

FUNDING OPPORTUNITY ANNOUNCEMENT

FOR

Projects for Assistance in Transition from Homelessness (PATH) Program

RFF-2022-010

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration, Division of Mental and Addiction.

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted hereto are to be construed as a legal offer.

CONFIDENTIAL INFORMATION

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 et seq., and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

PURPOSE

DMHA funds homeless outreach teams at select organizations. The purpose of this grant is to provide resources to help reduce homelessness for individuals with serious mental illnesses (SMI), co-occurring substance use disorders, and who are experiencing homelessness or at imminent risk of becoming homeless. PATH funds are to be used to provide a menu of allowable services, including outreach, case management, and services that are not supported by mainstream mental health programs.

SCOPE OF PROJECT

The PATH program was originally authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101.645) and has been reauthorized under Section 521 of the Public Health Service (PHS) Act, (42 U.S.C. § 290cc-21) as amended, and Section 9004 of the 21st Century Cures Act (P.L. 114-255). The Substance Abuse and Mental Health Services Administration makes funds available for Projects for Assistance in Transition from Homelessness (PATH) grants. The PATH program provides States and Territories with funds for flexible community-based services for persons with serious mental illnesses who are homeless or at imminent risk of becoming homeless. Further information on PATH is available at the SAMHSA website <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path>. Applicants are encouraged to visit that site as they prepare the proposal.

DMHA is the state agency that receives funds from the PATH grant. This grant enables DMHA to fund homeless outreach teams at various organizations around the state. SAMHSA is encouraging regular competitive applications for the teams and a recommendation of a recent monitoring visit supported and reiterated that encouragement.

Grant Funds

Grantees must use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Grantees are expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. Grantees should also consider other systems from which a potential service 6 recipient may be eligible for services (e.g., the Veterans Health Administration, senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, grantees are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.

Behavioral Health for Military Service Members and Veterans

SAMHSA encourages all recipients to address the behavioral health needs of active-duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate. SAMHSA encourages all recipients to include housing and behavioral health services to support successful community reentry for incarcerated individuals with SMI.

Tobacco and Nicotine Free Policy

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Disaster Preparedness and Emergency Planning

When disaster strikes, over-extended systems must work to meet the needs of the impacted population, including individuals experiencing homelessness. Prior planning and a coordinated response which reaches across agencies and systems can advance recovery from disasters. PATH recipients are encouraged to design, review, update, and test their emergency response plans in consideration of continuity of care needs for people experiencing homelessness and who have a SMI and/or COD. PATH recipients are also encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, housing agencies, mental health, substance use, and emergency management services - and where not present, propose for inclusion specific provisions that would address and/or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters

COMPENSATION

DMHA is interested in funding several homeless outreach teams in various locations around the state. The PATH award to Indiana for FFY 2022 is \$1,011,504. **This announcement is a request for funding proposals and is not to be construed as an offer to fund. The funding of the teams will be limited by the amount of the state PATH award. Negotiations on the budget may take place in order for the selection team to make full and best use of the PATH award.**

DMHA is seeking to award funding for ten organizations for FFY 2022. The total funding awarded for each organization will be determined by the scope of each project and the intended use of PATH funding. There is a match requirement of \$1.00 of non-federal match for every \$3.00 of PATH funds, for each claiming period.

TERMS

Due to the PATH funds being awarded on the federal fiscal year, contracts for the PATH teams will begin September 1, 2022 and end on August 31, 2023.

QUESTIONS

Any questions regarding this RFF must be submitted in **electronic email** to Jenna.Ward@FSSA.in.gov no later than Noon Eastern Standard Time on **April 14, 2022**. Please keep questions brief and of high priority. Please utilize the following subject heading for emails regarding questions:

Questions: Project for Assistance in Transition from Homelessness

All inquiries are only to be sent to **Melissa Carroll** and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this FOA.

