

I. State Information

State Information

Plan Year

Federal Fiscal Year 2024

State Identification Numbers

Unique Entity ID

EIN/TIN 55-6000810

I. State Agency to be the Grantee for the PATH Grant

Agency Name West Virginia Department of Human Services

Organizational Unit Office of the Secretary

Mailing Address One Davis Square, Suite 100 East Office of the Secretary

City Charleston

Zip Code 25301-1745

II. Authorized Representative for the PATH Grant

First Name Alex

Last Name Alston

Agency Name West Virginia Department of Human Services

Mailing Address 350 Capitol Street, Room 350

City Charleston

Zip Code 25301

Telephone 304-352-5555

Fax 304-558-1008

Email Address Alex.W.Alston@wv.gov

III. Expenditure Period

From 7/1/2023

To 6/30/2024

IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Jason

Last Name Cook

Telephone 304-352-5571

Fax 304-558-1008

Email Address Jason.L.Cook@wv.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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

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

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.

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

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR ? 75.351-75.352, Subrecipient monitoring and management.

Name

Cynthia Persily, Ph.D.

Title

Cabinet Secretary

Organization

West Virginia Department of Human Services

Signature:

Date:

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

- a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds \$25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
 - a. Checking the Exclusion Extract located on the System for Award Management (SAM) at <http://sam.gov>
 - b. Collecting a certification statement similar to paragraph (a)
 - c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 2 CFR Part 182b):

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
- b. Establishing an ongoing drug-free awareness program to inform employees about--
 1. The dangers of drug abuse in the workplace;
 2. The grantee's policy of maintaining a drug-free workplace;
 3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
 1. Abide by the terms of the statement; and
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR 75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs. The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

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

into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C ? 3801- 3812)

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name

Cynthia Persily, Ph.D.

Title

Cabinet Secretary

Organization

West Virginia Department of Human Services

Signature:

Date:

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2024

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State/Territory of West Virginia agrees to the following:

Section 522(a). Amounts received under the PATH Formula Grant Program will be expended solely for making grants to political subdivisions of the State, and to nonprofit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing the services specified in Section 522(b) to individuals who:

- Are suffering from serious mental illness; or
- Are suffering from serious mental illness and from a substance use disorder; and
- Are homeless or at imminent risk of becoming homeless.

Section 522(b). Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

- Outreach;
- Screening and diagnostic treatment;
- Habilitation and rehabilitation;
- Community mental health;
- Alcohol or drug treatment;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
 - Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation services, and habilitation and rehabilitation services, prevocational and vocational services, and housing;
 - Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
 - Referring the eligible homeless individual for such other services as may be appropriate; and
 - Providing representative payee services in accordance with Section 1631(a) (2) of the Social Security Act if the eligible homeless individual is receiving aid under Title XVI of such act and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, education services and relevant housing services;
- Housing services [subject to Section 522(h)(1)] including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - The costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction; and
- Other appropriate services, as determined by the Secretary.

Section 522(c). The State will make grants pursuant to Section 522(a) only to entities that have the capacity to provide, directly through arrangements, the services specified in Section 522(b), including coordinating the provision of services in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from a substance abuse disorder.

Section 522(d). In making grants to entities pursuant to Section 522(a), the State will give special consideration to entities with a demonstrated effectiveness in serving homeless veterans.

Section 522(e). The state agrees that grants pursuant to Section 522(a) will not be made to any entity that:

- Has a policy of excluding individuals from mental health services due to the existence or suspicion of a substance use disorder; or
- Has a policy of excluding individuals from substance use services due to the existence or suspicion of mental illness.

Section 522(f). Not more than four (4) percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

Section 522(h). The State agrees that not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and the payments will not be expended for the following:

- To support emergency shelters or construction of housing facilities;
- For inpatient psychiatric treatment costs or inpatient substance use treatment costs; or
- To make cash payments to intended recipients of mental health or substance use services.

Section 523(a). The State will make available, directly or through donations from public or private entities, non-Federal contributions toward such costs in an amount that is not less than \$1 for each \$3 of funds provided in such payments. The amount of non-Federal contributions shall be determined in accordance with Section 523(b).

Section 523(c). The State will not require the entities to which grants are provided pursuant to Section 522(a) to provide non-Federal contributions in excess of the non-Federal contributions described in Section 523(a).

Section 526. The State has attached hereto a Statement that does the following:

- Identifies existing programs providing services and housing to eligible homeless individuals and gaps in the delivery systems of such programs;
- Includes a plan for providing services and housing to eligible homeless individuals, which:
 - Describes the coordinated and comprehensive means of providing services and housing to homeless individuals; and
 - Includes documentation that suitable housing for eligible homeless individuals will accompany the provision of services to such individuals;
- Describes the source of the non-Federal contributions described in Section 523;
- Contains assurances that the non-Federal contributions described in Section 523 will be available at the beginning of the grant period;
- Describes any voucher system that may be used to carry out this part; and
- Contains such other information or assurances as the Secretary may reasonably require.

Section 527(a)(1), (2), and (3). The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description shall:

- Identify the geographic areas within the State in which the greatest numbers of homeless individuals with a need for mental health, substance use, and housing services are located; and
- Provide information relating to the program and activities to be supported and services to be provided, including information relating to coordinating such programs and activities with any similar programs and activities of public and private entities.

Section 527(a)(4). The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State pursuant to the PATH Formula Grant Program.

Section 527(b). In developing and carrying out the description required in Section 527(a), the State will provide public notice with respect to the description (including any revisions) and such opportunities as may be necessary to provide interested clients, such as family members, consumers and mental health, substance use, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

Section 527(c)(1)(2). The services to be provided pursuant to the description of the intended use required in Section 527(a), have been considered in the preparation of, have been included in, and are consistent with the State Plan for Comprehensive Community Mental Health Services under P.L. 102-321.

Section 528(a). The State will, by January 31, 2025, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2024 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

Section 528(b). The State further agrees that it will make copies of the reports described in Section 528(a) available for public inspection.

Section 529. Payments may not be made unless the State agreements are made through certification from the chief executive officer of the State.

Charitable Choice Provisions:

The State will comply, as applicable, with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Governor/Designee Name	Cynthia Persily, Ph.D.
Title	Cabinet Secretary
Organization	West Virginia Department of Human Services

Signature:

Date:

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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

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

[Standard Form LLL \(click here\)](#)

Name: Cynthia Persily, Ph.D.

Title: Cabinet Secretary

Organization: West Virginia Department of Human Services

Signature: _____

Date Signed: _____

mm/dd/yyyy

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

I. State Information

State PATH Regions

Name	Description	Actions
Region 1	Brooke, Hancock, Marshall, Ohio, and Wetzel counties	
Region 2	Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, and Pendleton counties	
Region 3	Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood counties	
Region 4	Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker, and Upshur counties	
Region 5	Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam and Wayne counties	
Region 6	Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, and Wyoming counties	

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Executive Summary

The Bureau for Behavioral Health (BBH) under the auspices of the West Virginia Department of Human Services (DoHS) is the federally designated State Authority and Single State Agency for mental health and substance use disorders. The primary role of the BBH is to provide leadership, oversight and coordination of policy, planning, development, funding, and monitoring of the public behavioral health system.

The principles that guide the work of BBH are aligned with SAMHSA in understanding that the evidence base behind behavioral health prevention and promotion, treatment, and recovery services continues to grow and promises better outcomes for people with; or, at risk for, mental and substance use disorders. Partnerships and collaborations among public and private systems as well as with individuals, families, agencies and communities are essential components in systems of care surrounding each person.

The Projects for Assistance in Transition from Homelessness (PATH) program is a vital part of the system of care for adults experiencing homelessness in West Virginia. The state PATH program supports a variety of activities including the priority of street outreach and case management for individuals experiencing homelessness. The PATH program also promotes access to permanent housing and referral to mental health, substance abuse treatment, and healthcare services.

PATH grantees are located in areas of the State with the most need, based on the population of individuals experiencing homelessness. Supplemental state funding has enabled additional providers to be supported and has increased the activities of existing providers.

Organization	Provider Type	Federal PATH Funds Received	Area Served	Match Funds	Estimated Contacted	Estimated Literally Homeless	Estimated Enrolled	Primary Services Provided
Kanawha Valley Collective	Continuum of Care (CoC)	\$22,428	Region 5	\$7,476	200	200	100	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Greater Wheeling Coalition for the Homeless	Social Service Agency	\$42,662	Region 1	\$14,225	147	147	137	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Prestera Center	Community Mental Health Center	\$36,821	Region 5	\$12,274	45	45	45	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Raleigh County Community Action Association	Shelter or other temporary housing resource	\$50,930	Region 6	\$16,977	200	200	160	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
West Virginia Coalition to End Homelessness	Continuum of Care (CoC)	\$120,252	Region 2 Region 4	\$68,193	225	225	190	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Westbrook Health Services	Community Mental Health Center	\$26,907	Region 3	\$8,969	220	220	165	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services

West Virginia Executive Summary Table

II. Executive Summary

2. State Budget

Planning Period From 7/1/2023 to 6/30/2024

A budget and budget narrative that includes the state’s use of PATH funds are required. The budget can be entered directly into WebBGAS, or you can upload the budget as an attachment. The Budget Narrative is a separate document that must be uploaded as an Attachment. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 0	\$ 0	\$ 0	<input type="text"/>
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

f1. Contractual (IUPs)	\$ 300,000.00	\$ 128,341.00	\$ 428,341.00	<input type="text"/>
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f2. Contractual (State)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

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

g1. Housing (IUPs)	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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g2. Housing (State)		\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available					

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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h. Construction (non-allowable)				
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i. Other	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

j. Total Direct Charges (Sum of a-i minus g1)	\$ 300,000.00	\$ 128,341.00	\$ 428,341.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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l. Grand Total (Sum of j and k)	\$ 300,000.00	\$ 128,341.00	\$ 428,341.00	
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Allocation of Federal PATH Funds	\$ 300,000	\$ 100,000	\$ 400,000	
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Source(s) of Match Dollars for State Funds:
 The sources of match dollars for each provider is detailed in the budget narrative of the provider. Source varies by provider.

Footnotes:

All costs are contractual costs to our providers. Each provider has submitted a budget narrative as part of their individual Intended Use Plan.

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **07/01/2023**

Expenditure Period End Date: **06/30/2024**

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

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Kanawha Valley Collective	Other housing agency	Region 5	\$22,428.00	\$7,476.00	200	100	1	5
Greater Wheeling Coalition for the Homeless	Social service agency	Region 1	\$42,662.00	\$14,225.00	147	137	1	1
Pretera Mental Health Center	Community mental health center	Region 5	\$36,821.00	\$12,501.00	45	45	1	0
Raleigh County Community Action Association	Shelter or other temporary housing resource	Region 6	\$50,930.00	\$16,977.00	200	160	0	0
West Virginia Coalition to End Homelessness, Inc.	Other housing agency	Region 2	\$120,252.00	\$68,193.00	225	190	0	4
Westbrook Health Services	Community mental health center	Region 3	\$26,907.00	\$8,969.00	220	165	1	5
Grand Total			\$300,000.00	\$128,341.00	1,037	797	4	15

* IUP with sub-IUPs

Footnotes:

II. Executive Summary

Intended Use Plans

Kanawha Valley Collective

1 United Way Square

Charleston, WV 25301

Contact: Traci Strickland

Email Address: tstrickland@kvccoc.org

Provider Type: Other housing agency

PDX ID:

State Provider ID:

Contact Phone #: 304-346-6638

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – HUD’s **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.
- **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 care, mental health, substance use, 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.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **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).
- **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.
- **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.
- **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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider’s use of PATH funds.

Kanawha Valley Collective

Local Provider Description: Kanawha Valley Collective - The Kanawha Valley Collective first began as a group in 1995 in response to the Department of Housing and Urban Development's (HUD) new Continuum of Care. HUD's strategy was to encourage community and governmental agencies to work together to develop local strategies for comprehensive systems of care for the homeless in their communities. A small group of providers was organized by the City of Charleston's Mayor's Office of Economic and Community Development (MOECD) to respond to HUD's new program and to develop a continuum of care system for the local community. After the first Continuum of Care was awarded by HUD, the CCofC continued to meet to discuss issues surrounding social service provision in the Kanawha Valley. These issues included but were not limited to: improvement of the local service delivery system; collaboration and coordination; how to eliminate duplication of gaps and services. Group members quickly discovered the meetings were a productive way to share ideas and network with other social service providers in the community. In the summer of 1997, the group changed its name from the CCofC to the 'Kanawha Valley Collective' (KVC), choosing the term 'collective' because it implied a unified mind and vision. In 2021, we began directly offering street outreach services, and in the summer of 2020 we began the operation of RRH and Isolation and Quarantine Services related to COVID. In June 2023, we will add Emergency Shelter to our portfolio of services. The former Giltinan Center is a 60 bed emergency shelter for men. This shelter will be the home base of our PATH staff.

Collaboration with the HUD Continuum of Care -The Kanawha Valley Collective is the Continuum of Care. Today, the KVC is strong and continues to grow in membership and collaborations. The KVC meets monthly as a membership to discuss the needs/issues of our area. Many committees meet on a regular basis to address specific needs of those the KVC collectively serve. Nearly 30 organizations and individuals have been actively participating in the KVC planning process. These agencies or individuals may be involved in the Continuum of Care planning process in one of four ways: 1) attending regular monthly or special KVC meetings; 2) participating in one of the KVC subcommittees or work groups; or 3) entering data into the KVC HMIS system; and/or 4) providing services to homeless individuals and families. Now, the formalized KVC planning structure encompasses the seven components of a Continuum of Care. From prevention to permanent housing, the KVC planning structure focuses upon specific action steps to end homelessness and prevent a return to homelessness. The CoC

also has in place the appropriate by-laws, policies, procedures, strategic plan and HMIS governance to meet CFR 578.7, the federal regulation outlining the Responsibilities of the Continuum of Care. This document contains the General Information, By-Laws, Policies and Procedures, HMIS Governance Document and Strategic Plan which satisfies this federal regulation for a Continuum of Care.

Collaboration with Local Community Resources – The KVC partners with providers daily, including: the United Way, YWCA of Charleston, Cabin Creek Health Systems, Charleston Kanawha Housing Authority, the City of Charleston, Prestera, Covenant House, and the Religious Coalition of Community Renewal.

Service Provision – Services will align with PATH goals and maximize serving the most vulnerable adults who are literally homeless, who also have serious mental illness and substance use disorder. On any given day, 36% of individuals experiencing homelessness in the Charleston area report a serious mental illness. Linking these individuals to services of their choice as well as housing will be our main focuses.

According to the most recent Point in Time report, 293 individuals per night are experiencing homelessness in the Charleston area. While housing is the number one goal of each CoC in the state, the overwhelming need continues to be to provide permanent housing and necessary support to help people remain in housing and fully integrated in the community. Despite the CoCs best efforts the need for permanent housing continues to grow faster than the creation of permanent housing. One critical gap is community outreach to people experiencing homelessness, which in Kanawha County, will be partially met by this PATH-funded position..

Current Services: Through the Continuum of Care, PATH eligible individuals can receive shelter, street outreach, rapid rehousing assistance, permanent supportive housing, healthcare, psychiatric care, Medication Assistive Treatment, case management and referral services.

An individual may be enrolled in PATH when the PATH eligibility criteria are met and the HMIS record contains enough universal data elements and other PATH data elements to identify the individual and document some of his/her needs.

PATH Enrollment implies that there is intent to provide services for an individual beyond those provided in outreach AND there is mutual intent for such services to begin. The following standards should be met to consider an individual PATH Enrolled:

1. The individual has been determined to be 'PATH Eligible'
2. The individual and the PATH outreach worker have reached a point in the engagement process where there is mutual agreement and consent for other services to begin.
3. The PATH outreach worker has created an individual file and record in HMIS for this individual which includes at minimum:
 - a. Basic demographic and some Universal Data elements in HMIS
 - b. Documentation by the Outreach worker of the rationale of the determination for PATH eligibility

- c. Documentation by the Outreach worker of the individual's consent for services
- d. Documentation by the Outreach worker of the services provided.

The primary source of information is the client and the existing HMIS record, if there is one.

Data – 100% of PATH data will be entered into HMIS and all PATH reports have been created by HMIS. PATH staff will continue to be involved in the HMIS committees in their area. As new staff are hired, they will receive one on one or small group training from HMIS staff. Because the KVC is also the administrator of the HMIS system, access to training and supplies is simple. HMIS staff conduct HMIS report monitoring on a monthly basis in an effort to insure accurate data across the COC and to address any needed issues in a timely manner.

Housing – There are a variety of housing opportunities available to PATH consumers; many are eligible for the Permanent Supportive Housing through the COC. PSH programs in our area include: Twin Cities, Shelter + Care, Housing First, and Shanklin Center. Charleston Kanawha Housing Authority also issues HUD VASH vouchers, that assist veterans with obtaining permanent housing. Multiple Rapid Rehousing programs are also available in our COC. Finally, the KVC also has a State Opioid Response (SOR) grant, that assists individuals in recovery from opioid use with housing, case management and transportation.

Staff Information – The PATH Engagement Specialist, as well as the entire KVC staff bring diversity to this work. Training on cultural competence is received upon hire and then at least annually. Participation in PATH provided training on cultural competence is also attended. Issues such as age, gender, disability, race, ethnicity, gender identity and sexual orientation are discussed. Staff are trained at least annually on cultural competency and client rights. The KVC is dedicated to abiding by HUD's Equal Access Rule, which ensures that individuals get access to services regardless of family status, gender, gender identity, and sexual orientation.

Client Information – Being a first-year grantee, we believe that this program will assess 400 individuals and 100 individuals will get PATH services.

Consumer Involvement - PATH clients are encouraged to give their opinions both verbally and in writing. Historically, participants have not been shy about doing this. PATH clients are always encouraged to be actively involved in their care and treatment planning and can choose, with their PATH Coordinator, the services that best fit their needs. If a participant wishes to have a family member involved, we fully support their participation and input into the service plan. Many of the programs and rules are a direct result of client input, needs and requests; therefore, we are very much client centered and oriented towards the needs of those we serve. Clients participate in treatment planning and housing planning to ensure they are given opportunity to individualize personal plans.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 22,428	\$ 0	\$ 22,428	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	32,000.00	100.00 %	0.70	22,428.00	0.00	22,428.00	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	
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No Data Available

d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	
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No Data Available

e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	
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No Data Available

f. Contractual	\$ 0.00	\$ 7,476.00	\$ 7,476.00	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 0.00	\$ 7,476.00	\$ 7,476.00	The Centralized Assessment Team (CAT) will provide in kind services as match for the PATH program. The value of the services will be \$7,476 to satisfy the 3:1 match requirement for the PATH program.

g. Housing	\$ 0.00	\$ 0.00	\$ 0.00	
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No Data Available

h. Construction (non-allowable)

i. Other	\$ 0.00	\$ 0.00	\$ 0.00	
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No Data Available

j. Total Direct Charges (Sum of a-i)	\$ 22,428.00	\$ 7,476.00	\$ 29,904.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00	
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l. Grand Total (Sum of j and k)	\$ 22,428.00	\$ 7,476.00	\$ 29,904.00	
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Source(s) of Match Dollars for State Funds:

The Centralized Assessment Team (CAT) will provide in kind services as match for the PATH program. The value of the services will be \$7,476 to satisfy the 3:1 match requirement for the PATH program.

Estimated Number of Persons to be Contacted: 200 Estimated Number of Persons to be Enrolled: 100

Estimated Number of Persons to be Contacted who are Literally Homeless: 200

Number staff trained in SOAR in grant year ending in 2023: 1 Number of PATH-funded consumers assisted through SOAR: 5

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

KANAWHA VALLEY COLLECTIVE
PATH BUDGET NARRATIVE

A. Personnel - \$22,428

A – Personnel for this project by the Kanawha Valley Collective will consist of one full-time staff. The full-time PATH Specialist will be compensated with an annual salary of \$32,000 (\$15.38/hour) of which \$22,428 will be federally funded. This position will be an outreach-worker and provide outreach and engagement services for the PATH program.

