

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**Projects for Assistance in Transition from Homelessness (PATH) Application
Instructions**

Short Title: CA PATH RFA SFY 2013-2014

Application Deadline: **Applications must be received electronically by the California Department of Health Care Services, Grants Management Unit, at PATH@dhcs.ca.gov, no later than June 1, 2013.**

In addition to the electronic submission, certain documents must be mailed with original signatures. **These documents must be post marked no later than June 1, 2013.**

See page 25 for submission guidelines.

To avoid any routing delays, all submissions in the application package should be sent directly to:

California Department of Health Care Services
Mental Health Services Division
Grants Management Unit
Attn: State PATH Contact
1500 Capitol Avenue, 72.4.15, MS 2704
Sacramento, CA 95814

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

STATE FISCAL YEAR (SFY) 2013-2014

INTRODUCTION

History and Background

The Projects for Assistance in Transition from Homelessness (PATH) Program is a formula grant program authorized under the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The PATH Program provides States and Territories with funds for flexible community-based services for persons with serious mental illness (SMI) who are homeless or at imminent risk of becoming homeless. In California, the State Department of Health Care Services (DHCS) functions as a pass-through entity, while direct services are administered through County Mental Health Departments.

Goals

The intent of the PATH grant is to support service delivery to individuals with SMI, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless. The ultimate goal is to connect individuals to mainstream mental health and other supportive services as a method of working towards the elimination of homelessness for this population.

The PATH program will support the delivery of eligible services to persons who are homeless and have SMI and co-occurring substance use disorders, with an emphasis on:

- a) Adults;
- b) Persons who are literally homeless;
- c) Street outreach;
- d) Case management; and
- e) Services that are not supported by mainstream mental health programs.

SAMHSA's 8 Strategic Initiatives

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by improving the quality and availability of substance abuse prevention, alcohol and drug abuse treatment, and mental health services. In order to achieve this mission, SAMHSA has identified eight Strategic Initiatives to focus the Federal Health and Human Services Agency's work on improving lives and capitalizing on emerging opportunities. These initiatives focus SAMHSA's efforts to maximize the impact of Federal resources on areas of urgency and opportunity. They also enable SAMHSA to evolve its programs to complement the shifting policy resulting from the Affordable Care Act and Parity. The eight Strategic Initiatives are:

- Prevention of Substance Abuse and Mental Illness
- Trauma and Justice
- Military Families
- Recovery Support
- Health Reform
- Health and Information Technology
- Data, Outcomes, and Quality
- Public Awareness and Support

Housing and homelessness resides in SAMHSA's *Recovery Support* Strategic Initiative. This initiative includes objectives designed to provide housing and reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless. PATH grantees are expected to consider these eight initiatives in addressing the needs of individuals with serious mental illnesses who are homeless and also have a co-occurring substance use disorder. Additional information is available at <http://www.samhsa.gov/about/strategy.aspx>.

PROGRAM INFORMATION

Eligible Applicants

Per the California Welfare and Institutions Code, only county mental health departments can apply for PATH funds. Counties may contract with a non-profit or other governmental agencies to deliver PATH approved services. In selecting contract providers, counties are to give special considerations to entities with a demonstrated effectiveness in serving homeless veterans.

NOTE: No program will be funded that has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

Target Populations

As specified in Section 522, (a) of the Public Health Services (PHS) Act, Individuals are eligible for PATH funded services if the individual is:

- 1) (a) suffering from SMI; or
(b) suffering from SMI and substance abuse; and
- 2) are homeless or at imminent risk of homelessness.

Eligible PATH Services

As specified in Section 522(b) of the PHS Act, eligible services through PATH funds are as follows:

- 1) outreach services;
- 2) screening and diagnostic treatment services;
- 3) habilitation and rehabilitation services;

- 4) community mental health services;
- 5) alcohol or drug treatment services;
- 6) 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;
- 7) case management services, including:
 - a) preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plans not less than once every 3 months;
 - b) providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individual, including services relating to daily living activities, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;
 - c) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - d) referring the eligible homeless individual for such other services as may be appropriate; and
 - e) providing representative payee services in accordance with section 631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services.
- 8) supportive and supervisory services in residential settings;
- 9) referrals for primary health services, job training, educational services, and relevant housing services;
- 10) subject to section 522 subsection (h)(1) of the PHS Act:
 - a) minor renovation, expansion, and repair of housing;
 - b) planning of housing;
 - c) technical assistance in applying for housing assistance;
 - d) improving the coordination of housing services;
 - e) security deposits;
 - f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - g) one-time rental payment to prevent eviction.

Definitions

The following are California's definitions as they pertain to the PATH program and data collection. Uniformity of definitions by all PATH programs is essential in developing and reporting consistent information on services and programs.

Alcohol and Drug Treatment Services

Preventive, diagnostic, and other outpatient treatment services as well as support for people who have a psychological and/or physical dependence on one or more addictive substances, and a co-occurring mental illness.

Assisted Referral

A referral that results in the completion and filing of a consumer's application for a service. An assisted referral would include the following activities being conducted by the program on behalf of or in conjunction with the consumer (if some, but not all, of these activities were conducted it does not count as a complete assisted referral):

- Assisting the consumer in obtaining the application, AND*
- Assisting the consumer in obtaining the appropriate supporting documentation, AND*
- Assisting the consumer with completion of the application, AND*
- Assisting the consumer in filing the application with the appropriate agency or organization (business if employment) OR*
- Referral to a program that specializes in assisting consumers with an application process and who can provide certification that the application has been successfully filed by the consumer.*

Attainment

The PATH Provider confirms that the client attained the indicated service through client self-report or confirmation by other providers. A client is counted as attaining a service when they begin receiving the service. The client is not counted as attaining a service when the application process for a service is complete. PATH Providers are not required to obtain written documentation from another provider to confirm attainment.