TIMELINE

The time frame is as follows:

Subject to change

RFF sent to potential applicants: March 31, 2022

RFF questions due: April 14, 2022, by noon EST

Proposal due to DMHA: May 6, 2022

Proposal reviews: May 9-13, 2022

Award Notices emailed: May 23, 2022

Scope of Work and budget revisions due: June 10, 2022

Grant effective date: September 1, 2022

PROPOSAL SUBMISSION

Respondents interested in providing these services to FSSA/DMHA should submit proposals in the following manner in electronic format to:

Email Address: Melissa.Carroll@FSSA.in.gov

Proposals, electronic, must be received no later than 5:00 PM Eastern Time on **May 6, 2022**. Proposals received after 5:00 PM will not be considered. Proposals must be delivered in electronic format with all appropriate forms and the subject heading of the electronic mail should state: **“PATH RFF-2022-010”**. **Proposals must be in direct response to the 2022 Funding Opportunity Announcement. Any proposals which do not directly answer *all* questions required will not be considered for funding.**

Selection Process

Proposals will be reviewed and scored by a committee selected by State PATH Contact (SPC). Each proposal will be read by two or more reviewers, and each reviewer will make recommendations on whether the applicant should be awarded. Final selection of the grant awards will be determined by committee. The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated based on the criteria and components of PATH listed in the Application Criteria section and other sections of this RFF.
2. Based on the results of the evaluation, the proposals determined to be most advantageous to the target population, considering all of the evaluation factors, may be selected by the State for further action.

ELIGIBLE APPLICANTS

- Community Mental Health Centers (CMHCs) and other social service agencies
- Any nonprofit organization that is qualified as exempt from federal income taxation under 501(c)(3) of the Internal Revenue Code

PATH ELIGIBLE SERVICES

PATH funds must be used to provide the following services to those experiencing homelessness or at imminent risk of becoming homeless:

- Outreach services, including prioritization of those with serious mental illness who are veterans and in danger of becoming homeless.
- Screening and diagnostic treatment services.
- Habilitation and rehabilitation services.
- Community mental health services.
- Alcohol or drug treatment services.
- Referral to and follow through of engagement with primary care health services.
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance use programs, and other sites where individuals who experience homelessness require services.

- Case management services, including:
 - Preparing a person-centered plan for the provision of community mental health services to eligible individuals who experience homelessness and reviewing such plan not less than once every 3 months.
 - Providing assistance in obtaining and coordinating social and maintenance support services for eligible individuals who experience homelessness, including services related to daily living activities, peer support, personal financial planning, transportation and others.
 - Providing recovery support services such as job training, educational services, and relevant housing services including use of peer providers to help to assure that these services are successfully accessed by individuals experiencing homelessness with serious mental illness(es) and co-occurring disorders.
 - Providing assistance in obtaining and coordinating income support services, housing assistance, food stamps, and supplemental social security income benefits.
 - Providing representative payee services in accordance with section 1631(a)(2) of the Social Security Act if the eligible individuals who experience homelessness are receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services.

Referring eligible individuals who experience homelessness for such other services as may be appropriate, including:

- Supportive and supervisory services in residential settings including shelters, group homes, supported apartments and other residential settings specifically serving those living with SMI or COD.
- Housing services, as specified in Section 522(b)(10) of the PHS Act, as amended (U.S.C. § 290cc-22(b), including:
 - Minor renovation, expansion, and repair of housing
 - Planning of housing
 - Technical assistance in applying for housing assistance
 - Improving the coordination of housing services

- Security deposits
- Costs associated with matching eligible individuals who are experiencing homelessness with appropriate housing situations
- One-time rental payments to prevent eviction.

Although PATH funds can be used to support this array of services, *applicants are encouraged to use these resources to fund street outreach, case management, and services which are not financially supported by mainstream services and or behavioral health programs.*

FUNDING LIMITATIONS/RESTRICTIONS

- No more than 20 percent of the federal PATH funds allocated to the state may be expended for eligible housing services, as specified in Section 522(h)(1) of the Public Health Services Act, as amended (42 U.S.C. § 290cc22(h). Grantees must track the costs in this category with records demonstrating the 20 percent cap has not been exceeded.
- Grant funds must only be used for purposes supported by the program.
- Grant funds may not be used:
 - To support emergency shelters or construction of housing facilities.
 - Providing inpatient psychiatric treatment.
 - Providing inpatient substance abuse treatment.
 - Making cash payments to intended recipients of mental health or substance abuse services; or
 - Lease arrangements in association with the proposed project utilizing PATH funds beyond the project period nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant.

DATA COLLECTION AND PERFORMANCE MEASUREMENT

All PATH grantees must submit required annual PATH data through the PATH Data Exchange (PDX). PATH provider data reports must be reviewed and approved by the State PATH Contact (SPC) prior to submission. SAMHSA will announce the due date for annual report submission in the fall of 2022. An annual report from PDX is required. SPC may require quarterly reports in PDX. All the data for PDX reports are to be entered in PATH PDX site:

<https://pathpdx.samhsa.gov/account/login>

All PATH providers should be collecting PATH client data through the Homeless Management Information System (HMIS).

