities

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

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

Standard Form LLL (click here)

Name: Scott Lever
Title: Senior Legal and Policy Advisor
Organization: Department of Health and Human Services

Signature: ________________________________ Date Signed: ________________________________

Footnotes:
See attachment I. State Information Disclosure of Lobbying Activities 062117
I. State Information

Disclosure of Lobbying Activities

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

Name
Scott Lever

Title
Senior Legal and Policy Advisor

Organization
Department of Health and Human Services

Signature: [Signature]

Date: 6/21/17

Footnotes:
# I. State Information

## State PATH Regions

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

**Footnotes:**
Please see ( 4 ) attachments FY 17 PATH MAP, and 3 PATH MAPS for Region I, II, III that provides description of each region.
FY 17 PATH MAP

Description of Regions

Region I

**York County** is the most southwestern county of the state of Maine located along New Hampshire’s eastern border in the United States. It is divided from Strafford County, New Hampshire by the Salmon Falls River, and the connected tidal estuary—the Piscataqua River.

Permanently re-founded in 1639, it held several of the oldest colonial settlement in Maine; consequently, is the oldest county in Maine and one of the oldest in the United States. As of the 2010 census, the population was 197,131, making it the second-most populous county in Maine. Its county seat is Alfred.

According to the U.S. Census Bureau, the county has a total area of 1,270 square miles (3,300 km²), of which 991 square miles (2,570 km²) is land and 279 square miles (720 km²) (22%) is water.

**Cumberland County** is a county located in the state of Maine, in the United States. As of the 2010 census, the population was 281,674, making it the most populous county in Maine. Its county seat is Portland. Cumberland County was founded in 1760 from a portion of York County, Massachusetts and named for William, Duke of Cumberland, a son of King George II.

Cumberland County has the deepest and second largest body of water in the state, Sebago Lake, which supplies tap water to most of the county. The county is the economic and industrial center of the state, having the resources of the Port of Portland, the Maine Mall, and having corporate headquarters of major companies such as Fairchild Semiconductor, IDEXX Laboratories, Unum, and TD Bank.

According to the U.S. Census Bureau, the county has a total area of 1,217 square miles (3,150 km²), of which 835 square miles (2,160 km²) is land and 382 square miles (990 km²) (31%) is water.
**FY 17 PATH MAP**

**Description of Regions**

**Region II**

**Androscoggin County** is a county located in the U.S. state of Maine. As of the 2010 census, the county's population was 107,702. Its county seat is Auburn. Androscoggin County comprises the Lewiston-Auburn, Maine Metropolitan Statistical Area and partially included within the Lewiston-Auburn, Maine, Metropolitan New England City and Town Area. It is also a part of the Portland-Lewiston-South Portland, Maine Combined Statistical Area. According to the U.S. Census Bureau, the county has a total area of 497 square miles (1,290 km²), of which 468 square miles (1,210 km²) is land and 29 square miles (75 km²) (5.9%) is water. It is the second-smallest county in Maine by total area.

**Somerset County** is a county located in the state of Maine, in the United States. As of the 2010 census, the population was 52,228. Its county seat is Skowhegan.

According to the U.S. Census Bureau, the county has a total area of 4,094 square miles (10,600 km²), of which 3,924 square miles (10,160 km²) is land and 169 square miles (440 km²) (4.1%) is water. It is the third-largest county in Maine by area.

**Kennebec County** is a county located in the U.S. state of Maine, in the United States. As of the 2010 census, the population was 122,151. Its county seat is Augusta the state capital. The county was established on 20 February 1799 from portions of Cumberland and Lincoln Counties. The name Kennebec comes from the Eastern Abenaki /kínipekʷ/, meaning "large body of still water, large bay. Kennebec County comprises the Augusta–Waterville, ME Micropolitan Statistical Area. In 2010, the center of population of Maine was located in Kennebec County, in the city of Augusta.

According to the U.S. Census Bureau, the county has a total area of 951 square miles (2,460 km²), of which 868 square miles (2,250 km²) is land and 84 square miles (220 km²) (8.8%) is water.

**Franklin County** is a county located in the state of Maine, in the United States. As of the 2010 census, the population was 30,768, making it the second-least populous county in Maine. Its county seat is Farmington. The county was established on May 9, 1838 and named for Benjamin Franklin.

According to the U.S. Census Bureau, the county has a total area of 1,743 square miles (4,510 km²), of which 1,697 square miles (4,400 km²) is land and 47 square miles (120 km²) (2.7%) is water.

**Oxford County** is a county located in the state of Maine, in the United States. As of the 2010 Census, the county had a population of 57,833. Its county seat is the town of Paris. The county was formed on March 4, 1805 from northerly portions of York and Cumberland counties. It borders the Canadian province of Quebec.

According to the U.S. Census Bureau, the county has a total area of 2,176 square miles (5,640 km²), of which 2,077 square miles (5,380 km²) is land and 99 square miles (260 km²) (4.5%) is water.
Knox County is a county located in the state of Maine, in the United States. As of the 2010 census, the population was 39,736. Its county seat is Rockland. The county is named for American Revolutionary War general and Secretary of War Henry Knox. The county was established on April 1, 1860, and is the most recent county to be created in Maine. It was carved from parts of Waldo and Lincoln counties.

According to the U.S. Census Bureau, the county has a total area of 1,144 square miles (2,960 km²), of which 365 square miles (950 km²) is land and 779 square miles (2,020 km²) (68%) is water. It is the second-smallest county in Maine by land area. It was originally part of the Waldo Patent.

Lincoln County is a county located in the U.S. state of Maine. As of the 2010 census, the population was 34,457. Its county seat is Wiscasset. The county was founded in 1760 from a portion of York County, Massachusetts and named after the English city Lincoln, the birthplace of Massachusetts Bay Provincial Governor Thomas Pownall.

According to the U.S. Census Bureau, the county has a total area of 700 square miles (1,800 km²), of which 456 square miles (1,180 km²) is land and 244 square miles (630 km²) (35%) is water. It is the third-smallest county in Maine by area.