B. Fringe Benefits –\$0

Fringe benefits are covered by other funding sources not federal in source or dedicated to matching funds.

C. Travel – \$0

Staff travel is covered by other funding sources not federal in source or dedicated to matching funds.

D. Equipment - \$0

N/A

E. Supplies - \$0

Supplies for the PATH program are provided by the KVC in-kind and are not billed to the PATH program.

G. Other - \$0

H. Indirect Costs: \$0

No indirect costs are charged to federal PATH funds.

Match Narrative

- A. Personnel: The Centralized Assessment Team (CAT) will provide in kind services as match for the PATH program. The value of the services will be \$7,476 to satisfy the 3:1 match requirement for the PATH program.

Footnotes:

II. Executive Summary

Intended Use Plans

Greater Wheeling Coalition for the Homeless

84 Fifteenth Street
Wheeling, WV 26003

Contact: Lisa Badia

Email Address: lbadia@wheelinghomeless.org

Provider Type: Social service agency

PDX ID: WV-014

State Provider ID:

Contact Phone #: 3042326105

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – HUD’s **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.
- **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 care, mental health, substance use, 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.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **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).
- **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.
- **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.
- **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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider’s use of PATH funds.

Greater Wheeling Coalition for the Homeless Local Area Provider-Intended Use Plan

- **Local Area Provider Description**

The Greater Wheeling Coalition for the Homeless (Coalition) is a 501(c)3 non-profit organization founded in 1987 in response to the 1983 West Virginia Supreme Court ruling, *Hodge vs. Ginsberg*, which declared all West Virginia's homeless must be provided emergency medical care, food, and housing. The Coalition serves people who are either at imminent risk or experiencing homelessness in the Northern Panhandle of West Virginia, comprised of Hancock, Brooke, Ohio, Marshall and Wetzel counties. For FY2024, the Coalition is requesting \$42,662 in federal PATH funding. The Coalition's mission has been to create lasting solutions to prevent and ultimately eliminate homelessness in the Northern Panhandle of West Virginia. Over the last three decades, the Coalition has developed 11 diverse supportive service and housing programs to align with this mission, offering outreach and engagement, diversion, referrals to emergency shelters, placement in agency-owned emergency shelter for families with children, agency-owned Permanent Supportive Housing program for single adults with disabilities, agency-owned youth-dedicated Joint Transitional Housing – Rapid Re-Housing program, rental assistance program for Veterans and their families who are at imminent risk or experiencing homelessness, and housing stabilization support services, including peer recovery support and an AimHire employment program.

- **Collaboration with HUD Continuum of Care (CoC) Program**

The Coalition founded the local Northern Panhandle Continuum of Care in 1995 and served as the Lead Agency from its inception until 2022. Since 1996, the Coalition has successfully applied to the US Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) Program as part of the federal response to homelessness. The Coalition provides the region's only Permanent Supportive Housing and Supportive Services Only programs. The Coalition also serves as the main access point for the NPCoC's Coordinated Entry System (CE System), providing Centralized Intake and Assessment (Intake) to determine individuals' and families' eligibility for all homeless services. In 2018, the Coalition, NPCoC members, and a HUD Technical Assistance consultant developed the NPCoC CE System Policy and Procedure Manual approved by the NPCoC Board of Directors. Established partnerships with NPCoC members who participate in the CE System are formalized through Memorandums of Understanding (MOUs). In 2019, the YWCA of Wheeling was added as a second access point to the Coordinated Entry System, now classifying it as a "multisite, centralized access system." The Coalition remains the access point for adults without children, adults accompanied by children, unaccompanied youth, persons at risk of homelessness, and households who have a history of fleeing or attempting to flee, domestic violence, or other dangerous/life-threatening conditions when safety is no longer at imminent or immediate risk of danger. YWCA of Wheeling is the access point for households fleeing, or attempting to flee, domestic violence when safety is at imminent or immediate risk of danger. The Coalition served as the Homeless Management Information System (HMIS) Lead from 2001 to 2023 and was responsible for gathering data to assist in the preparation of submitting reports to federal, state, and local funding sources. These reports included the System Performance Measures (SPM) report, the Longitudinal System Analysis (LSA) report to Congress, and regular Annual

Performance Reports (APRs) encompassing the progress of individual programs in meeting national goals and objectives serving the homeless population. In 2015, the Coalition facilitated the development of a five-year NPCoC Community Strategic Plan to End Homelessness, providing a framework for the goals and objectives of the NPCoC in developing lasting solutions to ending homelessness in the Northern Panhandle of West Virginia.

- **Collaboration with Local Community Organizations**

As cited in the NPCoC's CE System Policy and Procedure Manual, the Coalition has well-established relationships, formalized through MOUs, with community organizations that provide key services to PATH-eligible consumers, including healthcare resources (the Ohio County Health Department, Wheeling Health Right), mental health and substance abuse services (Northwood Health Systems, local psychiatric counselors), substance abuse counseling (Miracles Happen, Lazarus House), housing (Wheeling Public Housing Authority, Emergency Solutions Grant, Housing Opportunities for People with HIV/AIDS, Supportive Services for Veteran Families rapid re-housing and homelessness prevention programs, and Youth Homelessness Demonstration Program Joint Transitional Housing – Rapid Re-Housing), employment (AimHire, Workforce WV, local staffing companies), and other mainstream benefit resources (West Virginia Department of Health and Human Resources and Social Security benefit programs). As the main access point of the CE System, the Coalition provides PATH consumers with a direct connection to these key services using a referral process at Intake. Each consumer who presents for Intake is provided a Community Resources Survey to complete. This survey assists case managers in making referrals and determining which resources are necessary for consumers to resolve their episodes of homelessness. Coalition staff conduct weekly outreach and connect with consumers, landlords, community partners, and employers to discuss the services and housing options available to the homeless population. The Coalition collaborates with other outreach teams in the NPCoC using a defined referral process. For example, one outreach team provides street outreach focused on medical care and refers people who are homeless to the Coalition to discuss housing programs and services. Coalition staff accept these referrals and connect with the individual to establish rapport and encourage them to present for Intake.

- **Service Provision**

The Coalition's plan to provide coordinated and comprehensive services to PATH-eligible consumers includes utilizing PATH funds to conduct street outreach, provide case management services, and connect PATH-eligible consumers to a variety of in-house supportive services and housing programs. As the main access point in the NPCoC's CE System, the Coalition conducts Intake for all homeless services in the Northern Panhandle of West Virginia. By having a wide variety of supportive services and housing programs available in-house, from outreach and engagement to rental assistance and housing stabilization support services, the Coalition can ensure that PATH-eligible consumers receive comprehensive services tailored to their unique needs to resolve their homelessness.

Street outreach is conducted in an effort to identify and engage people who are literally or chronically homeless. Coalition staff will utilize PATH funds to conduct outreach using a four-

pronged approach, connecting weekly with consumers, landlords, community partners, and employers. Street outreach activities for consumers include visiting local campsites and unsheltered locations to engage and develop rapport. The Coalition also connects with local drop-in centers, food pantries, and public libraries to identify days and times most frequented by the target population, allowing the Coalition to also connect with the unsheltered population in a neutral location. This frequent and intensive outreach aligns with PATH goals by enabling Coalition staff to build rapport and offer the most vulnerable homeless population with connection to the needed homeless services and programs available through Intake.

Eligibility for the PATH program is determined at Intake. During Intake, case management staff assess consumers for PATH eligibility by completing the PATH/CES Screening form. This screening document asks a series of questions related to the consumer's mental health. If the consumer affirmatively answers to having mental health issues, the case manager continues to assess the consumer through the PATH Assessment in HMIS to determine full eligibility. Supporting documentation of the consumer's eligibility via the PATH Assessment is secured in the consumer's case file along with case notes documenting eligibility. Full enrollment into the PATH program can occur during street outreach or during Intake when the PATH Assessment is completed.

Once enrolled, the Coalition will provide case management services in alignment with PATH goals. Case management services include conducting an assessment for PATH services, developing an Individualized Service Plan (ISP) within seven days of Intake, providing consumers with referrals to community mental health and substance abuse programs for stability, and connection to housing through various in-house programs tailored to individual needs. Coalition staff are well-versed in the Housing First approach and prioritize the most vulnerable PATH consumers for housing using evidence-based practices and tools. The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is used to determine a chronically homeless person's level of needs, while the Self-Sufficiency Assessment Matrix (SSAM) objectively determines the most appropriate housing placement available.

Available housing programs through the Coalition include emergency shelter for families with children, Residential Housing (permanent supportive housing) for single adults with disabilities, Supportive Services for Veteran Families (SSVF) program for homeless or at risk Veterans, and a youth-dedicated Joint Transitional Housing – Rapid Re-Housing program. The Coalition also offers housing stabilization support services, including a Community Engagement Specialist (CES) program, AimHire employment program, and peer recovery support services, which are discussed in detail throughout this proposal.

Persistent gaps in the current service system, which directly impact the ability to provide coordinated and comprehensive services to the target population, include a lack of adequate funding for existing facility operations and long-term funding for housing stabilization support services. Furthermore, the limited affordable housing stock in the region negatively impacts the Coalition's ability to resolve housing crises for the target population.

While there is always funding available for acquisition, construction, and rehabilitation projects

designed to create new shelter beds, continued funding for the operational costs of these facilities is rarely available yet equally pivotal in serving the target population long-term. The Coalition's emergency shelter program for families with children has filled a community-wide gap in available services for families with children after the only emergency shelter facility offering family beds renovated its facility in 2019 and, upon reopening, returned to its roots of providing male beds only. The Coalition's emergency shelter program plays an integral role in the overall service system of the NPCoC by not only providing emergency shelter beds for families with children but also by adhering to HUD's Equal Access Rule by not separating adult couples based on their gender.

During its original 20-year operation under a transitional housing model, the emergency shelter program was the Coalition's most successful project, with only a 7% rate of return to homelessness for all participants served since its inception in 2001. In 2021, the Coalition secured funding from the current ESG state recipient, WV Community Advancement and Development Office, to formally operate the project as an emergency shelter. During the first year of transition and implementation, WVCAD indicated concern with the terminology used in the project and visited the facilities in 2022 to determine if an emergency shelter model could be effectively achieved with the facilities' non-congregate layout. After conducting a walk-through of the facilities, WVCAD indicated they could not fund the facility, specifically at 80 Fifteenth Street, as an emergency shelter given their regulations and the facility's non-congregate layout, which requires 24/7 staff and security.

The Coalition has exhausted all known resources to keep the project operational under an emergency shelter model, leaving two options for future use; closure of the 80 Fifteenth Street facility and offering the units at Fair Market Rent, or continuing to locate alternative sources of funding to maintain its use for a vulnerable population who would otherwise be left with no shelter resource in the five-county region. The Coalition's emergency shelter program is the only facility in the region that adheres to HUD's Equal Access Rule by not separating people based on their household composition or gender. This includes ensuring equal access for those at high risk of victimization in traditional emergency shelter settings, such as the LGBTQ+ and youth populations. Given its critical need, the Coalition is dedicated to identifying and securing all other available funding to support this program.

Financial support of short-term rapid re-housing programs for consumers with low or no income is also an effective way to improve access to affordable housing. These programs have been successful in helping low-income households secure private market housing, as evidenced through the Coalition's SSVF and youth-dedicated Rapid Re-Housing programs; however, such programs are only effective when affordable rental units are available in the local community. While helping consumers work with local landlords to locate affordable rental units, Coalition staff have documented continually high housing costs that exceed fair market standards.

To be considered affordable, HUD determines that housing costs should account for no more than 30 percent of monthly expenses. High housing costs are challenging for the general homeless population, but PATH consumers unable to work due to disability face even more difficulty. Based on an average Supplemental Security Income (SSI) of \$943 a month, someone in Wheeling living on SSI could only afford \$283 in rent before exceeding affordability. This

creates a monthly gap of \$364 between fair market standards for a one-bedroom apartment at \$647 and affordability for someone on SSI. Despite the barriers to accessing affordable housing units, the Coalition has made notable achievements in this area. In the most recent year of the Coalition's Emergency Solutions Grant program, the Coalition forecasted serving 30 people with Rapid Re-Housing and Homelessness Prevention and ended the year by serving 48 people.

To elevate the success of any emergency shelter or housing program, it is necessary to couple it with supportive services. As indicated by HUD in their "Homeless System Response: Case Management Ratios" brief published during the COVID-19 pandemic, a Case Manager working in intensive case management programs such as rapid re-housing and homelessness prevention should carry a caseload of no more than 10 households. In January 2022, the Coalition's two Housing Case Managers were carrying a caseload of 40 and 50 households each. These intensive support services are required to successfully end a consumer's housing crisis and connect them with support and resources that prevent future instability.

Over the last several years, funding for these necessary supportive services has dwindled, with a larger focus placed on programs targeted to opioid use disorder and medication-assisted treatment, grants of which the Coalition is frequently ineligible to apply. Continued cuts to such programs offering post-housing and intensive support services, as with the expiration of CABHI in 2016, directly impact the availability of services and the ability to offer an adequate level of positions to assist the target population. Since the grant's expiration in September 2019, the LICSW Clinical Lead position, which offered clinical-level therapy to enrolled consumers, was eliminated from the Coalition's budget as supplanting funds to continue the project long-term were not available. Furthermore, caseloads more than three to four times the average also impede the organization's ability to retain staff long-term and increase the length of time consumers wait between appointments. Coupled with the frequent inability to confirm appointments with consumers given the population's lack of consistent and reliable access to technology, the Coalition has documented an increase in missed appointments which has further increased wait times for appointments.

While renewals are not guaranteed year-to-year, the Coalition has secured funding to offer similar services that can support PATH consumers in achieving permanent housing. The Coalition was funded to operate a State Opioid Response: Housing Supports program, which offers consumers access to housing search and placement, case management, and peer recovery support services with the Coalition's Peer Recovery Support Specialist. To assist consumers in increasing their income to afford the cost of permanent housing, the Coalition offers qualifying consumers access to AimHire, an employment program that offers connection to employment, work-in-training opportunities, and employment-skills development. Consumers who don't qualify for AimHire are referred to local staffing companies and employment organizations, such as IC Staffing, Mancan Staffing, the National Council on Aging's (NCOA) work-in-training program, and Workforce WV. These referrals provide consumers with part-time hours to develop a work history for future employment opportunities. The Coalition provides these referrals in tandem with case management services, which include providing consumers with Work Training to document the number of applications for employment submitted and notes regarding strengths and weaknesses in their efforts to obtain employment.

The current services and programs offered through the Coalition to consumers who have both a serious mental illness and a substance use disorder include the PATH program and the CES program. The Coalition's PATH program allows case management staff to conduct outreach and engage the most vulnerable homeless population in available services, develop an ISP with the consumer once they have presented for Intake, and provide appropriate referrals to behavioral health care as needed. Community Engagement Specialists are responsible for administering the CES program. CES is provided to ensure people with mental health issues and substance use disorders can maintain housing and reduce hospitalization through direct care. Community Engagement Specialists provide this direct care through assistance with transportation to medical appointments, monitoring of medication, routine socialization, and connection to all necessary community resources for housing stability. PATH-eligible consumers may be enrolled in CES at Intake or program placement.

The Coalition also has well-established relationships with several local organizations providing mental health treatment and outpatient services to consumers with both serious mental illness and substance use disorder. As the main access point of the NPCoC CE System, the Coalition provides PATH-eligible consumers with referrals to these services, including Lazarus House and Mary Martha's House, which offers shelter and treatment for people in recovery; Northwood Health Systems, which provides day treatment, a First Step program, a community integration program, and an Intensive Outpatient Program (IOP) for people with addiction issues; YWCA's WIND program, a non-treatment recovery home with recovery integration services, and; Miracles Happen, a detoxification and residential treatment facility, which also provides an outpatient treatment programs and a relapse prevention group. The local NAMI drop-in center is also available to PATH consumers who have secured housing and provide mental health services. During the most recently completed program year, offering these comprehensive services ensured 97% of PATH consumers were not involuntarily hospitalized for mental health or co-occurring substance use disorders, which exceeded the projected target of 75%.

- **Data**

The Coalition has participated in an HMIS since 2006 and joined the state-wide HMIS ServicePoint in 2014. The Coalition served as the NPCoC's HMIS Lead from the HMIS inception until 2023. The Coalition employs a Coordinator of Services and Information System responsible for assisting the agency in maintaining WV Statewide and NPCoC HMIS agreements, policies and procedures. This position is also responsible for entering client-level data, assisting end users with data quality issues, and completing all agency-level reporting. The Coalition utilizes a portion of the PATH grant for HMIS-associated staffing costs.

- **Housing**

The Coalition has implemented numerous strategies to ensure suitable housing is available for PATH consumers, including the development of many diverse supportive service and housing programs, outreach and engagement efforts to local landlords, utilization of a housing-based assessment tool targeting the most appropriate housing placement, and funding to assist consumers with securing vital records to apply for housing. These efforts led to 45% of consumers exiting

PATH to permanent housing during the last completed program year, which exceeded the targeted goal of 25%. Beginning with outreach, Coalition staff connect weekly with local area landlords to build rapport and identify landlords willing to work with PATH consumers to secure permanent housing. Through these efforts, the Coalition has developed a list of over 70 participating landlords who have available units to meet the housing needs of PATH consumers.

Housing assessments to link PATH consumers to these units occur within seven days of Intake, where Coalition staff assess the housing needs of PATH consumers using the SSAM assessment tool. This assessment tool objectively connects PATH consumers to the most suitable housing placement based on individual needs. Housing options include emergency shelter, Coalition-owned emergency shelter program for families with children, Coalition-owned Permanent Supportive Housing program, rental assistance programs offered by the Coalition, including SSVF for Veterans and YHDP for youth aged 18-24, as well as placement in private market or public housing options. When an immediate shelter stay is needed, the Coalition refers PATH consumers to one of the following emergency shelters: the Salvation Army of Wheeling (single males); the YWCA Wheeling emergency shelter (single women with no children); Northwood Health Systems emergency shelter (single males and females, with a focus on mental health); and Catholic Charities Hospitality House (an 8-bed family unit). The Coalition also offers emergency shelter, which provides 4 units for families with children. The Coalition uses the DHHR program to voucher for PATH consumers' shelter stays (with the exception of its agency-owned emergency shelter for families with children) when eligible.

The Coalition's Permanent Supportive Housing program, also known as Residential Housing, accommodates 18 single adults with disabilities, with 16 beds dedicated to individuals who are chronically homeless. The Coalition also offers two rental assistance programs through SSVF for Veteran families and YHDP for youth aged 18-24 at imminent risk or experiencing homelessness to obtain permanent housing either in the private market or through public housing. The Coalition also has a strong relationship with the Wheeling Housing Authority, which adopted a homeless admission preference during their administrative plan update in 2020. When applying for public housing or a private market rental, PATH consumers are required to have vital records, including photo identification, birth certificates, etc., which case management staff assist PATH consumers in obtaining through CES funding. These vital records are a critical component in having a successful housing application. Implementation of these strategies, along with a diverse array of programs provided in-house, the Coalition can ensure seamless continuity of care for PATH consumers without requiring warm hand-off referrals to other agency programs. Under this model, the PATH consumer works with the same case manager from outreach or Intake to permanent housing placement, with post-housing support.