Participation in HMIS provides a platform for coordinating care and improving client access to mainstream programs and housing resources. This practice is effective in reducing duplicative

intakes by numerous agencies within the Continuum of Care (CoC), thus increasing productivity and reducing service costs. It also helps enhance service providers' understanding of clients' needs. Use of HMIS for PATH enables SAMHSA to report reliable and consistent data on the performance of the PATH program. SAMHSA will continue to partner with HUD to support states and providers in collecting data through HMIS.

Technical Assistance

SAMHSA will provide technical assistance to states, jointly through the learning community structure, and individually as needed, to support achievement of PATH goals and compliance with federal requirements. States and providers should work with local HMIS administrators to assure that all PATH providers are trained in the use of HMIS.

Confidentiality of Alcohol and Drug Abuse Patient Records

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

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

- Is authorized, licensed, certified, or registered by the federal government, AND
- Receives federal funds in any form, even if the funds do not directly pay for the alcohol or drug use services, OR
- Is assisted by the Internal Revenue Service through a grant of tax-exempt status or allowance of tax deductions for contributions; OR is authorized to conduct business by the federal government; OR is conducted directly by the federal government.

Government Performance and Results Act (GPRA)

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

- Number of homeless persons contacted.
- Percentage of contacted homeless persons with serious mental illness who become enrolled in services.
- Percentage of enrolled homeless persons in the PATH program who receive community mental health services.
- Number of PATH providers trained on SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.

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

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

PROPOSAL

Intended Use Plan

Format: *It is strongly recommended that the providers prepare their Intended Use Plans and other attached documents using Microsoft Office 2007 products (e.g., Microsoft Word, Microsoft Excel 2007, etc.).* If you do not have access to Microsoft Office 2007 products, you may submit PDF files. Pages should not have printing on both sides. Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, and bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.

Applications should include information on the following items:

- A. **Local Provider Description** – Provide include the following about your organization:
 - a. Name and type of organization
 - b. Indiana region(s) that will be served with PATH funds.
 - c. The amount of PATH funds the organization is requesting.
 - d. Number of individuals contacted- Estimate the total number of clients who will be contacted by each provider using PATH funds in FY 2022 and how many will be adults and literally homeless.
 - e. Number of individuals served (enrolled) – Estimate the total number of clients who will be enrolled in services by each provider using PATH funds
 - f. Services to be provided using PATH funds.
- B. **Collaboration with HUD CoC Program-** Describe the organization’s participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- C. **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing,

employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

- D. **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
- a. How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with serious mental illness who are veterans and experiencing homelessness, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing.
 - b. Any gaps that exist in the current service systems.
 - c. A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.
 - d. A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients
- E. **Data** – Describe the provider’s participation in HMIS and describe plans for continued training and how providers will support new staff.
- F. **Housing**- Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- G. **Staff Information**- Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.
- H. **Client Information**- Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.
- I. **Consumer Involvement**- Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See Appendix I – Guidelines for Consumer and Family Participation.
- J. **Budget Narrative**- Provide a budget and budget justification that includes the local-area provider’s use of PATH funds. Please see Appendix A for example of budget narrative.

APPENDIX A – SAMPLE BUDGET

	PATH	Match	Total
PATH Outreach Worker (1 FTE)	\$20,000	\$8,000	\$28,000
PATH Manager (.5 FTE)	\$12,000	\$1,000	\$13,000
Supervisor (.15 FTE)	\$10,000		\$10,000
Fringe benefits	\$18,600		\$18,600
Utilities		\$1,200	\$1,200
Telecommunications	\$1,200	\$1,200	\$2,400
Travel	\$1,000	\$700	\$1,700
Training and conferences		\$1,800	\$1,800
Other program costs – must be clearly defined		\$5,000	\$5,000
Housing Services (formerly Client Assistance Fund)		\$2,000	\$2,000
Administrative costs		\$3,700	\$3,700
Total	\$62,800	\$24,600	\$87,400

Budget Justification: There should be a brief justification description for each line item and how the costs were reached. **PATH grant funds may only be used for expenses necessary to carry out PATH eligible services listed in this RFF, including both direct and indirect costs.**