Sagadahoc County (/ˈsæɡədəˌhɒk/ SAG-ə-da-hok) is a county located in the U.S. state of Maine. As of the 2010 census, the population was 35,293. Its county seat is Bath. In geographic area, it is the smallest county in Maine. According to the U.S. Census Bureau, the county has a total area of 370 square miles (960 km²), of which 254 square miles (660 km²) is land and 116 square miles (300 km²) (31%) is water. It is the smallest county in Maine by area.

Waldo County is a county located in the state of Maine, in the United States. As of the 2010 census, the population was 38,786. Its county seat is Belfast. The county was founded on 7 February 1827 from a portion of Hancock County and named after Brigadier-General Samuel Waldo, proprietor of the Waldo Patent. According to the U.S. Census Bureau, the county has a total area of 853 square miles (2,210 km²), of which 730 square miles (1,900 km²) is land and 123 square miles (320 km²) (14%) is water.
FY 17 PATH MAP

Description of Regions

Region III

Aroostook County is a county located in the U.S. state of Maine along the Canada–US border. As of the 2010 census, the population was 71,870. Its seat is Houlton.

Known locally in Maine simply as "The County," it is the largest American county by land area east of the Rocky Mountains (St. Louis County, Minnesota is larger by total area) and the largest county by total area in Maine. As Maine's northernmost county, its northernmost village, Estcourt Station, is therefore also the northernmost community in New England and in the contiguous United States east of the Great Lakes.

According to the U.S. Census Bureau, the county has a total area of 6,828 square miles (17,680 km²), of which 6,671 square miles (17,280 km²) is land and 156 square miles (400 km²) (2.3%) is water.

Aroostook County is the largest county in Maine by area, about the size of Connecticut and Rhode Island combined.

Penobscot County is a county located in the U.S. state of Maine. As of the 2010 census, the population was 153,923. Its county seat is Bangor. The county was established on 15 February 1816 from a portion of Hancock County when the area was still part of Massachusetts. Penobscot County is home to the University of Maine.

According to the U.S. Census Bureau, the county has a total area of 3,557 square miles (9,210 km²), of which 3,397 square miles (8,800 km²) is land and 160 square miles (410 km²) (4.5%) is water.

Penobscot County is a county located in the U.S. state of Maine. As of the 2010 census, its population was 17,535, making it Maine's least-populous county. Its county seat is Dover-Foxcroft. The county was incorporated on 23 March 1838, taken from the western part of Penobscot County and the eastern part of Somerset County, and is named for an Abenaki word meaning "branch of the river" or "at the river branch."

It is located at the geographic center of Maine. Originally it extended north to the Canada–US border, but in 1844 its northern portion was annexed by Aroostook County. In land area, Piscataquis is one of the largest U.S. counties east of the Mississippi River. It is also one of two counties in the Northeast (and seven counties east of the Mississippi River) that meets Frederick Jackson Turner's requirements for "frontier" country – that is, having fewer than six inhabitants per square mile, the other being Hamilton County, New York.

According to the U.S. Census Bureau, the county has a total area of 4,378 square miles (11,340 km²), of which 3,961 square miles (10,260 km²) is land and 417 square miles (1,080 km²) (9.5%) is water. It is the second-largest county in Maine by area. The largest lake in the county is Moosehead Lake at 120 square
miles (310 km2). The highest natural point in the county and the state of Maine is Mount Katahdin at 5,271 feet (1,606 meters), while the geographic center is Greeley Landing in the Town of Dover-Foxcroft.

**Washington County** is a county located in the U.S. state of Maine. As of the 2010 census, its population was 32,856, making it the third-least populous county in Maine. Its county seat is Machias. The county was established on June 25, 1789. It borders the Canadian province of New Brunswick.

According to the U.S. Census Bureau, the county has a total area of 3,258 square miles (8,440 km2), of which 2,563 square miles (6,640 km2) is land and 695 square miles (1,800 km2) (21%) is water.

**Hancock County** is a county located in the U.S. state of Maine. As of the 2010 census, the population was 54,418. Its county seat is Ellsworth. The county was incorporated on June 25, 1789 and named for John Hancock,[3] the first governor of the Commonwealth of Massachusetts. According to the U.S. Census Bureau, the county has a total area of 2,345 square miles (6,070 km2), of which 1,587 square miles (4,110 km2) is land and 758 square miles (1,960 km2) (32%) is water.
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:
Please see attachment for II. Executive Summary Narrative Final
1. State Summary Narrative

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 2016 according to the Point in Time survey was 1,192 persons. In 2016, Maine saw a 5% increase in the number of people who were homeless, primarily reflected in the unsheltered count. The Portland CoC unsheltered count increased by 4.4% and the Maine CoC unsheltered count increased by 0.6%. Also notable are the dramatic swings within homeless subpopulations. One with the highest increases in homelessness was families with children.

According to the HMIS homeless statistics report there were 7,020 unique clients homeless in 2015 and 6,304 in 2016. In 2016 PATH targeted the literally unsheltered homeless populations in conjunction with Maine State Housing initiatives to create system changes with emergency shelters. The statistics from 2015-2016 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. In 2016 that number decreased an additional 11% utilizing 6% fewer shelter beds.

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. These individuals are the primary specific targeted population for the PATH program. PATH has the ability to connect these persons directly to housing as well as services. The State of Maine has required, by design, that all PATH and SAMHS housing agents are licensed MH providers which have the ability to connect housing and services simultaneously to promote the greatest chance for a successful outcome for the client.

SAMHS anticipates state funding dedicated to the PATH program in State FY 2017 in the amount of $1,183,830.00 The sources of the required PATH match contributions are contained in our current contract with Kennebec Valley Mental Health Center dba Kennebec Behavioral Health (KBH). 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 FY2017 budget is $1,483,830.00. The current PATH provider, Kennebec Valley Mental Health Center dba Kennebec Behavioral Health (KBH) is a private non-profit organization, and is Maine’s sole source PATH provider. Kennebec Valley Mental Health Center subcontracts to six 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: s: 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 an 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 7/1/2017 to 6/30/2018

* Indicates a required field

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars</th>
<th>Matched Dollars</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
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</tr>
<tr>
<td>b. Fringe Benefits</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>c. Travel</td>
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<tr>
<td>d. Equipment</td>
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<td>$0</td>
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<td>e. Supplies</td>
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</tr>
<tr>
<td>f1. Contractual (IUPs)</td>
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<tr>
<td>f2. Contractual (State)</td>
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<td>$0</td>
<td>$0</td>
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<tr>
<td>g2. Housing (State)</td>
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<tr>
<td>h. Construction (non-allowable)</td>
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<td>$0</td>
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<tr>
<td>i. Other</td>
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<tr>
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<tr>
<td>l. Grand Total (Sum of i and k)</td>
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</table>