- **Staff Information**

All Coalition programs are provided in accordance with the West Virginia Human Rights Act and Equal Access policy which prohibits discrimination based on race, religion, color, national origin, ancestry, sex, age, gender, disability, or familial status. The Coalition has adopted a mission statement and policies and procedures focused on the goal of advocating for and providing housing and human services to people who are homeless, regardless of their race, religion, color, national origin, ancestry, sex, age, gender, disability, or familial status. Coalition staff are able to

accommodate consumer needs with access to language interpreters and American Sign Language through a local university. All Coalition programs are deeply rooted in the notions of fairness and non-discriminatory practices. All Coalition staff receive regular training in cultural competency, health disparities, and fair housing. Dedicated efforts to ensure the cultural competence of Coalition staff have included cultural competency training. The Coalition's Housing Case Manager II coordinates or provides these training courses directly. Training has included discussion, group exercises, and self-awareness activities on topics such as suicide, motivational interviewing, and trauma-informed care. Training completed during the most recent PATH program year is listed as follows: Cultural Competency-CEU Approved (May 31, 2023); Person-Centered Care-CEU Approved (May 17, 2023); Suicide Prevention-CEU Approved (May 17, 2023); Basics of Motivational Interviewing-CEU Approved (May 17, 2023); and Basics on Trauma-Informed Care (May 17, 2023).

- **Consumer Information**

During the last program year for which complete statistics are available (July 1, 2022 – June 30, 2023), the Coalition contacted 340 adults and enrolled 207 PATH-eligible consumers. Of these 207 PATH-eligible consumers, the following demographics are listed below:

- 53% were male, 47% were female, and less than 1% were transgender
- 6% were between the ages of 18-23, 12% were 24-30 years old, 32% were 31-40 years old, 28% were 41-50 years old, 16% were 51-61 years old, and 6% were 62+ years old
- 84% were Caucasian, 15% were African-American, and 1% were American Indian, Alaskan Native, or Indigenous.
- 98% were non-Hispanic/non-Latino and 2% were Hispanic/Latino
- 6% of consumers enrolled in PATH were Veterans
- At program entry, 66% of consumers had income, and 34% did not have income
- At program entry, 207 reported mental health problems, 13 reported alcohol abuse, 45 reported drug abuse, 18 reported both alcohol and drug abuse, 25 reported a chronic health condition, 3 reported having HIV/AIDS, 7 reported a developmental disability, and 31 reported a physical disability.
- 38% of consumers enrolled in PATH reported a co-occurring disorder
- 100% of consumers enrolled in PATH reported a mental health concern

For the FY2024 PATH program year (July 1, 2024 – June 30, 2025), the Coalition projects to contact 147 adult consumers and enroll 137 adult consumers into the PATH program. The Coalition also projects that 100% of the consumers served with PATH funds will be literally homeless. While the Coalition routinely exceeds targeted goals and outcomes, these projections are based on previous program year outcomes and the level of funding availability.

Additionally, the Coalition has established the following goals for FY2024:

1. Of the total number of consumers enrolled in PATH, 75% will remain in the community and not be involuntarily hospitalized for mental health or co-occurring substance use disorders
2. Of the total number of consumers who enter the PATH program without cash income, 15% will secure cash income prior to program exit. *

3. Of the total number of consumers who enter the PATH program without non-cash benefits, 15% will secure at least one non-cash benefit upon graduating from the PATH program or exiting the program. *
4. Of the total number of consumers enrolled in PATH, 25% will have permanent housing before discharge from the program

The Coalition continues to advocate for the modification of Goal 2 to read as two separate goals; one tied to securing cash income and one tied to securing non-cash benefits. Under this modification, the goals would read as follows:

1. Of the total number of consumers who enter the PATH program without cash income, 15% will secure cash income prior to program exit.
2. Of the total number of consumers who enter the PATH program without non-cash benefits, 15% will secure at least one non-cash benefit upon graduating the PATH program or exiting the program.

The current structure of Goal 2 does not coincide with the reporting capability of the HMIS ServicePoint. Separation of these goals will greatly alleviate a reporting burden caused by the previous goal.

- **Consumer Involvement**

Individuals and their families who experience homelessness and have serious mental illnesses are involved at the organizational level of planning, implementation, and evaluation of PATH-funded services through an electronic internal satisfaction survey, a Comments, Questions & Complaints form, a monthly Participant Advisory Group (PAG), and a formalized grievance process. Prior to the COVID-19 pandemic, which has restricted our ability to offer group meetings, the Coalition held monthly PAG meetings, comprised of homeless service consumers, including PATH consumers. These sessions served as a sounding board to provide feedback on Coalition programming. PAG meetings offer PATH consumers the ability to highlight areas of concern and contribute to the development of proactive solutions concerning local gaps in the availability of services. In 2015, the Coalition conducted a focus group during the PAG meeting, and responses were included in the WV Interagency Council on Homelessness' state-wide plan and the NPCoC Strategic Plan. Most recently, consumers have represented seats on the NPCoC's Youth Action Board, whose primary responsibility is to use their lived experience to share feedback and insight into the needs of youth and young adults in permanently preventing and ending youth homelessness.

Additionally, the Coalition developed and implemented an electronic internal satisfaction survey that asks consumers about their most pressing needs and if the Coalition had provided sufficient assistance to meet those needs. This internal satisfaction survey is completed after each office visit and serves as an exit survey at program completion. In the most recently completed program year (July 1, 2022 – June 30, 2023), the Coalition obtained 361 surveys, which indicated a 4.9 rate of approval using a Likert scale with 5 indicative of all needs being met. Survey results also indicated that the top three needs among PATH consumers were case management, housing, and housing

search and placement services.

PATH consumers can also provide feedback at any time during program enrollment using a Comments, Questions & Complaints form. This form is provided any time consumers want to express feedback or offer a suggestion regarding Coalition services. All mechanisms used for feedback are reviewed by case management staff and the Executive Director. Verbal or written responses are provided to the consumer and documented in case notes. PATH consumers are also provided the opportunity to ask questions or object to decisions at every stage during program enrollment, from Intake to termination or completion of services. All PATH consumers are provided with the Coalition's grievance policy and forms at Intake, program entry, and at the participant's request. If a participant strongly disagrees with a decision made by the Coalition, they can submit a formal grievance, which warrants a face-to-face meeting with the Executive Director before final determinations are made.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 17,500	\$ 14,225	\$ 31,725	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	33,500.00	3.00 %	0.03	1,000.00	0.00	1,000.00	Administrative Services Coordinator
Case Manager	32,000.00	6.00 %	0.06	2,000.00	0.00	2,000.00	Case Manager Intake/Outreach - outreach, intake & assessment, program and community referrals.
Case Manager	49,800.00	4.00 %	0.04	2,000.00	0.00	2,000.00	Case Manager Intake/Outreach - outreach, intake & assessment, program and community referrals.
Case Manager	32,000.00	5.00 %	0.05	1,500.00	0.00	1,500.00	Case Manager Housing - case management, ISP, HMIS Data Entry
Case Manager	32,000.00	4.00 %	0.04	1,200.00	0.00	1,200.00	Case Manager Housing - case management, ISP, HMIS Data Entry
Case Manager	32,000.00	4.00 %	0.04	1,200.00	0.00	1,200.00	Case Manager Housing - case management, ISP, HMIS Data Entry
Other (Describe in Comments)	90,000.00	2.00 %	0.02	2,000.00	0.00	2,000.00	Executive Director
Other (Describe in Comments)	50,000.00	4.00 %	0.04	2,000.00	0.00	2,000.00	Finance Manager
Other (Describe in Comments)	40,000.00	4.00 %	0.05	1,800.00	0.00	1,800.00	Facility Coordinator - life skills apartment maintenance, cleaning, laundry, etc.
Other (Describe in Comments)	45,500.00	4.00 %	0.04	1,600.00	0.00	1,600.00	Program Development Specialist
Other (Describe in Comments)	40,000.00	3.00 %	0.03	1,200.00	0.00	1,200.00	Service Coordinator-HMIS
Other (Describe in Comments)	0.00	0.00 %	0.00	0.00	14,225.00	14,225.00	combination of DHHR cash match and in-kind match from community partners like Northwood, Health Right, Catholic Charities

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	40.03 %	\$ 12,699.00	\$ 0.00	\$ 12,699.00	Social Security & Medicare Tax, Workers Compensation, Unemployment, Health, Dental, Vision Insurance, Retirement

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 50.00	\$ 0.00	\$ 50.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 50.00	\$ 0.00	\$ 50.00	Mileage Rate @ IRS standard business mileage rate for business allowed by IRS

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 640.00	\$ 0.00	\$ 640.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 540.00	\$ 0.00	\$ 540.00	portion of annual office expenses
Office: Supplies	\$ 100.00	\$ 0.00	\$ 100.00	portion of annual postage expense

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 2,333.00	\$ 0.00	\$ 2,333.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 800.00	\$ 0.00	\$ 800.00	portion of annual Computer TA - computer, network, security maintenance
Other (Describe in Comments)	\$ 600.00	\$ 0.00	\$ 600.00	portion of annual audit & 990 tax return fee
Other (Describe in Comments)	\$ 433.00	\$ 0.00	\$ 433.00	portion of the janitorial/cleaning cost for offices. Contracted out since we only have one maintenance person for all five of our buildings.
Other (Describe in Comments)	\$ 300.00	\$ 0.00	\$ 300.00	HMIS ServicePoint annual fee, maintenance, trainings, supplies, reporting, etc.
Other (Describe in Comments)	\$ 200.00	\$ 0.00	\$ 200.00	LifeSize video conferencing licenses used for outreach, client meetings, etc., whenever in person meetings are not permissible.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

h. Construction (non-allowable)

i. Other \$ 9,440.00 \$ 0.00 \$ 9,440.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Insurance (Property, Vehicle, Malpractice, etc.)	\$ 600.00	\$ 0.00	\$ 600.00	portion of annual property, liability, auto insurance premiums
Office: Rent Expenses	\$ 6,000.00	\$ 0.00	\$ 6,000.00	approximately 5% of annual office lease agreement
Office: Security/Janitorial/Grounds Maintenance	\$ 600.00	\$ 0.00	\$ 600.00	\$400 for a portion of annual Facility Maintenance for supplies or outside labor for building repairs or maintenance \$200 for a portion of annual Janitorial supplies such as cleaning supplies and toiletries
Office: Utilities/Telephone/Internet	\$ 1,340.00	\$ 0.00	\$ 1,340.00	portion of office electric \$200 garbage \$75, gas \$150 water \$75, telephone/internet \$840
Office: Other (Describe in Comments)	\$ 400.00	\$ 0.00	\$ 400.00	portion of annual equipment maintenance - copier, telephones, security equipment, etc.
Office: Other (Describe in Comments)	\$ 200.00	\$ 0.00	\$ 200.00	estimated 4% of total cost for any new equipment that might need to be purchased during year such as server, security cameras, alarm systems, etc.
Office: Other (Describe in Comments)	\$ 200.00	\$ 0.00	\$ 200.00	portion of annual vehicle fuel \$40, registration/license \$30, repairs/maintenance \$30
Office: Other (Describe in Comments)	\$ 100.00	\$ 0.00	\$ 100.00	portion of the annual website domain fee, website updates, or cost for advertising PATH job openings

j. Total Direct Charges (Sum of a-i) \$ 42,662.00 \$ 14,225.00 \$ 56,887.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 0.00 \$ 0.00 \$ 0.00 not applicable

l. Grand Total (Sum of j and k) \$ 42,662.00 \$ 14,225.00 \$ 56,887.00

Source(s) of Match Dollars for State Funds:

Match may consist of a blend of funds from the private sector in-kind and/or monetary contributions, cash match from DHHR grant funds, or in-kind services from community partners such as Northwood Health Systems, Health Right, Catholic Charities, etc.

Estimated Number of Persons to be Contacted: 147 Estimated Number of Persons to be Enrolled: 137

Estimated Number of Persons to be Contacted who are Literally Homeless: 147

Number staff trained in SOAR in grant year ending in 2023: 1 Number of PATH-funded consumers assisted through SOAR: 1

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

GREATER WHEELING COALITION FOR THE HOMELESS, INC.
FEDERAL PATH BUDGET NARRATIVE
FY2024-2025

PERSONNEL: \$ 17,500 - Salaries and wages are based on the percentage of time spent working the PATH program. Amount includes:

Admin. Services Coordinator \$1,000 for time spent working on PATH in-reach, information referrals, scheduling and confirming client appointments, client follow-up, supporting all PATH staff with data collection and other clerical assistance, including bookkeeping.

Two Case Managers Intake/Outreach \$4,000 who provide outreach, intake & assessment, make program and community referrals, and data entry into HMIS.

Three Housing Case Managers \$3,900 who provide case management, develop individual service plans, assist clients, conduct PATH activities, and data entry into HMIS required by the PATH program.

Executive Director \$2,000 who directly supervises all PATH staff, leads staff and case management meetings, and ensures agency compliance.

Finance Manager \$2,000 for time spent on PATH payroll, reimbursements, budgets.

Facility Coordinator \$1,800 for time spent working with PATH clients on housing life skills, including but not limited to laundry, cleaning, basic apartment maintenance skills.

Program Development Specialist \$1,600 prepares all funding requests, develops goals & outcomes, writes procedures & policies, disseminates grant information between funder and staff, prepares for monitoring.

HMIS System Administrator/Specialist \$1,200 required by joining the statewide HMIS system, will be responsible for reporting for internal monitoring and required by funders, verifying data is correct in HMIS system, troubleshooting problems and training users.

FRINGE BENEFITS: \$12,699 - Payroll taxes are paid as required semi-monthly, monthly and/or quarterly.

FICA @ .0765 of salaries \$1,339

Worker's compensation insurances calculated @ .02 of salaries **\$350**

Unemployment calculated at .017 of first \$12,000/each PATH staff = 204 times percentage of time on grant (.75 FTE) **\$89**

Health Insurance for the above listed staff, based on PATH wages/overall wages times the estimated insurance cost, estimated avg\$12,500 FTE x .75 FTE = **\$6,546**

SEP retirement calculated @ .25 of salaries **\$4,375**. GWCH contributes and has contributed in the past 25% of employees' wages/salaries to a retirement plan with a financial advisory firm; payments are sent in monthly

EQUIPMENT: \$0

TRAVEL \$50

Staff travel: \$50 – mileage reimbursement @ IRS standard business rate to staff if personal vehicle is used for outreach, assisting PATH clients to appointments, or attending PATH trainings or conferences, direct cost method used.

SUPPLIES: \$640

Office Supplies: \$540 - \$135/quarter - includes consumables used in less than one year, which cost under \$5,000 and are used in the delivery of services; examples include but are not limited to software; check stock; paper; printers; client folders; toner; etc. Costs are calculated as a percentage of PATH funds divided by overall services budget, 4%.

Postage \$100 \$25/per quarter to purchase stamps, postage supplies, and postage meter lease; cost are calculated as a percentage of PATH funds divided by overall services budget, 4%.

CONTRACTED SERVICES \$2,333

Computer TA Vendor to be Determined- \$800 - \$200/quarter for maintenance on computers, server, backup, networking, security, percentage of grant method.

Audit Vendor to be Determined \$600 estimated annual amount to cover a portion of the required annual audit and tax return preparation, calculated using percentage of grant method.

Janitorial Services - Environment Control \$433 portion of estimated annual towards the monthly cost of janitorial services for our offices. GWCH now has only one maintenance staff and owns four buildings; management decided to contract out cleaning to allow maintenance person to focus on other repairs/maintenance.

HMIS – WVCEH (ServicePoint) \$300 – (GWCH participates in the statewide Homeless Management Information System (HMIS), which is used to collect data on homeless people and assist in the un-duplicating of services. GWCH is required to use HMIS for PATH data collection and reporting.) estimated annual amount to help cover HMIS annual fees, HMIS System Administrator/Specialist trainings, supplies, and custom reports required for PATH data collection and reporting, calculated using percentage of grant method.

Video Conference Licenses – LifeSize \$200 portion of the annual cost of licenses for video conferencing equipment used for outreach, client meetings, etc. whenever in person meetings are not possible.

OTHER: \$9,440

Insurance: \$600 \$150/quarter for 4 quarters to cover our WV BRIM premium which covers property, liability, & auto insurance, calculation – percentage of PATH funds/total budget

Lease expense \$6,000 – \$500/month for 12 months for needed office space to increase services and staff. Office is located next door at 86 15th Street, Wheeling, PATH percentage of overall supportive services budget is 4.76% times the total annual lease of \$126,000

Facility Maintenance & Janitorial \$600 –

Facility Maintenance \$400 \$100/quarter to help cover materials or outside labor if required for maintenance to the building in which we provide services and house PATH staff, located at 84 & 86 15th Street, Wheeling, WV, PATH funds/total budget = 4% times estimated annual facility maintenance.

Janitorial supplies: \$200 - \$50/quarter for 4 quarters, towards the estimated cost of dispensable such as: paper products, trash bags, soap, cleaning supplies, other necessary janitorial supplies; cost are calculated as a percentage of PATH funds divided by overall services budget, 4%.

Utilities & Telephone & Internet \$1,340

Utilities: \$500 \$125/quarter to help cover electric, garbage, gas, and water expenses at the office at 84 15th Street, where we provide services and house PATH staff. Percentage

of PATH funds/total budget, 4% Estimated costs for each utility as follows: Electric \$200, Garbage \$75, Gas \$150, Water \$75

Telephone & Internet \$840 \$210/quarter to help cover cell and office telephones and internet costs used to provide PATH services in the field and the office, calculated by dividing PATH funds by the total supportive services budget, 4% times total estimated telephone cost.

Equipment Maintenance: \$400 -\$100/quarter for four quarters to cover maintenance on our copiers, phones, security cameras and equipment, and other office machines. Percentage of PATH funds/total budget 4.1%, estimated costs of each: Copier maintenance \$300 and Security \$100

Equipment \$200 estimated amount to cover any necessary equipment which may need to be purchased during the year; this could include but is not limited to security cameras, alarm systems, server, etc. This expense would be allocated with all eligible funding sources, and PATH estimate would be approximately 5% of total cost.

Vehicle Repairs & Maintenance \$200 Annual amount to cover fuel or maintenance on GWCH vehicles if used for PATH client transportation or staff transportation to PATH trainings, direct method used when known:

\$140 fuel - at current fuel rate when vehicle is used for client transportation, outreach, meetings, and trainings for PATH program - direct method used when only PATH clients otherwise, percentage of grant to overall budget, 4%

\$30 towards registration & licenses percentage of grant to overall budget, 4%

\$30 repairs/maintenance - oil changes, tires, tune-ups to company owned van and/or truck, calculated on the percentage of PATH funds/total budget.

Website/Advertising \$100 estimated annual amount needed for direct cost associated with posting any (direct cost) PATH job openings and/or percentage of funds method, 4%

TOTAL PATH FUNDS: \$42,662

BUDGET NARRATIVE: MATCH

REQUIRED AMOUNT OF MATCH: \$14,225

Match may consist of a blend of funds from the private sector in-kind and/or monetary contributions, cash match from DHHR grant, in-kind services from community partners in the COC such as the Northwood Health Systems, Health Right, Catholic Charities, etc.

INDIRECT COSTS:

Not applicable. The Greater Wheeling Coalition for the Homeless, Inc. does not have an approved indirect cost plan nor an indirect cost negotiation agreement. All costs are directly associated with direct services and the requirements of the PATH grant agreement.

Footnotes:

II. Executive Summary

Intended Use Plans

Pretera Mental Health Center

627 4th Avenue
Huntington, WV 25701

Contact: Michelle Massie

Email Address: michelle.massie@pretera.org

Provider Type: Community mental health center

PDX ID: WV-016

State Provider ID:

Contact Phone #: 304-525-7851

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – HUD’s **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.
- **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 care, mental health, substance use, 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.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **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).
- **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.
- **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.
- **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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider’s use of PATH funds.