Case Management

Services that develop case plans for delivering community services to PATH eligible recipients. The case plans should be developed in partnership with people who receive PATH services to coordinate evaluation, treatment, housing and/or care of individuals, tailored to individual needs and preferences. Case managers assist the individual in accessing needed services, coordinate the delivery of services in accordance with the case plan, and follow-up and monitor progress. Activities may include financial planning, access to entitlement assistance, representative payee services, etc.

Community Mental Health Services

Community-based supports designed to stabilize and provide ongoing supports and services for individuals with mental illnesses/co-occurring disorders or dual diagnoses. This general category does not include case management, alcohol or drug treatment and/or habilitation and rehabilitation, since they are defined separately in this document.

Co-Occurring Substance Use Disorder

The terms "co-occurring disorders" and "dual diagnosis" refer to persons who have a diagnosis of mental illness and a diagnosis of substance abuse. As per the DSM-IV, California defines substance abuse as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. *Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences; suspensions or expulsions from school; neglect of children or household).*
2. *Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operation a machine when impaired by substance use).*
3. *Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).*
4. *Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).*

Cost Associated with Matching Eligible Homeless Individual Homeless with Appropriate Housing Situations

Expenditures made on behalf of individuals enrolled in PATH to meet the costs, other than security deposits and one-time rental payments, of establishing a household. These may include items such as rental application fees, furniture and furnishings, and moving expenses. These may also include reasonable expenditures to satisfy outstanding consumer debts identified in rental application credit checks that otherwise preclude successfully securing immediately available housing.

Eligibility / Eligible

An individual is eligible for PATH enrollment if it is determined that they meet the following criteria: The individual is determined to be experiencing SMI or co-occurring SMI and substance abuse disorder, and the individual is experiencing homelessness or is at imminent risk of homelessness.

Note: At the time of engagement the presence of a mental health diagnosis may be presumed; however, the presence of a mental illness will need to be verified.

Employment

Employment is any instance where services are performed that is subject to the will and control of an employer and for which wages are received by the worker. This definition of employment is not limited to full, part or seasonal employment, a minimum number of hours worked per week, or the availability of benefits.

Employment services

Services designed to assist consumers with obtaining employment. Services may include, but are not limited to, application completion, resume development, interview training, and providing access to job listings.

Enrolled / Enrollment

PATH Enrollment implies that there is the intent to provide services for an individual other than those provided in the outreach setting. The term enrolled means that there is a mutual intent for the services to begin. PATH Enrollment is when:

- 1. The individual has been determined to be PATH Eligible,*
- 2. The individual and the PATH Provider have reached a point of engagement where there is a mutual agreement that “services” will be provided, and*
- 3. The PATH Provider has started an individual file or record for the individual that includes at a minimum:*
 - a. Basic demographic information needed for reporting*
 - b. Documentation by the Provider of the determination of PATH Eligibility*
 - c. Documentation by the Provider of the mutual agreement for the provision of services, and*
 - d. Documentation of services provided.*

Although the goal of the PATH program is to assist individuals in accessing mental health services and housing, services that begin the PATH enrolled relationship can be any service, assistance, or provision of resources that the individual is willing to accept or any mutual work that the individual identifies as important. PATH does not require that a service plan be developed unless case management services are part of the services provided to the individual. PATH Providers are expected to document all services and the outcomes in an individual file.

Exemplary Practices

Activities that are evidence-based, are considered promising practices, are unique or creative responses to specific conditions are successful in bridging gaps or meeting unmet need, or any other exemplary set of actions that can be identified and observed. States are encouraged to point out exemplary practices that the site visit teams might miss without guidance.

Habilitation and Rehabilitation Services

Community-based treatment and education services designed to promote maximum functioning, a sense of well-being, and a personally satisfying level of independence for individuals who are homeless and have mental illness or co-occurring disorder.

Homeless

According to the Public Health Services Act [42 USCS § 254b] the definition of a homeless individual [Section 330 of the Act] is an individual who lacks housing (without regard to whether the individual is a member of a family),

including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

Housing Services

Specialized services designed to increase access to and maintenance of stable housing for individuals enrolled in PATH who have significant or unusual barriers to housing. These services are distinct from and not part of PATH funded case management, supportive and supervisory services in residential settings, or housing assistance referral activities.

Imminent Risk of Becoming Homeless

Definitions of imminent risk for homelessness include one or more of the following criteria: doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live. In addition to the criteria above, persons who live in substandard conditions are, by definition at risk of homelessness, due to local code enforcement, police action, voluntary action by the person, or inducements by service providers to go to alternatives like short-term shelters whose residents are considered to be homeless. There is not a recommended time-frame for imminence as individual state eviction laws vary in time and process.

Improving Coordination of Housing Services

The process of systematically analyzing interagency interactions among housing service providers, developing relevant information, and informing appropriate authorities of viable alternatives for selection of the most effective combination of available resources to best meet the residential needs of the target population.