**Allocation of Federal PATH Funds**

$300,000 $100,000 $400,000

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

### Source(s) of Match Dollars for State Funds

Maine State General Funds
## II. Executive Summary

### 2. State Budget

Planning Period From 7/1/2017 to 6/30/2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars</th>
<th>Matched Dollars</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a. Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position *</td>
<td>Annual Salary *</td>
<td>% of time spent on PATH *</td>
<td>PATH-Funded Salary *</td>
<td>Matched Dollars *</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>$ 35,880</td>
<td>20.00 %</td>
<td>0.00</td>
<td>$ 0</td>
</tr>
<tr>
<td>Outreach worker</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
</tr>
<tr>
<td>Outreach worker</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
</tr>
<tr>
<td>Outreach worker</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
</tr>
<tr>
<td>PATH Administrator</td>
<td>$ 91,998</td>
<td>40.00 %</td>
<td>0.00</td>
<td>$ 0</td>
</tr>
<tr>
<td>Peer Support Specialist</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
</tr>
<tr>
<td>Other (Describe in Comments)</td>
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<td>100.00 %</td>
<td>0.52</td>
<td>$ 24,284</td>
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<td><strong>b. Fringe Benefits</strong></td>
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<td>9.20 %</td>
<td>$ 56,132</td>
<td>$ 88,832</td>
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<td><strong>c. Travel</strong></td>
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<td>$ 0</td>
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<tr>
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<td>$ 5,728</td>
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<tr>
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<td>$ 21,996</td>
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<tr>
<td><strong>f2. Contractual (State)</strong></td>
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<td>35.00 %</td>
<td>$ 24,284</td>
<td>$ 21,996</td>
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<tr>
<td><strong>g. Construction (non-allowable)</strong></td>
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<td>$ 0</td>
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<tr>
<td>Category</td>
<td>Federal Dollars *</td>
<td>Matched Dollars *</td>
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<td><strong>$1,102,817</strong></td>
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<td>Matched Dollars *</td>
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<td>Comments</td>
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<tr>
<td>k. Indirect Costs (Administrative Costs)</td>
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Source(s) of Match Dollars for State Funds:
- Maine State General Funds

Footnotes:
Footnotes:
Please see attachment II. Executive Summary 2. State Budget
## II. Executive Summary

### 2. State Budget

Planning Period From 7/1/2017 to 6/30/2018

* Indicates a required field

### Category

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<thead>
<tr>
<th>Category</th>
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<th>Matched Dollars</th>
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#### Position *

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<th>% of time spent on PATH *</th>
<th>PATH-Funded FTE</th>
<th>PATH-Funded Salary *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
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<tr>
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<td>$18,004</td>
<td>$16,316</td>
<td>$34,320</td>
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<tr>
<td>Outreach worker</td>
<td>$34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$18,004</td>
<td>$16,316</td>
<td>$34,320</td>
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<td>$0</td>
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<td>$16,316</td>
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#### b. Fringe Benefits

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<th>Comments</th>
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<tbody>
<tr>
<td>b. Fringe Benefits</td>
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#### c. Travel

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<th>Matched Dollars *</th>
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<tr>
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#### d. Equipment

No Data Available

#### e. Supplies

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</thead>
<tbody>
<tr>
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#### f1. Contractual (IUPs)

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#### f2. Contractual (State)

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#### Category

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<th>Matched Dollars</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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<td>$0</td>
<td>$0</td>
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<tr>
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#### h. Construction (non-allowable)

<table>
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<tr>
<th>Line Item Detail *</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
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<th>Comments</th>
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<td>Office: Utilities/Telephone/Internet</td>
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<td>$14,882</td>
<td>$14,882</td>
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</tbody>
</table>

PATH housing costs are limited to 20% and can only be PATH allowable costs. Personnel who are considered to be a housing cost should be entered here and not included in the Personnel line item. For questions, call your Program Officer.
### Office: Other (Describe in Comments)

#### Technology

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars *</th>
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<tbody>
<tr>
<td>Office: Other</td>
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<td>$0</td>
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</table>

### Staffing: Consultant Fees

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<tr>
<th>Category</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing: Consultant Fees</td>
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<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

### Staffing: Training/Education/Conference

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
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<tr>
<td>Staffing: Training</td>
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<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

### Total Direct Charges (Sum of a-i minus g1)

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Charges</td>
<td>$383,450</td>
<td>$1,102,817</td>
<td>$1,486,267</td>
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</tbody>
</table>

### Indirect Costs (Administrative Costs)

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Indirect Costs (Administrative Costs)</td>
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### Grand Total (Sum of j and k)

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>$395,450</td>
<td>$1,183,830</td>
<td>$1,579,280</td>
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### Allocation of Federal PATH Funds

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation of PATH Funds</td>
<td>$300,000</td>
<td>$100,000</td>
<td>$400,000</td>
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</tbody>
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### Source(s) of Match Dollars for State Funds:

- Maine State General Funds

### Footnotes:
II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: 07/01/2017  
Expenditure Period End Date: 06/30/2018

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

<table>
<thead>
<tr>
<th>Primary IUP Provider</th>
<th>Provider Type</th>
<th>Geographic Service Area</th>
<th>Allocations</th>
<th>Matching Funds</th>
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<th>Estimated # to Enroll</th>
<th># Trained in SOAR</th>
<th># Assisted through SOAR</th>
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<td>Kennebec Behavioral Health *</td>
<td>Community mental health center</td>
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* IUP with sub-IUPs

Footnotes:
Please see attachment for Intended Use Plan Budget and Executive Summary i. State Budget

I. Kennebec Behavioral Health

67 Eustis Parkway
Waterville, ME 04903

Contact: Donna M. Kelley, LCSW
Contact Phone #: 207-873-2136

Provider Type: Community mental health center

PDX ID: ME-012
State Provider ID:
Geographical Area Served: Region II

Planning Period From 7/1/2017 to 6/30/2018

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<th>Federal Dollars</th>
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<tr>
<td>c. Travel</td>
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<tr>
<td>g. Housing</td>
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<td>l. Grand Total (Sum of j and k)</td>
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Source(s) of Match Dollars:
Maine State General Funds