Prestera Center for Mental Health Services

Intended Use Plan

- **Local Area Provider Description**

Prestera Center for Mental Health Services (Prestera) is a 501c (3) non-profit community

Behavioral Health Center with the primary administrative office located in Cabell County, Huntington, WV. With a mission of a united effort dedicated to helping people achieve their full potential, Prestera Center was incorporated in 1967 and is the largest of the 13-community based mental health centers in the State of West Virginia. The agency serves Region 5. Prestera is recognized as a leading community behavioral health center regionally and statewide. Prestera has a progressive array of outpatient and residential services for children, adolescents, families, adults and elderly.

The center provides a continuum of services including referrals and linkages to permanent housing that support recovery. Prestera is a collaborative partner with the Cabell Huntington Wayne Continuum of Care (CHWCoC). As such, the organization effectively utilizes the Homeless Management Information System (HMIS) solution, Service Point, with all CHWCoC projects with which it is involved. The current PATH program also utilizes this HMIS system.

Prestera Center and the PATH program partner with a myriad of community organizations. The Center's total PATH award is \$36,821.

- **Collaboration with HUD Continuum of Care (CoC) Program**

The first PATH position created in WV, was born from a partnership with Prestera and the Cabell Huntington Wayne Continuum of Care (CHWCoC). The PATH Engagement Specialist (PATH ES) and the PATH Program Director are both very involved with this CoC. The PATH ES participates in multiple CoC committees including the Front-Line Lunch Bunch, HMIS and the Housing First Committee. The program director sits on the same committees as well as the Governance Committee. The CEO of Prestera sits on the CHWCoC Steering Committee, which functions similarly to a Board of Directors.

The second PATH ES position, created in the fall of 2012, allowed Prestera's PATH program to cover an additional 4 counties that are located in two other CoC's. The services were expanded to Mason, Lincoln, Putnam, and Boone Counties. Mason and Lincoln Counties are in the Balance of State (BOS) CoC and Putnam and Boone Counties are in the Kanawha Valley Collective (KVC) CoC. The PATH ES in these counties will be involved with the Community Solutions Committee and the Supportive Services Committee of the KVC. The program director is the chair of the Project Resource Committee and Prestera attends the KVC Board of Directors. Currently, the BOS committee structure does not support continuous involvement by the PATH ES due to time and travel constraints. However, this position will be available for participation and may be more involved in the future as the BOS committee structure changes and grows.

- **Collaboration with Local Community Organizations**

The engagement specialist have full access to all the services provided by Pretera and other community providers. In Huntington those partners include: The Huntington Housing Authority, which assists in acquiring safe affordable housing; Huntington City Mission; Harmony House, which provides basic health, indigent medications, social services and life skills training; Information and Referral to acquire resources help for basic living items, food and other services; Valley Health(the local primary care center) for health and dental care; Goodwill Industries for vocational training; and , the West Virginia Division of Rehabilitation Services (DRS) to assist in qualifying for employment, as well as other basic services; and, Marshall University Medical Outreach, which provides basic medical care to homeless individuals.

Pretera has a multitude of internal resources to assist consumers. These include a community-focused treatment, long term rehabilitative services, employment mentoring, transportation, and social and recreational opportunities. The Housing First program offers support services specifically for individuals who have experienced homelessness. Pretera also maintains a Crisis Unit to assist individuals with severe mental illness or substance use disorder.

Through a partnership with the Division of Rehabilitation Services Pretera Center also offers supported employment services in three counties in West Virginia (Cabell County), as well as Ashland, Kentucky through NISH contract. Improving job related skills and provision of job coaches allow clients to successfully be employed. These services span two CoCs.

In the KVC (Kanawha County Collective) catchment area partnerships include Cabin Creek Health which provides primary health care, Charleston Kanawha Housing Authority West Virginia DRS; Religious Coalition for Community Renewal; Rea of Hope Fellowship Home; Roark Sullivan Lifeway Center's Rapid Rehousing Program; the KVC's Centralized Assessment Team and Madison Baptist Food Pantry.

Both PATH ES staff will work closely with the VA providers. In Huntington, there is a Veterans Resource Center on 9th Street. In Charleston, there is a VA Service Center operated by Roark- Sullivan Lifeway Center. Both of these have programs that PATH ES staff can refer clients to, as well as a program that has referred clients to the PATH program.

- **Service Provision**

Pretera's PATH program provides 100% outreach and case management services to those who are initially contacted through outreach services. We are an outreach program. Our offices are

Community based, not located in any Pretera facility. Services are provided to individuals who meet PATH criteria.

According to the Point-In-Time survey, which was completed the last week of February 2023, there are approximately 200 unduplicated homeless individuals in the geographic area served by Pretera Center's PATH program. (Point in Time data has not been finalized in each are, so this is not a final number.) While housing is the number one goal of each CoC in the state, the overwhelming need continues to be to provide permanent housing and necessary support to help people remain in housing and fully continues to grow faster than the creation of permanent housing. One critical gap is community outreach to people experiencing homelessness, which in Cabell, Wayne, Lincoln, Putnam and Mason Counties, is being filled by these PATH- funded positions. As described above, detoxification services are available for men and women, as well as outpatient crisis stabilization, and both short term and long-term residential treatment. Crisis stabilization services, which can also provide detox, are available in both Huntington and Charleston. Two long-term residential addictions treatment programs (Renaissance in Huntington and Mattie V. Lee in Charleston) have successfully treated woman with children for addiction-related disorders.

Pretera also has a program called Laurelwood (Huntington and Charleston), which provides a transitional living environment for eight men 18 years and older who have co-occurring disorders. The average length of stay is six months to one-year. Residents participate in clinical treatment services through Pretera's outpatient program, with a case manager assigned who assists them in coordinating their treatment schedule to include therapeutic interventions, 12-step support meetings, and vocational training and or placement. Several residents of this program are employed in the community but continue their recovery program in a supportive environment. An adult substance abuse outpatient program provides low-intensity and intensive services to adults experiencing substance abuse/dependency problems.

Pretera currently has 37 single room occupancy apartments for men and women who are homeless and in recovery. These are permanent housing opportunities for individuals engaged by the PATH program who successfully complete a treatment program.

Pretera also offers comprehensive mental health and substance abuse services in an eight- county region. These services include:

- Outpatient services for counseling and psychiatric care for clients of all ages
- Partial Hospitalization programs
- Assertive Community Treatment
- Community Focused Treatment
- 24-hour a day crisis services
- DUI education classes
- Crisis Residential/Stabilization Units
- Peer Specialists for persons with mental health issues

- Recovery coaches for persons with addictions
- Group Residential facilities for persons with severe and persistent mental illness and forensic clients
- Residential placements for persons with co-existing mental illness and intellectual/developmental disabilities.
- Community Engagement Specialist in all counties that Pretera serves.

An individual may be enrolled in PATH when the PATH eligibility criteria are met and the HMIS record contains enough universal data elements and other PATH data elements to identify the individual and document some of his/her needs.

PATH Enrollment implies that there is intent to provide services for an individual beyond those provided in outreach AND there is mutual intent for such services to begin. The following standards should be met to consider an individual PATH Enrolled:

1. The individual has been determined to be PATH Eligible'
2. The individual and the PATH outreach worker have reached a point in the engagement process where there is mutual agreement and consent for other services to begin.
3. The PATH outreach worker has created an individual file and record in HMIS for this individual which includes at minimum:
 - a. Basic demographic and some Universal Data elements in HMIS
 - b. Documentation by the Outreach worker of the rationale of the determination for PATH eligibility
 - c. Documentation by the Outreach worker of the individual's consent for services
 - d. Documentation by the Outreach worker of the services provided.

The primary source of information is the client and the existing HMIS record, if there is one.

- **DATA**

For the past 14 years 100% of PATH data has been entered and all PATH reports have been created by HMIS, PATH ES staff will continue to be involved in the HMIS committees in their area. As new staff are hired, they will receive one on one or small group training from an HMIS staff either in Huntington or Charleston (based on staff availability). The administrators of the HMIS grant in the CHWCoC, Pretera, have supplied the laptop used by PATH ES in Cabell and Wayne Counties.

The HMIS grant of the Cabell Huntington Wayne CoC is currently held by Harmony House. The PATH and HMIS staff work very closely to ensure the quality and accuracy of the data.

- **SOAR (SSI/SSDI Outreach, Access and Recovery)**

The PATH ES that is currently in SOAR training has a history of working with individuals applying for their SSI/SSDI and assisting these individuals with filing applications, filing appeals, submitting medical evidence, all necessary government documentation, filing hearing request for appeal, submitting legal information for hearings and preparing case summations for appeal.

- **Housing**

There are a variety of housing opportunities available to PATH consumers; they are eligible for the Permanent Supportive Housing program, which at this time have over 300 vouchers for people experiencing homelessness, and Harmony House has a total of 70 units slotted just for people experiencing homelessness. The ESG programs offers assistance with security deposits, rent, and utilities in all PATH covered counties. All PATH served areas have access to HUD VASH vouchers, that assist veterans and obtaining permanent housing. The engagement specialist has been educated about other available housing in the area and works closely with Prester's other homeless programs, Housing First, which supplies community-based supports for individuals and families who have experienced chronic homelessness. The Housing First program helps former PATH clients maintain their housing, so they do not return to homelessness, PATH clients also have access to the HEART program which assist in housing and case management to anyone diagnosed with HIV/AIDS which is through the Harmony House in Huntington along with the SOAR/ Cares program that assist former and present PATH clients with opioid abuse with case management and assist in housing.

- **Staff Information**

Our PATH Engagement Specialist are natives of WV. We rally parallel our program demographics in age. Training on cultural competence is received upon hire and then at least annually. Participation in PATH provided training on cultural competence is also attended. Issues such as age, gender, disability, race, ethnicity, and sexual orientation are discussed as identified either in staff meetings or in Housing First meetings and these issues are identified as influencing client care. Staff are trained at least annually on cultural competency and client rights.

The current PATH/ Supervisor has been named the Continuum of Care's LGBTQ liaison. This means the Supervisor has been identified as not only as "safe person", but as a person who will assist any client who feels they have been discriminated against or mistreated due to their LGBTQ identity with any grievance or complaint processes with individual agencies.

The PATH Supervisor is also the Supervisor for Homeless Services in the West Region and chairs the Housing First Subcommittee Meeting that is held weekly for the COC along with chairing the Subcommittee for the PSH Application process.

- **Client Information**

Prestera's PATH Program has provided services to approximately 40 individuals this year to date (July 1, 2023- February 2024). The individuals mostly were Caucasian that fell in the age range of 35-44. Most of the individuals were literally homeless (97%), living in the shelter or on the streets at the beginning of services About 80% reports having a co-occurring substance use disorder, this is an increase of about 20% from last years data.

Prestera Center's PATH Program will meet the following goals in FY 2024:

of Projected Contacts with Enrolled PATH clients : 45

% of Persons Literally Homeless: 100%

of Enrolled PATH Clients: 42

- **Consumer Involvement**

Of the individual currently employed by the PATH and Housing First Programs, there are 0 formerly PATH eligible individuals. Additionally, former PATH recipients are employed by or volunteer at partner agencies and are present when current PATH services are discussed or planned. A former homeless client is on the Board of Director's for Prestera, and a formerly homeless individual serves on the COC Steering Committee.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 21,879	\$ 6,554	\$ 28,433	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	21,879.00	100.00 %	1.00	21,879.00	0.00	21,879.00	
PATH Administrator	26,216.00	25.00 %	0.00	0.00	6,554.00	6,554.00	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	15.82 %	\$ 4,497.00	\$ 1,347.00	\$ 5,844.00	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 1,637.00	\$ 0.00	\$ 1,637.00	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 1,637.00	\$ 0.00	\$ 1,637.00	Travel is 284 miles per month at .048 rate = \$1,800

d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

e. Supplies	\$ 1,465.00	\$ 0.00	\$ 1,465.00	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 1,465.00	\$ 0.00	\$ 1,465.00	

f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

g. Housing	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

h. Construction (non-allowable)				
i. Other	\$ 1,660.00	\$ 4,600.00	\$ 6,260.00	
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Rent Expenses	\$ 0.00	\$ 3,600.00	\$ 3,600.00	Harmony House Rent, \$300/month
Office: Utilities/Telephone/Internet	\$ 1,660.00	\$ 0.00	\$ 1,660.00	Cell phone for engagement specialist
Staffing: Training/Education/Conference	\$ 0.00	\$ 1,000.00	\$ 1,000.00	Staff Training

j. Total Direct Charges (Sum of a-i)	\$ 31,138.00	\$ 12,501.00	\$ 43,639.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 5,683.00	\$ 0.00	\$ 5,683.00	Indirect cost amount based on the total direct cost amount. the programs are allowed 18.25% indirect cost based on direct cost report completed by an independent CPA firm.
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l. Grand Total (Sum of j and k)	\$ 36,821.00	\$ 12,501.00	\$ 49,322.00	
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Source(s) of Match Dollars for State Funds:

The match requirement for this grant is 33.33% or \$12,274 of \$36,821 and is provided by PATH Supervisor salary .25 FTE @ \$6,554, \$1,347 of Fringe Benefits (\$66 Retirement, \$780 Health Insurance, and \$501 FICA) \$3,600 of rental cost for PATH office, and \$1,000 for staff training for a total of \$12,501.00.

Estimated Number of Persons to be Contacted: 45 Estimated Number of Persons to be Enrolled: 45

Estimated Number of Persons to be Contacted who are Literally Homeless: 45

Number staff trained in SOAR in grant year ending in 2023: 1 Number of PATH-funded consumers assisted through SOAR: 0

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Budget Narrative

Prestera Center for Mental Health Services Inc.

PATH Grant Year 2024

Grant Amount: \$36,821

- A. Personnel:** \$21,879- The staff members that are listed in the personnel section of the detailed line-item budget works and provides oversight in the program in which Prestera receives BBH funding. The salary is based on 1.0 FTE. Position description follow.
- B. Fringe Benefits:** \$4,497. Matched dollars are \$1,347. The details of fringe benefits are listed in the detailed line-item budget and are specifically applicable to the employee listed in the personnel budget and only for the percentage of time devoted to the program and include Health Insurance @11.9%(2,604), FICA @ 7.65%(1,674), Retirement @ 1%(219).
- C. Travel:** Staff travel (\$1,637) which is based on reimbursement of \$.48 per mile x 284 miles/month x 12 months for traveling to required meetings, transportation of clients in personal vehicle and traveling between Prestera sites.
- D. Equipment:** None
- E. Supplies:** \$1,465.00. \$ 732.00 in Office Supplies includes: general office supplies such as printer cartridge, paper, hand sanitizer, etc. \$733 in program supplies including money used for clients such as bus passes, hygiene kits, emergency medications, purchase of Birth Certificates and Identification cards, etc. These expenses are based on historical data.
- F. Contractual Costs:** There are no contractual cost for FY 2024
- G. Construction:** There are no construction costs for FY 2024
- H. Other:** Total \$6,260, \$4,600.00 match. Other cost Phone expense for 1 (\$660) represents cell phone cost of \$55/monthx12months. Vehicle Maintenance cost of \$500 and vehicle gasoline cost of \$500 for Program own vehicle.
- I. Indirect Cost:** \$5,683. Indirect cost amount based on the total of direct cost amount \$31,138. The programs are allowed \$18.25% indirect cost based on the indirect cost proposal complies with applicable Federal OMB Cost Principles and provides the basis of calculated rate submitted to BBH.

Prestera Match:

The match requirement for this grant is 33.33% or \$12,274 of \$36,821 and is provided by PATH Supervisor Salary (.25FTE)@\$6,554, \$1,347 of Fringe Benefits (\$66 Retirement, \$780 Health Insurance, and \$501 FICA),\$3,600 of rental cost for PATH office, and \$1,000 for staff training for a total of \$12,501.00

Footnotes:

II. Executive Summary

Intended Use Plans

Raleigh County Community Action Association

111 Willow Lane
Beckley, WV 25801

Contact: Crystal D. Camarillo

Email Address: crystal.camarillo@rccaainc.onmicrosoft.com

Provider Type: Shelter or other temporary housing resource

PDX ID: WV-002

State Provider ID:

Contact Phone #: 304-575-8576

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – HUD's **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.
- **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 care, mental health, substance use, 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.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **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).
- **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.
- **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.
- **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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

Raleigh County Community Action Association, Inc.

Intended Use Plan

Local Area Provider Description – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

Raleigh County Community Action Association, Inc. (RCCAA) is a non-profit organization in Raleigh County. RCCAA serves mainly low-income residents of Raleigh County, West Virginia. RCCAA's PATH program serves the following counties: Raleigh, Fayette, Greenbrier, Summers, Monroe, Mercer, McDowell, Logan, Wyoming, Nicholas and Boone. RCCAA's main programs are the Homeless Services, Public Transportation, Housing Services, and Head Start. RCCAA is requesting \$50,930 in PATH funds for the 2024-2025 grant period.

Collaboration with HUD CoC Program – HUD's Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.

RCCAA actively participates in the Balance of State Continuum of Care coordination and planning activities through its membership on the West Virginia Coalition to End Homelessness.

RCCAA has a collaborative agreement with the local Veterans Hospital and the local Veterans Affairs Office. PATH clients who are veterans receive immediate consideration and admission into the RCCAA PATH program. The homeless veteran is transported to the shelter and receives immediate shelter, referral to the housing program, and supportive services. RCCAA coordinates the veteran's treatment and discharge plans with the Veterans Hospital and Veterans Affairs office. RCCAA's PATH program is committed to the success of the 2016 Ending Chronic Homelessness campaign.

RCCAA's PATH program has also developed linkages for engaging the PATH client in Primary Health Care services. RCCAA has developed a collaborative relationship with the following health care providers: Access Health Clinic, Helping Hands Clinic, Health Right (the regional free clinic), FMRS SHARE program, Veterans Medical Center, Raleigh General Hospital and Beckley Appalachian Regional Hospital.

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 care, mental health, substance use, 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.

RCCAA’s PATH program demonstrates that collaborative efforts are one of the keys to closing the gaps in services for the PATH client. This program focuses on the continuity of care through collaborative partnerships with community providers.

Linkages are developed for accessibility and coordination with the mentioned agencies and support programs as identified in the client’s service plan. Every PATH client is scheduled to see a primary care physician and mental health professional within seven days of entering the program. Clients are provided education on their medications and medication use is monitored by the staff at Emergency Housing Center. Emergency Housing Center also provides transportation to support services within the community.

RCCAA’s PATH program maintains collaborative partnerships with the following agencies, hospitals, and community support services:

- **Primary Health Services:**

- Access Health

- Veterans Administrative Hospital

- Beckley Appalachian Regional Hospital

- Raleigh General Hospital

- Princeton Hospital

- **Mental Health/Substance Abuse Services:**

- FMRS Mental Health Systems

- Assertive Community Treatment (ACT) operated by FMRS

- FMRS Crisis Unit

- FMRS Oaks Program

FMRS Turning point Program

Sharpe Hospital

Beckley Fellowship Home

Veterans Administration Hospital

Beckley Appalachian Regional Hospital

- **Housing Services:**

Raleigh County Community Action Association, Inc. (RCCAA)

Raleigh County Housing Authority

Beckley Housing Authority

- **Employment Services:**

Workforce West Virginia

Service Provision – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including to 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;

RCCAA conducts outreach through other organizations such as the Department of Health and Human Resources, local police departments, state hospitals, and other service providers who refer homeless PATH clients. When a referral is received the PATH Coordinator travels to the potential client’s location to conduct a face to face interview to determine eligibility. If the client is determined to be eligible for services, arrangements are made for them to travel to Emergency Housing Center.

In addition, the PATH Coordinator periodically visits areas where homeless individuals are known to visit to locate potential PATH clients. The coordinator provides potential clients with information on services available to them at Emergency Housing Center. RCCAA’s housing program is working with Emergency Housing Center with rapid re-housing outreach on a regular basis referring into the shelter. RCCAA has increased its frequency of its street outreach efforts this year through our housing program. Rapid Rehousing does outreach every day. Emergency Housing Center and Housing personnel work closely together to ensure that those in need of services are provided.