Income Benefits

Income supports that are not earned income (wages), non-cash benefits (food stamps/Supplemental Nutrition Assistance Program (SNAP), etc.), or temporary financial assistance (security deposits, rental assistance, utility, or energy assistance). Income supports are financial supports that can be used at the consumer's discretion and are not limited to specific uses. Examples include Social Security Income (SSI), Social Security Disability Income (SSDI), Temporary Assistance for Needy Families (TANF), and pensions.

Literally Homeless

Per the PATH legislation, "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing".

Mainstream Services

Programs and resources that are available to consumers with an understanding that they will be able to remain available to the consumer after their transition out of homelessness. The PATH program encourages a focus on sustainable mental health services and housing. Other mainstream services of importance are services that provide health care, employment/vocational training, community connection, support, and resources for daily needs.

Medical Insurance Program

A program designed to provide medical insurance and/or medical co-pay assistance.

Minor Renovations

Services or resources provided to make essential repairs to a housing unit in order to provide or improve access to the unit and/or eliminate health or safety hazards.

One-Time Rental Payments

One-time rental payments are made for individuals enrolled in PATH who cannot afford to make the payments themselves, who are at risk of eviction without assistance, and who qualify for this service on the basis of income or need.

Outreach

Outreach is the process of bringing individuals, who do not access traditional services, into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services by people who are experiencing homelessness and mental illness.

- Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals.*
- Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.*
- Outreach may also include "inreach," defined as when outreach staff are placed in a service site frequented by homeless people, such as a shelter or community resource center, and direct, face to face interactions occur at that site. In this form of outreach, homeless individuals seek out outreach workers.*

Planning of Housing

Activities related to the analysis and formulation of a detailed set of action steps, timelines, and resources necessary to create or expand housing for the target population.

Primary Medical Care

Medical care that is overseen by a licensed medical primary care provider.

Referrals to Primary Health Services, Job Training, Educational Services, Relevant Housing Services

Services intended to link persons to primary health care, job training, income supports, education, housing, and other needed services not directly provided by the PATH program or individual PATH Providers.

Screening and Diagnostic Treatment

A continuum of assessment services that ranges from brief eligibility screening to comprehensive clinical assessment.

Security Deposits

Provision of funds for individuals enrolled in PATH who are in the process of acquiring rental housing but who do not have the assets to pay the first and last month's rent or other security deposits required to move in.

Serious Mental Illness

Section 5600.3 of the California Welfare and Institutions Code defines serious mental illness as:

... "a mental disorder which is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Serious mental disorders include, but are not limited to, schizophrenia, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder".

Staff Training

Materials, packages, or programs designed to increase the knowledge or skills of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites. Training should focus on the needs of the target population, job related responsibilities, and service delivery strategies to promote effective services and best practices.

Supportive and Supervisory Services in a Residential Setting

Services provided in residential settings that are designed to support individuals during their transition into mainstream services.

Technical Assistance in Applying for Housing Services

Targeted training, guidance, information sharing, and assistance to, or on behalf of, individuals enrolled in PATH who encounter complex access issues related to housing.

Transition to Mainstream Services

Individuals enrolled in PATH make a formal change to housing and services funded through programs such as Section 8, Medicaid, public health, Mental Health/Substance Abuse, Block Grant, etc.

Youth

Transition age youth who are homeless or at-risk of homelessness, have a SMI, and who are otherwise considered adults (e.g. emancipated youth), may be PATH Enrolled. Youth who are still eligible for other protective or human services may be served by PATH in the outreach setting, and when appropriate enrolled, for the sole purpose of engaging the human services agencies, mental health services, or the education system to serve them. The goal of PATH enrollment is to advocate for the youth in accessing the services available to them and prevent them from falling through the cracks. Serving youth who are minors solely in PATH without the purpose of rapidly, safely, and effectively connecting them to the mainstream child services system is not recommended for PATH programs.

SOAR Implementation (SSI/SSDI Outreach, Access, and Recovery)

SOAR is a national project funded by SAMHSA that is designed to increase access to Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. The PATH program's objectives to connect individuals to mental health services and stable housing are more easily accomplished when people who are homeless have access to the income and health insurance that comes with Social Security benefits.

SOAR implementation consists of three major elements:

- a. State or local planning meetings aimed at creating a community infrastructure that promotes collaboration between key stakeholders (e.g., PATH providers, Social Security Administration, the state disability determination agency, homeless service providers, and medical providers).
- b. Training for case managers on how to expedite SSI/SSDI claims using the SOAR process via the *Stepping Stones to Recovery* training curriculum.
- c. Ongoing technical assistance provided by the SOAR TA Center.

DHCS strongly encourages implementation of SOAR as an added case management service. PATH funding may be used for this purpose. For more information, please visit the SOAR web page at <http://www.prainc.com/soar> or contact Shoshana Zatz, the State SOAR Contact, at shoshana.zatz@cimh.org.

Homeless Management Information System (HMIS)

In December of 2009, SAMHSA announced an initiative to move towards PATH reporting in Homeless Management Information Systems (HMIS). Collaboration between the U.S. Department of Housing and Urban Development (HUD), Office of Special Needs Assistance Programs, the U.S. Department of Health and Human Services (HHS) and SAMHSA have resulted in aligning client level data collection and reporting for street outreach programs. HMIS is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients. HMIS implementation can encompass geographic areas ranging from a single county to an entire state. An HMIS knits together homeless assistance providers within a community and creates a more coordinated and effective housing and service delivery system. HMIS client- and aggregate level data is used to obtain better information about the extent and nature of homelessness over time as well as the performance of the PATH Program. HMIS can also be used to produce an unduplicated count of homeless persons to understand patterns of service use, and measure the effectiveness of PATH and other homeless programs.