Estimated Number of Persons to be Contacted: 0
Estimated Number of Persons to be Enrolled: 0
Estimated Number of Persons to be Contacted who are Literally Homeless: 0
Number staff trained in SOAR in grant year ending in 2016: 0
Number of PATH-funded consumers assisted through SOAR: 0
### II. Executive Summary

#### 2. State Budget

Planning Period From 7/1/2017 to 6/30/2018

* Indicates a required field

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars</th>
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Printed: 7/13/2017 3:13 PM - Maine - FY 2017 PATH FOA Catalog No.: 93.150 FOA No.: SM-17-F2 Approved: 05/05/2017 Expires: 07/05/2017 Page 37 of 94
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**Allocation of Federal PATH Funds**

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**Source(s) of Match Dollars for State Funds:**

- Maine State General Funds

**Footnotes:**
Revision Request:

Budget Narrative for Standard Form 424A – Federal PATH grant application due July 14, 2017

A.1. PATH $300,000 - Funds requested

A.2. DHHS/State General Fund ---$1,183,830

These General funds have been committed and encumbered through an existing 1/1/17-12/31/17 contract.


Sub-recipient overhead costs greater than 4% allowed by federal standards.

B.6.a. Personnel

3 full time PATH Navigators, 1 PATH Navigator/Coordinator, and 1 Peer Navigator of which 52.46% is funded by Federal funds for a total of $96,300. The balance of those positions in addition to .35 Director of Community Housing Resources, .4 Administrator of Housing & Homeless Services, .2 Data & Leasing Analyst, and .2 Reporting Manager for a total of $163,825 funded by General Funds. (See detailed schedule)

B.6.b. Fringe Benefits

34% of Personnel payroll expense representing Payroll taxes, Unemployment Insurance, Workers Comp, Health, Dental, Life, STD & LTD Insurance, and Pension expenses.

B.6.c. Travel

Client and Program related travel at $.44/mile. 93,420 total miles for a total of $41,105.

B.6.e. Supplies

Client and Program related supplies such as brochures and other marketing materials, business cards, small equipment and general office supplies for a total of $5728.

B.6.f. Contractual

Five Sub-recipients contracted to provide PATH services state wide totaling $911,729.

B.6.h. Other

Communication related expenses (phone, cell, fax, etc.), Client food, audit fees, tech fees, and Training & Orientation for a total of $83,298. (See detailed schedule)
B.6.j. Indirect Charges

Administrative costs associated with the provision of PATH services and administration of sub-recipient contracts.
Revision Request: Please provide this by July 13th, 2017

**Address gaps in services for the PATH Program and its recipients.**

Literally homeless individuals with co-occurring issues prioritized for the Maine PATH program typically lack reimbursement capability which can increase challenges in obtaining access to assessments. Challenges associated with lack of reimbursement options for these assessments can pose challenges in determining disability status and appropriate follow up services and supports. Most services in Maine require Medicaid coverage or other funding streams for reimbursement.

Mental health services in Maine are primarily accessed through MaineCare (Maine’s Medicaid program) and through state general funds. Severe and Persistent Mental Illness is defined by Community Services, Section 17 of the MaineCare Benefits Manual. Maine’s PATH Program allocates 5% of total PATH funds to conduct clinical assessments, and substantial reimbursement for case management services while outreach and engagement is occurring with the goal of PATH enrollment through clinical assessments.

Maine as a rural state and its most rural counties has challenges transitioning clients to needed services and supports with no insurance. In our most rural communities further access can be complicated by client location and lack of access to clinicians available to evaluate and complete authorization forms for prior authorization for Section 17 services. Access to Section 17 services and clinical reviews is completed by an outside Utilization Management Company for Prior authorization for all inpatient and outpatient services such as Assessment, Case Management, Assertive Community Treatment, Community Rehabilitation Services, Medication Management and other mainstream mental health services that may be clinically appropriate for the PATH recipient. The PATH program is vigilant in managing current funding resources and proactive in finding resources while the consumers are in transition between PATH and Maine Care reimbursable Mental Health Community Services. PATH Provider Agencies have worked collaboratively to established relationships internally or with local community providers for the purpose of augmenting assessments for those with no reimbursement options when possible. These efforts along with limited PATH funds and State General Fund Grant Dollars still do not always meet the need.
3. Local-area provider intended use plans (IUPs)

Kennebec Valley Mental Health Center dba Kennebec Behavioral Health (KBH) is a 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, KBH manages PATH service delivery in all sixteen of Maine’s counties. Founded in 1960 KBH provides high quality community-based prevention, outreach, education, residential treatment, medication management, rehabilitation, vocational, substance abuse and mental health treatment programs. Clinic and community based services are offered on site in Skowhegan, Waterville, Augusta and Winthrop while community based services also offered throughout central Maine and Beyond including offices in Bangor, Farmington, and Rockland. The agency offers three Vocational Rehabilitation Clubhouse Programs, better known as “Clubhouses” in Waterville, Augusta and Lewiston as well as 11 residential properties offering a wide range of housing services From 24/7 Residential Treatment to those with high acuity needs to Supported housing options staffed and unstaffed 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

KBH actively participates in the Statewide Homeless Council and all three Regional Homeless Councils have participation by either KBH or another PATH Provider; the Project Director is a designated Region II Homeless Council representative to the Statewide Homeless Council. Activity in the Homeless Council includes coordination with the HUD Continuum of Care process. The Project Director is a member of the Maine COC and an acting COC Board member as well. Sub-contractors utilized by KBH 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 COC’s to be in compliance with HEARTH Act requirements related to project monitoring, ESG consultation and performance measures. KBH 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). Catholic Charities of Maine a local subcontracted agency under KBH 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

KBH and sub-contractors are long standing providers of community support services 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 KBH 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

KBH 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 on the streets, in shelters, and wherever the literally homeless person is located for outreach and engagement to start the process of case management.

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 and Peer Navigators 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.

KBH program staff is trained in the SOAR model. SOAR is considered a mainstream resource and recognized as a best practice model for case management. The PATH program may use 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 or other case managers in the area in order to complete the application. KBH will facilitate access to the SOAR training resources with PATH Providers and the COC for wider distribution.

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. KBH 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

- Kennebec Behavioral Health Service (KBH) and sub-contractors are fully utilizing HMIS and PATH services
  
  Two sub-contractors Cross reference HMIS data with their Electronic Records Systems.

- 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 State Housing Authority (local HMIS system administrator) provides timely new user training through webinar format.

- KBH has established a PATH HMIS email distribution list for sharing information and providing technical assistance, and will be hosting with Maine DHHS webinars on utilizing data quality reports to enhance data documentation.

- The State DHHS Office of Substance Abuse and Mental Health Services 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 KBH PATH Administrator participates in PATH HMIS Learning Community webinar sessions and other appropriate national level trainings.

KBH DHHS and Maine State Housing Authority 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)**

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The numbers in the chart below reflect the proposed number of individuals to be served during the grant period, set at 70% of the total number of homeless persons within grant service area with the expectation that 80% of those outreached will be enrolled, and all identified subpopulations in the grant service area.

<table>
<thead>
<tr>
<th>Direct Services: Total number to be served</th>
<th>Outreach</th>
<th>Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>75</td>
<td>60</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>White (non-Hispanic)</td>
<td>512</td>
<td>410</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Two or more Races</td>
<td>30</td>
<td>25</td>
</tr>
</tbody>
</table>

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- 545 persons will be enrolled in PATH.
- 10 percent of those served under PATH will come from literally homelessness.

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- State contracts held by KBH 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.
## II. Executive Summary

### Intended Use Plans- Budget

#### 1.1. Kennebec Behavioral Health

Has Sub-IUPs: No  
Provider Type: Community mental health center  
PDX ID: ME-012  
State Provider ID:  
Geographical Area Served: Region II

Planning Period From 7/1/2017 to 6/30/2018

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

* Indicates a required field

### Table: Federal Dollars, Matched Dollars, Total Dollars

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars</th>
<th>Matched Dollars</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personnel</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>b. Fringe Benefits</td>
<td>0.00%</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>c. Travel</td>
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<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>d. Equipment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>e. Supplies</td>
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<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>f. Contractual</td>
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<td>$0</td>
<td>$0</td>
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</tr>
<tr>
<td>g. Housing</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>h. Construction (non-Allowable)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>i. Other</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>j. Total Direct Charges (Sum of a-i)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>k. Indirect Costs (Administrative Costs)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>l. Grand Total (Sum of j and k)</td>
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<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Source(s) of Match Dollars for State Funds:

- Estimated Number of Persons to be Contacted: 0
- Estimated Number of Persons to be Enrolled: 0
- Estimated Number of Persons to be Contacted who are Literally Homeless: 0
- Number of PATH-funded consumers assisted through SOAR: 0

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Printed: 7/13/2017 3:13 PM - Maine - FY 2017 PATH FOA Catalog No.: 93.150 FOA No.: SM-17-F2  Approved: 05/05/2017  Expires: 07/05/2017  Page 48 of 94
3. Local-area provider intended use plans (IUPs)

Kennebec Valley Mental Health Center dba Kennebec Behavioral Health (KBH) is a 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, KBH manages PATH service delivery in all sixteen of Maine’s counties. Founded in 1960 KBH provides high quality community-based prevention, outreach, education, residential treatment, medication management, rehabilitation, vocational, substance abuse and mental health treatment programs. Clinic and community based services are offered on site in Skowhegan, Waterville, Augusta and Winthrop while community based services also offered throughout central Maine and Beyond including offices in Bangor, Farmington, and Rockland. The agency offers three Vocational Rehabilitation Clubhouse Programs, better known as “Clubhouses” in Waterville, Augusta and Lewiston as well as 11 residential properties offering a wide range of housing services From 24/7 Residential Treatment to those with high acuity needs to Supported housing options staffed and unstaffed 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

KBH actively participates in the Statewide Homeless Council and all three Regional Homeless Councils have participation by either KBH or another PATH Provider; the Project Director is a designated Region II Homeless Council representative to the Statewide Homeless Council. Activity in the Homeless Council includes coordination with the HUD Continuum of Care process. The Project Director is a member of the Maine COC and an acting COC Board member as well. Sub-contractors utilized by KBH 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 COC’s to be in compliance with HEARTH Act requirements related to project monitoring, ESG consultation and performance measures. KBH 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). Catholic Charities of Maine a local subcontracted agency under KBH 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

KBH and sub-contractors are long standing providers of community support services 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 KBH 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

KBH 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 on the streets, in shelters, and wherever the literally homeless person is located for outreach and engagement to start the process of case management. 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 and Peer Navigators 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. KBH program staff is trained in the SOAR model. SOAR is considered a mainstream resource and recognized as a best practice model for case management. The PATH program may use 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 or other case managers in the area in order to complete the application. KBH will facilitate access to the SOAR training resources with PATH Providers and the COC for wider distribution.

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. KBH 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

- Kennebec Behavioral Health Service (KBH) and sub-contractors are fully utilizing HMIS and PATH services
  Two sub-contractors Cross reference HMIS data with their Electronic Records Systems.
- 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 State Housing Authority (local HMIS system administrator) provides timely new user training through webinar format.
- KBH has established a PATH HMIS email distribution list for sharing information and providing technical assistance, and will be hosting with Maine DHHS webinars on utilizing data quality reports to enhance data documentation.
- The State DHHS Office of Substance Abuse and Mental Health Services has crosswalked 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 KBH PATH Administrator participates in PATH HMIS Learning Community webinar sessions and other appropriate national level trainings.

KBH DHHS and Maine State Housing Authority 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.