- **Any gaps that exist in the current service systems;**

The need for outreach, case management, and affordable housing is critical in this area. In southern West Virginia homeless individuals with serious mental illness and/or co-existing disorders are known to live in camp sites, in cars, and with family or friends. Some of the homeless population flood the emergency hospital rooms with the intent to enter local hospitals because they have nowhere else to go. When the acute need is satisfied, the homeless client is discharged from mental health facilities and hospitals with little or no medication, no case manager, no support system, and no linkages to support services.

RCCAA's evidence-based outcome demonstrates that one of the most critical aspects of ending homelessness for the client who suffers from a serious mental illness or co-existing disorder is the first contact. A traditional gap in service occurs when the PATH client is discharged from a mental health facility, psychiatric hospital or is unable to maintain stability with family or friends. The prospective PATH client will need a continuum of care and a seamless entry into emergency or transitional living.

RCCAA's PATH program closes this gap with its Critical Time Intervention (CTI) program. The PATH CTI program focuses on accessibility of services and immediate engagement of the client. RCCAA's PATH coordinator has an office inside the homeless shelter to provide immediate and continual access to the PATH client.

A brief description of the current services available to clients who have a

COD

RCCAA provides the following services to all PATH clients:

- Motivational Interviewing
- Facilitated referrals for mental health services, job training, educational services, housing services and monitoring of client utilization of these services.
- Physical Health Promotion - Assertive Community Treatment (ACT) program
- Assessment/Screening services – Clients are screened for mental health and co-existing disorders.
- Service Planning – Clients are assisted to create a service plan/case plan.
- Advocacy
- Skill Building – Clients learn social and daily living skills.
- Case Management
- Continuing Care
- Transportation to appropriate referral services.
- Monitoring and Education of his/her medication.
- ID and Referral.

A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

Eligibility typically occurs based on referrals from licensed medical health providers. Clients who do present as mentally ill based on a layperson's perception are referred for diagnosis and treatment by licensed professionals.

Enrollment occurs when the PATH Coordinator interacts with the clients upon initial intake. Eligibility is documented in the LITT and the HMIS system.

RCCAA's PATH program has initiated ROMA outcome studies with desirable objectivities. These outcomes have incorporated a balanced set of key performance indicators, which require behavioral changes by the PATH client. The following domains for PATH eligible clients have been developed and tracked:

- Low income people become more self-sufficient. The number of individuals that increase/ maintain physical/behavioral health is tracked.
- Low income people own a stake in the community. The number of clients participating in community advocacy/volunteer activities is tracked.
- The conditions in which low-income people live are improved. The number of clients acquiring/maintaining employment and the number of clients accessing transportation is tracked. The increase in access to community services and the number of clients who achieve suitable housing is tracked. The number of clients who receive entitlements and the number of clients who increase or maintain their financial status is tracked.

Data – Describe the provider's participation in HMIS and describe plans for continued training and how providers will support new staff. For any providers not fully participating in HMIS, please describe plans to complete HMIS implementation.

RCCAA utilizes LITT and the HMIS System. Service point is the HUD compliant HMIS System that has been adopted state-wide by the WV Coalition to End Homelessness. RCCAA is currently utilizing Service Point to capture all HUD required Universal Data compliant with HMIS requirements. RCCAA continues to utilize LITT to capture client outcomes.

Employees receive initial training as well as periodic updates to ensure data is being recorded properly. Numerous professional development opportunities are made available to staff throughout the year. Training, Continuing education, and professional development opportunities are paid for by the agency. The individuals responsible for ensuring that the HMIS data is being entered and also attend monthly administrator meetings.

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).

RCCAA's Emergency Housing Center provides a safe, highly structured emergency / transitional living environment for the PATH client. Following the completion of the transitional living

program, the PATH client is transitioned to long-term independent or supportive living. RCCAA's Case Managers work with the client to complete necessary paperwork and advocate for the PATH client for housing placement. In addition, the Director of Homeless Services and the PATH Coordinator coordinate all treatment modalities and work with the PATH client to ensure an appropriate housing placement.

RCCAA PATH clients are also eligible for assistance from RCCAA's Emergency Solutions Grant Program. This program focuses on re-housing eligible individuals and helping them maintain housing stability through housing searches, case management services, security deposit assistance, utility deposit assistance, and rental assistance.

RCCAA also operates a Permanent Supportive Housing Program. Eligible PATH clients are referred to the housing program for assessment and possible placement. The PSH program assists chronically homeless individuals with a diagnosed disability in the transition to permanent housing. The PSH program covers the cost of maintaining the homes and provides ongoing case management to residents of those homes.

RCCAA has implemented a leasing program with 10 units that is available to eligible PATH clients.

RCCAA's PATH coordinator will refer clients to Southwestern CAC, located in Huntington, WV to assist with Volunteers of America for Supportive Services for Veteran Families (SSVF) program aiding low-income Veterans and their families with a range of supportive services designed to promote housing stability and prevent homelessness in our Veteran population.

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.

Raleigh County Community Action Association, Inc. (RCCAA) is a non-profit organization in Raleigh County. RCCAA serves low income residents of Raleigh County, West Virginia. RCCAA's main programs are Homeless Services, Public transportation, Housing Services, and Head Start.

Staff serving PATH clients are 38% male and 62% female; 85% Caucasian and 15% African American and 0% Multi-Racial; 7% have less than 1 year experience, 31% have 1-5 years' experience, 31% have 5-10 years, and 31% have more than 10 years' experience.

RCCAA requires all of its employees to follow a standard policy for equal opportunity. In addition to bi-weekly in-service staff training programs, specific to the PATH client, employees are provided periodic in-service training on sensitivity, harassment, etc.

RCCAA's PATH program continues to develop the cultural competence of its staff through conferences, workshops, and webinars such as WV CAP Conference, Disabilities Forums, NASW Substance Abuse Conferences and SAMHSA trainings.

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.

2024 grant period so far RCCAA's PATH clients were as follows:

The number of persons contacted by PATH funded staff this reporting period is 122.

Demographic Breakdown for PATH Enrolled Clients

Total Enrolled is 43

28 Males and 15 Females

10 between the ages of 18-30

29 between the ages of 31-61

4 clients > 62

39 Caucasian, 4 African American, 0 American Indian and 0 Multi-Racial.

RCCAA's PATH Program will focus on providing intensive services to PATH clients and therefore is projected to contact approximately 200 individuals and enroll approximately 160 PATH clients. RCCAA projects that 90% of PATH clients served will be literally homeless.

• 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.

RCCAA has implemented a unique initiative called Person with Living Experience (PWLE) group, where clients are encouraged to share their concerns and provide suggestions to improve the program. PWLE members meet regularly with program staff to identify unmet needs, discuss program effectiveness, and offer recommendations for improvement. RCCAA values consumer feedback and utilizes it to develop new projects and services, as well as to evaluate the effectiveness of current services. To ensure client satisfaction, quarterly surveys are conducted to gather valuable insights and determine the program's effectiveness.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 37,509	\$ 12,502	\$ 50,011	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	28,662.00	100.00 %	0.67	19,189.00	6,396.00	25,585.00	Position covered 66.95% by Federal Path - 33.05% by State Grant - Contract Substance Abuse Service Contract.
Case Manager	24,960.00	100.00 %	0.67	16,711.00	5,570.00	22,281.00	66.95% of this Position covered by Federal Path - 33.05% by State Grant - by Contract Substance Abuse Service Contract.
PATH Administrator	49,067.00	10.00 %	0.03	1,609.00	536.00	2,145.00	Position covered 32.8% by Federal Path - 67.2% State and Other funds

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	15.52 %	\$ 7,764.00	\$ 2,588.00	\$ 10,352.00	The fringe benefits for the above positions, based on \$30,299 in wages covered by the Federal portion of the PATH grant total \$7,244. Fringe benefits include the employed portion of the FICA taxes @7.65%, health insurance, Worker's Compensation tax, State Unemployment taxes, and retirement benefits.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 541.00	\$ 180.00	\$ 721.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 541.00	\$ 180.00	\$ 721.00	Supplies charged here will be food and janitorial.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
i. Other	\$ 500.00	\$ 168.00	\$ 668.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Staffing: Consultant Fees	\$ 500.00	\$ 168.00	\$ 668.00	Software

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
j. Total Direct Charges (Sum of a-i)	\$ 46,314.00	\$ 15,438.00	\$ 61,752.00	

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 4,616.00	\$ 1,539.00	\$ 6,155.00	Up to 10% DeMinimis

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
l. Grand Total (Sum of j and k)	\$ 50,930.00	\$ 16,977.00	\$ 67,907.00	

Source(s) of Match Dollars for State Funds:

In Kind services and state general revenue dollars.

Estimated Number of Persons to be Contacted: 200 Estimated Number of Persons to be Enrolled: 160

Estimated Number of Persons to be Contacted who are Literally Homeless: 200

Number staff trained in SOAR in grant year ending in 2023: 0 Number of PATH-funded consumers assisted through SOAR: 0

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

**West Virginia Department of Health and Human Resources
Detailed Line Item Budget**

General Information			
1. Grantee Name:	RALEIGH COUNTY COMMUNITY ACTION ASSOCIATION, INC.		
2. Preparers Name and Title:	Lisa Tyler, Director of Finance		
3. Date of Preparation:	February 19, 2024	4. Period Covered:	7-1-2024 thru 6-30-2025
Boxes 5- 8 are to be completed by DHHR Personnel:			
5. Grant Agreement Number:		6. Change Order Number:	
7. Original Grant Amount:		8. Revised Grant Amount:	

Complete the following worksheets based on information and procedures provided in the *Instructions for Preparing the WVDHHR Detailed Line Item Budget*.

A. Personnel:

#	Position	Salary/Rate	Percent of Time on Grant	Total Cost
1.	PATH Coordinator 1 FTE (A. Polk)	28,662	100%	28,662.00
2.	Program Director .10 FTE (Hom)	49,067	10%	4,907.00
3.	Case Manager 1 FTE (Hunter)	24,960	100%	24,960.00
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
PERSONNEL TOTAL				\$58,529.00

B. Fringe Benefits:

Component	Base	Rate	Total Cost
1. FICA	\$58,529.00	7.65%	4,477.00
2. WORKER'S COMPENSATION	\$58,529.00	2.00%	1,171.00
3. RETIREMENT	\$58,529.00	4.00%	2,341.00
4. HEALTH INSURANCE	\$58,529.00	1.59%	933.00
5. SUTA	\$25,200.00	2.70%	680.00
6.			
FRINGE BENEFIT TOTAL			\$9,602.00

C. Equipment:

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
			EQUIPMENT TOTAL

D. Supplies:

Item	Number	Rate	Total Cost
1. Food/Hygeine/Janitorial Items		12 months @ \$43.92	527.00
3.			
5.			
6.			
7.			
8.			
9.			
10.			
			SUPPLIES TOTAL
			\$527.00

E. Contractual Costs:

Name	Service	Rate	Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
			CONTRACTUAL COSTS TOTAL

	Head Cost	DHHR %	Total Cost
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F. Construction:

Item	Rate	Total Cost
1.		
2.		
3.		
4.		
CONSTRUCTION TOTAL		

G. Other:

Item	Rate	Total Cost
1. Payroll Software Fees	12 Months at \$41.67	500.00
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
OTHER TOTAL		\$500.00

H. Indirect Costs:

Formula:

Base	Rate	Indirect Costs
1. The De minimis 10% is charged to this grant	\$575.67 per month	6,916.00
2.		
3.		
4.		
5.		
6.		
INDIRECT COSTS TOTAL		\$6,916.00

BUDGET SUMMARY

When you have completed the budget worksheets, verify the totals transferred for each category to the spaces below.

Budget Category	Amount
A. Personnel	\$58,529.00
B. Fringe Benefits	\$9,602.00
C. Equipment	
D. Supplies	\$527.00
E. Contractual Costs	
F. Construction	
G. Other	\$500.00
Total Direct Costs:	\$69,158.00

H. Indirect Costs	\$6,916.00
Total Indirect Costs:	\$6,916.00

Total Grant Award \$76,074.00

The following sections are for informational purposes only.

Grantee Supplied Funds	Amount
I. Matching - Match Provided by DHHR and Donated funds	\$16,977.00
J.	

Total Grantee Funds \$16,977.00

Program Income	Amount
K. Program Income (Projected)	

Total Program Income

Grantee's Signature:  _____

Date: February 20, 2024 _____

DHHR Approval Signature: _____

Date: _____

Footnotes:

II. Executive Summary

Intended Use Plans

West Virginia Coalition to End Homelessness, Inc.

P.O. Box 4697

Bridgeport, WV 26330

Contact: Zachary Brown

Email Address: zachbrown@wvceh.org

Provider Type: Other housing agency

PDX ID: WV-018

State Provider ID:

Contact Phone #: 3048429522

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – HUD's **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.
- **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 care, mental health, substance use, 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.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **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).
- **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.
- **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.
- **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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

West Virginia Coalition to End Homelessness
PATH Intended Use Plan
July 1, 2024 – June 30, 2025

Local Provider Description- Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.

The West Virginia Coalition to End Homelessness (WVCEH) serves several roles in the effort to end homelessness in West Virginia. WVCEH has acted as the statewide advocacy body on issues of homelessness since 2003, served as the Lead Agency for the 44 counties of the WV Balance of State Continuum of Care since 2005, fulfilled the role of Lead HMIS Agency for the Balance of State Continuum of Care since 2010, the SSI/SSDI Outreach, Access, and Recovery (SOAR) State Lead since 2012, provides Rapid Rehousing services, and is a Project for Assistance in Transition from Homelessness (PATH) Outreach Provider for the WV Bureau for Behavioral Health (BBH) regions 2, 3, and 4. WVCEH works to build systems of housing and services throughout the state, utilizing best practices to end homelessness such as housing first, data integration and analysis, coordinated assessment and access, collective impact, and street outreach. PATH has been fundamental to the organization in determining systemic issues in the pathway from street to permanent housing and continues to be a primary component of the Coalition's work to end homelessness in West Virginia. WVCEH will receive \$120,252 (Federal Portion). Additionally, WVCEH is projected to receive \$21,387 in State Portion PATH funding for WV BBH Regions 2, 3 and 4 in FY25. WVCEH covers 44 counties with 6.5 FTE Street Outreach workers and 1 Director of Street Outreach Services. Of these, 2.5 FTE PATH positions utilize PATH funding for outreach activities. The remaining time for these workers is spread out amongst other funding streams including ESG, SOR, and private funding.

Collaboration with HUD Continuum of Care (CoC) Program– Describe the organization's participation with local HUD Continuum of Care (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 Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

WVCEH is the Continuum of Care (CoC) Lead Agency for the 44 counties of the Balance of State Continuum of Care (WV-508) and therefore has integrated PATH into the overall operation of the Continuum as a whole including HMIS, CoC-wide, community, and local planning, as well as coordinated access and SOAR. Street Outreach is an "entry point" to the CoC's Coordinated Entry process. CoC's are required, by 24 CFR 574 to implement a standard process by which individuals and families can seek out housing resources. Outreach in general, and specifically PATH outreach has been central to the operations and referrals internally at WVCEH as well as a very valuable from the systemic, CoC perspective. The difficulty with which PATH Outreach personnel have been able to guide individuals and families with mental illness or co-occurring mental illness and substance use from street to permanent housing utilizing existing system resources continues to be frustrating, fragmented, and revealing. Shelters, CoC Programs (Rapid Rehousing, Permanent Supportive Housing, and programming for Homeless Youth), and local providers of mainstream, mental health, medical, recovery, and other benefits have shown a noted uneven knowledge of existing programs, a lack of understanding of the importance of coordinated assessment procedures, and a lack of competency in meeting in the needs of the most vulnerable population experiencing homelessness, those with mental illness and substance use issues. The system of housing and care exists to quickly house and stabilize the most vulnerable 5-10% of persons experiencing

homelessness who utilize 60% of system resources due to high acuity, and it is becoming apparent that local and community resources are less prepared to achieve this goal given the experiences of PATH personnel at WVCEH to-date. In short, PATH has provided WVCEH with real-time knowledge of the systemic issues that require immediate attention, and helped to inform a tactical and strategic framework to allow the CoC, in light of its responsibility over CoC funding and performance (and Emergency Solutions Grant (ESG) co-monitoring and performance responsibilities) to adjust system resources and policies to meet the prevalent need of high-acuity individuals and families experiencing homelessness.

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.

WVCEH Collaborates with several types of organizations within and outside the WV Balance of State Continuum of Care. Notably over the past year, WVCEH has worked with several communities on specific initiatives. In multiple counties, WVCEH continues to make inroads with WVU medical systems, in large part through partnerships with Unicare, the largest Medicaid MCO in West Virginia, who has provided funding for two medical liaisons on WVCEH staff, and funding for the expansion of outreach and coordination with street medicine and the wider healthcare system. In Wood County, challenges still exist in both the volume and breadth of homelessness, local municipal harassment of persons on the street, and relationship with the local medical and mental health institutions that varies wildly in quality and efficacy of partnership. WVCEH staff works together with the PATH funded entity in this area Westbrook Health Services. The community mental health and street outreach workers collaborate in order to maximize coverage. WVCEH street outreach focuses on housing and operating as an access point in our CoC/completing HMIS entries and assessments such as VI SPDAT and GPRA and Westbrooke PATH worker and crisis response team work to help participants overcome mental health and documentation barriers, assisting with ID and connection to mental health support. There is interagency communication that takes place at the CoC outreach subcommittee call that is held monthly on a virtual platform.

In Morgantown, WVCEH is piloting a unique program that has been proven to work in urban areas across the country. Street Outreach staff are working collaboratively with the WVCEH Master Leasing Program to find individuals and families who need housing. This program provides housing for individuals and families who are them most vulnerable in the community. Many of these individuals have fallen out of traditional housing opportunities and have spent months or years living on the street with combined mental health and substance use issues. In Morgantown, FWD SLASH provides the intermediary role of acquiring rental units from property managers, and assisting in stabilization of clients with ancillary supports such as food, psychological and psychiatric resources, and primary care. FWD SLASH acts as a partner in case conferencing and trouble-shooting client issues, acting as an emissary to the property managers. Unicare is providing seed monies to FWD SLASH for unit acquisition. Ruby Memorial Hospital provides both access to care for clients, and also works with WVCEH on discharge of individuals and families from the Hospital to Housing. Mylan Puskar Health Right provides screening, harm reduction, health assistance, and referral for master leasing participants. Better Help provides discounted and pro bono tele-therapy for master leasing clients. Finally, the Monongalia County Public Defenders are providing technical assistance and legal assistance for master leasing clients. This is a holistic approach dedicated to keeping people in housing and working towards self-sufficiency and recovery.

WVCEH has worked diligently to increase its connection with local community organizations to ensure full understanding of how individuals and families experiencing homelessness can be connected to resources. Connections include; shelters, VA service clinics, Law Enforcement, Medical and Mental Health Providers, Landlords, Community Action Agencies, Family Resource Networks, City Councils, County Commissions, Code Enforcement offices, Drop in/Day centers, Adult Protective Services, Faith-Based Entities and Churches, Businesses, and Recovery and Detox Providers, QRTs, Public Housing Authorities, the entirety of the CoC's 44 counties of responsibility. Likewise, these entities assist in solving problems, providing goods and services, and otherwise lending input, information, advocacy, and assistance to persons living in places not meant for human habitation, or in shelters.