In the case of PATH programs, the efforts will focus on a multi-level approach to include intensive technical assistance and training activities to facilitate utilization of HMIS. HUD, HHS, and SAMHSA have agreed to align reporting requirements by establishing common outputs and performance outcomes. This standardized data collection and reporting will reduce the reporting burden for organizations that receive both HUD and HHS funds to operate outreach programs and will enable consistent reporting to Congress and the Office of Management and Budget (OMB) on outreach programs across the two federal agencies.

PATH providers are expected to fully implement the HMIS system in 1-3 years. During SFY 2013-2014 Counties are expected to:

- **Submit a running timeline for fully migrating all providers to HMIS over the next 1-3 years;**
- **Identify technical assistance needed to complete the migration by county;**
- **Fully participate in HMIS technical assistance and training activities;**
- **Connect with Continuums of Care to facilitate data migration; and**
- **Work with local HMIS administrators to incorporate PATH data fields into HMIS.**

Veteran Set-Aside Funding

Veteran Set-Aside funding remains eliminated for SFY 2013-2014. All Veteran Set-Asides have been combined into Base Allocations. Counties should continue to differentiate between base programs and veteran programs in the Intended Use Plans and Program Budgets according to the instructions provided on each form.

ROLES AND RESPONSIBILITIES

State Responsibilities

The State provides oversight to all county programs through site visits, desk audits and quarterly reporting. DHCS Program and Fiscal staff work closely to monitor budgets, expenditures, ensure that county programs are allowable under federal regulations, provide Technical Assistance (TA), and identify issues at the federal, state, and county levels.

DHCS Grants Management Unit (GMU)

DHCS GMU staff members serve as the programmatic and fiscal liaisons between the county and state. One GMU staff member is designated as the lead State PATH Contact (SPC) Program Liaison, and serves as program manager of the PATH program. One DHCS GMU staff member is designated as the SPC - Fiscal Liaison, and serves as the fiscal contact for all counties.

The responsibilities of the SPC – Program Liaison include the following:

- Draft the State RFA and distribute to counties;
- Complete and submit the State PATH application to SAMHSA;
- Maintain dialogue with county PATH contacts to provide technical assistance as needed;
- Review Intended Use Plans submitted by counties for accuracy, adherence to regulations, and to ensure all activities are allowable;
- Conduct county conference calls and provide updates on issues, provide technical assistance related to programmatic concerns, data collection, and data reporting;
- Review and analyze county Quarterly Performance Reports and the PATH Annual Report, work with county contacts to correct errors, and finalize and submit reports to SAMHSA;
- Conduct site monitoring visits and desk reviews to ensure that county programs adhere to all federal regulations and requirements.

The responsibilities of the SPC-Fiscal Liaison include the following:

- Notifying counties of individual allocation awards;
- Review and approve quarterly expenditure reports;
- Review and approve the year-end cost reports;
- Track county expenditures to ensure that counties don't over- or under-expend;

- Authorize county payments based on actual expenditures documented on quarterly expenditure reports;
- Approve county budgets submitted annually in the county and providers Intended Use Plans;
- Work individually with county fiscal staff to provide technical assistance and optimize budget planning;
- Participate in county conference calls to provide fiscal technical assistance as needed;
- Participate in site monitoring visits and desk reviews to ensure counties expenditures adhere to all federal regulations and requirements.

Application Process

Each year the SPC receives the Federal Request for Application (RFA) from SAMHSA. After the RFA has been analyzed for changes to the program and fiscal components, the SPC drafts “California’s Federal McKinney Projects for Assistance in Transition from Homelessness (PATH) Grant Application for the Current Fiscal Year”, and distributes it to the following:

- Local Mental Health Directors;
- Local Mental Health Program Chiefs;
- Local Mental Health Administrators;
- County Administrative Fiscal Officers;
- County Homeless Coordinators.

The information submitted by each county and their providers is compiled to create the California PATH Application. The California PATH Grant Application provides specific information required by SAMHSA. This process usually is completed by the end of May each year.

Monitoring

DHCS GMU staff provide oversight of the PATH programs in the State of California. Quarterly reporting (fiscal and programmatic), site monitoring visits, and desk reviews are conducted to ensure that all PATH funds are expended in accordance with Federal Regulations. Through the monitoring process DHCS GMU will also review the performance and accountability of counties and providers. Counties will be notified of the type of monitoring activities that will occur during the year. All monitoring activities will be coordinated with the county program contact.

Site visits will consist of:

- Pre-documentation completion and review
- Entrance and exit conferences
- Site visits to providers
- Interviews of staff (including outreach workers) and consumers
- Review of on-site documentation including:
 - Personnel and staffing requirements

- Agency policies and procedures
- Intended Use Plans
- Intake, enrollment, and discharge forms
- Service plans
- Fiscal and contract management and records
- TA is offered during site visits
- Final report of findings and recommendations

Desk monitoring activities include review of the information in much the same way as site monitoring visits; however, it does not include DHCS staff physically visiting sites.

By conducting these monitoring and review activities, California will be in compliance with federal requirements.

Technical Assistance

TA is provided by DHCS GMU staff to all PATH county contacts on an “as needed” basis individually and through statewide conference calls. This TA may include help with preparing the county application, quarterly and annual reports, and administration of the PATH program.

In addition to the TA provided by the State, the National PATH Technical Assistance Center also known as Advocates for Human Potential (AHP) provides technical assistance to DHCS GMU staff, as well as specialized trainings in a variety of formats to providers. AHP also serves as a data coordination center, providing data collection, analysis, and reporting for the PATH program. Additional resources may be found at <http://pathprogram.samhsa.gov>.

Reporting

SAMHSA initiated several activities to increase consistent and reliable outcome reporting data for the Government Performance and Results Act (GPRA). PATH grantees now reported on all persons served/enrolled in programs receiving Federal PATH funds, not just persons served with Federal PATH funds only. In addition, SAMHSA asks that States voluntarily report the following three outcome measures:

- 1) Number of persons referred to and attaining housing.
- 2) Number of persons referred to and attaining mental health services.
- 3) Number of persons referred to and attaining substance abuse services.

Performance data will be reported to the public, OMB, and Congress as part of SAMHSA’s budget request.

Each year the SPC will receive guidance on the PATH Annual Report. This information is generally received two months before the Annual Report is due. DHCS GMU staff is responsible for the following actions:

- Provide guidance and TA to counties in completing the Annual Report.

- Validating and running data checks on data submitted.
- Submitting final approved county reports to SAMHSA.
- Compiling and submitting justification of data from county to SAMHSA.

County/Provider Roles and Responsibilities

In California, only county mental health departments are eligible to receive PATH funds from the State. Counties may contract with non-profit or other governmental agencies to deliver PATH services. In selecting contract providers, counties are to give special considerations to entities with a demonstrated effectiveness in serving homeless veterans.

NOTE: Some counties (particularly those less populated) choose to provide programs and services directly to consumers. In the cases that a county provides direct services, instead of subcontracting, all responsibilities listed under 'PROVIDERS' below apply to counties as well.

County Roles and Responsibilities

County responsibilities include the following:

- Review State instructions for applications.
- Complete and submit the "California's Federal McKinney Projects for Assistance in Transition from Homelessness (PATH) Grant Application" for the current fiscal year to DHCS by required submission date.
- Adhere to federal regulations regarding allowable costs and program activities.
- Maintain and track PATH budgets, expenditures, performance reports and client records, to identify potential problems.
- Maintain all records transactions, correspondence, and documents related to PATH expenditures and program functions.
- Submit Intended Use Plans, quarterly expenditure and performance reports, year-end cost reports, and the PATH Annual Report by the State deadline.
- Monitor all contracts with providers (if applicable) and ensure program compliance, reviewing provider budgets, expenditure and performance reports, and client records on a regular basis to ensure all documents are maintained for monitoring and audit purposes.
- Host State staff during site monitoring visits, including preparing necessary documentation, scheduling visits with providers, and participating in verbal interviews.
- Assist State staff by providing requested documents for desk reviews.
- Maintain access to the national PATH website at <http://pathprogram.samhsa.gov>.

Provider Roles and Responsibilities

Providers deliver direct PATH approved services to consumers through contracts with the counties. Pursuant to federal regulations, providers who state they are a non-profit organization must have documentation to show their 501(c)(3) non-profit status.

Provider responsibilities include the following:

- Provide direct consumer services outlined in the county Intended Use Plan and the Scope of Work in the county/provider contract.
- Maintain accurate documentation related to expenditures, data collection, and client records.
- Host State staff during site monitoring visits and ensure required documentation is accurate and available.
- Adhere to federal regulations regarding allowable costs and program activities.
- Notify county staff of potential fiscal or programmatic problems.
- Maintain access to the national PATH website at <http://pathprogram.samhsa.gov>.

NOTE: If a person is disconnected from their treatment provider, the role of the PATH worker is to provide assistance in re-linking him/her with the current provider.

Required Services

Although SAMHSA permits the use of PATH funds for a wide range of diverse services, **DHCS REQUIRES, AT A MINIMUM, ALL PROGRAMS PROVIDE OUTREACH AND CASE MANAGEMENT.** This requirement assists with data collection and reporting requirements.

As specified in Section 522, (b) of the PHS Act, eligible services through PATH funds are as follows:

- 1) outreach services;
- 2) screening and diagnostic treatment services;
- 3) habilitation and rehabilitation services;
- 4) community mental health services;
- 5) alcohol or drug treatment services;
- 6) 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;
- 7) case management services, including –
 - a) 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;
 - b) providing assistance in obtaining and coordinating social and maintenance services for the 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 services;
 - c) providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;

- d) referring the eligible homeless individual for such other services as may be appropriate; and
- e) providing representative payee services in accordance with section 631(a)(2) of the Social Security Act (42 U.S.C. 1383(a)(2)) if the eligible homeless individual is receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services;
- 8) supportive and supervisory services in residential settings;
- 9) referrals for primary health services, job training, educational services, and relevant housing services;
- 10) subject to subsection (h)(1) of this section –
 - a) minor renovation, expansion, and repair of housing;
 - b) planning of housing;
 - c) technical assistance in applying for housing assistance;
 - d) improving the coordination of housing services;
 - e) security deposits;
 - f) the costs associated with matching eligible homeless individuals with appropriate housing situations; and
 - g) one-time rental payments to prevent eviction.

Counties may offer any eligible PATH service in addition to the required outreach and case management services.

Client Records

All PATH-funded providers must maintain a client file, which includes an intake form, a service plan, progress notes, and a discharge summary for all consumers enrolled and served with PATH funds. Counties may choose to use their own versions of these forms. Templates for each of these forms have been included in this application package as enclosures. It is the county's responsibility to ensure that all required information and data is collected to remain in compliance with federal requirements.

The intake form, also known as the Eligibility and Needs Assessment form, must contain information to determine eligibility for PATH services and to obtain data needed for quarterly and annual reports.

A service plan, also known as the Individualized Recovery Plan, is a requirement for all PATH enrolled clients. The service plan includes the following:

- Goals to obtain community mental health services for the PATH eligible client, which includes reviewing the plan not less than once every three months
- Goals that describe assistance provision in obtaining and coordinating needed services for the eligible PATH consumer, including services relating to shelter, daily living activities, personal and benefits planning, transportation, habilitation and rehabilitation services, prevocational and employment services, and permanent housing

- Goals that describe assistance provision to PATH eligible consumers in obtaining income and income support services, including housing assistance, food stamps, and supplemental security income
- Goals that describe the referral process to other appropriate services

Progress notes are used to assist in the tracking of the progress made towards the goals recorded on the Individualized Recovery Plan.

The Discharge Summary assists in the recording and collection of the required information for Quarterly Performance Reporting and the PATH Annual Reporting. Please see Quarterly Performance Reporting below for instructions on the Quarterly Performance Reporting.

Quarterly Performance Reporting (QPR)

In order to ensure continuing compliance with Federal requirements, DHCS GMU requires counties to submit four Quarterly Performance Reports (QPR) per state fiscal year. QPRs provide reporting info on outreach and enrollment, case management/referral services, and discharge information. The QPR allows DHCS GMU staff to identify trends and/or issues associated with each PATH program and eases the administrative burden of Annual Reporting on county staff.

QPRs are required to be submitted along with fiscal documents (DHCS 1784QTR and DHCS 1785QTR) 20 days after the end of each quarter: October 20th, January 20th, April 20th, and July 20th. Quarterly documents should be submitted via e-mail to PATH@dhcs.ca.gov.

FISCAL INFORMATION

Funding Restrictions

In accordance with Part C of the Public Health Service Act, the following factors should be considered in funding programs from the PATH Grant:

- The use of PATH funds for shelter operations and for shelter beds is not permitted. Funds expended directly to house clients are to be related only to security deposits or one-time payments to prevent eviction.
- Funds expended must be appropriate, necessary, and clearly meet the objectives of the PATH program. The federal government places emphasis on the PATH funds being directly related to services received by the target population.
- Counties are required, to the extent possible, to expend PATH funds in coordination with other funds available, both federal and state, for persons who are homeless and have a serious mental illness.

In funding programs from the PATH grant, counties are required to adhere to these guidelines:

- Grant funds may be used only to provide services to individuals who are suffering from serious mental illness (Public Law 102–321), or from a co-occurring serious mental illness and substance abuse disorder, and who are homeless or at imminent risk of becoming homeless.
- Grant funds cannot be used by any entity that has a policy of excluding individuals due to the existence of substance abuse or that has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.
- In selecting contract providers, counties are to give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Cost Principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents:

- Institutions of Higher Education: OMB Circular A-21
- State and Local Government: OMB Circular A-87
- Nonprofit Organizations: OMB Circular A-122
- Appendix E Hospitals: 45 CFR Part 74

In addition, grant recipients must comply with the following funding restrictions:

- Grant funds must be used for purposes supported by the program.
- No more than ten percent of Federal PATH funds received shall be expended for administrative expenses. The ten percent administrative expense cap includes both the county's and the subcontractor's administrative costs in aggregate.
- No more than 20 percent of the Federal PATH funds allocated to the County may be expended for eligible housing services, as specified in Section 522, (h)(1) of the PHS Act.

Grant funds may **not** be expended:

- To support emergency shelters
- For inpatient psychiatric treatment
- For inpatient substance abuse treatment
- To make cash payments to intended recipients of mental health or substance abuse services

- Any lease arrangements in association with the proposed project utilizing PATH funds may not be funded by PATH beyond the project period nor may the portion of the space leased with PATH funds be used for purposes not supported by the grant.
- To pay for the purchase or construction of any building or structure to house any part of the grant program.

For further explanation and a comprehensive list of prohibited uses of funds, see Cost Principles for Non- Profit Organizations:
http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html.

Match

Counties are required to make available (directly or indirectly) non-federal contributions towards the cost of services in the amount of one dollar (\$1) for each three dollars (\$3) of federal funds provided (Section 523 (a) PHS Act). Non-federal contributions may be in cash or in-kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the federal government, including services assisted or subsidized by the federal government, shall not be included in determining the amount of such non-federal contributions (OMB Circular A-110).

County to Provider Monitoring

Counties are required to ensure that all PATH funds are expended in accordance with Federal regulations. Counties will be monitored by DHCS GMU staff to ensure that proper monitoring policies and procedures are in place.

REPORTING

Annual Report

SAMHSA initiated several activities to increase consistent and reliable outcome reporting data for the Government Performance and Results Act (GPRA). PATH grantees now reported on all persons served/enrolled in programs receiving Federal PATH funds, not just persons served with Federal PATH funds only. In addition, SAMHSA asks that states voluntarily report the following three outcome measures:

- 1) Number of persons referred to and attaining housing.
- 2) Number of persons referred to and attaining mental health services.
- 3) Number of persons referred to and attaining substance abuse services.

Performance data will be reported to the public, the OMB, and Congress as part of SAMHSA's budget request.

Tools may have to be created by the county or provider to collect and report on the outcome measures.

FISCAL REPORTING REQUIREMENTS

Quarterly Expenditure Reports

To comply with certain fiscal requirements specified in Chapter 8700 of the State Administrative Manual, the State DHCS, which administers the PATH Grant, will:

- 1) Require grant recipients to submit two different quarterly expenditure report forms:
 - a) DHCS 1784QTR, Grant Financial Status Report, an accountability report; and
 - b) DHCS 1785QTR, Grant Cash Transaction Report, a cash flow report.
- 2) Require grant recipients to maintain detailed accounting records which form the basis for the grant reports;
- 3) Retain the grant reports for fiscal management and control purposes;
- 4) Take appropriate action, which may include withholding or withdrawing the grant, if grant reports are not submitted timely;
- 5) Require, as an option, additional information/reports from grant recipients to supplement the information contained in the two quarterly report forms.
- 6) Require counties to submit the grant reports to DHCS 20 days after the quarter: October 20th, January 20th, April 20th, and July 20th and;
- 7) Retain and have the accounting records available for audit for a minimum of three years from the report submission date.

SAMHSA currently requires States to provide additional oversight of match funds in addition to PATH funds. **In order to comply with SAMHSA's guidelines, DHCS is now requiring counties to include their non-grant (match) share of expenditures on the DHCS 1784 ONLY when submitting quarterly expenditure reports.**

Counties must have all SFY 2013-14 PATH funds expended by June 30, 2015. The cutoff date for submission of revised Intended Use Plans and budgets is June 30, 2014.

Year-End Cost Reports

Cost Report submissions include the following forms:

- DHCS 1767P - Federal Grant Expenditure Report,
- DHCS 1767P-S - Federal Grant Expenditure Report Summary,
- DHCS 1784YE - Grant Financial Status Report, and

- DHCS 1785YE - Grant Cash Transaction Report

Submit one DHCS 1767P for each program and one DHCS 1767P-S as a summary if you have more than one program funded by the PATH Grant. The DHCS 1784 and DHCS 1785 are intended to reflect total expenditures. The purpose of the cost report is for counties to report prior year's actual expenditures and payments.

The PATH SFY 2013-2014 Year –End Cost Report must be mailed with original signatures and is due December 31, 2015.

APPLICATION REQUIREMENTS

General Guidelines

Prior to the implementation and delivery of services, an application package is required to be submitted and approved by DHCS, before implementation of services. To enable the DHCS to comply with federal requirements, it is imperative that information submitted from counties be received in accordance with the specified guidelines.

Incomplete applications or those that are resubmissions of applications from prior years will be returned to the County for revision and resubmission, and could delay funding. You may use information contained in your last application when appropriate but the new application must conform to the instructions below and contain current information and data.

Applications will be approved when all items in the application have been received and determined to meet the requirements. Counties may not begin providing services until the enactment of the final federal budget for FY 2013 or an annualized Continuing Resolution (CR) for FY 2013 as well as the enactment of the California SFY 2013-2014 Budget Act; and the county has received and submitted the Initial Allocation form. Should either budget introduce additional constraints upon the PATH program, it may be necessary to require program changes, budget changes, or both.

Submission Instructions

All application materials must be submitted electronically no later than close of business June 1, 2013, to the Grants Management Unit at

PATH@dhcs.ca.gov. Late submissions may delay funding. The electronic application must include the following:

- Enclosure 1 - PATH Allocation Worksheet- Planning Estimate
- Enclosure 2- Federal Assurances
- Enclosure 3- Compliance Assurances
- Enclosure 4- Federal Assurances- Non-Construction
- Enclosure 5- County Intended Use Plan
- Enclosure 6- Provider Intended Use Plan
- Enclosure 7- Federal Budget Summary
- Enclosure 8- PATH DHCS 1779P Program Budget

In addition to electronic submissions, **mail in the following documents with original signature. Must be post marked no later than June 1, 2013.**

- Enclosure 1- PATH Allocation Worksheet- Planning Estimate
- Enclosure 2- Federal Assurances
- Enclosure 3- Compliance Assurances
- Enclosure 4- Federal Assurances- Non-Construction

To avoid any routing delays, all submissions in the application package should be sent directly to:

California Department of Health Care Services
Mental Health Services Division
Grants Management Unit
Attn: State PATH Contact
1500 Capitol Avenue, 72.4.15, MS 2704
Sacramento, CA 95814

Formatting Information

IMPORTANT TIPS FOR COMPLETING THE INTENDED USE PLAN:

- 8.5 x 11.5 inch paper
- Typed
- Single spaced
- Arial, size 12, is the only font acceptable;
- Do not italicize fonts;
- Do not indent paragraphs;
- Do not use the BLOCK style alignment on text. Text should be LEFT justified. Budget numbers in tables should be RIGHT justified;
- Do not add page numbers;
- Proofread your document, or have someone else proofread it, to make sure you said what you intended to say. Your documents will be combine into one final document with no edits made by DHCS GMU staff.

ONLY USE THE FORMS PROVIDED BY THIS OFFICE FOR THE BUDGET AND INTENDED USE PLAN SECTIONS.

Add rows as necessary to the budget form, but make NO other changes, such as:

- Deleting rows or columns
- Merging cells
- Changing alignment
- Changing font or font size

For the Intended Use Plan, do not make any modifications to the template. The template is set to ensure uniformity in submitting the State Application. Your Intended Use Plan should be prepared in such a way as to provide straightforward, concise information to satisfy the requirements of each question.

INTENDED USE PLAN

County Information

- 1) Enclosure 1 - PATH Allocation Worksheet - Planning Estimate- to be signed by the County Mental Health Director. This document must be submitted electronically as well as mailed in with original signatures.
- 2) Enclosure 2 - Federal Assurances - to be signed by the County Mental Health Director. This document must be submitted electronically as well as mailed in with original signatures.
- 3) Enclosure 3 - Compliance Assurances - to be signed by the County Mental Health Director. This document must be submitted electronically as well as mailed in with original signatures.
- 4) Enclosure 4 - Federal Assurances- Non-Construction - to be signed by the County Mental Health Director. This document must be submitted electronically as well as mailed in with original signatures.
- 5) Enclosure 5 - County Intended Use Plan
 - a) Face Sheet - The county face sheet should include a summary of all providers.
 - I. Program contact information - information for a contact within the county who is responsible for the program functions of PATH.
 - II. Fiscal contact information - information for a contact within the county who is responsible for the fiscal functions of PATH.
 - III. Please indicate all essential services and budget categories that pertain to the county and providers, which are funded by PATH FEDERAL and MATCH funds only.
 - b) County Intended Use Plan - The Intended Use Plan for the county is intended to provide a summary of information from providers; however, questions 6 (d) and (e), 7, 8, and 9 are county specific and should be answered from the county level.
- 6) Enclosure 7 – Federal Budget Summary - This is a summary of the Federal PATH and Match funding of the county.

- 7) Enclosure 8 - PATH DHCS 1779P Federal Grant Detailed Program Budget - This required budget template is to be submitted for each program funded with PATH funds. The budget line items must contain a specific level of detail and must correlate with its program description. Please note: the county must submit an additional DHCS 1779P for county administrative costs.
- 8) Enclosure 9 - Checklist for PATH Application - The checklist is a tool to ensure that all required information is provided. The checklist does not need to be submitted with the county application.

Provider Information

Counties are required to submit an individual Intended Use Plan for each provider/subcontractor receiving PATH funding. Counties are also required to submit a corresponding budget for each provider/subcontractor receiving PATH funding.

- 1) Enclosure 6 - Provider Intended Use Plan and Face Sheet
 - a) Face Sheet - The provider face sheet should include organization-specific information of providers receiving PATH funds.
 - i) Organization Information - Please provide all requested information.
 - ii) Service Area – Please provide specific cities and zip codes where PATH services will be provided.
 - iii) Provider Contact - Please provide a primary contact at the organization (e.g., head outreach worker, counselor, case manager, etc.)
 - iv) Please indicate all essential services and budget categories that pertain to providers that are funded by PATH FEDERAL and MATCH funds only.
 - b) Provider Intended Use Plan - The Provide Intended Use Plan’s purpose is to provide specific information on each organization and program funded with PATH Federal and MATCH funds. This form should be filled out by the service provider.
- 2) Enclosure 8 - PATH DHCS 1779P Federal Grant Detailed Program Budget - This required budget form details how the PATH grant funds will be used to support programs that meet Federal and State requirements. The budget template includes specific categories to assist in providing an accurate assessment of all cost items and cost amounts

FREQUENTLY USED ACRONYMS

AHP – Advocates for Human Potential

DHCS – Department of Health Care Services

DMH - Department of Mental Health (eliminated in 2012)

GPM – Grant Programs Management

GPRA - Government Performance and Results Act

HHS - Health and Human Services

HMIS - Homeless Management Information System

HUD - U.S. Department of Housing and Urban Development

OMB - Office of Management and Budget

PATH - Projects for Assistance in Transition from Homelessness

RFA - Request for Application

SAMHSA - Substance Abuse and Mental Health Services Administration

SFY - State Fiscal Year

SMI - Serious Mental Illness

SPC - State PATH Contact

TA - Technical Assistance

ENCLOSURES

- 1) Enclosure 1 - PATH Allocation Worksheet- Planning Estimate
- 2) Enclosure 2 - Federal Assurances
- 3) Enclosure 3 - Compliance Assurances
- 4) Enclosure 4 - Federal Assurances- Non-Construction
- 5) Enclosure 5 - County Intended Use Plan
- 6) Enclosure 6 - Provider Intended Use Plan
- 7) Enclosure 7 - Federal Budget Summary
- 8) Enclosure 8 - PATH DHCS 1779P Federal Grant Detailed Program Budget
- 9) Enclosure 9 - Checklist for PATH Application
- 10) Enclosure 10 - Guidelines for Assessing Cultural Competence
- 11) Enclosure 11 - Guidelines for Consumer and Family Participation
- 12) Enclosure 12 - PATH SFY 2013-14 Important Dates
- 13) Enclosure 13 - Quarterly Performance Report (QPR)
- 14) Enclosure 14 - DHCS 1767P-S Federal Grant Expenditure Report Summary
- 15) Enclosure 15 - DHCS 1767P Federal Grant Expenditure Report
- 16) Enclosure 16 - DHCS 1784YE Grant Financial Status Report
- 17) Enclosure 17 - DHCS 1784QTR Grant Financial Status Report
- 18) Enclosure 18 - DHCS 1785YE Grant Cash Transaction Report
- 19) Enclosure 19 - DHCS 1785QTR Grant Cash Transaction Report
- 20) Enclosure 20 - Daily Outreach Tracking Log
- 21) Enclosure 21 - Eligibility Screening and Needs Assessment
- 22) Enclosure 22 - Individualized Recovery Plan
- 23) Enclosure 23 - Progress Notes
- 24) Enclosure 24 - Discharge Summary