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### II. Executive Summary
#### 2. State Budget

Planning Period From 7/1/2017 to 6/30/2018

* Indicates a required field

**Category**

- Federal Dollars
- Matched Dollars
- Total Dollars
- Comments

<table>
<thead>
<tr>
<th>Category</th>
<th>Federal Dollars</th>
<th>Matched Dollars</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
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<td>$ 96,300</td>
<td>$143,825</td>
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<table>
<thead>
<tr>
<th>Position *</th>
<th>Annual Salary *</th>
<th>% of time spent on PATH *</th>
<th>PATH-Funded FTE</th>
<th>PATH-Funded Salary *</th>
<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
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<tbody>
<tr>
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<td>0.00</td>
<td>$ 0</td>
<td>$ 7,176</td>
<td>$ 7,176</td>
<td>Data and Leasing Analyst</td>
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<tr>
<td>Outreach worker</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
<td>$ 16,316</td>
<td>$ 34,320</td>
<td>PATH Navigator</td>
</tr>
<tr>
<td>Outreach worker</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
<td>$ 16,316</td>
<td>$ 34,320</td>
<td>PATH Navigator</td>
</tr>
<tr>
<td>Outreach worker</td>
<td>$ 34,320</td>
<td>100.00 %</td>
<td>0.52</td>
<td>$ 18,004</td>
<td>$ 16,316</td>
<td>$ 34,320</td>
<td>PATH Navigator</td>
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<td>PATH Administrator</td>
<td>$ 91,998</td>
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<td>$ 0</td>
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<td>$ 36,799</td>
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<tr>
<td>Peer Support Specialist</td>
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<td>100.00 %</td>
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<td>$ 18,004</td>
<td>$ 16,316</td>
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<td>Other (Describe in Comments)</td>
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<td>20.00 %</td>
<td>0.00</td>
<td>$ 0</td>
<td>$ 13,400</td>
<td>$ 13,400</td>
<td>Reporting Manager</td>
</tr>
</tbody>
</table>

| Fringe Benefits   |                 |                             |                 |          |
|                   | $ 32,700        | $ 56,132                    | $ 88,832        |          |

| Travel            | $ 15,000        | $ 26,105                    | $ 41,105        |          |

- Mileage Reimbursement | $ 15,000 | $ 26,105 | $ 41,105 |

| Equipment         | $ 0             | $ 0                         | $ 0             |          |

| Supplies          | $ 0             | $ 5,728                     | $ 5,728         |          |

- Office: Supplies | $ 0 | $ 5,728 | $ 5,728 |

| Contractual (IUPs) | $ 0 | $ 0 | $ 0 |

| Contractual (State) | $ 144,000 | $ 767,729 | $ 911,729 |

- Other (Describe in Comments) | $ 144,000 | $ 767,729 | $ 911,729 | State General Funds |

| Construction (non-allowable) | $ 0 | $ 83,298 | $ 83,298 |

- Client: Other (Describe in Comments) | $ 0 | $ 1,621 | $ 1,621 | Food |
| Office: Rent Expenses | $ 0 | $ 35,443 | $ 35,443 | Rent |

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

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<thead>
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<th>Matched Dollars *</th>
<th>Total Dollars</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office: Other (Describe in Comments)</td>
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<td>$17,604</td>
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<tr>
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<tr>
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<td>$6,698</td>
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<td><strong>j. Total Direct Charges</strong> <strong>(Sum of a-i minus g1)</strong></td>
<td><strong>$383,450</strong></td>
<td><strong>$1,102,817</strong></td>
<td><strong>$1,486,267</strong></td>
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<td>k. Indirect Costs (Administrative Costs)</td>
<td>$12,000</td>
<td>$81,013</td>
<td>$93,013</td>
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<tr>
<td>l. Grand Total (Sum of j and k)</td>
<td>$395,450</td>
<td>$1,183,830</td>
<td>$1,579,280</td>
<td></td>
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<tr>
<td>Allocation of Federal PATH Funds</td>
<td>$300,000</td>
<td>$100,000</td>
<td>$400,000</td>
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</tbody>
</table>

Source(s) of Match Dollars for State Funds:

- Maine State General Funds

Footnotes:
Footnotes:
Please see attachment for Intended Use Plan Budget and Executive Summary i. State Budget
### III. State Level Information

#### A. Operational Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Homeless Individual:</strong></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. U.S. Department of Housing and Urban Development’s definition of ‘Literally Homeless’: A person living on the streets or in a shelter. 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. 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>
<tr>
<td><strong>Imminent Risk of Becoming Homeless:</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Serious Mental Illness:</strong></td>
<td>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: 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</td>
</tr>
</tbody>
</table>
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:
Please see attachment for B. Veterans
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 SAMHS can monitor their participation in the PATH program. According the 2016 Maine State Housing Authority (MSHA) Veteran Shelter Statistics, Veteran homeless continued to decline in 2016. Compared to 2015, homeless veterans in emergency shelters decreased by 24 percent to 359. Chronic homelessness amongst veterans also declined by 23 percent to 76.
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.

Footnotes:
Please see attachment C. Recovery Support
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. An Peer Navigator is an individual that has: 1) identified as experiencing homelessness; 2) at some time been diagnosed with a Serious Mental Illness (SMI) or a or co-occurring SMI and Substance Use Disorders (SUD); and completed the Intentional Peer Support (IPS) Specialists Training Program within one (1) year of being hired by the Provider. Peer Navigator duties include, but are not limited to, Outreach and Engagement with Literally Homeless individuals through multiple contacts and interactions, and referring them into housing and/or Mental Health Services. Peer Navigator provides the following services Statewide:

- Provide Peer Navigator outreach to Literally Homeless individuals in unsheltered areas, shelters, on the streets and at other locations not meant for human habitation;
- Engage Literally Homeless individuals and assess eligibility for the PATH program and their strengths, challenges and obstacles to attaining housing and Mainstream Resources;
- Arrange for clinical assessment to determine eligibility for the PATH program;
- Transition Participants to local community resources;
- Provide, in coordination with the PATH Navigator, short-term Case Management support for Participants for up to six (6) months from point of first Outreach contact;
- Assist in developing a service plan with Participants of needed supports for stabilization and community integration;
- Assist Participants in completing the disability determination process and attaining MaineCare and SSI/SSDI benefits;
- Assist Participants in attaining Mainstream Resources, housing, healthcare, treatment, employment, education resources;
- Coordinate with local Housing Navigators in Maine State Housing Authority-funded shelters and Local Administrative Agencies (LAAs) to assist Participants in attaining a housing resource;
- Assist Participants in accessing social/peer supports; and
- Enter client demographic and service delivery related data under HMIS and ensure that all required Universal Data Elements are complete and consistent with the required work flow of Outreach, Engagement and Enrollment.

Peer and PATH Navigator will work as a team with and collaborate with other service providers in their area.

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 CIPSS nine-day training is an employment requirement for PATH Peer Navigators.
The Peer and PATH Navigators 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 Peer and PATH and Navigators will be provided training and supervision of all aspects of this contract. For the Maine State PATH program, safe and permanent housing is a key component to a consumer’s recovery. Statewide PATH providers have strong pathways to agencies that administer the BRAP and Continuum of Care Shelter Plus Care Housing Program statewide. The Bridging Rental Assistance Program (BRAP) has been established in recognition that recovery can only begin in a safe, healthy, and decent environment, a place one can call home. People with psychiatric disabilities are often unable to afford to rent housing of their choice in the community. BRAP is designed to assist individuals with housing assistance for up to 24 months or until they are awarded a Housing Choice Voucher (aka Section 8 Voucher), another federal subsidy, or alternative housing placement. All units subsidized by BRAP funding must meet the U.S. Department of Housing and Urban Development’s Housing Quality Standards and Fair Market Rents. Following a Housing First model, initial BRAP recipients are encouraged, but not required to accept the provision of services to go hand in hand with the voucher.
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:
Please see attachment D. Alignment with PATH Goals
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 diagnosed with a 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 use 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:
Please see attachment E. Alignment with State Comprehensive MH Services Plan
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 enter 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:
Please see attachment F. Alignment with State Plan to End Homelessness
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.

PATH program activities are recorded into the 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, PATH program along with the State of Maine funded BRAP.

HMIS will also provide location of chronically homeless and Maine’s defined long-term stayers (those individuals homeless 180 days out of the past 365 days) to the PATH and Housing administrative staff in order to connect homeless persons with housing resources more efficiently.

The management of these programs is also 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.

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 order 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.

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

In 2017 Maine also began a pilot coordinated entry system in a limited area of the state which represented a rural and urban demographic population. This pilot ran for 2 months and is scheduled to be expanded to a larger region and then the entire State of Maine prior to January 1, 2018.
II. 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:
Please see attachment G. Process for Providing Public Notice
III. State Level Information

G. Process for Providing Public Notice

For the last several years, we have worked with the consumer advisory group, known as the Statewide Quality Improvement Council. The QIC (Quality Improvement Council) is a federally mandated planning and advisory council for the State of Maine. The council members are a diverse group of individuals with lived experiences receiving, accessing and providing mental health and substance use services. The QIC reviews, monitors and advises the state mental health and substance abuse system in a variety of areas. Their main focus is the SAMHSA Block Grant allocations which include behavioral, developmental and substance abuse issues for children, youth, family, young adults and adults. The QIC aims to create a platform for children, youth, family, young adult and adult voices to give their perspectives on policy and funding issues.

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.

SAMHS has a website dedicated to PATH which includes an opportunity for public 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:
Please see attachment H. Programmatic and Financial Oversight
III. State Level Information

H. Programmatic and Financial Oversight

The state is currently in contract with the PATH Lead Agency, Kennebec Valley Mental Health Center (KBH). Kennebec Valley Mental Health Center (KBH) subcontracts with six licensed Mental Health Agencies across the state to provide a PATH contact for all 16 counties. SAMHS Bridging Rental Assistance Program (BRAP) and Shelter Plus Care (Maine CoC) Housing Programs maintain routine communication with the PATH lead agency, the six subcontracted agencies. State PATH Resource Managers will be conducting provider site visits in conjunction with Kennebec Valley Mental Health Center to all six subcontractors in FY 18 with a formal audit tool developed and implemented in 2016 for PATH site visits. SAMHS provides oversight of PATH HMIS data and has implemented measures to insure data quality and completeness. Maine State Housing Authority staff coordinates with SAMHS and KBH to provide on-going HMIS training to users of this system. Quarterly reports on Performance Measures were created. Face to face contact with the Lead PATH Agency and it subcontractors is more consistent and this provides direct contact to address issues and concerns. SAMHS expectations for all PATH provider agencies regarding the goals of the PATH program to connect the literally homeless individuals 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 PATH contact person is also the Director of the DHHS/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:
Please see attachment I. Selection of PATH Local Area Providers
III. State Level Information

I. Selection of PATH Local-Area Providers

Selection of PATH Local-Area providers is carried out through an RFP process. The RFP (Request for Proposals) was awarded to Kennebec Valley Mental Health Center dba Kennebec Behavioral Health (KBH). The contract requires a county and regional presence in each of Maine’s three PATH regions. Kennebec Valley Mental Health Center is the current PATH Lead agency and manages the six subcontracted licensed Mental Health Agencies providing for statewide and county 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 continually seeking input from other data sources, and is addressing the rural areas by placing resources in those areas to record the homeless populations, reported to exist by community groups. New for FY 17 and per contractual agreement, PATH services must be provided statewide, have a presence and PATH contact for each county.
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:
Please see attachments J. Location of individuals with SMI experiencing homelessness and 2016 Non DV Shelter Bed Night and Utilization Comparison
III. State Level Information

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

Please see attached Shelter Bed nights for FY 13-15.
<table>
<thead>
<tr>
<th>Homeless Shelter Statistics</th>
<th>HIC</th>
<th>Period 1 # Beds</th>
<th>Period 1 # Beds</th>
<th>City</th>
<th>County</th>
<th>1/1/15 to 1/1/16 Utilization</th>
<th>1/1/16 to 1/1/17 Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Available Beds</td>
<td>% Utilization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BAHs - Emergency Shelter(19)</td>
<td>38</td>
<td>38</td>
<td>Bangor</td>
<td>Penobscot</td>
<td>12391</td>
<td>487</td>
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<td>Bread of Life - Emergency Shelter(42)</td>
<td>26</td>
<td>26</td>
<td>Augusta</td>
<td>Penobscot</td>
<td>9087</td>
<td>161</td>
<td>56</td>
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<td>Bread of Life - HCH/VIHA Contract Beds(617)</td>
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<td>12</td>
<td>Augusta</td>
<td>Penobscot</td>
<td>4450</td>
<td>74</td>
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<td>Emmaus Homeless Shelter(22)</td>
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<td>Ellsworth</td>
<td>Hancock</td>
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<td>119</td>
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<td>Home Inc - Dor House Emergency Shelter(53)</td>
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<td>Orland</td>
<td>Hancock</td>
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<td>Home Inc - Duplex Orland Emergency Shelter(768)</td>
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<td>East Orland</td>
<td>Hancock</td>
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<td>Home Inc - St Francis Inn(119)</td>
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<td>Orland</td>
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<td>3163</td>
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<tr>
<td>HSA - Sister Mary O’Donnell Shelter(34)</td>
<td>49</td>
<td>49</td>
<td>Presque Isle</td>
<td>Aroostook</td>
<td>6666</td>
<td>152</td>
<td>45</td>
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<td>Knox/Waldo Homeless Coalition - Hospitality House(838)</td>
<td>22</td>
<td>0</td>
<td>Rockland</td>
<td>Knox</td>
<td>9828</td>
<td>95</td>
<td>103</td>
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<td>Mid-Maine Homeless Shelter - Emergency Shelter(25)</td>
<td>65</td>
<td>65</td>
<td>Waterville</td>
<td>Kennebec</td>
<td>12051</td>
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<td>New Beginnings Inc. - Emergency Shelter(110)</td>
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<td>12</td>
<td>Lewiston</td>
<td>Androscoggin</td>
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<td>PCHC Hope House - Emergency Shelter(480)</td>
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<td>Bangor</td>
<td>Penobscot</td>
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<tr>
<td>RHG - Norway Family Center(201)</td>
<td>12</td>
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<td>Norway</td>
<td>Oxford</td>
<td>3306</td>
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<td>RHG - Rumford Family Center Annex(977)</td>
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<td>Rumford</td>
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<td>13</td>
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<td>RHG - Rumford Family Center Shelter(473)</td>
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<td>Rumford</td>
<td>Oxford</td>
<td>3967</td>
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<td>Rural Community Action Ministry - Homeless Shelter(28)</td>
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<td>Leeds</td>
<td>Androscoggin</td>
<td>2545</td>
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<td>121</td>
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<td>Shaw House - Emergency Youth Shelter(72)</td>
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<td>Bangor</td>
<td>Penobscot</td>
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<td>Tewfoot - Adult Shelter(30)</td>
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<td>Brunswick</td>
<td>Cumberland</td>
<td>5579</td>
<td>119</td>
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<td>Tewfoot - Family Shelter(50)</td>
<td>29</td>
<td>29</td>
<td>Brunswick</td>
<td>Cumberland</td>
<td>7099</td>
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<td>Western Maine Homeless Outreach - Emergency Shelter(889)</td>
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<td>16</td>
<td>East Wilton</td>
<td>Franklin</td>
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<td>Yana, Inc - Emergency Shelter(31)</td>
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<td>10</td>
<td>Saco</td>
<td>York</td>
<td>3264</td>
<td>23</td>
<td>142</td>
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<td>YCSFI - Family Emergency Shelter(900)</td>
<td>0</td>
<td>16</td>
<td>Sanford</td>
<td>York</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>YCSFI - York County Adult Shelter(123)</td>
<td>53</td>
<td>37</td>
<td>Alfred</td>
<td>York</td>
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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:
Please see attachment K. Matching Funds
III. State Level Information

K. Matching Funds

The State of Maine provides $1,183,830.00 of state general funds dedicated to the PATH program. Any portion or the entire amount can be considered a match for the PATH grant.

The Maine State General Funds are available for the beginning of the FY 17 PATH Grant Period.
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:
Please see attachment L. Other Designated Funding
III. State Level Information

L. Other Designated Funding

Both the Community Mental Health Block Grant and Substance Abuse Block Grant resources can 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 individuals who experience literally homelessness 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. 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:
Please see attachment M. Data
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 works 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 is outlined in the contractual agreement with Maine’s new PATH Lead provider KBH and is an expectation for all providers in the FY17 contract between SAMHS and KBH.
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:
Please see attachment N. Training
III. State Level Information

N. Training

DHHS/SAMHS 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 for Peer Navigators. 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 receives training on a regular basis through their agency when programmatic changes occur. The expectation of ongoing training is a must for all PATHS funded staff as SAMHS’s 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 and periodic face to face training.

This expectation is built into the in the FY 17 contract as well as future contracts going forward.
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:
Please see attachment O. SSI. SS Outreach Access and Recovery (SOAR)
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 to a SOAR specialist in order to complete the application.

The PATH program met with the Policy Research Associates, working on the SOAR TA Center (https://soarworks.prainc.com/) project to provide training and implementation support to the State of Maine.

PATH providers have access to on line SOAR Training and may be participating in a cohort group taking the online course together at a set time a week with support. The Lead PATH Agency, Kennebec Behavioral Health (KBH) provides and disseminates SOAR information and resources to all subcontracted agencies as requested.
III. State Level Information

P. Coordinated Entry

Narrative Question:
Describe how PATH is engaged with the local coordinated-entry processes of the CoC(s) in the jurisdictions in which PATH operates and roles of key partners.

Footnotes:
Please see attachment P. Coordinated Entry
III. State Level Information

P. Coordinated Entry

In 2017 Maine began a pilot CE system in a limited area of the state which represented a rural and urban demographic population. This pilot ran for 2 months and is scheduled to be expanded to a larger region and then the entire State of Maine prior to January 1, 2018.

Maine’s Coordinated Entry System (CES) adopted written standards which establish that persons experiencing homelessness will have access to assistance no matter where/how they present and assistance will be allocated as effectively as possible. The Maine CES is designed to be easy on the client, provide quick and seamless entry into the homelessness services, refer clients to the most appropriate resources, prevent duplication of services, and reduce the overall length of homelessness.

An evaluation tool gathers client data and prioritizes them for housing and services based upon HUD and local priorities, including vulnerability and length of time homeless. The tool is web-based and will be available to 2-1-1, VA, existing street outreach programs, and private/public agencies for referrals. Clients will be connected to a comprehensive network of service providers in order to help them find successful housing placement and appropriate services.
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, reentry and other state programs, policies and laws.

Footnotes:
Please see attachment Q. Justice
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. The Forensic Intensive Case Management Program (ICM) provides services to adults 18 years of age and older who have been diagnosed with a Severe 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 pre-release 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.
Notice to Program Beneficiaries - Check all that apply:
- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

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

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