Service Provision

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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;

WVCEH is purely pursuing the goals of targeting street outreach, case management, and connection to housing, but due to the lack of resources and shelter triage, particularly in extreme rural areas, WVCEH continues to provide much of its own housing options internally. WVCEH follows the Federal PATH guidance set forth by SAMHSA regarding intake and assessment. WVCEH is able to find people on the street and immediately put them into an apartment, or at least triage them in a shelter or hotel until permanent housing can be secured. Everyone encountered through outreach is assessed on the standard Coordinated Entry triage tool (VI-SPDAT), which looks at a person's combined vulnerability and needs for housing resources, and are prioritized for housing based on their overall acuity through a Coordinated Entry and Assessment system. In most cases, those found during Street Outreach are often the most vulnerable, chronically homeless persons in communities who have no other options for housing stability. WVCEH has also greatly increased its ability to provide substance use peer support and referral to services access through the addition of SOR resources. Providing immediate assistance to those on the street, as well as ongoing assistance, referral, treatment options, and case management to those who are actively using in housing. One of the greatest benefits to both the street outreach and housing programs in WVCEH is the hiring of persons in or formerly in recovery and/or with some type of lived experience. The quality and degree of direct service productivity has greatly risen by weaving personnel with lived experience into the overall strategic mission of the organization.

Describe any gaps that exist in the current service systems.

A large part of the issue with PATH-eligible individuals accessing emergency shelters as a place for triage prior to permanent housing are the expectations of sobriety at entry and that acute behavioral issues that may result as a symptom of underlying mental illness will violate rules and regulations established by individual shelters, therefore leading to a rejection by shelters. The expectation that behaviors resulting from mental illness can be curtailed, as well as the expectation of compliance with medication while on the street, lends a convenient excuse for deciding who is worthy of shelter entry and who is not. Notwithstanding, most WV shelters apply a similar viewpoint to issues of cultural competency and equal access. Obviously, this makes access to shelters by the PATH-eligible population next to impossible, and therefore PATH staff is spending an inordinate amount of time acting as advocates for PATH-eligible individuals, and/or working around the current system of exclusion to connect PATH-eligible individuals with housing and services. Therefore, WVCEH is working closely with the WV Development Office as the lead for the HUD Emergency Solutions Grant (ESG) which funds emergency shelters and provides rapid re-

housing dollars, as well as the WVDHHR Division of Child and Adult Services, which funds the ten contract shelters in West Virginia, to make policy recommendations for both funding sources to bring inclusionary policies into play which would make more effective connections for PATH-eligible clients to permanent housing. WVCEH continues to oversee the administration of the WVDHHR Funded emergency shelters and is working to ensure shelters implement practices that allow quick access to beds and housing-focused case management. WVCEH has recently provided deescalation training to shelters and will be providing additional harm reduction training in the near future.

An additional system gap is the lack of viable substance use treatment and detox options throughout the state. As is well documented, many PATH clients are active users of opioids, as are many PATH clients who are housed. The ability to stabilize housing for active users acts as an additional barrier to success, but is being managed as adequately as possible. All PATH outreach workers are trained in naloxone use, and WVCEH offers on-going training, or the facilitation of overdose training at every possible opportunity to ensure as many providers are trained as is possible.

Yet another gap is due to new legislation being proposed limiting the ability to provide harm reduction services and supplies in West Virginia. Limiting the availability to provide and access harm reduction regularly impedes the ability of staff to assist in achieving the stability often necessary for a successful housing placement. WVCEH remains well versed in current drug trends and best practices related to our engagements with this subpopulation. We also advocate at the local and state level for the necessary broader systemic changes we believe are necessary to sustain life in these cases.

We have also seen an increase in participants with SUDs that are resistant to “treatment as usual”. They have tried and have not been successful at many of the abstinence based models provided in our state including MAT, Inpatient and Detox and are instead hopeful they can achieve some level of moderate use. Our staff has been working with this subpopulation and are often spending time working with these individuals in the pre-recovery engagement stage and involved in dialogs that may reduce the risk of “problem behaviors” that may arise as a result of the participant’s use. We work toward the mitigation risks in these instances in order to encourage the participants to focus on the multiple (8) dimensions of wellness instead of just the problem behavior in the hopes that we may see a decrease in the prevalence of said symptoms/problem behaviors. (site SAMSHA.GOV).

Provide a brief description of the current services available to clients who have a COD.

Services available to persons with COD originate primarily from local hospitals, community mental health providers, some community health clinic/integrated behavioral health centers, state hospitals, peer recovery groups, Community Engagement Teams, local coordinated care grantees, and prevention grantees throughout the Continuum of Care. Availability, however, is only one piece of the puzzle with referral, connections, and uneven knowledge of the available services being actively addressed in just a few communities. HMIS usage is key to connecting homeless housing and services providers to available treatment, prevention, counseling, case management, and care coordination services as they are available in the state. The WV Statewide HMIS product, ServicePoint, contains a robust resource library of available services in every county, but in order for providers to access these resources, they must utilize HMIS to its fullest extent. Likewise, as more community mental health, behavioral health, hospitals, and substance use services providers come onto HMIS (as they currently are) the “net” is cast that much wider, and connections to housing and services, driven by a core assessment and referral base, become faster, more effective, and with coordinated access, actually connecting people with the kind of housing and services that their situation could most benefit from. Regular outreach events are being coordinated in Regions 1,

3, and 4, where other providers are also present to provide information on services, as well as to provide much needed supplies for those who are unsheltered.

WVCEH has also developed a local partnerships with those providing substance use and mental health services and treatment throughout the CoC, and are encouraging policy change to provide better, more effective access to mental health and substance use services across the state.

Brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

PATH eligibility is primarily determined post-contact in HMIS. The PATH HMIS work flow incentivizes and simplifies the process by which clients move from contact, to engagement, to enrollment ensuring that all PATH reporting data points are captured while all street contacts are remitted to the assessment and prioritization process through coordinated entry. All contacts and engagements are fed to the CoC prioritization list but only PATH-eligible people are entered into the PATH program. PATH-ineligible people are referred to housing providers or assisted through ESG-funded outreach and SOR outreach.

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).

WVCEH utilizes a comprehensive menu of housing options for PATH clients. More importantly, however, WVCEH assesses PATH clients with the VI-SPDAT Assessment Tool prior to housing placement to determine their overall acuity and best housing fit. Of the thousands of clients served through PATH by WVCEH since 2013, the vast majority have been connected to emergency shelter, permanent supportive housing, and rapid re-housing exits in existing homeless housing programs. However, in several instances PATH staff has also assisted with housing location for some low acuity clients using Emergency Housing Vouchers, Section 8 voucher or traditional market-rate affordable housing. In many cases, making referrals and connections to existing housing has proven difficult due to rules, stipulations, and policies. WVCEH adheres to its own Coordinated Entry Process for assessment and referral, but has drastically expanded its menu of housing options beyond the traditional Rapid Rehousing or Permanent Supportive Housing options to include various types of youth, transitional, hotel/motel, substance use-specific, privately-funded family, public housing, recovery housing or mainstream vouchers through internal expansion of programs and through ongoing partnerships with PHAs and other housing entities. In the next 1-2 years, WVCEH will also own and operate no less than 30 units of affordable housing in the PATH coverage areas.

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.

Both WVCEH PATH Outreach Workers have education and experiential background in social work and social services, and both demonstrate cultural, linguistic, ethnic, and gender/sexual preference sensitivity

and understanding. The HMIS updated HUD Data standards more accurately reflect a persons sexual orientation and gender identity in order to ease the digital processes and componants of the work we do and to prevent further demoralization of an already stigmatized and vulnerable population. Both have an understanding of housing connections, and particularly the stipulations of Fair Housing, and the prevalent issues that come along with serving a population of focus with mental health and substance use issues. One also has lived experience of homelessness as well as SUD, which makes engaging individuals more personal and with a greater understanding of these particular challenges. Truth be told, other service providers in the service area would seemingly derive far more benefit from the Culturally and Linguistically Appropriate Services (CLAS) Standards versus the WVCEH PATH Outreach Personnel, given many of the experiences PATH staff have encountered over the past four years.

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.

For the 2023 calendar year, WVCEH has served through all outreach projects, 818 total people. PATH accounts for 16% of that 818. Much like the client breakdown, WVCEH only has enough funding for 2 PATH staff which also accounts for 25% of our outreach staff. Of those 818 served by all outreach projects, 28 were veterans (17 of which are disabled, 8 are chronically homeless veterans), and 679 were literally homeless, the remainder were contacted though hospitals or coordinated entry referral. 75 were below the age of 18, and the remaining were adults. 292 of the 953 were chronically homeless. 560 of the clients had a disability of some kind. 220 clients are domestic violence victims, 31 of which were currently fleeing.

WVCEH anticipates serving 200 people through PATH Street Outreach from July 1 2023 through June 30, 2024. Of the 3,817 clients served through outreach by WVCEH since 2013, 37% have been served by PATH Street Outreach and 39% of those were connected to a permanent housing destination at exit from PATH.

WVCEH has to continuously look for more funding since PATH funding supports only a small portion of the Outreach efforts at WVCEH. It is only in the past few years WVCEH has been able to secure funding from other sources including the Emergency Solutions Grant, State Opioid Response grant and funding from Unicare. As a result we have been able to assist more people needing aid in obtaining housing.

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.

WVCEH employees many individuals who would have, at one point, been eligible for PATH services. WVCEH also has several people who would be eligible for PATH on the Youth Action Board, a subcommittee of the WV BoS Steering Committee that guides youth policy, youth programming, and oversees the funding decisions for the HUD Youth Housing Demonstration Program. WVCEH has also extededed invitations to people with lived experience to our outreach and other steering committes and would be excited to see more participation from these participants in the upcoming cycle. We continue

to be at the forefront of the consumer driven movement. As an agency we will also continue to provide person centered/person first care.

With the permission of any of our consumers/participants we are happy to include family members of those in need in our work and discussions. One of the first things we do as an access point is attempt reconnection with family members with whom that participants may have had a strained relationship. Often times we see family members who have become estranged during the participants absence. As an agency we call these diversion services. Regardless of the family's abilities to help house their loved ones we encourage reconciliation in these instances. We feel as though strengthening these bonds may lead to more positive longterm outcomes for the participants. Our families experiences in caring for a loved one with SMI may be valuable when it comes to advocating for greater systemic changes in our CoC as well.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 56,975	\$ 37,000	\$ 93,975	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	38,000.00	100.00 %	0.50	19,000.00	19,000.00	38,000.00	Remaining 50% of salary is matched funding from Unicare
Outreach worker	36,000.00	100.00 %	0.50	18,000.00	18,000.00	36,000.00	Remaining 50% of salary is matched funding from Unicare
PATH Administrator	47,000.00	100.00 %	0.43	19,975.00	0.00	19,975.00	Director of Outreach Services (\$47,000) - 15% of salary comes from the WV PATH State funding that supplements the Federal funding, 50% of funding for salary comes from State Opioid Response Grant, 35% of salary from Federal PATH funding \$23,500 - SOR (50%) \$3,525 - State PATH funding (15%) \$19,975 - Federal PATH Funding (35%)

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	24.71 %	\$ 23,217.00	\$ 15,078.00	\$ 38,295.00	FICA/MED at 7.65% Workers Comp at 2.0% Retirement/IRA at 3% Health, vision and dental at 25% Unemployment at 3.1% = 40.75% fringe rate

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 19,559.00	\$ 9,825.00	\$ 29,384.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Conference Registration Fee	\$ 4,500.00	\$ 0.00	\$ 4,500.00	Attendance at NAEH Conference for PATH Director, and one outreach staff person, including registration, hotel, and per diem for event.
Mileage Reimbursement	\$ 13,264.00	\$ 9,825.00	\$ 23,089.00	50% of total miles drive annually for direct PATH staff (15000) = 7500 x 2 x \$0.655/mile = \$9,825 35% of total miles driven for Director of Outreach Services (15000) = 5250 x \$0.655 = \$3439 = \$13,264
Per Diem	\$ 825.00	\$ 0.00	\$ 825.00	average of \$82.50/day x 10 days for Director of Outreach
Other (Describe in Comments)	\$ 970.00	\$ 0.00	\$ 970.00	Hotel accommodations for staff @ \$97/night x 10 nights total for Director of Outreach

d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
e. Supplies	\$ 5,100.00	\$ 0.00	\$ 5,100.00	
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 5,100.00	\$ 0.00	\$ 5,100.00	General outreach supplies - sanitization, tents, tarps, hand warmers, and general survival items until housing can be secured.

f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

g. Housing	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

h. Construction (non-allowable)

i. Other \$ 4,470.00 \$ 0.00 \$ 4,470.00

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Utilities/Telephone/Internet	\$ 2,100.00	\$ 0.00	\$ 2,100.00	Portion of Annual Cell phone plan for staff (100% for PATH Outreach and 50% for Director) - \$70/month \$140 x 12 = \$1680 \$35 x 12 = \$420
Staffing: Training/Education/Conference	\$ 2,370.00	\$ 0.00	\$ 2,370.00	Training on Motivational Interviewing, Suicide Prevention, Case Management, Outreach, CPR/First Aid, and required PATH trainings

j. Total Direct Charges (Sum of a-i) \$ 109,321.00 \$ 61,903.00 \$ 171,224.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs) \$ 10,931.00 \$ 6,290.00 \$ 17,221.00 10% de minimis

l. Grand Total (Sum of j and k) \$ 120,252.00 \$ 68,193.00 \$ 188,445.00

Source(s) of Match Dollars for State Funds:

WVCEH employees additional Outreach staff through non-federal funding. The match for the FY2022 Federal PATH grant will consist of \$69,193 of the overall salary plus fringe comparable to the salary and fringe of PATH-funded Outreach Staff. This funding is provided by the Unicare Foundation to provide Street Outreach and transitions to care for vulnerable populations and ensure connections to medical providers and insurance benefits. The match received from the Unicare Foundation is private funding.

Estimated Number of Persons to be Contacted: 225 Estimated Number of Persons to be Enrolled: 190

Estimated Number of Persons to be Contacted who are Literally Homeless: 205

Number staff trained in SOAR in grant year ending in 2023: 0 Number of PATH-funded consumers assisted through SOAR: 4

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

**WVCEH – PATH Budget Narrative \$120,252
July 1, 2024 to June 30, 2025**

Personnel: Two PATH Outreach personnel will be employed at an annual rate of \$38,000 and \$36,000 respectively. Both positions will be 50% funded from PATH. Additionally, the Director of Outreach Services will be funded 42% from PATH Federal Funding at an annual salary of \$47,000. **The Personnel category subtotal is \$56,975 from 2024 Federal funding.**

The Director of Outreach Services position is an exempt, salary paid position, complying with the regulations of the Federal Labor Standards Act.

Reporting to the Chief Programs Officer (CPO), the Director of Outreach Services will serve as a critical member of the direct services leadership team and will collaboratively articulate, implement and operationalize the strategic vision, mission and goals of the street outreach programs within the agency. The Director will oversee the street outreach programs (funded by state, federal and private sources)) and related services. The Director will work collaboratively with the Director of Quality Assurance and the CPO to evaluate the effectiveness of programs to provide ongoing feedback; guide strategic, nimble service delivery to strengthen funding diversification and outcomes.

Essential Functions, Reporting and Performance Evaluation

1. Work with WVCEH's direct services management team and Chief Program Officer (CPO) to coordinate the development and consistent delivery of services across the agency
2. Supervise Street Outreach department personnel
3. Responsible for ensuring policy and procedural requirements specific to Street Outreach programs are implemented
4. Create specific goals and timelines to measure the overall reduction of time individuals and families experience homelessness from point of entry. Ensure outreach to 500 households (combination of families and individuals) with successful placement of 200 in housing programs annually.
5. Responsible for ensuring outcome measures within WVCEH's Street Outreach Department are being met in areas such as: reduction in length of homelessness, numbers matched/housed, spend down of outreach budgets, etc.
6. Ability to understand and communicate trends, program, and policy, as it relates to driving conversations for new project grant proposals
7. Work with WVCEH's Finance team and CPO to ensure our Outreach services budgets are created by identifying gaps, needs, and overall costs to operate effective programs
8. Responsible for identifying and finding resolutions to potential areas of risk as it relates to under-performing contractual obligations
9. Responsible for creative solutions that will lead to successful housing placement, and for ensuring that only those with the greatest need receive expedited access to shelter, permanent housing, long-term subsidies and PSH
10. Ensure Outreach teams do not discriminate against any federal/state/local protected group

Skills Required

1. Exceptional capacity for leading and managing a team; able to be a change agent
2. Maintain ongoing development of the Street Outreach department, and ensure that the department staff are provided with and utilizing proper tools and training for effective and consistent service delivery

3. Responsible for identifying and collaborating with Executive Team/HR/Finance/QA departmental growth projections, program-related training needs, and regulatory changes as it relates to compliance
4. Responsible for addressing staff performance issues as it relates to the Street Outreach department
5. Ensure department annual evaluations are submitted in accordance with agency policy
6. Ensure Outreach team operates utilizing harm reduction, trauma-informed methodologies, and other best practice models
7. Ability to balance managing excellent programs against contractual obligations and budgetary constraints

The Outreach Specialist position in a non-exempt, hourly paid position, complying with the regulations of the Federal Labor Standards Act and may be paid for from PATH, CABHI, ESG or any combination of these grants.

To individuals experiencing long-term homelessness, a Street Outreach Specialist serves as the face of homeless services. Street Outreach Specialists work in conjunction with the wider array of homeless services to locate clients, help them navigate the process of obtaining housing, and secure all of the documents necessary to prove eligibility for those housing resources. Street Outreach Specialists are able to determine the people with the highest needs and focus their attention and efforts on individuals least likely to obtain housing without. Under the supervision of the Director of Outreach Services the Street Outreach Specialist shall be responsible, but not limited to, the following:

Essential Duties

1. The Street Outreach Specialist will work primarily outdoors to identify and build rapport with homeless individuals and families living on the street or in places not meant for habitation who have mental illness or mental illness and substance abuse.
2. A successful Street Outreach Specialist is able to demonstrate care and develop significant trust with clients while maintaining strong boundaries in client relationships.
3. Street Outreach Specialists will be part of each community's local housing prioritization team, or work diligently to aid in the development of prioritization for housing within the community.
4. Street Outreach Specialists will assist clients in breaking the cycle of homelessness by moving them from the street to appropriate housing and accessing necessary social services resources using the housing first philosophy.
5. Street Outreach Specialists will provide individualized client support throughout the entire journey by helping each client develop a plan to address their barriers and access housing services.
6. Street Outreach Specialists will assist clients in accessing mental health services, substance abuse treatment, and resources for harm reduction.

Performance Criteria

1. Street Outreach Specialists will take the lead on helping housing programs locate people living outdoors.
2. The Outreach Specialist will actively seek out, identify and build rapport with homeless individuals and families living on the street or in places not meant for habitation.
3. Outreach Specialist will be part of each community's local housing prioritization team, or work diligently to aid in the development of prioritization for housing within the community.

4. Outreach Worker will assist clients in breaking the cycle of homelessness by moving them from the street to appropriate housing and accessing necessary social services resources using a housing first philosophy.
5. Outreach Worker may work to identify local landlords to secure housing units, negotiable rates and process rental assistance paperwork for payment.
6. Outreach Worker will provide individualized client support, using evidence based case management tools, throughout the entire journey by helping each client develop a plan to address their barriers, increase their income, and maintain and sustain permanent housing.
7. Participate in training opportunities as available, including, but not limited to:
 - a. Cultural competency, motivational interviewing, suicide prevention, trauma-informed care, person-centered care, use of the VI-SPDAT, SPDAT, Housing First, Critical Time Intervention and housing procurement and support.
8. Each Outreach Worker will maintain a caseload of, ideally, no more than 15-20 households at any given time, though more households may be served based upon need.
9. Outreach Specialists will successfully move 75% of their annual caseload to permanent or temporary housing destinations.
10. Compile with all applicable standards of the WVCEH Personnel Manual and WVCEH Policies and Procedures.

