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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Lori A. Weaver
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

January 7, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health to accept and expend federal funds in the amount of \$9,846 from the U.S. Department of Health and Human Services to administer the Projects for Assistance in Transition of Homelessness Program (PATH), effective upon Governor and Council approval through June 30, 2025, and further authorize the allocation of these funds in the accounts below. 100% Federal Funds.

05-95-42-423010-79260000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS: HUMAN SERVICES, HOMELESS & HOUSING, PATH GRANT

Class/Object	Class Title	Current Authorized Budget	Requested Change	Adjusted Budget
Revenue				
000-404327-16	Federal Funds	\$ 366,005	\$ 9,846	\$ 375,851
Total Revenue:		\$ 366,005	\$ 9,846	\$ 375,851
Expense				
020-500200	Current Expenses	\$ 6,000	\$ -	\$ 6,000
030-500301	Equipment - New	\$ 750	\$ -	\$ 750
039-500190	Telecommunications	\$ 450	\$ -	\$ 450
041-500801	Audit Fund Set Aside	\$ 338	\$ 10	\$ 347
066-500602	Employee Training	\$ 1,000	\$ -	\$ 1,000
070-500704	In State Travel	\$ 500	\$ -	\$ 500
074-500589	Grants for Pub Asst and Relief	\$ 353,967	\$ 9,836	\$ 363,803
080-500714	Out of State Travel	\$ 3,000	\$ -	\$ 3,000
Total Expense:		\$ 366,005	\$ 9,846	\$ 375,851

EXPLANATION

This request is to accept and administer additional grant funds to administer the SAMHSA Projects for Assistance in Transition of Homelessness Program (PATH). The notice of grant award was received in September 2024.

The PATH program provides services to individuals who are at risk of or experiencing homelessness with serious mental illness (SMI) and/or co-occurring substance use disorders. PATH services include outreach,

screening and diagnostic treatment, training and case management. PATH case management services involve providing assistance in obtaining and coordinating services such as income support services, permanent housing, healthcare and behavioral healthcare support, supplemental nutrition assistance program benefits, and supplementary security income benefits. The PATH program is designed to reach highly vulnerable people who might not otherwise seek assistance or come to the attention of the homelessness service system. In particular, individuals experiencing long-term and chronic homelessness with high rates of trauma, mental illness, substance use disorders, and chronic physical conditions. PATH providers deliver services to ensure people's basic needs are met, while supporting them along pathways toward permanent housing stability. These efforts help individuals exit homelessness, secure safe and stable housing, improve their health, and live self-directed, purposeful lives.

Following competitive procurement, four Community Mental Health Centers were awarded PATH contracts to implement the program. As specified in the grant award, supplemental funds cannot not be used for service delivery; they are strictly limited to technical assistance and training activities related to serving the PATH eligible homeless individuals who are; 1) suffering from serious mental illness or suffering from serious mental illness and from a substance use disorder; and 2) homeless or at imminent risk of becoming homeless. The Department will use the funding to support PATH workers participation in trainings focused on implementing evidence-based practices in conducting outreach and providing services to individuals experiencing homelessness who have serious mental illness and/or substance use disorders.

Funds will be budgeted as follows:

Class 041 - AUDIT FUND SET ASIDE – Funds will be used for Audit Fund Set Aside per State requirement.

Class 074 - GRANTS FOR PUB ASST AND RELI - Funds will be used for obtaining technical assistance in developing, planning and operating programs.

Source of Funds: These funds are 100% Federal from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

If Federal Funds become no longer available, General Funds will not be requested to support the program expenditures.

Respectfully Submitted,



for:

Lori A. Weaver
Commissioner

**Division for Behavioral Health
Projects for Assistance in Transition of Homelessness Program (PATH)**

Fiscal Situation: Account 05-95-042-423010-79260000

Agency Income:

Grant Award 1X06SM090114-01	\$309,846.00
Grant Award 1X06SM088823-01	\$300,000.00

Total Funds Available	\$609,846.00
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SFY 24 Expenses	(\$233,994.61)
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Prior Fiscal Year Expenses	(\$233,994.61)
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SFY 2025 Adjusted Authorized Appropriations	(\$366,005.00)
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Allocated Indirect Costs	\$0.00
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Total Appropriations	(\$366,005.00)
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Net Grant Funds Remaining	\$9,846.39
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This Request	\$9,846.00
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<p>Recipient Information</p> <p>1. Recipient Name NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES 129 PLEASANT ST CONCORD, NH 03301</p> <p>2. Congressional District of Recipient 02</p> <p>3. Payment System Identifier (ID) 1026000618B3</p> <p>4. Employer Identification Number (EIN) 026000618</p> <p>5. Data Universal Numbering System (DUNS) 011040545</p> <p>6. Recipient's Unique Entity Identifier LA2HR1U97VC6</p> <p>7. Project Director or Principal Investigator MANDY REAGAN mandy.reagan@dhhs.nh.gov 603-271-7790</p> <p>8. Authorized Official Mandy Reagan mandy.reagan@dhhs.nh.gov 603-271-7790</p>	<p>Federal Award Information</p> <p>11. Award Number 1X06SM090114-01</p> <p>12. Unique Federal Award Identification Number (FAIN) X06SM090114</p> <p>13. Statutory Authority P.L. 101-645</p> <p>14. Federal Award Project Title PATH</p> <p>15. Assistance Listing Number 93.150</p> <p>16. Assistance Listing Program Title Projects for Assistance in Transition from Homelessness (PATH)</p> <p>17. Award Action Type New Competing (REVISED)</p> <p>18. Is the Award R&D? No</p>																		
<p>Federal Agency Information</p> <p>9. Awarding Agency Contact Information Yan Rong Grants Specialist yan.rong@samhsa.hhs.gov 240-276-2259</p> <p>10. Program Official Contact Information Demetrius Mays Program Official demetrius.mays@samhsa.hhs.gov 240.276.1902</p>	<p>19. Budget Period Start Date 07/01/2024 – End Date 06/30/2026</p> <table border="1"> <tr> <td>20. Total Amount of Federal Funds Obligated by this Action</td> <td style="text-align: right;">\$9,846</td> </tr> <tr> <td> 20 a. Direct Cost Amount</td> <td style="text-align: right;">\$9,846</td> </tr> <tr> <td> 20 b. Indirect Cost Amount</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>21. Authorized Carryover</td> <td></td> </tr> <tr> <td>22. Offset</td> <td></td> </tr> <tr> <td>23. Total Amount of Federal Funds Obligated this budget period</td> <td style="text-align: right;">\$309,846</td> </tr> <tr> <td>24. Total Approved Cost Sharing or Matching, where applicable</td> <td style="text-align: right;">\$100,000</td> </tr> <tr> <td>25. Total Federal and Non-Federal Approved this Budget Period</td> <td style="text-align: right;">\$409,846</td> </tr> </table> <p>26. Project Period Start Date 07/01/2024 – End Date 06/30/2026</p> <table border="1"> <tr> <td>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</td> <td style="text-align: right;">\$409,846</td> </tr> </table> <p>28. Authorized Treatment of Program Income Additional Costs</p> <p>29. Grants Management Officer - Signature Katrina Morgan</p>	20. Total Amount of Federal Funds Obligated by this Action	\$9,846	20 a. Direct Cost Amount	\$9,846	20 b. Indirect Cost Amount	\$0	21. Authorized Carryover		22. Offset		23. Total Amount of Federal Funds Obligated this budget period	\$309,846	24. Total Approved Cost Sharing or Matching, where applicable	\$100,000	25. Total Federal and Non-Federal Approved this Budget Period	\$409,846	27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$409,846
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30. Remarks
 Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.

Notice of Award

Issue Date: 09/18/2024



PATH Formula Grant
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

Center for Mental Health Services

Award Number: 1X06SM090114-01 REVISED
FAIN: X06SM090114-01
Contact Person: MANDY REAGAN

Program: PATH

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES
129 PLEASANT ST

CONCORD, NH 03301

Award Period: 07/01/2024 – 06/30/2026

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby revises this award to reflect an increase in the amount of \$9,846 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES in support of the above referenced project. This award is pursuant to the authority of P.L. 101-645 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,
Katrina Morgan
Grants Management Officer
Division of Grants Management
katrina.morgan@samhsa.hhs.gov
See additional information below

SECTION I – AWARD DATA – 1X06SM090114-01 REVISED

FEDERAL FUNDS APPROVED: \$309,846
AMOUNT OF THIS ACTION (FEDERAL SHARE): \$9,846
CUMULATIVE AWARDS TO DATE: \$309,846
UNAWARDED BALANCE OF CURRENT YEAR'S FUNDS: \$0
NON-FEDERAL SHARE: \$100,000

Fiscal Information:

CFDA Number: 93.150
EIN: 1026000618B3
Document Number: 24SM16030A
Fiscal Year: 2024

IC	CAN	01
SM	C96J570	\$300,000
SM	C96J571	\$9,846

PCC: PATH / OC: 4115

SECTION II – PAYMENT/HOTLINE INFORMATION – 1X06SM090114-01REVISED

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1X06SM090114-01 REVISED**REMARKS****PATH TA Supplemental Funding**

PATH FY24 Supplement Funding

REMARKS**PATH Technical Assistance (TA) Award**

This award is issued for the provision of technical assistance (TA) under the PATH program.

The authorized amount of TA funding is reflected on page 3 in Section I Award Data as AMOUNT OF THIS ACTION (FEDERAL SHARE). Funds may only be used for technical assistance and training activities and can range in scope from technical assistance to the state, technical assistance to PATH grant providers, workforce

development meetings and activities. Funds may not be used for service delivery; they are strictly limited to technical assistance and training activities related to serving the PATH eligible homeless individuals who are 1) suffering from serious mental illness or suffering from serious mental illness and from a substance use disorder; and 2) homeless or at imminent risk of becoming homeless.

A 2-year period of performance and 2-year budget period applies to PATH grantees. Accordingly, grantees have 24 months from the beginning of the award period to obligate (expend) funds. Further, grantee must liquidate funds no later than 120 calendar days after the end date of the 2-year period of performance as specified in the terms and conditions of the Federal award (see also 2 CFR 200.344 (b)).

The funding must be reported as part of the total FY 2024 allotment on the Federal Financial Report.

The grantee must submit its second/FINAL FFR no later than 120 calendar days after the end date of the period of performance (2 CFR 200.344). The remarks section of the FFR must indicate that it is the FINAL FFR.

There is no match requirement applicable to the TA fund. The Non-Federal Share amount for the current award period remains unchanged. To locate the Non-Federal Share requirement for the current award period, please refer to the previous PATH FY 2024 NoA issued in July 2024.

All previous terms and conditions remain in full force and effect.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

Staff Contacts:

Demetrius Mays, Program Official
Phone: 240.276.1902 Email: demetrius.mays@samhsa.hhs.gov

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