Fringe Benefits: Fringe benefits are calculated and allocated at the acceptable rate of 24.71% for PATH Federal funding for 2024 as PATH Federal funds do not represent the total funding for the PATH project.

- FICA/MED at 7.65%
- Workers Comp at 2.0%
- Retirement/IRA at 3%
- Health, vision and dental at 25%
- Unemployment at 3.1%

24.71% being allocated to Federal PATH Funding.

The total fringe is \$23,217 for PATH Federal funds.

Travel:

WVCEH PATH Staff are expected to travel 10,350 miles per year at the Federal mileage rate of \$0.67 per mile, which is a total of 19,797 PATH funded miles at \$13,264 in federal mileage reimbursement.

Staff are expected to have occasional overnight travel averaging at 10 days at an average of \$97/day per night for in-state travel for a total of \$970.

Additionally, WVCEH provides federal per diems for overnight travel at an average of \$82.50/day x 10 days = \$825.00.

The WVCEH Outreach Director and one PATH funded staff will attend the NAEH Conference in either Washington, DC or the West Coast in 2024 or winter 2025. This conference is the premier continuing education conference for issues around homelessness in the United States. It is estimated that \$4,500 of PATH funding will support their attendance for registration, flights (if applicable), hotels and per diems.

Total Staff travel from Federal PATH dollars will be \$19,559.

Other:

Outreach worker cell phone plans are an average of \$70 each per month in total (\$140) for \$2,100 total

WVCEH will pay for the required annual training for Outreach staff. It is estimated that this training will be approximately \$2,346 per year.

The Other category subtotal is \$4,446 for FY22 Federal Funds.

Indirect Costs

WVCEH is electing to take the 10% de minimis indirect cost rate on the FY22 Federal PATH funds for a total of \$10,955 for administrative costs not identified in the budget (Executive level staff, HR, Finance)

Matching Funds

WVCEH employees two full-time Street Outreach Specialists who are unded 50% from Unicare Foundation funding. \$69,193 of these salaries will be used as direct match for the Federal PATH grant.

Submitted by:

Amanda Sisson, Chief Operating Officer

Footnotes:

II. Executive Summary

Intended Use Plans

Westbrook Health Services

2121 East Seventh Street

Parkersburg, WV 26101

Contact: Tim Barnett

Email Address: tbarnett@westbrookhealth.com

Provider Type: Community mental health center

PDX ID: WV-013

State Provider ID:

Contact Phone #: 3044851721

- **Local Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – HUD's **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. 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.
- **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 care, mental health, substance use, 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.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - 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 COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **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).
- **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.
- **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.
- **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.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

Westbrook Health Services, Inc.
Budget Narrative
G240090 – Projects for Assistance in Transition from Homelessness (PATH)

Total Allocation: \$40,190.00

Period of Performance: 07/01/2023 – 06/30/2024

A: Personnel \$27,652

Division Director of SUD Intensive - 0.078 FTE = \$5,070.00
Amanda Moore

Responsible for oversight and clinical practices of all SUD facilities within the agency. Essential duties and responsibilities include the following:

- Supervises SUD clinical team, made up of therapists, case managers and group facilitators
- Responsible for the implementation and ongoing use of evidence based programming within the SUD residential setting
- Regularly trains staff on ASAM levels and six dimensions and ensures appropriate use throughout programs
- Develops strategies for long range planning to support rapid growth in programs
- Monitors and updates policies, procedures and operational guidelines of program to ensure compliance
- Communicates regularly with Division/Program Directors to stay informed of concerns, questions, needs and achievements.
- Oversees and participates in treatment planning activities.
- Oversees training, communication and information sharing.
- Assists with Continuous Quality Assurance and participate in Utilization Management.
- Work with staff, consumers and others in a professional, cooperative, ethical, respectful and effective manner.
- Complies with federal, state and company policies, procedures and regulations.
- Maintains confidentiality of all information and complies with HIPAA regulations.
- Demonstrate knowledge of and support Westbrook Health Services' mission, vision, values, policies and procedures, operating instructions, confidentiality standards and code of ethical behavior.

1.0 FTE Engagement Specialist - Timothy Baer \$29,994 (0.75 FTE - \$22,582.00 grant covered)

Provide linkage to homeless and mainstream services. Provide care for immediate needs such as clothing, food and shelter. Provide crisis intervention and referrals for immediate care. Essential Duties and Responsibilities include the following:

- Provide daily outreach to homeless clients.
- Seek out clients in community setting.
- Provide linkage/referral for clients with services.

- Provide transportation to appointments and supports.
- Collaborates with other agencies relating to homeless issues.
- Comply with federal, state and company policies, procedures and regulations
- Maintains confidentiality of all information and complies with HIPAA regulations
- Demonstrates knowledge of and supports Westbrook Health Services mission, vision, values, policies and procedures, operating instructions, confidentiality standards and code of ethical behavior.

B: Fringe Benefits \$5,758.00 (\$4,707 are BBH Funds, \$1,051 In Kind)

Fringe benefits are specifically applicable to the employees listed in the personnel budget category and are budgeted only for the percentage of time devoted to the program. All components of fringe benefits are listed individually in the corresponding worksheets.

The premium for state unemployment insurance is based on the first \$12,000 x the FTEs allocated x the historical experience rate. Westbrook is a reimbursable employer for Unemployment Insurance.

C: Equipment

No expenses

D: Supplies

No expenses

E: Contractual Costs

No expenses

F: Construction

No expenses

G: Other

H: Indirect Costs \$7,831

The Indirect Cost Proposal includes the indirect cost rate (24.2%); the distribution base (\$32,359.00); a signed certification as outlined within 2 CFR 200; and a written attestation from Rea and Associates, independent Certified Public Accountants confirming that the proposal complies with, was prepared in accordance with and addresses all of the requirements of 2 CFR 200.

See attachment: Westbrook Health Services - Final Indirect Cost Rate Proposal 2020.pdf

I: Cost Sharing or Matching \$8,969.00

Required matching for PATH grant is \$1.00 for every \$3.00 of the Federal Funds allocated to the grant. These costs will support the personnel and fringe benefit costs of the Engagement Specialist who is providing services to prevent homelessness.

$\$26,907 / 3 = \$8,969.00$

J: Other Grantee Supplied Funds (Not a requirement of the Grant award)

None

K: Program Income (Projected)

None

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 17,989	\$ 7,419	\$ 25,408	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	30,000.00	100.00 %	0.60	17,989.00	7,419.00	25,408.00	Engagement Specialist Timothy Baer: 0.59960 FTE Federal Grant Funds 0.24729 FTE Federal Match Funds

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	14.46 %	\$ 3,675.00	\$ 1,550.00	\$ 5,225.00	Fringe Benefits: Federal Funds \$3,675 Match Funds \$1,550

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
i. Other	\$ 0.00	\$ 0.00	\$ 0.00	

No Data Available

j. Total Direct Charges (Sum of a-i)	\$ 21,664.00	\$ 8,969.00	\$ 30,633.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 5,243.00	\$ 0.00	\$ 5,243.00	Indirect cost rate of 24.20%

l. Grand Total (Sum of j and k)	\$ 26,907.00	\$ 8,969.00	\$ 35,876.00	
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Source(s) of Match Dollars for State Funds:
State general revenue funds.

Estimated Number of Persons to be Contacted: 220 Estimated Number of Persons to be Enrolled: 165

Estimated Number of Persons to be Contacted who are Literally Homeless: 220

Number staff trained in SOAR in grant year ending in 2023: 1 Number of PATH-funded consumers assisted through SOAR: 5

Westbrook Health Services, Inc.
Budget Narrative
G240090 – Projects for Assistance in Transition from Homelessness (PATH)

Total Allocation: \$40,190.00

Period of Performance: 07/01/2023 – 06/30/2024

A: Personnel \$27,652

Division Director of SUD Intensive - 0.078 FTE = \$5,070.00
Amanda Moore

Responsible for oversight and clinical practices of all SUD facilities within the agency. Essential duties and responsibilities include the following:

- Supervises SUD clinical team, made up of therapists, case managers and group facilitators
- Responsible for the implementation and ongoing use of evidence based programming within the SUD residential setting
- Regularly trains staff on ASAM levels and six dimensions and ensures appropriate use throughout programs
- Develops strategies for long range planning to support rapid growth in programs
- Monitors and updates policies, procedures and operational guidelines of program to ensure compliance
- Communicates regularly with Division/Program Directors to stay informed of concerns, questions, needs and achievements.
- Oversees and participates in treatment planning activities.
- Oversees training, communication and information sharing.
- Assists with Continuous Quality Assurance and participate in Utilization Management.
- Work with staff, consumers and others in a professional, cooperative, ethical, respectful and effective manner.
- Complies with federal, state and company policies, procedures and regulations.
- Maintains confidentiality of all information and complies with HIPAA regulations.
- Demonstrate knowledge of and support Westbrook Health Services' mission, vision, values, policies and procedures, operating instructions, confidentiality standards and code of ethical behavior.

1.0 FTE Engagement Specialist - Timothy Baer \$29,994 (0.75 FTE - \$22,582.00 grant covered)

Provide linkage to homeless and mainstream services. Provide care for immediate needs such as clothing, food and shelter. Provide crisis intervention and referrals for immediate care. Essential Duties and Responsibilities include the following:

- Provide daily outreach to homeless clients.
- Seek out clients in community setting.
- Provide linkage/referral for clients with services.

- Provide transportation to appointments and supports.
- Collaborates with other agencies relating to homeless issues.
- Comply with federal, state and company policies, procedures and regulations
- Maintains confidentiality of all information and complies with HIPAA regulations
- Demonstrates knowledge of and supports Westbrook Health Services mission, vision, values, policies and procedures, operating instructions, confidentiality standards and code of ethical behavior.

B: Fringe Benefits \$5,758.00 (\$4,707 are BBH Funds, \$1,051 In Kind)

Fringe benefits are specifically applicable to the employees listed in the personnel budget category and are budgeted only for the percentage of time devoted to the program. All components of fringe benefits are listed individually in the corresponding worksheets.

The premium for state unemployment insurance is based on the first \$12,000 x the FTEs allocated x the historical experience rate. Westbrook is a reimbursable employer for Unemployment Insurance.

C: Equipment

No expenses

D: Supplies

No expenses

E: Contractual Costs

No expenses

F: Construction

No expenses

G: Other

H: Indirect Costs \$7,831

The Indirect Cost Proposal includes the indirect cost rate (24.2%); the distribution base (\$32,359.00); a signed certification as outlined within 2 CFR 200; and a written attestation from Rea and Associates, independent Certified Public Accountants confirming that the proposal complies with, was prepared in accordance with and addresses all of the requirements of 2 CFR 200.

See attachment: Westbrook Health Services - Final Indirect Cost Rate Proposal 2020.pdf

I: Cost Sharing or Matching \$8,969.00

Required matching for PATH grant is \$1.00 for every \$3.00 of the Federal Funds allocated to the grant. These costs will support the personnel and fringe benefit costs of the Engagement Specialist who is providing services to prevent homelessness.

$\$26,907 / 3 = \$8,969.00$

J: Other Grantee Supplied Funds (Not a requirement of the Grant award)

None

K: Program Income (Projected)

None

Footnotes:

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	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.
Imminent Risk of Becoming Homeless:	The definition of imminent risk of becoming homeless includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.
Serious Mental Illness (SMI):	A diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
Co-occurring Disorders (COD):	Individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

III. State Level Information

B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment for individuals experiencing homelessness or individuals with serious mental illness who are marginally housed will be served such that there is coordination of service provision to address needs impacted by SMI and provision of permanent housing for those being served with grant funds is prioritized and assured.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents. Describe how PATH funds supporting care and treatment of the homeless or marginally housed seriously mentally ill population will be served such that there is coordination of service provision to address needs impacted by serious mental illness and provision of permanent housing for those being served with grant funds is prioritized and assured.

In West Virginia, BBH primarily partners with two entities who share responsibility for providing housing to qualifying residents – The West Virginia Housing Development Fund and the West Virginia Development Office, Community Advancement and Development Division (CAD). BBH's partnership to these two agencies is formed through the West Virginia Interagency Council on Homelessness (WVICH) Both entities sit on the appointed WVICH membership and both entities have representatives involved in various working subcommittees on funding and housing. The WVICH was initially formed in May 2004 by Governor Bob Wise and reorganized in 2007 by Governor Joe Manchin. On November 21, 2013, Governor Earl Ray Tomblin issued Executive Order No. 9-13, which re-established the WVICH. Per the Executive Order, the WVICH operates under the auspices of the West Virginia Department of Human Services with the BBH being the lead entity.

The West Virginia Housing Development Fund is a public body corporate and governmental instrumentality of the State of West Virginia established to increase the supply of residential housing for persons and families of low- and moderate-income, and to provide construction and permanent mortgage financing to public and private sponsors of such housing. To date, the Housing Development Fund has issued more than \$4.5 billion in bonds and has financed more than 123,000 housing units since it began operation in 1969. The West Virginia Development Office (WVDO) team works to improve the quality of life for all West Virginians by strengthening our communities and expanding the state's economy to increase the quantity and quality of jobs. WVDO's mission is achieved through a concerted effort by the various divisions within the Department, including the CAD. The CAD administers the Community Service Block Grant, Emergency Solutions Grant, and the Housing Opportunities for Persons with AIDS program.

Coordination of service provision and provision of permanent housing in West Virginia is accomplished through the Statewide Coordinated Entry system which is led by the West Virginia Coalition to End Homelessness. The Coordinated Entry System outlines the qualities of effective coordinated entry, including prioritization, Housing First orientation, person-centered, fair and equal access, emergency services, standardized access and assessment, inclusive, referral protocols, outreach, ongoing planning and stakeholder consultation, informing local planning, leverage local attributes and capacity, safety planning, using HMIS and other coordinated entry, and full coverage. The CoCs follow these guidelines. The state shares one HMIS system, allowing clients to freely move across CoC lines with their information, service history, and assessments intact. The CoCs utilize the same prescreen assessment tool for their coordinated access (VI-SPDATs) as well as the more comprehensive case management assessment (Full SPDATs).

III. State Level Information

C. Veterans

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

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

BBH gives special consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness in several ways.

Announcement of Funding Availability (AFA)

Organizations with demonstrated effectiveness in serving veterans experiencing homelessness are given priority during the Announcement of Funding Availability (AFA) process. This is BBH's public competitive funding process and all PATH providers (current and past) are funded to provide services through this process. Consideration is achieved by giving higher scoring during this competitive process to entities who 1) have demonstrated experience serving veterans experiencing homelessness and 2) who sufficiently propose to serve veterans experiencing homelessness going forward.

All currently funded BBH PATH grantees have demonstrated experience and ability in serving veterans. Furthermore, the four Continuum's of Care (CoC's) in West Virginia, prioritize chronically homeless veterans as a priority population.

Grant Agreement Statement of Work (SOW)

Additionally, service provision to veterans is given priority in our grant agreements with PATH providers. The grant agreement serves as the contract between BBH and the provider for the grant year. The SOW is the programmatic part of the grant agreement and details the program requirements the provider of services must adhere to for the term of the grant.

Collaborations

Many of our PATH providers are also involved in innovative projects and partnerships at the local level to serve veterans. These initiatives are further described in each provider's Intended Use Plan (IUP).

Finally, there are also strong veteran organizations in the state, including a Disabled Veteran Outreach Program in every county and American Job Center offices; chapters of Disabled American Veteran, Veterans of Foreign Wars, and the American Legion; a VA Regional Office in the state; four VA Hospitals; ten outpatient clinics; nine Veteran Centers; two Veteran Homes (skilled nursing and domiciliary); one Veteran Service Center; Veteran transitional housing in urban areas; and Supportive Services for Veteran Families (SSVF) coverage over the entire state.

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target outreach and case management as priority services; including serving the most vulnerable adults who are **literally** and **chronically** homeless, and to individuals with a history of incarceration.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe how the services to be provided using PATH funds will target outreach and case management as priority services; including serving the most vulnerable adults who are literally and chronically homeless, and to individuals with a history of incarceration.

All current PATH providers engage persons who are literally and chronically homeless through contact with them in their current environment, including contact with individuals living on the street. Providers are encouraged to collaborate within their Continuum of Care (CoC) and will the justice and correction systems within their service area to connect with individuals with a history of incarceration.

Each PATH provider has detailed individual as well as collaborative strategies for the provision of street outreach and case management as priority services in their respective IUP's.

At the State level, street outreach and case management are promoted as the prioritized services in West Virginia's PATH program. BBH ensures services provided using PATH funds will target street outreach and case management as priority services through the following methods:

Announcement of Funding Availability (AFA): When applying for funding, PATH service providers are required to emphasize street outreach and case management in their program applications and by extension, service provision. In order to receive funding, the director of each applicant organization is required to sign a *Statement of Assurance* that the organization has reviewed the AFA document and will comply with all requirements as outlined within. By signing the statement, the applicant organization recognizes that failure to submit the assurance statement and/or comply with said requirements will result in the submitted proposal being deemed ineligible for funding.

Grant Agreement: The grant agreement serves as the contract between BBH and the PATH provider for the grant year. The Statement of Work (SOW) is the programmatic part of the grant agreement and details the program requirements the provider of PATH services must adhere to for the term of the grant. In each provider's SOW, street outreach and case management are identified as priority services and adults who are literally and chronically homeless are identified as the priority population to be served in the PATH program. Each provider agrees to these requirements when signing the grant agreement.

Technical Assistance: Technical assistance is provided to PATH grantees through annual site visits and regular contact with the Statewide Path Contact (SPC).

Additionally, BBH is currently working to develop standards and best practices for street outreach that could be adopted statewide among PATH providers. As of 2024 an outreach workgroup meets monthly to achieve this goal.

III. State Level Information

E. Alignment with State Comprehensive Mental Health Services Plan

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plan.

PATH service provision and program planning is integrated with BBH internal strategic planning, and planning for the Community Mental Health Services Block Grant. BBH is both the federally designated State Authority for mental health and Single State Authority for substance use disorder under the auspices of the West Virginia Department of Human Services. The primary role of BBH is to provide leadership, oversight and coordination of policy, planning, development, funding and monitoring of the public behavioral health system.

West Virginia's state plan seeks transformation of the system of care to allow for a system that is responsive to individualized needs. In alignment with this plan, PATH services embrace consumer involvement, trauma informed service provision, integrated physical and mental health services and elimination of health disparities. PATH services are also consistent with the State Plan for recovery-oriented care, community-based treatment, with the goal of supporting people in their recovery from serious mental illness and co-occurring mental and substance use disorders.

The West Virginia Behavioral Health Planning Council (WVBHPC) also assures that stakeholders are active in reviewing the Community Mental Health Services Block Grant plan.

West Virginia is a minimum allocation PATH state which means these funds are complementary to the overall West Virginia system of care, but the leverage these funds provide is essential in promoting recovery and community integration. PATH funding forms the foundation of street outreach services in our homelessness system of care. West Virginia does allocate State general revenue funding over and above this amount to the PATH program totalling approximately \$150,000. West Virginia also allocates 100% of federal PATH funds into programmatic resources forgoing the 4% allowable use of funds for administrative costs.

Finally, West Virginia is in the process of developing the Certified Community Behavioral Health Clinics (CCBHC) model statewide which will drive planning and system transformation as it is fully developed and implemented.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe the process for providing public notice to allow interested parties (e.g., family members; individuals who are PATH-eligible; mental health, substance use disorder, and housing agencies; the general public) to review the proposed use of PATH funds, including any subsequent revisions to the application. Describe opportunities for these parties to present comments and recommendations prior to submission of the state PATH application to SAMHSA.

The PATH grant application is made available for public comment through the BBH Website, and each individual PATH provider also has established processes for consumer involvement as detailed in each Intended Use Plan. The West Virginia Interagency Council on Homelessness (WVICH) also has the opportunity to review the PATH application.

The public comment process begins with posting the draft application. Stakeholder input and public comments are taken into consideration and then can be reflected in changes to the grant. An updated version of the application is posted and distributed if any revisions are required before the application is submitted to SAMHSA. The final SAMHSA approved application is permanently posted on the website for public access as well.

III. State Level Information

G. Programmatic and Financial Oversight

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe how the state will provide necessary programmatic and financial oversight of PATH-supported providers, such as site visits, evaluation of performance goals, audits, etc.

BBH funds PATH providers directly and not through intermediary organizations.

Programmatic: Program oversight of PATH in West Virginia is the responsibility of the Statewide PATH Contact (SPC) who is in the Office of Adult Services within the BBH. PATH providers receive regular site visits in addition to any follow-up visits necessary to ensure compliance with PATH guidelines and to ensure the utmost in quality services for consumers participating in the PATH program.

The SPC reviews statements of work and budgets annually as a part of grant and program monitoring in addition to reviewing quarterly financial reconciliations to monitor spending.

Financial and Compliance: Financial oversight is the primary responsibility of BBH's Finance section in coordination with the SPC. Finance staff review budgets, invoices, reconciliations, and verify matching funds. Financial reports are reviewed at least quarterly by program and fiscal staff to verify appropriate and efficient invoicing. Both the SPC and finance staff are supported by the Compliance Division within BBH. The Compliance Division monitors grantee compliance for all BBH funded agencies and completes risk assessments annually. The Compliance section also performs desk reviews periodically for all programs funded by BBH.

Data: All PATH providers are currently using the PATH Data Exchange (PDX). This system allows the SPC to review provider data. West Virginia has fully integrated PATH into the statewide Homeless Management Information System (HMIS). All PATH workers are currently utilizing HMIS. Each of the four Continuums of Care (CoC's) provides regular ongoing training on the appropriate use of the HMIS system. This allows PATH providers to maximize the use and benefits of the PATH/HMIS integrated system to help PATH consumers to access the services and pursue and obtain the permanent housing so crucial to their success.

SAMHSA Site Reviews: West Virginia's PATH program participated in its last SAMHSA site review in January 2013. During the review, two providers were visited on-site and the reviewers met with PATH staff and supervisors to observe and monitor the program and to ensure that all PATH requirements were being met. The reviewers also met with a group of consumers in a focus group to learn firsthand about their satisfaction with the services they were receiving from the provider. The financial portion of the site review included interviews with BBH Finance staff as well as the administrators of the two providers. BBH staff participated in the entrance and exit conference to explain the structure and operations of the BBH.

III. State Level Information

H. Selection of PATH Local-Area Providers

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

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

BBH is the state mental health authority in West Virginia and administers the PATH program statewide. BBH awards PATH funds to local providers initially utilizing the Announcement of Funding Availability (AFA) process. The AFA is BBH's public competitive funding process and all PATH providers (current and past) are initially funded to provide services through this process. BBH utilizes a 6-region funding approach (Detailed in the *State PATH Regions* section of this application) that ensures statewide coverage of the PATH program.

Consideration is also given to the catchment area of the four CoC's when choosing service providers. Providers are then funded annually based upon program and financial performance.

The allocation of available funds among PATH providers is determined through multiple methods including 1) the greatest number of individuals experiencing homelessness based upon the Point in Time (PIT) count and other available data 2) Census population of the service area, 3) Geographic coverage of the service area. This is an important consideration due to the rural nature of the State and 4) Historic provider needs and funding allocations. Remaining a PATH provider is dependent upon provider performance in achieving program goals, maintaining compliance with PATH program guidelines and grant regulations.

III. State Level Information

I. Location of Individuals with Serious Mental Illnesses or Co-Occurring Disorders who are Experiencing Homelessness

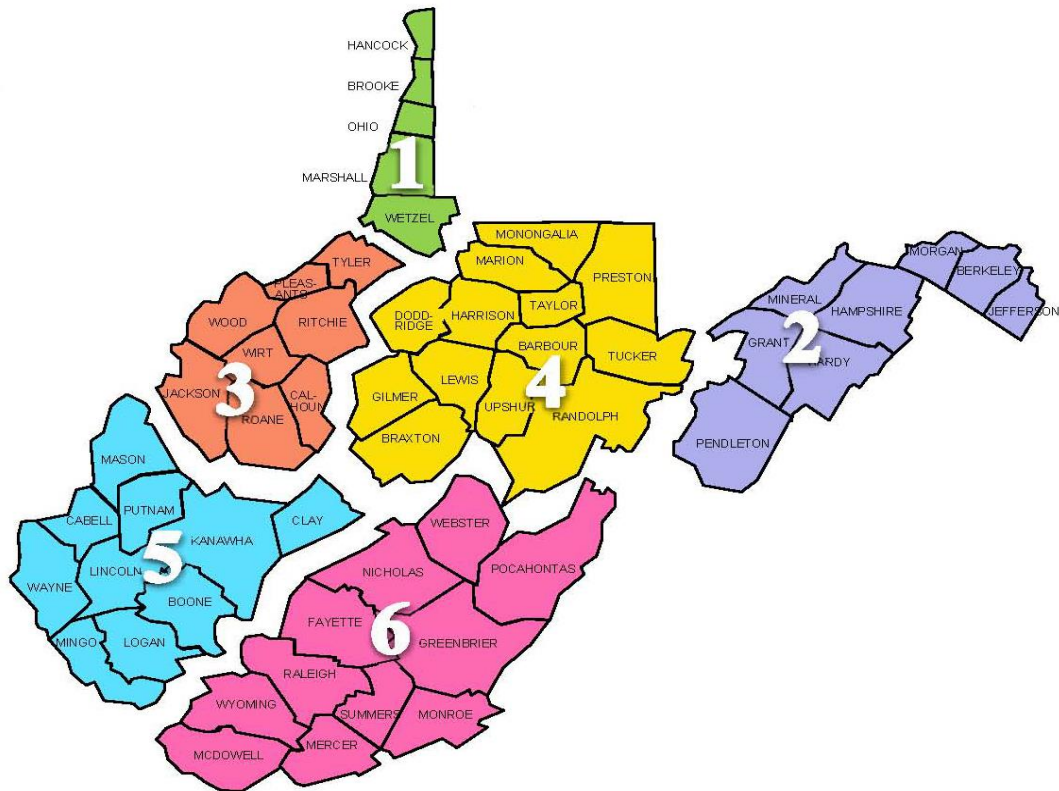
Narrative Question:

Indicate the number of individuals with SMI/COD experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

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



Region 1

The **Greater Wheeling Coalition for the Homeless (GWCH)** continues to serve an increasing number of people in the State’s Northern Panhandle region, which borders both Ohio and Pennsylvania. The Coalition is an integral member of the community and helps lead the local Continuum of Care. \\

Region 2

The Eastern panhandle area, including the city of Martinsburg, is served by The **West Virginia Coalition to End Homelessness (WVCEH)**. WVCEH serves several roles in the effort to end homelessness in West Virginia. WVCEH has acted as the statewide advocacy body on issues of homelessness since 2003, has acted as the Lead Agency for the 44 counties of the WV Balance of State Continuum of Care since 2005, the Lead HMIS Agency for the Balance of State Continuum of Care since 2010, the SSI/SSDI Outreach, Access, and Recovery (SOAR) State Lead since 2012, and the Project Assistance in Transition from Homelessness (PATH) Outreach Provider for Regions 2 and 4. WVCEH works to build systems of housing and services throughout the state, utilizing best practices to end homelessness such as housing first, data integration and analysis, coordinated assessment and access, collective impact, and street

outreach. In addition, the WVCEH hosts many statewide trainings on issues related to homelessness which PATH staff statewide can participate in.

Region 3

Parkersburg is West Virginia's third largest city and it is another major city in West Virginia that includes many people experiencing homelessness. The PATH outreach worker is based at a regional comprehensive behavioral health center located in the downtown area, **Westbrook Health Services**. Westbrook continues to concentrate on outreach to the community and state hospitals during the coming fiscal year through their Engagement Specialist, who works in collaboration with member agencies from the Continuum of Care.

Region 4

The **WVCEH** (described above under Region 2) also provides PATH services in Region 4.

Region 5

The areas of the State which have the greatest population of persons experiencing homelessness are the largest cities and the that border other states, Ohio and Kentucky in particular.

The **Kanawha Valley Collective (KVC)** provides PATH services in Charleston, WV. Charleston is the state capital and West Virginia's largest city.

The Huntington area (which borders Ohio and Kentucky) is West Virginia's second largest city. **Prestera Center for Mental Health Services** has been funded for an outreach worker. Prestera utilizes a very strong continuum of care to approach the issue of homelessness in the area they serve.

Region 6

Raleigh County Community Action Association, (RCCAA) is located in Beckley, an area with an extensive rural population in the southern part of West Virginia. It is the eighth largest city in West Virginia. The location, size and structure of the program operated by RCCAA make it possible for their shelter to accept referrals from other homeless service providers around the state and the two State Psychiatric Hospitals, which is a significant reason that so many people continue to be served by Pine Haven Center with PATH dollars.

The following chart indicates the number of people experiencing homelessness in WV through validated Behavioral Health Care Connection records during SFY2023 (7/1/2022 – 6/30/2023)

Reporting Period:	From: 07/01/2022					To: 06/30/2023					
State Identifier:	WV										
	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	Not Available	Total
0-5	100	0			0	0	0	0	0	0	100
6-12	1,239	0			0	0	0	0	0	0	1,239
13-17	1,814	0			0	0	0	0	0	0	1,814
18-20	1,082	0			0	0	0	0	0	0	1,082
21-24	1,642	0			0	0	0	0	0	0	1,642
25-44	10,556	0			0	0	0	0	0	0	10,556
45-64	8,575	0			0	0	0	0	0	0	8,575
65-74	1,844	0			0	0	0	0	0	0	1,844
75+	417	0			0	0	0	0	0	0	417
Not Available	0	0			0	0	0	0	0	0	0
TOTAL	27,269	0	0	0	0	0	0	0	0	0	27,269
Female	15,001	0			0	0	0	0	0	0	15,001
Male	12,268	0			0	0	0	0	0	0	12,268
Transgender (Trans Woman)											0
Transgender (Trans Man)											0
Gender Non-Conforming											0
Other											0
Not Available	0	0			0	0	0	0	0	0	0
TOTAL	27,269	0	0	0	0	0	0	0	0	0	27,269
American Indian/Alaska Native	30	0			0	0	0	0	0	0	30
Asian	10	0			0	0	0	0	0	0	10
Black/African American	903	0			0	0	0	0	0	0	903
Hawaiian/Pacific Islander	4	0			0	0	0	0	0	0	4
White	16,287	0			0	0	0	0	0	0	16,287
Some Other Race	1,647	0			0	0	0	0	0	0	1,647
More Than One Race Reported	5,439	0			0	0	0	0	0	0	5,439
Race/Ethnicity Not Available	2,949	0			0	0	0	0	0	0	2,949
TOTAL	27,269	0	0	0	0	0	0	0	0	0	27,269
Hispanic or Latino Origin		0			0	0	0	0	0	0	0
Non Hispanic or Latino Origin		0			0	0	0	0	0	0	0
Hispanic or Latino Origin Not Available	27,269	0			0	0	0	0	0	0	27,269
TOTAL	27,269	0	0	0	0	0	0	0	0	0	27,269

State Identifier:	WV										
	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	Not Available	Total
0-17	3,047	222	23			5	1	49	16	104	3,467
18-64	20,941	26	716			85	15	853	572	1,342	24,550
65 +	1,965	1	87			19	0	26	73	150	2,321
Not Available	0	0	0			0	0	0	0	22	22
TOTAL	25,953	249	826	0	0	109	16	928	661	1,618	30,360
Female	13,847	120	348			39	6	355	295	688	15,698
Male	11,384	123	449			66	10	540	355	851	13,778
Not Available	722	6	29			4	0	33	11	79	884
TOTAL	25,953	249	826	0	0	109	16	928	661	1,618	30,360
American Indian/Alaska Native	37	0	0			0	0	6	3	2	48
Asian	13	0	0			0	0	0	1	2	16
Black/African American	1,082	31	44			11	0	78	23	71	1,340
Hawaiian/Pacific Islander	11	0	0			0	0	1	1	0	13
White/Caucasian	20,278	180	652			83	13	624	490	1,045	23,365
More than One Race Reported	2,133	32	62			5	2	127	56	52	2,469
Race Not Available	2,399	6	68			10	1	92	87	446	3,109
TOTAL	25,953	249	826	0	0	109	16	928	661	1,618	30,360
Hispanic or Latino Origin	25	0	1			0	0	2	0	2	30
Non Hispanic or Latino Origin	25,474	245	817			109	16	911	656	1,590	29,818
Hispanic or Latino Origin Not Available	454	4	8			0	0	15	5	26	512
TOTAL	25,953	249	826	0	0	109	16	928	661	1,618	30,360

Table 15 Living Situation Profile (URS)

III. State Level Information

J. Matching Funds

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

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

The three to one in-kind match is contributed by each provider receiving PATH funds. The match may come from private donations, other community organizations, such as the United Way, or state dollars. The individual provider Intended Use Plans contain details regarding match funds and sources of match.

Each provider assures BBH matching funds are available at the beginning of the award period through signature of the grant agreement.

BBH assures that both the provider federal funds, state funds, and the matching funds are available at the start of the grant period 7/1/2024.

III. State Level Information

K. Other Designated Fundings

Narrative Question:

Indicate whether the mental health block grant, substance use prevention, treatment, and recovery services block grant, or general revenue funds are designated specifically for serving eligible individuals.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Indicate whether the mental health block grant, substance use prevention, treatment, and recovery services block grant, or general revenue funds are designated specifically for serving eligible individuals.

West Virginia is a minimum allocation PATH state (\$300,000) which means these funds are complementary to the overall West Virginia system of care. West Virginia does allocate State general revenue funding over and above this amount to the PATH program totalling approximately \$150,000. West Virginia also allocates 100% of federal PATH funds into programmatic resources forgoing the 4% allowable use of funds for administrative costs.

West Virginia utilizes a variety of other funding sources to serve individuals who are homeless and have a serious mental illness. These funding sources include the Community Mental Health Services (CMHS) Block Grant, The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, State Opioid Response (SOR) and general state revenue funds.

General revenue dollars are used to serve individuals with unmet needs through Indigent Care (for people who are uninsured or underinsured with serious mental illness), continuum enhancement (for the provision of non-traditional support services, including supportive housing, Crisis Services, Community Engagement (intensive case management and crisis intervention) and Community Support (flexible dollars for purchasing medication, emergency housing, transportation, food, etc.) funds which are allocated to each of the thirteen regional Comprehensive Community Behavioral Health Centers.

Community Mental Health Block Grant (MHBG) funds are used to support the operations of the West Virginia Coalition to End Homelessness (WVCEH). WVCEH is the statewide entity dedicated to ending homelessness and also a PATH service provider. The Children's Homeless Outreach Project (CHOP) is also funded through the MHBG.

West Virginia concluded a three-year SAMHSA grant (Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant in 2019. This project served individuals and families who are experiencing homelessness and have substance use disorders, serious mental illnesses, serious emotional disturbances, or co-occurring mental and substance use disorders. The CABHI application was a cooperative effort between BBH and the four Continuum's of Care.

The SOR grant, administered by BBH, provides funding for housing support services to each of the four CoC's providing statewide services in West Virginia. Services provided include Rapid Re-housing services, peer support services, street outreach services, case management services, landlord and housing provider outreach, and housing navigation services for consumers.

III. State Level Information

L. Data

Narrative Question:

Describe the state/territories' and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers. For any providers not fully participating in HMIS, please include a transition plan with an accompanying timeline for collecting all PATH data in HMIS.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe the state's and providers' participation in HMIS and describe plans for continued training and how the state will support new local-area providers.

West Virginia is fully utilizing HMIS for the PATH program.

The four Continuums of Care (CoC's) in West Virginia collaboratively operate one Homeless Management Information System (HMIS) solution. This statewide solution is important for three main reasons:

1. The ability to create and maintain a statewide database on homelessness in West Virginia with the ability to run reports that paint a truer picture of homelessness in West Virginia.
2. The ability for clientele of the homeless prevention and assistance system to move freely throughout the state, without having a new intake and new assessment completed due to crossing CoC lines.
3. The ability for state funders (ESG, HOPWA, PATH) to have truly aggregated state reports on-hand to meet Federal and other requirements, while being able to make truly data-informed decisions.

BBH continues to focus on continuing education and training for current providers and support for new providers. The West Virginia Coalition to End Homelessness (WVCEH) receives state funding from BBH for administrative oversight of and technical assistance for its member agencies. The administrative oversight includes activities that offer HMIS technical assistance and data quality assurance; monitoring and ensuring quality among the Balance of State Continuum of Care Supportive Housing, Shelter Plus Care and Homeless Management Information System (HMIS) Programs.

The WV State HMIS is an open system, and the WV State HMIS Network has received HUD Technical Assistance to successfully implement both the database and the collective governance that oversee the policies, procedures and direction of the statewide implementation. Currently, each CoC has equal representation in the statewide HMIS, direction and strategy are considered collectively.

III. State Level Information

M. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, Recovery (SOAR)

Narrative Question:

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe how the state encourages provider staff to be trained in SOAR. Indicate the number of PATH providers who have at least one trained SOAR staff.

West Virginia's SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative is spearheaded by the West Virginia Coalition to End Homelessness (WVCEH) as the identified state lead. WVCEH works to expand SOAR in WV and provides training. WVCEH works with communities to implement SOAR and to encourage individuals and providers to participate in online training that is available.

BBH supports and encourages the SOAR Initiative and participates in Steering Committee conference calls as scheduled. BBH also provides a representative to the monthly SOAR Practitioners call.

All PATH providers are encouraged to train staff to use the SOAR process, and to submit applications for consumers to obtain disability income benefits if appropriate.

The numbers of SOAR trained staff are identified in each provider's Intended Use Plan.

III. State Level Information

N. PATH Eligibility and Enrollment

Narrative Question:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented.

An individual may be enrolled in PATH when the PATH eligibility criteria are met and the HMIS record contains enough universal data elements and other PATH data elements to identify the individual and document some of his/her needs.

PATH Enrollment implies that there is intent to provide services for an individual beyond those provided in outreach AND there is mutual intent for such services to begin. The following standards are met to consider an individual PATH Enrolled:

1. The individual has met criteria for eligibility by experiencing homelessness and a significant mental illness, or a significant mental illness and a co-occurring disorder of mental illness and substance use disorder, or imminent risk of homelessness with a significant mental illness, or a significant mental illness and a co-occurring disorder of mental illness and substance use disorder.
2. The individual and the PATH outreach worker have reached a point in the engagement process of eligibility and the consumer has consented for services to begin.
3. The PATH outreach worker has created an individual file and record in HMIS for this individual which includes at minimum:
 - a. Basic demographic and some Universal Data elements in HMIS
 - b. Documentation by the Outreach worker of the rationale of the determination for PATH eligibility
 - c. Documentation by the Outreach worker of the individual's consent for services
 - d. Documentation by the Outreach worker of the services provided.

The primary source of information is the client and the existing HMIS record. Each individual provider IUP contains further detail for PATH eligibility and enrollment.

PATH Reported Activities

Charitable Choice for PATH

Does your state use PATH funds to fund religiously-affiliated providers to provide substance use treatment services? Yes No

If "Yes" is selected please list providers in text box below and complete the rest of the table

Expenditure Period Start Date: Expenditure Period End Date:

Notice to Program Beneficiaries - Check all that apply

- Used model notice provided in final regulation.
- Used notice developed by State (please attach a copy to the Report).
- State has disseminated notice to religious organizations that are providers.
- State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply

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

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

FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes: