

# I. State Information

## State Information

### Plan Year

Federal Fiscal Year 2016

### State Identification Numbers

DUNS Number 6181377150000

EIN/TIN 55-6000810

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

Agency Name West Virginia Department of Health and Human Resources

Organizational Unit BBHFF

Mailing Address Office of the Secretary 1 Davis Square, Suite 100

City Charleston

Zip Code 25301-1745

### II. Authorized Representative for the PATH Grant

First Name Peg

Last Name Moss

Agency Name West Virginia Department of Health and Human Resources

Mailing Address 350 Capitol Street, Room 350

City Charleston

Zip Code 25301

Telephone 304-356-4825

Fax 304-558-1008

Email Address peg.l.moss@wv.gov

### III. State Expenditure Period

From 7/1/2016

To 6/30/2017

### 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

Title HHR Specialist Sr.

Organizational Unit Name BBHFF

First Name Merritt

Last Name Moore

Telephone 304-356-4782

Fax 304-558-1008

Email Address merritt.e.moore@wv.gov

Footnotes:

# I. State Information

## Assurances - Non-Construction Programs

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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.

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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.

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Name	<input type="text" value="Karen L. Bowling"/>
Title	<input type="text" value="Cabinet Secretary"/>
Organization	<input type="text" value="West Virginia Department of Health and Human Resources"/>

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Footnotes:



STATE OF WEST VIRGINIA  
OFFICE OF THE GOVERNOR  
1900 KANAWHA BOULEVARD, EAST  
CHARLESTON, WV 25305  
(304) 558-2000

EARL RAY TOMBLIN  
GOVERNOR

May 9, 2014

Karen L. Bowling, Cabinet Secretary  
West Virginia Department of Health and Human Resources  
One Davis Square, Suite 100, East  
Charleston, West Virginia 25301

Dear Cabinet Secretary Bowling:

This letter is to authorize you in your position as Secretary of the West Virginia Department of Health and Human Resources to serve as my designee for the purpose of signing the Projects for Assistance in Transition from Homelessness (PATH) application, certifications, waiver requests, etc.

This authorization will remain in effect until further notice.

Sincerely,

A handwritten signature in black ink that reads "Earl Ray Tomblin".

Earl Ray Tomblin  
Governor

# I. State Information

## Certifications

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- b. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 45 CFR Part 76 by:

- a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's 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).

For purposes of paragraph, regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
Office of Grants Management

### 3. Certifications Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

### 4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

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

### 5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-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.

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Name	<input type="text" value="Karen L. Bowling"/>
Title	<input type="text" value="Cabinet Secretary"/>
Organization	<input type="text" value="West Virginia Department of Health and Human Resources"/>

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Footnotes:



# I. State Information

## Funding Agreement

FISCAL YEAR 2016  
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

I hereby certify that the State 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 for the purpose of providing the services specified in Section 522(b) to individuals who:

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

### Section 522(b)

Entities receiving grants under the PATH Formula Grant Program will expend funds for the following services:

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

### Section 522(c)

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

### Section 522(d)

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

### Section 522(e)

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

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

#### Section 522(f)

Not more than 4 percent of the payments received under the PATH Formula Grant Program will be expended for administrative expenses regarding the payments.

#### Section 522(g)

The State will maintain State expenditures for services specified in Section 522(b) at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive such payments.

#### Section 522(h)

The State agrees that:

- Not more than 20 percent of the payments will be expended for housing services under section 522(b)(10); and
- The payments will not be expended:
  - To support emergency shelters or construction of housing facilities;
  - For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
  - To make cash payments to intended recipients of mental health or substance abuse services.

#### Section 523(a)

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

#### Section 523(c)

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

#### Section 526

The State has attached hereto a Statement

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

#### Section 527(a)(1), (2), and (3)

The State has attached hereto a description of the intended use of PATH Formula grant amounts for which the State is applying. This description:

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

#### Section 527(a)(4)

The description of intended use for the fiscal year of the amounts for which the State is applying will be revised throughout the year as 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 abuse, and housing agencies, an opportunity to present comments and recommendations with respect to the description.

#### Section 527(c)(1)(2)

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

#### Section 528(a)

The State will, by January 31, 2017, prepare and submit a report providing such information as is necessary for:

- Securing a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2016 and of the recipients of such amounts; and
- Determining whether such amounts were expended in accordance with the provisions of Part C- PATH.

#### Section 528(b)

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

Section 529

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

Charitable Choice Provisions:

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

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Name	<input type="text" value="Karen L. Bowling"/>
Title	<input type="text" value="Cabinet Secretary"/>
Organization	<input type="text" value="West Virginia Department of Health and Human Resources"/>

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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Name	<input type="text" value="Karen L. Bowling"/>
Title	<input type="text" value="Cabinet Secretary"/>
Organization	<input type="text" value="West Virginia Department of Health and Human Resources"/>

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Footnotes:

# I. State Information

## State PATH Regions

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

Add Region

### Footnotes:

West Virginia BBHF utilizes a six region approach. A detailed map is located in the application narrative.

## II. Executive Summary

### 1. State Summary Narrative

Narrative Question:

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

Footnotes:

## Executive Summary

The Bureau for Behavioral Health and Health Facilities (BBHFF) is the State Mental Health Authority (SMHA) for West Virginia. The Division for Adult Behavioral Health specifically oversees the PATH Program. Program divisions within BBHFF have integrated their efforts to more effectively serve the adult mental health, child and adolescent mental health, substance abuse, and intellectual/developmental disability populations. The Office of Consumer Affairs and Community Outreach (CACO) works closely with all program divisions to ensure the consumer and family voice is heard in program development.

West Virginia is committed to creating communities where individuals, families, schools, faith-based organizations, coalitions, and workplaces plan collectively and take action to promote good emotional health and reduce the likelihood of mental illness, substance abuse, and homelessness.

The PATH program is a vital part of the system of care for adults in West Virginia. The state PATH program supports a variety of activities including prevention of homelessness; outreach to and case management for individuals experiencing homelessness; access to permanent housing; and referral to mental health, substance abuse treatment, and healthcare services.

Current (WV Fiscal Year 2016) 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 increased the activities of existing providers.

The chart below depicts WV FY 2016 funded organizations, current PATH funding, and additional data:

Organization	Type	Federal PATH Funds Received	Area Served	Required Matching Funds	Projected to be Contacted	% Adults	% Literally Homeless	Projected to be Enrolled	Services Provided
Connecting Link	501 (c)3	\$30,188	Region 4	\$10,063	50	100%	100%	20	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services
Greater Wheeling Coalition for the Homeless	501 (c) 3	\$42,662	Region 1	\$14,222	147	100%	100%	135	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services
Prestera Center	501 (c) 3 Comm. Behavioral Health Center	\$36,821	Region 5	\$12,274	450	100%	100%	300	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services
Raleigh County Community Action Association	501 (c) 3	\$50,930	Region 6	\$16,977	400	100%	90%	360	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services
Roark-Sullivan Lifeway Center	501 (c) 3	\$44,855	Region 5	\$14,952	250	100%	100%	200	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services
Westbrook Health Services	501 (c) 3 Comm. Behavioral Health Center	\$26,907	Region 3	\$8,969	300	100%	70%	200	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services
West Virginia Coalition to End Homelessness	501 (c) 3	\$64,637	Region 2, Region 4	\$21,546	125	100%	100%	62	Outreach Case Management Engagement & Referral Housing Services Other Allowable PATH Services

II. Executive Summary

2. State Budget

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits	0.00 %	\$ 0	\$ 0	\$ 0	
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Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel	\$ 0	\$ 0	\$ 0	
No Data Available				

d. Equipment	\$ 0	\$ 0	\$ 0	
No Data Available				

e. Supplies	\$ 0	\$ 0	\$ 0	
No Data Available				

f1. Contractual (IUPs)	\$ 297,000	\$ 164,584	\$ 461,584	
------------------------	------------	------------	------------	--

f2. Contractual (State)	\$ 0	\$ 0	\$ 0	
No Data Available				

g. Construction (non-allowable)

h. Other	\$ 3,000	\$ 1,000	\$ 4,000	
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Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Staffing: Training/Education/Conference	\$ 3,000	\$ 1,000	\$ 4,000	To provide funding for the State PATH conference.

i. Total Direct Charges (Sum of a-h)	\$ 300,000	\$ 165,584	\$ 465,584	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs)	\$ 0	\$ 0	\$ 0	
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k. Grand Total (Sum of i and j)	\$ 300,000	\$ 165,584	\$ 465,584	
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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 3:1 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

Footnotes:

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## II. Executive Summary

### 3. Intended Use Plans (IUPs)

Expenditure Period Start Date: **07/01/2016**

Expenditure Period End Date: **06/30/2017**

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Connecting Link, Inc.	Social service agency	Region 4	\$30,188	\$10,063	50	20	3	1
Greater Wheeling Coalition for the Homeless	Social service agency	Region 1	\$42,662	\$14,222	147	135	4	11
Pretera Mental Health Center	Community mental health center	Region 5	\$36,821	\$12,274	450	300	2	7
Raleigh County Community Action Association	Shelter or other temporary housing resource	Region 6	\$50,930	\$16,977	400	360	0	0
Roark Sullivan Lifeway Center	Shelter or other temporary housing resource	Region 5	\$44,855	\$14,952	250	200	2	3
West Virginia Coalition to End Homelessness, Inc.	Other housing agency	Region 2	\$64,637	\$87,127	125	62	3	1
Westbrook Health Services	Community mental health center	Region 3	\$26,907	\$8,969	300	200	5	1
Grand Total			\$297,000	\$164,584	1,722	1,277	19	24

**Footnotes:**

**1. Connecting Link, Inc.**

235 High Street, Suite 210

Morgantown, WV 26505

Contact: Jone Webb

Contact Phone #: 3042963300

Has Sub-IUPs: No

Provider Type: Social service agency

PDX ID: WV-019

State Provider ID:

Geographical Area Served: Region 4

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel \$ 30,000 \$ 0 \$ 30,000

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 29,500	0.50	\$ 14,750	\$ 0	\$ 14,750	<input type="text"/>
Other (Describe in Comments)	\$ 24,000	0.50	\$ 12,000	\$ 0	\$ 12,000	Intake Coordinator
Other (Describe in Comments)	\$ 32,500	0.10	\$ 3,250	\$ 0	\$ 3,250	Executive Director

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 0.63 % \$ 188 \$ 0 \$ 188

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 0 \$ 4,717 \$ 4,717

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 0	\$ 4,717	\$ 4,717	<input type="text"/>

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 0 \$ 0 \$ 0

No Data Available

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

**g. Construction (non-allowable)**

h. Other \$ 0 \$ 5,346 \$ 5,346

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Insurance (Property, Vehicle, Malpractice, etc.)	\$ 0	\$ 300	\$ 300	<input type="text"/>
Office: Rent Expenses	\$ 0	\$ 696	\$ 696	<input type="text"/>
Office: Security/Janitorial/Grounds Maintenance	\$ 0	\$ 80	\$ 80	<input type="text"/>
Office: Utilities/Telephone/Internet	\$ 0	\$ 3,820	\$ 3,820	<input type="text"/>
Office: Other (Describe in Comments)	\$ 0	\$ 450	\$ 450	Audit Fees

**i. Total Direct Charges (Sum of a-h)** \$ 30,188 \$ 10,063 \$ 40,251

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

**j. Indirect Costs (Administrative Costs)** \$ 0 \$ 0 \$ 0

**k. Grand Total (Sum of i and j)** \$ 30,188 \$ 10,063 \$ 40,251

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 50 Estimated Number of Persons to be Enrolled: 20

Estimated Number of Persons to be Contacted who are Literally Homeless: 50

Number Staff trained in SOAR in Grant year ended in 2014: 3 Number of PATH-funded consumers assisted through SOAR: 1

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: The Connecting Link, Inc.

BUDGET PERIOD ENDING: 6/30/2017

ORIGINAL

REVISION

REVISION # 2

ASSIGNED PROGRAM NAME: PATH-Projects for Assistance in Transition from Homeless  
STATE ASSIGNED ACCOUNT NUMBER: \_\_\_\_\_  
CURRENT YEAR ALLOCATION: \$30,188

DATE 5/17/2016

*DIRECT COSTS	BHHF Funds	**OTHER Funds	TOTAL
<b>A. PERSONNEL (DESCRIBE POSITIONS)</b>			
1. PATH Outreach Worker - Charles Jackson, 0.5 FTE	\$14,750	\$0	\$14,750
2. Homeless Intake Coordinator - Sara Pardy, 0.5 FTE	\$12,000	\$0	\$12,000
3. Executive Director - Jone Webb, 0.10 FTE	\$3,250	\$0	\$3,250
4. _____			\$0
5. _____			\$0
Category Subtotal:	<b>\$30,000</b>	<b>\$0</b>	<b>\$30,000</b>
<b>B. FRINGE BENEFITS</b>			
1. Pension	\$188	\$0	\$188
2. Health Insurance	\$0	\$0	\$0
3. FICA		\$0	\$0
4. Unemployment Insurance		\$0	\$0
5. Workers Compensation		\$0	\$0
6. _____			\$0
Category Subtotal:	<b>\$188</b>	<b>\$0</b>	<b>\$188</b>
<b>C. Equipment (Describe):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
Category Subtotal:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. SUPPLIES</b>			
1. DIRECT OFFICE SUPPLIES			\$0
2. GENERAL PROGRAM SUPPLIES			\$0
3. HOUSEKEEPING SUPPLIES			\$0
4. _____			\$0
5. _____			\$0
6. _____			\$0
Category Subtotal:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>E. CONTRACTED SERVICES (DESCRIBE):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
Category Subtotal:	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>F. CONSTRUCTION (Special Permission)</b>			\$0
<b>G. OTHER</b>			
1. DIRECT STAFF TRAVEL (8000 miles x .50 per mile)		\$4,717	\$4,717
2. RENT (580.00 per month x 12 = 6,960.00 x 10%)		\$696	\$696
3. DEPRECIATION			\$0
4. REPAIRS & MAINTENANCE (vehicle)			\$0
5. REPAIRS & MAINTENANCE (facility)			\$0
6. REPAIRS & MAINTENANCE (Equipment)		\$80	\$80
7. INSURANCE (property, liability, etc.)		\$300	\$300
8. UTILITIES		\$2,500	\$2,500
9. PHONE/Internet (110.00 per month x 12 months)		\$1,320	\$1,320
10. HOUSEKEEPING SERVICES			\$0
11. Audit Fees (4,500.00 x 10%)		\$450	\$450
12. Rapid Rehousing and Homeless Prevention (ESG Funding)			\$0
13. _____			\$0
Category Subtotal:	<b>\$0</b>	<b>\$10,063</b>	<b>\$10,063</b>
<b>TOTAL DIRECT COSTS (SUM OF A - G)</b>	<b>\$30,188</b>	<b>\$10,063</b>	<b>\$40,251</b>

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHFF - Administered Target Funding**

	<u>BHFF Funds</u>	<u>OTHER Funds</u>	<u>TOTAL</u>
1. TOTAL DIRECT COSTS (From Prior Page)	\$30,188	\$10,063	\$40,251
2. *** BHFF INDIRECT COST BASE AMOUNT	\$30,188		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHFF COSTS (BHFF Direct + BHFF Indirect)	\$30,188		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$10,063	
7. ANTICIPATED PROGRAM INCOME EARNED		\$10,063	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHFF Funds + Total Other Funds)			<b>\$40,251</b>

**BRIEF PROJECT DESCRIPTION:**

**Our overall goal for the PATH Outreach Worker is to assess and evaluate those individuals and families suffering from chronic homelessness and those suffering with one or more serious mental illness and/or addiction disorders. Providing case management for a soft transition into housing first and continued monitoring and case management to other needed services such as mental health or substance abuse treatment along with other services to aid on the road to self-sufficiency.**

**FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)**

**The United Way of Mon/Preston Counties supports our agency through a grant in the amount of \$72,000.00. These monies support our need for about 78% of our operational dollars which covers rental space, office supplies, insurance, and support staff salaries for the PATH Outreach Worker.**

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\*Any anticipated amounts of program income should be included in the budget for Other Funds.

\*\*\* BHFF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHFF funded equipment and capital expenditures when determining their allowable indirect cost base.

\*\*\*\*In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHFF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHFF may choose to restrict the amount of indirect costs charged to grants based upon the program.

\*\*\*\*\* Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: Jone A. Webb, Executive Director

DATE 5/17/2016

Telephone Number: 304-296-3300 or 304-641-1199

**BHFF USE ONLY**

DIVISION DIRECTOR APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

DEPUTY COMMISSIONER APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

## **Budget Narrative**

All project funds will be utilized to fund 100% of the PATH funded worker and a small portion of entitled fringe benefits. Project funds will also be utilized for 50% of a support staff person Also included is 10% of the supervision time by the Executive Director.

\*\*\*Emergency Solutions Grant has been received to provide \$85,000.00 in funding with 80% of the total funds to be utilized for housing first and rapid re-housing the homeless in Monongalia and Marion Counties.

\*\*\*\*We will provide match in the amount of \$10,063.00 through our United Way of Monongalia/Preston Counties that provides operational support for office support staff, rental space, utilities, audit services, and staff parking.

## Connecting Link, Inc. Intended Use Plan

### Local Provider Description

The Connecting Link is a private non-profit agency providing emergency financial assistance, information and referral resources, social work budget counseling, homeless collaborative services and PATH outreach within Harrison, Marion, Monongalia, Preston, and Taylor Counties of West Virginia. The original amount of our PATH funds is \$30,188

### Collaboration with HUD Continuum of Care Program

We have formed a collaborative partnership with the Balance of State Continuum of Care in which our PATH Outreach Coordinator enabling us to provide outreach services within a greater geographic area throughout the Balance of State.

Connecting Link is also a recipient of an ESG grant in the amount of \$85,000.00 to provide Rapid Re-housing and Homeless Prevention services within our catchment area.

### Collaboration with Local Community Organizations

Memorandums of Understanding already exist with the following

- Bartlett House Shelter
- Caritas House
- Valley Health Care
- Chestnut Ridge Hospital
- Milan Puskar Health Right
- The Sober Living House
- VA Hospital and Clinic
- Fairmont Community Development Partnership
- The WV Coalition to End Homelessness
- WVU Assistive Technology Center
- Disability Action Center
- WVU Health Sciences
- MVA Health Center
- Scott's Place Homeless Shelter
- Monongalia County Health Department

A Multidisciplinary Team has been established to work with the PATH Outreach Coordinator to triage the client and begin working to establish an individualized treatment plan. Organizations (as listed above) bring to the team their expertise in areas suitable for wrap around services benefiting the individuals and families utilizing PATH funded services. Established treatment plans will include, but not limited to, services geared toward assisting the client with successful housing and wrap around services aimed at the ultimate goal of self-sufficiency. The PATH Outreach Coordinator will oversee the treatment plan and provide a soft transition into permanent housing.

### Service Provision

Although case management programming exists in several forms within various organizations in our community, the absence of communication and collaboration presents various additional challenges to effective, efficient, and more comprehensive case management. With the broad objective of case management in homeless at-risk individuals and families geared toward the access of support services to gain increased self sufficiency, a system in which these programs and services are connected is highly desirable. Hence the formation of the multidisciplinary team working in conjunction with the Path Outreach Coordinator. Such collaboration will dramatically decrease the time in which homeless individuals and families are exposed to economically and socially negative life styles.

Services provided by the PATH Outreach Coordinator continue to enable us to meet, interview, and assess the homeless individual or family in a very non-threatening, less institutional environment. This outreach will begin within their comfort zone – possibly a park bench where they have been sleeping and calling it "home". The initial interview by PATH will be simply a friendly encounter where the client(s) may begin to form a trusting relationship and therefore be more open and honest about their homeless situation and the precursors that have played such an important role in their current life choices. The PATH Coordinator will be evaluating the mental acuity and any other medical, mental, or emotional issues with which they may be suffering. Triageing the client and meeting with an appointed multidisciplinary team the PATH Coordinator will then begin working on an individualized treatment plan as members of the housing team begin working on Housing First options. Local area treatment facilities, free clinics, DHHR, hospitals, and other community agencies (i.e., Literacy Volunteers, Legal Aid, SOAR providers) have all come to the multidisciplinary team table to provide services as needed. These collaborative efforts are the back bone to providing services for lifelong self- sufficiency.

The PATH Coordinator will also act as a link between the multidisciplinary team and homeless individuals and their families being released from a treatment facility or hospital (i.e., Chestnut Ridge Treatment Center, Valley Mental Health Treatment Facility, or Sharps Hospital). These efforts will ensure that these clients do not fall through the cracks and therefore receive the follow-up treatment and housing options appropriate for their individual needs.

There are two major gaps in services that we have discovered while beginning our PATH Outreach. One of these gaps has been a lack of collaborative efforts on the part of the areas

only two shelters (Bartlett House and Scotts' Place Shelter). It has been apparent with the Bartlett House that clients have been placed back on the street prematurely and sanctioned from returning while the PATH Coordinator and the multidisciplinary team proceed with housing options and the alignment of support services. Although this has been a major gap in services we have begun negotiation with management of the Bartlett House and recently there have been some improvements in their collaborative efforts.

In the case of Scotts' Place Shelter there have been non-collaborative issues as well. Management there has been uncooperative in sharing information regarding PATH eligible clients making it very difficult to serve these individuals in need. Shelter management has met with Connecting Link and finalized an MOU to solidify our working relationship. Hopefully, for the benefit of present and future clients of the shelter, progress will be made in initiating better collaboration and communication.

The second gap in service is affordable housing options. This is an ongoing problem within many of our communities. Although I am proud to report that progress is being made within Monongalia with organizations, developers, WVU, City and County government and our own Taskforce on Homelessness.

#### Data

The PATH Outreach Coordinator and all of Connecting Link staff have been fully trained and are using the HMIS data system. Connecting Link, Inc. has been appointed the central point of entry into homelessness prevention and coordinated treatment and services. We have been charged with the initial coordinated intake and assessment during normal business hours and Bartlett House takes care of those individuals seeking assistance after hours and weekends.

This process is used to assess acuity and begin the assignment of the multidisciplinary team. The PATH Outreach Coordinator serves as the initial contact for the majority of the homeless individuals and families currently living on the street.

Case management as well as entry/exit coordination across service sectors are tracked utilizing HMIS and shared accordingly. At this time the VI-SPDAT is used as an evaluation tool within the HMIS system.

Services provided by our PATH Outreach Coordinator over the next fiscal year are as follows:

- o Number of street outreach contacts projected - 50 individuals
- o Number of enrollees into the PATH program projected - 20 individuals
- o Percentage of literally homeless served with PATH funding projected - 100%

## SSI/SSDI Outreach, Access, Recovery (SOAR)

The PATH Outreach Coordinator as well as two additional staff persons and one volunteer have been trained as SOAR providers. During FY 2016 one SOAR application was completed and submitted by the PATH Outreach Coordinator. This application was denied, corrected, resubmitted and is currently under appeal.

## Housing

Connecting Link has begun an initiative called "Landlord Lifeline" whereas we have begun the process of developing solid working relationships with area landlords and educating them on the homeless population and the degree at which we are able to provide wrap around services for the clients to further their ability to maintain their living situation and become self-sufficient residents of our communities. Provided services do not interfere with the lease agreement between the landlord and the tenant. Provided services are meant to support the client with resolutions to mental health issues, physical or emotional issues, education, employment, or other underlying precursors to homelessness.

Thus far we have had two landlords each provide a rental unit -free of charge -to Connecting Link for a period of 90 days. This gift has enabled us to place a homeless individual or family into immediate housing, without the expense of paying rent, and begin setting up resources for wrap around services.

Our success - We have a young couple with two small children placed in one of these units and as the PATH Outreach coordinator began working with them - they began to turn their lives around. The young man sought help for drug and alcohol addiction, completed educational courses and received his GED, continued on with training to receive his Red Hat Mining Certificate and, just five days ago, has been hired at a local mine. What a difference supportive services made in the lives of this young family!

Local HUD offices and the VA offices are also collaborating with the advisory council in an effort to provide additional housing options.

## Staff Information

Trained professional staff provides intake and assessment services to all individuals and families seeking assistance without discrimination of any measure. We continue to provide effective, equitable, understandable, and respectful quality services that remain responsive to all diverse cultural and health related needs. Our Board of Directors have established conflict and grievance resolution processes that remain culturally appropriate to identify, prevent, and resolve conflict or complaints.

## Client Information

Our overall goal is to provide rapid re-housing and supportive recovery case management and referral resources for the chronic homeless, those at imminent risk of homelessness

and those suffering with serious mental illness and/or addiction disorders.

Dr. David Parker recently released data related to the cost of treatment for homeless individuals at Ruby Memorial Hospital in Morgantown, WV vs Housing First with case management services. Out of 267 unduplicated homeless individuals seen between 7/1/2012 and 6/30/2013, ages 18-80 with a median age of 35, there were a total of 188 hospital visits {785 to the emergency room, 257 individual patients admitted for treatment, and 46 individuals held for observation). Total cost of this "charity care" was \$5,979,463.00. Housing those same uninsured homeless individuals would cost \$1,626,895.00. Our PATH Outreach Coordinator would redirect these individuals to Housing First and other resources such as SOAR, Medicaid, free clinics, support groups, and other low cost or free resources within our communities.

The PATH Outreach Coordinator will utilize the assessment tools to determine the acuity of a homeless individual, housing those with the highest acuity first and providing support services and referrals to assist in future self-sufficiency.

#### Consumer Involvement

At this time an individual that has survived homelessness has agreed to fill a seat on the advisory council. The council as a whole will be evaluating the successes and failures of the PATH services as well as the commitment of the multidisciplinary team.

We have hired an individual that has suffered through homelessness within our Monongalia County office. She has completed all necessary training and is working hand-in-hand with our

#### Budget Narrative

See WebBGAS Attachment

2. Greater Wheeling Coalition for the Homeless

84 Fifteenth Street

Wheeling, WV 26003

Contact: Lisa Badia

Contact Phone #: 3042326105

Has Sub-IUPs: No

Provider Type: Social service agency

PDX ID: WV-014

State Provider ID:

Geographical Area Served: Region 1

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

a. Personnel \$ 24,400 \$ 12,000 \$ 36,400

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Case Manager	\$ 38,636	0.22	\$ 8,500	\$ 0	\$ 8,500	
Case Manager	\$ 30,543	0.23	\$ 7,025	\$ 0	\$ 7,025	
Other (Describe in Comments)	\$ 83,928	0.07	\$ 5,875	\$ 0	\$ 5,875	Executive Director
Other (Describe in Comments)	\$ 27,273	0.11	\$ 3,000	\$ 0	\$ 3,000	HMIS System Administrator
Other (Describe in Comments)	\$ 0	0.00	\$ 0	\$ 12,000	\$ 12,000	In-kind Community Partners

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 38.54 % \$ 14,030 \$ 0 \$ 14,030

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
----------	-----------------	-----------------	---------------	----------

c. Travel \$ 200 \$ 0 \$ 200

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 200	\$ 0	\$ 200	

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 882 \$ 2,222 \$ 3,104

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 382	\$ 2,222	\$ 2,604	
Office: Supplies	\$ 500	\$ 0	\$ 500	

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 3,150 \$ 0 \$ 3,150

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Insurance (Property, Vehicle, Malpractice, etc.)	\$ 200	\$ 0	\$ 200	
Office: Misc (Copying, Courier, Postage, etc.)	\$ 100	\$ 0	\$ 100	
Office: Security/Janitorial/Grounds Maintenance	\$ 400	\$ 0	\$ 400	
Office: Utilities/Telephone/Internet	\$ 1,500	\$ 0	\$ 1,500	
Office: Other (Describe in Comments)	\$ 550	\$ 0	\$ 550	Repairs and maintenance - equipment
Staffing: Training/Education/Conference	\$ 400	\$ 0	\$ 400	

i. Total Direct Charges (Sum of a-h) \$ 42,662 \$ 14,222 \$ 56,884

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
----------	-------------------	-------------------	---------------	----------

j. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0

k. Grand Total (Sum of i and j) \$ 42,662 \$ 14,222 \$ 56,884

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:	147	Estimated Number of Persons to be Enrolled:	135
Estimated Number of Persons to be Contacted who are Literally Homeless:	147		
Number Staff trained in SOAR in Grant year ended in 2014:	4	Number of PATH-funded consumers assisted through SOAR:	11

**GREATER WHEELING COALITION FOR THE HOMELESS, INC.**  
**BUDGET NARRATIVE: FEDERAL PATH FUNDS**  
**FY2016 – 2017**

**PERSONNEL: \$24,400**

Partial time for an Executive Director, who directly supervises case managers and leads team meetings; two case managers, who assist clients or supervise activities of the PATH program, do outreach and data entry into HMIS required by the PATH program; and one HMIS System Administrator, required by joining the statewide HMIS system, will be responsible for reports, verifying data is correct in HMIS system, troubleshooting problems and training users.

**FRINGE BENEFITS: \$14,030**

Funds will be used to cover a portion of the employees' fringe benefits spent working on PATH program, including: FICA (7.65%), worker's compensation (1.9%), health/vision/dental insurance (@ carrier rate), unemployment (1.9%) and pension (25%). These amounts are based on the percentage of time spent working the PATH program and the current rate of each benefit.

**EQUIPMENT: \$0**

**SUPPLIES: \$882**

***Office Supplies: \$500***

Consumables used in less than one year, are under \$5,000 and used in the delivery of services examples include but are not limited to software; check stock; paper; printers; client folders; toner; etc.

***General Program Supplies – Client Supplies: \$382***

***Life Skills/Mental Health \$80***

Used to assist PATH clients with prescriptions or co-pays or to purchase supplies to teach life skills to PATH clients.

***Housing Development: \$150***

As described in the scope of services these funds could include the purchase of services or items to enhance the client's life or promote the success of accessing housing. These funds will be used to purchase necessary items for accessing housing or other pertinent services to end homelessness such as: birth certificates; identification cards; drivers' licenses, housing related items, first month's rent or deposit and/or necessary household items like a bed.

***Client Care Cabinet Supplies: \$70***

Items given to clients at the office or at outreach, includes but not limited to food; clothing; personal care items (soap, shampoo, combs/brushes, deodorants, toothbrushes, toothpaste, etc.); laundry detergent; cleaning supplies; and/or other toiletries.

***Client Transportation - \$ 82***

Bus passes or bus tokens for Path clients to get to appointments, work, and to other community resources such as food pantries, soup kitchen, etc.

**CONTRACTED SERVICES \$0**

**OTHER: \$3,350**

***Staff travel: \$200***

370.37 miles @ \$.54 per mile reimbursement to staff if personal vehicle is used or fuel for the agency owned vehicle when travel is for the purpose of assisting PATH clients or attending trainings/conferences.

***Conferences: \$400***

2 trainings @ \$50 each; lodging @ \$300 or any combination of trainings, conferences and lodging associated with the training.

***Facility Maintenance: \$400***

\$100 per quarter to help cover repairs and maintenance on the facility in which we provided services.

***Equipment Maintenance: \$550***

\$137.50 per quarter to cover maintenance on computers, server, copiers, phones and other equipment.

***Insurance: \$200***

\$50 per quarter to help cover property, auto and liability insurance policy.

***Postage \$100***

\$25 per quarter to purchase stamps, postage supplies, and to pay monthly stamps.com fee.

***Telephone: \$500***

\$125 per quarter to help cover telephone, cell phone and internet services used to provide services.

***Utilities: \$1,000***

\$250 per quarter to help cover electric, extermination, garbage, gas and water costs.

**TOTAL FEDERAL PATH FUNDS: \$42,662**

**BUDGET NARRATIVE: MATCH**

Match may consist of a blend of funds from the private sector in-kind and/or monetary contributions and in-kind services from community partners such as the Ohio County Health Department Homeless Outreach Team.

**REQUIRED AMOUNT OF MATCH: \$14,222**

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

**GRANTEE NAME:** Greater Wheeling Coalition for the Homeless

**ASSIGNED PROGRAM NAME:** \_\_\_\_\_

**BUDGET PERIOD:** 7/1/2016-  
6/30/2017

**ACCOUNT NUMBER:** PATH

**PROGRAM CODE:** \_\_\_\_\_

**CURRENT YEAR ALLOCATION:** \$42,662

		<b>BBHF FUNDS</b>	<b>OTHER FUNDS</b>	<b>TOTAL</b>
<b>*DIRECT COST</b>				
<b>A. Personnel</b>				
1.	Executive Director - Lisa Badia	.07 FTE	\$5,875	\$5,875
2.	Case Manager - Kim Knight	.22 FTE	\$8,500	\$8,500
3.	Case Manager - Sherry Donley	.23 FTE	\$7,025	\$7,025
4.	HMIS System Admin - Brandon McLendon	.11 FTE	\$3,000	\$3,000
5.	<b>IN-KIND SERVICES COMMUNITY PARTNERS</b>		\$12,000	\$12,000
	<b>SUBTOTAL PERSONNEL</b>	<b>\$24,400</b>	<b>\$12,000</b>	<b>\$36,400</b>
<b>B. Fringe Benefits</b>				
1.	FICA		\$1,867	\$1,867
2.	Worker's Compensation		\$363	\$363
3.	Unemployment		\$130	\$130
4.	Health Insurance		\$5,570	\$5,570
5.	Retirement		\$6,100	\$6,100
6.				\$
	<b>SUBTOTAL FRINGE BENEFITS</b>	<b>\$14,030</b>	<b>\$</b>	<b>\$14,030</b>
<b>C. Equipment</b>				
1.				\$
2.				\$
3.				\$
	<b>SUBTOTAL EQUIPMENT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>D. Supplies</b>				
1.	Direct Office Supplies		\$500	\$500
2.	General Program - Client Supplies		\$382	\$2,604
3.				\$
4.				\$
5.				\$
6.				\$
	<b>SUBTOTAL SUPPLIES</b>	<b>\$882</b>	<b>\$2,222</b>	<b>\$3,104</b>
<b>E. Contracted Services</b>				
1.				\$
2.				\$
3.				\$
	<b>SUBTOTAL CONTRACTED SERVICES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>F. Construction (Special Permission)</b>				
				\$
<b>G. Other</b>				
1.	Direct Staff Travel		\$200	\$200
2.	Conferences		\$400	\$400
3.	Depreciation		\$	\$
4.	Repairs & Maintenance (vehicle)		\$	\$
5.	Repairs & Maintenance (facility)		\$400	\$400

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

6. Repairs & Maintenance (equipment)	\$550		\$550
7. Insurance (property, liability, etc)	\$200		\$200
8. Postage	\$100		\$100
9. Telephone & Internet	\$500		\$500
10. Utilities	\$1,000		\$1,000
11.			\$
12.			\$
13.			\$
	<b>TOTAL OTHER</b>	<b>\$3,350</b>	<b>\$</b>
<b>1 TOTAL DIRECT COSTS (SUM OF A - G)</b>		<b>\$42,662</b>	<b>\$14,222</b>
<b>2 INDIRECT COST RATE***</b>		00.00%	
<b>3 INDIRECT COST AMOUNT (BASE X RATE)</b>		\$	\$
<b>4 TOTAL BBHF COSTS (DIRECT + INDIRECT)</b>		\$42,662	
<b>5 ANTICIPATED PROGRAM INCOME EARNED</b>			\$
<b>6 GRANTEE / OTHER SOURCE SUPPLIED PORTION</b>			\$14,222
<b>7 TOTAL PROGRAM BUDGET</b>			<b>\$56,884</b>

**OTHER FUNDING: List all projected other funding sources and amounts**

Match of \$14,222 will consist of a combination of private monetary donations, in-kind donations and in-kind services from community partners.

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\* BBHF does not permit for indirect costs to be applied to property, equipment, and capital expenditures.

\*\*\*In order to be eligible to charge indirect costs, providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that some federal grants restrict or cap the amount of indirect cost chargeable to the grant.

**PREPARED BY** Melissa Bennington / Finance Manager **DATE** 4/15/2016

**BBHF USE ONLY**

**DIVISION DIRECTOR APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FISCAL APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Greater Wheeling Coalition for the Homeless Intended Use Plan

### 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 Greater Wheeling Coalition for the Homeless is a 501(c)3 non-profit founded in response to a 1983 West Virginia Supreme Court ruling, *Hodge vs. Ginsberg*, which declared all of West Virginia's homeless must be provided emergency medical care, food and housing. Since 1986, the Coalition has provided for temporary shelter services through vouchering agreements with the state, assisted in the development of long-term solutions to homelessness, networked with other agencies to provide a comprehensive continuum of care for this population, developed both transitional and residential shelter programs and was an instrumental partner in the development of federal Homelessness Prevention and Rapid re-housing Programs (HPRP) in the City of Wheeling. In 2012, the Coalition successfully applied to the State of West Virginia for an Emergency Solutions Grant to continue providing short-term rental assistance modeled in large part on the local success of HPRP. Building off the experience gained providing HPRP services, the Coalition also applied to the Dept. of Veterans Affairs and was awarded a Supportive Services for Veterans Families program providing case management and temporary rental assistance for homeless Veterans and their families. In 2014, the Coalition applied for and was funded to employ four part-time Community Engagement Specialists to provide supportive services to homeless people with mental health and substance use conditions who have a history of, or are at-risk of, frequent hospitalization. Pairing the engagement and outreach emphasis of the PATH program with the high level of intensive services allowed through CES positions the Coalition to ensure these consumers have the individual attention necessary to avoid the need for hospitalization, by ensuring medical and counseling appointments are kept and individual wellness plans are followed. The Coalition serves people who are homeless throughout the Northern Panhandle region of Hancock, Brooke, Ohio, Marshall and Wetzel counties by providing multi-faceted case management programs including placement in and payment for emergency shelter, agency-operated transitional and permanent housing, linkage with and monitoring of a wide variety of supportive services, assistance with public housing applications and development of employment opportunities, referral to Medicaid and other mainstream benefits as well as other forms of direct, client-based service. For FY2016, the Coalition is requesting \$42,662 in federal PATH funding.

#### Organization to Receive Funds

*List name and type of organization (e.g., community mental health center, county or local government entity, health care provider, private non-profit organization, etc.)*

The Greater Wheeling Coalition for the Homeless, Inc. is a federally recognized 501c3 non-profit providing temporary shelter and case management as the lead agency of a comprehensive network of services for the homeless population in a five-county portion of the northern West Virginia panhandle.

*Amount of PATH funds requested by the Greater Wheeling Coalition for the Homeless:*

\$42,662 in federal PATH funds (the amount of non-Federal PATH funds to be requested is not included in this proposal)

*Service Area(s) – indicate the geographic area(s) to be served:*

The Coalition provides services to residents of Hancock, Brooke, Ohio, Marshall and Wetzel counties.

*Amount and source of matching funds to be provided:*

The Coalition will provide \$14,222 in match using a blend of private sector in-kind and/or monetary donations, as well as funding by sources including Adult Protective Services and the West Virginia Governor's Office of Economic Opportunity.

*Number of individuals contacted Estimate the total number of clients who will be contacted by each provider using PATH funds in FY2016 and how many will be adults and literally homeless:*

The Coalition expects to contact 147 clients using PATH funds in FY2016.

The Coalition expects to contact 147 who are adults.

The Coalition expects to contact 147 adults who are literally homeless.

*Number of individuals served (enrolled) – Estimate the total number of clients who will be enrolled in services by each provider using PATH funds:*

The Coalition expects to enroll 135 clients in PATH services during FY2016.

*SAMHSA has initiated several activities to increase consistent and reliable outcome reporting data for GPRA. In addition, SAMHSA asks that states report the following three outcome measures:*

*Number of persons referred to and attaining housing:* in FY2014, the last full year for which data is available, the Coalition referred 131 PATH consumers to permanent housing and helped 112 PATH consumers attain housing.

*Number of persons referred to and attaining mental health services:* in FY2014, the last full year for which data is available, the Coalition referred 88 PATH consumers to mental health services and helped 57 PATH consumers attain mental health services.

*Number of persons referred to and attaining substance abuse services:* in FY2014, the last full year for which data is available, the Coalition referred 44 PATH consumers to substance abuse services and helped 11 PATH consumers attain services.

## COLLABORATION WITH HUD CONTINUUM OF CARE PROGRAM

*Describe the organization's participation in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.*

The Greater Wheeling Coalition for the Homeless has successfully applied to the Department of Housing and Urban Development's Supportive Housing Program as part of the federal Continuum of Care response to homelessness since 1996. Through this source, the Coalition provides Transitional Housing, Permanent Housing for People with Disabilities and Supportive Services-Only programming, as well as a Homeless Management Information System. In addition, the Coalition has applied for and been awarded funding by agencies and sources including the American Recovery and Reinvestment Act, the Dept. of Veteran Affairs, the West Virginia Department of Health and Human Services, the Governor's Office of Economic Opportunity, the West Virginia Affordable Housing Trust Fund, the Federal Home Loan Bank-Pittsburgh and the Northern Panhandle HOME Consortium, among others. As lead agency of the Northern Panhandle Continuum of Care, the Coalition provides centralized intake assessment of people requesting homelessness assistance in the region, in an effort to minimize side-door admission to the limited number of shelter beds available in the region and ensure the most appropriate housing plan is developed to meet the needs of each household. By working in a collaborative fashion with local, state and federal governments, members of the NPCOC have worked with partners across the region to not only increase awareness of homelessness locally but also develop innovative solutions designed to help people find safe, secure housing. Key organizations participating in the NPCOC and providing services to homeless people in the region include: social service administrators (Vet Center), advocates for mental health customers (NAMI), community behavioral health providers (Northwood and Miracles Happen), shelter/housing providers (YWCA, Salvation Army, the Coalition, Hospitality House, Helping Heroes), private business (architects/attorneys), funding sources (City of Wheeling and United Way) and other service providers (Information Helpline, Youth Services System, Family Violence Prevention Program, CHANGE Inc., law enforcement). Each member provides a unique perspective on current issues, along with a variety of specialized knowledge and data used to inform the group's planning process. The Coalition secured funding to hire a consultant to facilitate the recently adopted Community Strategic Plan to End Homelessness in the NPCOC and routinely participates in local and statewide consolidated planning efforts, submitting information to a variety of federal, state and local reporting and data collection efforts including the Point In Time Count, the Homeless Data Exchange, the Annual Housing Assessment Report to Congress and regular Annual Performance Reports encompassing the progress of individual programs in meeting national goals and objectives related to serving consumers and ending homelessness. The Coalition secured approximately 80 percent of the funding to provide an HMIS for the NPCOC and takes a leadership role in quarterly meetings of the NPCOC held to share planning ideas, discuss barriers to housing or services and collaborate on solutions intended to end homelessness and improve the lives of those who become homeless. In addition to providing a wide variety of shelter and supportive services, the Coalition heads the NPCOC Compliance Committee charged with ensuring timely data reporting and adherence to necessary regulations.

## COLLABORATION WITH LOCAL COMMUNITY ORGANIZATION

*Briefly describe the partnerships and activities with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.*

As lead agency for the Northern Panhandle Continuum of Care, the Greater Wheeling Coalition for the Homeless conducts centralized intake assessment of people requesting homeless assistance five days a week. The intake assessment is an opportunity for case management staff to begin collecting personal information as part of an evaluation of service needs and the steps which must be taken to end homelessness, including referral to mainstream benefits providers in the area. The Coalition has well established relationships with agencies providing direct referral to primary healthcare resources (the Ohio County Health Dept., Health Right), mental health providers (Northwood, local psychiatric counselors), substance abuse counseling (Miracles Happen, Lazarus House), housing (Wheeling Public Housing Authority, ESG- and SSVF-funded rental assistance programs), employment (Workforce WV, local staffing companies) and other necessary services, such as DHHR or Social Security benefit programs. During intake, clients are screened for eligibility in a wide variety of programs including emergency shelter, transitional housing, permanent housing for people with disabilities, supportive services, VA- and ESG-funded rapid re-housing and homelessness prevention, behavioral health community engagement and mainstream benefit programs, as well as applications for public housing and private market rental apartments. As lead agency for the NPCOC, Coalition staff organize quarterly meetings of both the full Continuum membership and all local shelter providers in Provider Meetings which offer the opportunity for emergency shelters, supportive housing programs and SSVF grantees to discuss specific issues and concerns related to serving the homeless population in the area. Coalition staff routinely participate and coordinate with the local street outreach team led by the Director of Public Health and use these outreach contacts to engage people who are homeless in the local community. This includes offering supportive services, direct referral to mainstream benefit providers and information regarding the shelter options available in the community. Outreach engagement is conducted in coordination with the daily centralized intake assessment conducted each weekday afternoon at the Coalition offices in Wheeling. As part of the Community Strategic Plan to End Homelessness recently adopted by the NPCOC, partner agencies in both the northern (Hancock and Brooke counties) and southern (Marshall and Wetzel counties) regions are in the process of working with the Ohio County street outreach team to develop local groups serving those areas as well. In addition to these regional street outreach teams, the Coalition also ensures regular contact with people who are homeless in those communities through visits providing and promoting the ESG and SSVF temporary rental assistance services available in the region, as well as the Coalition's leadership role in both the general NPCOC and the quarterly Provider Meetings held to discuss emergency shelter placement and efforts to ensure progress toward meeting HEARTH Act expectations.

## SERVICE PROVISION

*Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients.*

The Greater Wheeling Coalition for the Homeless conducts daily interviews and client screenings to provide centralized intake and assessment for homeless shelter and assistance programs in the region. The Coalition works with a variety of partners to develop a seamless system of supportive services for homeless people and PATH-eligible clients in the Northern Panhandle region. PATH-eligible consumers are identified through these centralized intake assessments as well as regularly conducted street outreach and referral from other partner agencies. During intake, highly trained social work professionals use tools such as the VI-SPDAT and the Self-Sufficiency Assessment Matrix to evaluate the needs and status of people who are homeless, using an HMIS to record identifying data and case notes. This information is used to develop individualized service and housing plans designed to best meet the specific needs of each consumer, with the goal of achieving independence and stability. During both outreach and assessment, clients are screened for PATH eligibility, as well as other supportive services such as the Community Engagement program which provides intensive services to consumers who have a history of, or are at-risk of, hospitalization. In addition to outreach and assessment, Coalition staff provide supportive service case management, assistance with housing placement, the operation of homeless shelter programs and referral to a wide variety of community resources and mainstream benefits. While Coalition staff do not provide direct clinical services, staff do assess the needs of PATH consumers and provide clients with referral to an array of health care clinics including Wheeling Health Right and Wheeling Family Practice, as well as direct referral to, and assistance with, Medicaid applications to the local DHHR offices, community and independent behavioral mental health providers such as Northwood Health Systems, HealthWays or Hillcrest Behavioral Health Services, substance abuse programs including Miracles Happen and the Wheeling YWCA WIND program, housing providers such as local public housing authorities and HUD-subsidized Section 8 voucher programs and employment resources including Workforce WV, local temporary employment agencies and regular volunteer workshops on employment-related topics at the Coalition administrative offices.

*Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.*

In an effort to extend services to individuals and build awareness of the resources available locally, Coalition staff participate in an outreach team led by the Director of Public Health, who also serves as co-chair of the NPCOC. Regular participants in the outreach team include social workers, nurses, medical residents, representatives of community behavioral health providers, service/shelter programs, people formerly homeless, members of local faith-based organizations and other community volunteers. Every two weeks, this outreach team visits shelter providers, public places and local campsites in efforts to identify and engage people who are chronically homeless. Since people living on the street may require extensive effort and repeated contact before they are willing to make use of available housing or other services, these outreach

contacts are tracked using a dedicated spreadsheet documenting the ongoing efforts to engage each potential PATH consumer. These efforts have had demonstrable success improving the lives of local homeless people by not only providing information about the supportive services and housing options available in the area but also through the simple extension of regular communication and social contact with people too often excluded at the margins of society. In addition, the Director of Public Health and outreach team volunteers also make regular visits to a local cold weather shelter to provide screening and referral services to meet the health care needs of this population. This seasonal wet shelter predominantly serves a population of hard-to-house homeless people with substance abuse and mental health issues. Coalition staff are well-versed in Housing First and prioritize the most vulnerable populations, such as PATH consumers, by incorporating tools such as the VI-SPDAT and SSAM into centralized intake assessment and evaluation of client needs. Temporary rental assistance programs funded by ESG and the VA prioritize housing for those determined to be the most vulnerable, facilitating rapid rehousing of the literally homeless. By connecting consumers with local mental health therapists and substance abuse programs, such as the First Step program operated by Northwood, Reformers Unanimous and other 12-step recovery programs, the Coalition is actively working to help prevent and address substance abuse and mental illness among PATH consumers. During the last year, the Coalition has worked with law professionals willing to volunteer their time to provide information to people who are homeless on fair housing, legal rights and options. The Coalition also facilitates regular sessions with a licensed mental health therapist, allowing consumers the opportunity to discuss trauma-informed approaches to conflict resolution and coping strategies. In addition, the Coalition developed a Community Engagement program in 2014, to increase the stability of people with substance abuse and mental health concerns by reducing hospitalization or mental health-related inpatient episodes. Community Engagement Specialists promote social and emotional wellbeing using prevention approaches, person-centered interventions and self-directed and/or recovery driven support services. In 2013, the Coalition was one of three local agencies to develop and implement the Supportive Services for Veteran Families (SSVF) program, which is designed to connect low-income homeless Veterans and their families with supportive services such as VA medical treatment, as well as assistance securing or maintaining housing. SSVF includes a dedicated focus on outreach to local populations, which is conducted in conjunction with PATH efforts to ensure homeless contacts are informed of the full array of services available in the region. All Coalition programs are designed to help individuals and their families achieve stability and independence by addressing the factors which contributed to, and resulted in, their becoming homeless.

***Describe any gaps that exist in the current service systems.***

Persistent gaps between the local need and the resources available to serve PATH consumers in this region include a lack of affordable housing and limitations on funding associated with operation of existing shelter facilities. While the CES program provides intensive support for PATH consumers with co-occurring addiction and mental health issues, there are few sources available to provide the degree of long-term, in-house case management some consumers require. The availability of funding directed at on-going operation of shelter facilities could address these concerns, making it easier for shelter providers to focus on assistance to clients rather than diverting effort to fundraising appeals. While there is always a need for funding of acquisition, construction and rehabilitation projects designed to create new shelter beds, too

many investors fail to understand the importance of maintaining those buildings and programs after they have been developed. In addition to funding operational expenses of existing supportive housing shelter programs such as Transitional Housing or Permanent Housing for People with Disabilities, financial support of innovative strategies to provide short-term financial assistance to homeless clients with low or no income are also a cost-effective way to improve access to affordable housing. Programs providing short-term rental assistance have been successful in helping people with low incomes secure private market housing, which has the beneficial effect of providing permanent living arrangements without the need for long-term shelter stays. However, such programs are only effective when affordable rental units are available in the local community and case managers are able to provide the supportive services necessary to ensure stability of consumers who lack the skills needed to maintain housing or who may have mental health or substance use, misuse or abuse concerns. In the course of helping clients work with local landlords to locate affordable rental units, Coalition staff has documented persistently high housing costs which exceed fair market standards. In order to be considered affordable, HUD determines housing costs should account for no more than 30 percent of monthly expenses. High housing costs are challenging for anyone to absorb but PATH consumers unable to work due to disability face even more overwhelming difficulties: based on an average Supplemental Security Income (SSI) of \$733 a month, someone in Wheeling living on SSI would only be able to afford \$219 in rent before exceeding the affordable housing threshold, creating a monthly gap of more than \$450 between fair market rent for a two-bedroom apartment and what they can afford as a reasonable portion of their monthly income – and it must be stressed once more that many housing units in this region routinely exceed FMR. At the time of this writing, Coalition staff recently documented housing costs for a two-bedroom apartment which averaged more than \$1,200 a month without utility costs – nearly twice the total income of a consumer on SSI. As might be imagined, housing expenses of this magnitude pose catastrophic challenges for people already struggling at the margins of poverty, who are at serious risk of being priced out of the local housing market by these unprecedented rental costs. According to information presented by the National Low Income Housing Coalition, a worker in Wheeling must earn at least \$13/hour to afford a two-bedroom apartment at fair market rent standards. Someone earning the minimum wage would need to work more than 72 hours a week to be able to afford such a unit while spending only 30 percent of their income. High rental costs have trickle-down effects on other aspects of the broader housing market as well – for example, many homeless consumers who apply for PHA or subsidized Section 8 housing vouchers endure an extremely long wait between application, approval and placement in a unit, sometimes remaining at the top of a waiting list for a year or more. Given the lack of affordable housing on the private market, people who have already secured public or subsidized housing have little incentive or even the ability to move out, severely limiting the ability of new applicants to access those resources. To address this gap, the Coalition recently began working with HUD consultants on a technical assistance initiative to prioritize people who are homeless for placement in multifamily housing units. It is also worth noting that some PATH consumers are denied placement in local emergency shelter programs, for reasons ranging from an inability to maintain sobriety or because of disruptive behavior on previous occasion, which is frequently the result of untreated mental health issues. These issues demonstrate the pressing degree of need for services to this population and the importance of continuing to pursue innovative solutions. The Coalition has actively responded to these challenges by developing funding for temporary rental assistance programs using the Housing First model, which are designed to help people with the short-term

expenses associated with securing or maintaining private market rental units. During the last full program year for which data is available, 63 percent of the Coalition clients served in these programs were PATH consumers. During the current program year which began in July 2015, PATH consumers represent 77 percent of these clients, demonstrating the high degree of need for these services and the success of this intervention in serving this population. HMIS funding also continues to pose a persistent gap between costs and available funding. Adoption of the statewide HMIS required the Coalition to develop a new HMIS Specialist position to administer the system, verify data and train users – these roles were previously performed by the HMIS vendor in use before the switch. Unfortunately, the level of HMIS funding available through HUD was fixed years prior to the move to a statewide system and no additional HUD funds are available to cover the increase in costs.

*Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.*

The Coalition has well-established relationships with several local programs providing treatment, mental health and outpatient services to consumers with both serious mental illness and substance use, misuse and abuse disorder. Lazarus House, Miracles Happen and Northwood Health Systems offer both shelter and treatment services and the local NAMI drop-in center is available to provide PATH consumers who have secured housing with highly sought after and well-received services. These programs are linked in a reciprocal referral system able to help consumers directly access the services most appropriate to their need. As a community intake provider, the Coalition often initiates this cycle on behalf of consumers who are homeless, by providing referral to a specific program or treatment-based facility. Once the consumer is stabilized, the Coalition can offer secure placement in an appropriate transitional or residential housing program while also continuing to offer formal links with treatment programs through a consumer's Individualized Service Plan (ISP). Some of the local services available to consumers include: Lazarus 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 Intensive Outpatient Program (IOP) for people with substance use, misuse and abuse issues, and; Miracles Happen, a detoxification and residential treatment facility, which also provides an outpatient treatment program and a relapse prevention group. Each consumer is encouraged to participate in meaningful daily activities, such as employment, school attendance or volunteering. Case managers also work with consumers to establish healthy relationships with family and peers, in addition to developing a social network which can provide stability and support. Recovery from crisis can often be defined by successful integration into the larger community, which is can be evaluated by regular case management monitoring of engagement with mental health services and review of consumer ISP benchmarks such as compliance with treatment goals. By using CES to work with staff, the Coalition is able to provide the individual attention needed by clients with significant physical or mental health issues, in an effort to reduce hospitalizations by ensuring medical and counseling appointments are kept. Last year, 37 percent of PATH consumers were receiving psychiatric treatment at intake; after receiving services through the PATH grant, 52 percent were engaging in successful psychiatric treatment. The effectiveness of this intensive community engagement is demonstrated by the low incidence of hospitalization among the client base, with approximately 97 percent of CES clients requiring no hospitalization during the last full program year. The Coalition also offers weekly group

meetings which provide consumers with an opportunity to develop the skills needed to enhance their ability to make better personal decisions. Consumers in the Coalition housing programs are required to attend this group for a minimum of six weeks and continued participation is encouraged by staff. One such group, focusing on Positive Reframing, is led by a local psychiatrist and has been well received by PATH consumers.

*Describe how the local provider agency pays for or otherwise supports evidenced-based practices, trainings for local PATH-funded staff and trainings and activities to support migration of PATH data into HMIS.*

A portion of the Coalition's PATH budget is used to pay for staff attendance of conferences and seminars, such as the PATH Retreat and CEU courses for licensed social workers. These programs update staff credentials and educate them on the latest social work practices regarding homelessness, cultural diversity and poverty. PATH-funded training is a crucial element of the continued success of Coalition services, due to the need to continue development and ensure delivery of the most up-to-date service interventions, as well as the fact many other funding sources have determined this type of program support is often either an ineligible or low-priority use of funds. Evidence-based practices in use by Coalition staff include motivational interviewing, SOAR and Second Step. In addition to these techniques, individual staff attend specialized training in unique areas directly related to programmatic expertise and all Coalition staff attend regular trainings specific to homeless people served by the agency. Group training is conducted by local clinicians who also provide counseling to PATH consumers. By dealing directly with Coalition clients, these clinicians have direct insight into the needs of Coalition staff and are better able to tailor training presentations to address issues currently facing the people who are homeless in the area. This training updates staff credentials and provides instruction on best practices regarding service to the homeless people, cultural diversity, poverty and the latest evidence-based practices, as well as guidance on helping clients comply with the health insurance coverage mandate associated with the Affordable Care Act. Training attended during the last year included: Sexual Assault and Stalking Symposium (Apr. 22, 2015); PATH Outreach Training Retreat (May 6-7, 2015); Champions for Change: How to Master Motivational Interviewing and Elicit Change webinar (June 4, 2015); SAMHSA's From Homelessness to Healthy webinar (June 10, 2015); NCBH Organizational Approaches to Effective Trauma-Informed Services webinar (June 12, 2015); Strategies to Support Homeless and At-Risk Clients by Effectively Utilizing the Healthcare System webinar (June 24, 2015); Improving Health through Trauma-informed Care webinar (July 28, 2015); Mount St. Joseph Addictions Conference (Aug. 14-15, 2015); Three Strategies for Effective Referrals to Specialty Mental Health and Addiction Services webinar (Aug. 19, 2015); The Primary Care Provider's Role in Preventing Suicide (Aug. 24, 2015); Chambers November Lunch and Learn: Workplace Violence (Nov. 9, 2015); Shame & Suicide training (Nov. 25, 2015); Coordinated Entry - Perspectives from the Field webinar (Dec. 7, 2015); Homeless & Education System Collaboration webinar (Dec. 15, 2015); Cultural Competency - the Incarcerated & Paroled training (Dec. 17, 2015); Final Rule on Defining "Chronically Homeless" webinar (Jan. 7, 2016); Person-Centered Intervention (Jan. 14, 2016); Manipulation (Jan. 21, 2016) Community Reentry for Justice-involved Individuals webinar (Mar. 1, 2016)

The Coalition has used an HMIS for client data since 2006 and further supported migration of PATH data through adoption of a statewide HMIS in 2014, joining a system used by all homeless shelters and service providers in West Virginia. Coalition staff use the ServicePoint HMIS to collect data on PATH consumers in order to ensure successful reporting on program goals and to track consumer outcomes. Switching HMIS vendors required the Coalition to develop an HMIS Specialist position responsible for administration of the system by overseeing reports, verifying data in the HMIS, troubleshooting problems and training users. The costs associated with the development of this additional position are considerable and the level of HMIS funding available through HUD was fixed years prior to the adoption of a statewide system and no additional funds are available from HUD for this purpose. As a result, the Coalition is the only Continuum in the state which employs only a part-time HMIS Specialist for local administration of the system - every other Continuum of Care has access to HUD support allowing one or more full-time HMIS staff, underlying the critical need for other funding sources to provide this support - given the staff time needed to ensure complete data entry for accurate client tracking, as well as the increased reliance on HMIS for PATH reporting, a portion of these increased costs must be attributed to this program. Based on the additional expenses associated with the use of ServicePoint, which include not only the wages/benefits necessary to employ a FTE HMIS Specialist, but the ongoing HMIS maintenance costs which include licensing, internet access, equipment and other costs associated with adoption of a different HMIS as part of the statewide implementation, the Coalition spends approximately \$66,308 on costs associated with the use of an HMIS. Less than 3 percent of the Coalition's total budget is supplied by HMIS funding, compared with as much as 54 percent available to other agencies serving homeless people in this state. The Coalition experiences significant difficulty tracking specific PATH criteria using the ServicePoint HMIS, which has required staff to engage in time-consuming hand-tabulation of client records as well as the System Administrator allocating more time to work on a solution. This has included updating of workflow, as well as programming and troubleshooting with case managers to gather required information. However, some issues cannot be remedied at the System Administrator level and require assistance from the HMIS vendor, Bowman, who charge a fee to customize reports. While the Coalition acknowledges there is currently no funding available to increase PATH support for individual agencies, the Coalition is asking that any future PATH increases consider increasing the HMIS funding to a minimum of 12.5 percent of the total budget, reflecting the fact there are 8 Coalition programs currently using the ServicePoint HMIS adopted throughout the state. At current levels, this would equal approximately \$8,290 in additional PATH funds for Coalition HMIS costs, a significant improvement over the amounts presently available. HUD's Continuum of Care Program makes no allowance for increased staff costs or expenses associated with the transfer of data between systems, staff training or increased fees required as a result of the transition to a statewide HMIS. Training attended or conducted by Coalition staff included: HMIS End User training (March 9, 2015); Driving Outcomes in Self Sufficiency Beyond HMIS webinar (March 26, 2015); HMIS System Administration Training - HUD Programs Set-up webinar (March 30, 2015); HMIS System Administration Training - RHY Program Set-up (March 31, 2015); HMIS System Administration Training - PATH Program Set-up (April 1, 2015); HMIS Administration Training - VA Programs Set-up (April 2, 2015); HMIS End User training (June 11, 2015); HMIS NPCOC Annual End User training (July 23, 2015); Bowman HMIS Collaborate 2015 (August 15-17, 2015); HMIS System Admin webinar, PATH & HMIS webinar ((January 27, 2016);

HMIS Annual End User training (February 9, 2016); HMIS Lead & System Admin training (April 6, 2016).

## DATA

*Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If you are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.*

The Coalition is fully utilizing HMIS for PATH services, having initiated a Homeless Management Information System in 2006. This system was designed to not only link providers but also simplify consumer access to services throughout the region by providing agencies with a single, unified referral platform. Coalition staff regularly track PATH information such as dates of contact, referrals made, nights in shelter and other case management data collected during intake interviews with consumers requesting service and follow-up meetings. In 2013, the Coalition began the process of switching between HMIS vendors in order to better coordinate with other shelters and homeless service providers across the state of West Virginia. On April 1, 2014, Coalition staff began entering all new PATH-eligible consumers into the ServicePoint HMIS and ceased entering data on all existing clients into the previous ROSIE HMIS on April 30 of that year after MISI completed uploading data to Bowman Systems for data quality testing and final integration. The Coalition began using ServicePoint exclusively for all clients beginning May 1, 2014. According to the HMIS vendor, ServicePoint is capable of providing all PATH reporting data and the Coalition is in the process of configuring internal tabs to track client referrals logged on the system. However, it is important to note outreach interviews rarely touch on all the identifiers needed to meaningfully track clients using an HMIS, due in part to the lengthy process of establishing trust and rapport often necessary to elicit this information from the people who are experiencing chronic homelessness. The Coalition has established Memorandums of Understanding (MOU) with all local agencies using the system and the HMIS Specialist trains new hires on proper data entry and reporting standards, in addition to providing annual certification and trouble-shooting services to all local agencies using the HMIS. Implementation funding in 2006 covered the costs associated with developing the system and providing HMIS coverage to participating agencies for the first four years. While the Coalition has moved forward with the transition to a single statewide HMIS serving all homeless service providers throughout the State of West Virginia, a number of significant barriers remain. When taking into account staffing, licensing and the costs associated with reporting updates, the Coalition spends approximately \$66,308 on the use of ServicePoint – this also does not account for the additional burdens this HMIS imposes on case management time, due to the more intensive data entry requirements of the system or hand-tabulation of consumer records caused by the inability of the HMIS to report on specific PATH criteria. While the Coalition does use a portion (0.7 FTE) of the current PATH grant for HMIS-associated staffing costs, the amount of PATH funding available for this purpose does not approach the true cost of transitioning to and using this system as part of adopting a statewide HMIS. The Coalition is also the only Continuum of Care in the state without the benefit of a full-time Systems Administrator position, relying on the services of a staff member dividing time among other duties. The switch in HMIS vendors requires the Coalition to take on the burden of producing and submitting Congressional AHAR data, a function previously addressed by the ROSIE HMIS vendor. Currently available

HMIS funding cover only 21 percent of the costs imposed by the new system, with costs expected to increase in coming years. There are no additional HUD funds available to cover these increased costs.

*Describe if and how technology (e.g. EHR, HMIS, etc.) will be used to facilitate case management or clinical care coordination across service sectors.*

While the Coalition and members of the Northern Panhandle Continuum of Care successfully used the ROSIE HMIS operated by MISI since 2006, the system was one of several adopted by regional continuums of care in the state. After lengthy negotiations, all four Continuums of Care in the state agreed to adopt a single HMIS vendor in 2013. The ServicePoint HMIS is now used throughout the state, in an effort to better coordinate services, client tracking and reporting on data and outcomes. In addition to using the HMIS in conjunction with assessment tools such as the VI-SPDAT and SSAM during intake, register progress notes, and track client referrals and progress toward meeting service plan goals, Coalition staff are also able to use the system to seamlessly follow clients from initial point of contact through the various programs and agencies available throughout the state. Representatives of each of the four regional continuums participate in a statewide HMIS Committee and the Executive Director of the Coalition serves as Vice-Chair for this group, which works to develop uniform policies and procedures to produce acceptable aggregate reporting. While the statewide HMIS vendor, Bowman Systems, states ServicePoint is capable of generating all PATH reports and tracking relevant universal data standards as well as progress toward established performance measures, Coalition staff must routinely resort to time-intensive hand tabulation to collect all necessary data on PATH consumers for monthly PDX reports, annual PATH outcomes and other reporting needs. Specific areas of concern include the inability of the HMIS to accurately report on clients who are ineligible for PATH services, a specific data element included in PDX reporting. Despite repeated requests to address these issues, Bowman will only undertake work flow improvements after notification from BHHR that current functions are flawed. Absent this intervention, the solutions available to the Coalition range from paying for costly system upgrades or continued hand tabulation of client records. Coalition staff meet on a monthly basis to validate HMIS utilization and performance concerning data entry, user participation and reporting outcomes. Members of the HMIS committee organize regular system training and educational updates, visit partner agencies, review submitted data for accuracy, identify and work to address any potential problems with use of the system, serve as a support network for users, oversee billing and acts as a liaison between the vendor and users. As lead agency for the NPCOC, the Coalition organizes quarterly meetings of the full membership as well as committee meetings focusing on specific subjects. Provider Meetings are held on a quarterly basis to offer staff of various shelters and service providers in the region an opportunity to discuss progress toward ending homelessness, as well as related issues, concerns or programmatic changes. HMIS data and policies are regularly reviewed and any issues with utilization or bed coverage are discussed.

*If clinical services are provided, please describe the provider's status on EHR adoption.*

N/A - The Coalition does not provide clinical services, although case management staff refer PATH consumers and other homeless consumers to local therapists providing psychological,

psychiatric or mental health services. As a result, the Coalition currently has no plans to adopt an EHR system.

*If the provider use an EHR, is it certified through the Office of the National Coordinator's EHR certification program? If not, does the provider plan to adopt or upgrade to a certified EHR?*

N/A - The Coalition currently has no plans to adopt an EHR system, due to the fact the agency does not provide clinical services. Case management staff refer PATH consumers and other homeless consumers to local therapists providing psychological, psychiatric or mental health services but the Coalition currently has no plans to begin providing such services.

*Does the provider use a separate HMIS system or is the HMIS data integrated into their EHR? Does the provider have any plan to integrate HMIS with their EHR?*

The Coalition currently uses the ServicePoint HMIS for all client intake and case management tracking. Due to the fact the Coalition does not provide direct clinical services, the agency currently has no plans to integrate the ServicePoint HMIS with an EHR system.

#### SSI/SSDI OUTREACH, ACCESS, RECOVERY (SOAR)

*Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014- 2015), and the number of PATH funded consumers assisted through SOAR.*

During the Coalition's intake assessment, all applicants are asked if they have access to identification documents such as their Social Security card or birth certificate. While not every consumer requires a SOAR application, these identification documents are a critical component of a successful application to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program, which has proven to be highly effective in linking consumers with the sometimes difficult-to-access mainstream resources available to them. Fully 100 percent of Coalition case management staff are SOAR-trained, with all four case managers able to help clients navigate the process of applying for mainstream benefits such as Supplemental Security Income. In addition to the online instruction provided by SAMHSA, introductory SOAR training is provided by a state-wide advocacy organization, the West Virginia Coalition to End Homelessness. Once adept with the program, case management staff routinely refresh and update their training by attending webinars and telephone conference calls on the subject. Training attended during the last year included: SOAR Techniques webinars (April 5, 13 and 20, 2015); Hearing Tips for SOAR Practitioners (June 25, 2015); How Working is Promoting Recovery for People with Mental Illness webinar (July 22, 2015); SOAR Traumatic Brain Injury webinar (November 12, 2015); 2015 Outcomes webinar (Feb. 24, 2016); Housing access & Stability with SOAR webinar (April 7, 2016)

During the last program year, Coalition staff assisted 11 PATH consumers with a SOAR application – three were approved after the initial application and case managers successfully appealed the decision for one other PATH consumer who was also approved for benefits. At the time this report was developed, two applications were pending determination by an

administrative law judge; two other applicants left the area before finishing their SOAR applications. Of the three clients whose SOAR appeals failed, one was denied after review by an administrative law judge and the other two clients failed to comply with staff requests regarding a further appeal. Coalition staff use the SOAR skillset as part of conducting daily centralized intake assessment, since the level of documentation (birth certificate, state-approved photo ID, etc.) needed for a successful SOAR application serves as a “gold standard” in terms of helping to link clients to other mainstream resources such as CHIP, food stamps, Medicaid, TANF and Head Start. When all documentation is available, case managers can immediately determine whether the client is eligible for the available mainstream benefits or support programs. When full documentation is not available, case managers use SOAR training to determine what identification is necessary to serve the needs of a particular consumer and apply for those documents on their behalf.

## HOUSING

*Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).*

A variety of issues are addressed during the Coalition case management process to ensure consumers are matched with the proper type of housing. These include identifying potential housing resources, completing housing applications and assisting in the access of supporting documentation needed to make a successful housing application, such as securing fingerprint records, photo ID and birth certificates. Coalition staff use a self-sufficiency assessment matrix (SSAM) during intake to evaluate clients and determine the housing outcome which best fits their needs. Housing options include Coalition-owned transitional and permanent housing programs, emergency shelter placement, as well as both private market and federally-subsidized permanent housing, in addition to a short-term rapid re-housing rental assistance program. In 2013, the Coalition also developed and implemented a Supportive Services for Veterans Families (SSVF) program funded by the Dept. of Veteran Affairs, which provides case management support along with rapid rehousing and homelessness prevention assistance using the Housing First concept to assist Veterans who qualify as PATH-eligible. Along with acquiring the vital information necessary for the consumer to access housing, the Coalition can use PATH funding with DHHR support to eliminate homelessness by paying a single month of rent or for a deposit towards permanent housing. One of the primary goals of Coalition case management is to ensure consumers have the ability to maintain safe, affordable, long-term housing, while also encouraging the development of the highest level of independence possible. In addition to PATH, supplemental funds available to support clients enrolled in the Community Engagement program grant assist with a portion of the costs of providing follow-up care to consumers: in 2014-15, \$2,788 was used to pay costs such as securing vital records, emergency prescription refills, replacement clothing or shoes and for transportation costs to accompany clients to public housing interviews or apartment inspections. Coalition programs are designed to align with the specific reporting goals and procedures of all funding sources, such as ensuring consumers have opportunities to improve self-determination, increase income and remain stably housed in the community without the need for hospitalization or crisis intervention. The Coalition is the only agency in the Northern Panhandle authorized to make payments through the WV Department of Health and Human Resources for emergency shelter. As a result, the Coalition is the only overall

case management agency for the area's population of people without homes. Local emergency shelters providers include: Wheeling Salvation Army (28 dormitory-style beds for individuals, with two family rooms consisting of 7 beds); YWCA Emergency Shelter (3-bed capacity for single women with no children); YSS Winter Freeze Shelter (16-bed seasonal cold weather shelter); Wheeling Treatment and Support Center operated by Northwood Health System (8 beds for homeless single males and females, with a focus on those with mental health care needs) and; Catholic Charities Hospitality House (one unit with up to 5 emergency shelter beds for a family with children). Specialized facilities available to people who are homeless include: Greater Wheeling Coalition for the Homeless Transitional Shelter Program (four units for families and four units for childless adults) and Greater Wheeling Coalition for the Homeless Residential Housing Program (18 beds of permanent housing for people with disabilities.) In addition to these shelter programs, the Coalition operates temporary rental assistance programs funded by the state and the VA which can be used to secure or stabilize people in local private market units. This assistance is particularly important for people who are either experiencing chronic homelessness or hard to house – at the time of this writing, PATH consumers accounted for 77 percent of the Coalition clients assisted with these programs during the current program year. The Coalition also began recently working with HUD technical assistance consultants to adopt prioritization of homeless consumers in local multifamily housing properties in the region.

### STAFF INFORMATION

*Describe the demographics of staff serving the clients; how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial or ethnic differences of clients; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).*

The Coalition currently employs 11 full-time and 4 part-time staff members. Ten of those employees are female and five are male; all are Caucasian. In addition to paid staff, the Coalition also has two part-time volunteers: all are female, one Caucasian and one African-American. The Coalition employs two licensed Social Workers. The Executive Director holds credentials and education in the fields of business administration and social work. All Coalition programs are provided in accordance with the West Virginia Human Rights Act, which prohibits discrimination based on race, religion, color, national origin, ancestry, sex, age, blindness or handicap, or familial status. In August, 2013, the Coalition hosted the “Faces of Fairness” photography and film exhibit. This event was a continuation of the Fairness WV campaign for the Wheeling area, which included efforts to both raise awareness concerning discrimination issues and to support updating the Human Rights Act to include sexual orientation and gender identity as per the Employment and Housing Non-Discrimination Act. The Coalition contracts with a local clinician for both staff training and routine referral of clients who identify as LGBTQ, which has been particularly helpful for clients who express difficulty finding a therapist they can relate to. The Coalition has adopted a mission statement, policies and procedures focused on the goal of advocating for, and providing housing and human services to, people who are homeless, regardless of gender, race, age, creed or orientation. In addition to providing

community education on the plight of homelessness, all Coalition programs are deeply rooted in notions of fairness and non-discriminatory practices. Coalition staff routinely attend workshops addressing fair housing, cultural diversity and a full range of lifestyles including lesbian, gay, bisexual and transgender, as well as required PATH training programs. One Coalition case manager is trained in ASL, American Sign Language, and staff has access to language interpreters through the local Wheeling Jesuit University. Due to the demographic makeup of the region, the vast majority of clients served by the Coalition do not conform to any ethnic or racial subpopulations in need of language or cultural accommodation. Dedicated efforts to ensure the cultural competence of Coalition staff have included *the Cultural Competency Workshop for Agencies Serving the Homeless*, a presentation conducted by a Master's of Social Work student at West Virginia University. This three-part workshop included topics such as: defining culture, competence and cultural competency; experience with difference; comparison of tolerance and acceptance; self-awareness activities, and; ways of achieving increased cultural competence and comfort with diversity. Certificates of completion were given to all staff and, when applicable for ongoing development purposes, independent learning CEUs. The Executive Director of the Coalition also attended a conference in April, 2013 on *Intro to World Religion for Helping Professionals*, which focused on subjects such as enhancing cultural competence.

#### CLIENT INFORMATION

*Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled and the percentage of adult clients served using PATH funds to be literally homeless.*

Based on current trends and service statistics, staff project they will have contact with at least 200 PATH consumers at the conclusion of the current program year in approximately three months. This is based on both current clients and previous experience; for example, during the current program year which began on July 1, Coalition case managers have had contact with 121 PATH consumers. During the last program year for which complete statistics are available (July 1, 2014 through June 30, 2015), the Coalition served 155 PATH-eligible consumers who had a mental health diagnosis and 85 with chronic substance use, misuse, or abuse issues. At the time of initial contact, 81 percent of these PATH consumers were literally homeless: 85 were in emergency shelter and 41 were on the streets. Through PATH services, the Coalition was able to assist 112 consumers to secure housing: 51 engaged private market housing, including 14 people assisted with short-term rental assistance through state ESG and 6 people helped using a similar VA program; 23 HUD-subsidized permanent housing; 29 moved in with friends or family and 9 PATH consumers accessed direct placement in the Coalition's community-based supportive housing, the Residential and Transitional Housing programs. Approximately one-third of all Coalition clients reported having a mental health concern in 2014-15. The lack of a dedicated shelter facility designed to treat this population greatly complicates the ability to serve the special needs of people who both lack housing and who have a mental health diagnosis. One reason is that many of the local emergency shelters have strict stipulations regarding sobriety, which penalizes those who use substances to self-medicate their illness. In addition, a dormitory-like setting often makes it difficult to offer any degree of privacy to a consumer experiencing serious psychological symptoms. As a result, consumers who are actively using alcohol or illegal substances, or who are experiencing psychosis or psychosocial difficulties, often either refuse to

enter such shelters or are evicted due to noncompliance with facility rules. During FY 2014-15, 11 PATH consumers were barred from emergency shelter placement for these reasons. While this represents improvement compared to previous years, Coalition case management notes indicate 72 percent of the clients sanctioned from local shelters during the last year had some form of mental health diagnosis. This demonstrates the ongoing and pressing degree of need for services to this population and the importance of continuing to pursue innovative solutions. For the seventh year in a row, Youth Services System and other members of the Northern Panhandle Continuum of Care partnered to offer a volunteer-operated Winter Freeze Shelter to provide overnight sleeping accommodations for people who were either unwilling or unable to access the available emergency shelter options. By agreement with the West Virginia Department of Health and Human Resources, the Coalition was able to voucher \$5,714 in emergency shelter funds to YSS for providing the service; it should be noted this amount could be much higher, since this amount was paid on behalf of only 34 clients, representing only a fraction of the total number of clients who used the shelter during the season. Unfortunately, many of the consumers served by this seasonal shelter continue to refuse to provide the minimal level of identifying information necessary to meet DHHR documentation guidelines. The Coalition ambitiously looks forward to meeting the challenge of HUD's National Objectives and routinely exceeds established benchmarks for performance. These include achievements such as: 88 percent of Coalition clients who secured permanent housing maintained housing for 12 months, compared with the HUD objective of 77 percent; 64 percent of Coalition clients were employed upon exit from case management, exceeding the HUD benchmark of 18 percent, and; 66 percent of the PATH consumers who entered the program without benefits or income successfully secured using mainstream resources. In addition, the Coalition has consistently exceeded the PATH benchmark of 35 percent of consumers in permanent housing remaining housed and participating in services for at least one year. Currently, 100 percent of consumers in the Coalition Residential Housing program are actively participating in services. The PATH program goals the Coalition established in 2015 included:

**Goal #1 - 75 percent of the consumers will remain out of the hospital for mental health issues while participating in case management.** Of the 155 consumers served, 93 percent of Coalition consumers remained out of the hospital.

**Goal #2 - 50 percent of the PATH consumers who do not have benefits or employment will obtain benefits or employment by the end of the program.** Last year, 77 percent of those discharged from the Coalition program obtained benefits or employment.

**Goal #3 - The Coalition PATH program will serve 147 people.** During the 2014-15 program year, the Coalition served 155 consumers.

Whenever possible, PATH consumers are encouraged to volunteer in the community, which serves two purposes: first, opportunities for participation and contribution develop a sense of responsibility, improve decision making and provide a sense of connection with the larger community; secondly, consumers who volunteer are sometimes offered positions of employment. Coalition staff believes this integration effort enhances personal well-being and contributes to the fact 93 percent of those in the PATH program were able to remain in the community and out of the hospital. This exceeded the PATH goal of having 75 percent of these consumers remain out of the hospital while participating in the program. In 2014-15, 72 percent of all consumers participating in PATH programs secured permanent housing while receiving case management services.

**During the last complete program year, Coalition PATH demographics include:**

- 155 consumers served
- 59 percent were male, 39 percent were female, 02 percent were transgender
- 86 percent were Caucasian and 12 percent were African-American
- 09 percent were between the ages of 18-23, 12 percent were 24-30 years old, 51 percent were 31-50 years old, 22 percent were 52-61 and 06 percent were aged 62 years and older
- 90 percent were from the Northern Panhandle, 06 percent were from out of state and 04 percent were from other WV counties
- 81 percent were diagnosed with affective disorder, 07 percent were diagnosed with a mood disorder, 10 percent were diagnosed with schizophrenia/psychosis, 02 percent were diagnosed with other personality disorders
- At entry, 48 percent had no income – at exit, 64 percent had secured income; 30 percent had SSI/SSDI benefits, 15 percent were employed, 03 percent had other income i.e. Veteran’s benefits, unemployment, child support, TANF

**CONSUMER INVOLVEMENT**

*Describe how individuals who are homeless and have serious mental illnesses, and family members, will be 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”.]*

The Coalition conducts regular meetings of the Participant Advisory Group, which is composed of homeless service consumers. These sessions serve as a sounding board to provide feedback on Coalition programming. Monthly meetings of this group offer consumers the ability to highlight areas of concern and contribute to the development of proactive solutions concerning local gaps in the availability of services. For example, one area identified by consumers was the clear shortage of mental health services for people who are homeless in this region. As a direct result of this feedback, the Coalition identified a local team of mental health professionals to provide contracted mental health counseling. When originally implemented, the Coalition purchased a number of counseling appointments and assigned them to clients on an as-needed basis, ensuring that people experiencing homelessness and low-income mental health consumers would not need to pay for the sessions on their own. Over time, this program gradually evolved and the Coalition now provides referrals to counseling sessions which many homeless consumers are able to access through insurance benefits made possible by the Affordable Care Act and Medicaid expansion. Group counseling sessions focusing on trauma-informed recovery and positive reframing are offered by the Coalition for clients on a weekly basis. While the Participant Advisory Group normally meets a minimum of once a month, additional meetings can be scheduled in response to specific needs or for prearranged group activities. The Coalition also provides PATH consumers with a variety of ways to express dissatisfaction, complaints or grievances regarding programs and services – for example, several PATH consumers were included in a focus group discussion convened to provide insight for the West Virginia Interagency Council on Homelessness and this feedback was also used in development of the recently adopted Community Strategic Plan to End Homelessness in the Northern Panhandle. Consumers are provided the opportunity to ask questions or object to decisions at every stage in

the case management process, from intake to termination of services. A grievance form is provided to consumers each time a decision is rendered. If dissatisfied with the outcome, consumers can use the form to state their objection. This form is given to the Executive Director of the Coalition, who schedules an appointment to meet with the consumer to formally discuss the grievance and a determination is made concerning whether policy was appropriately followed in response to each case. If the consumer remains dissatisfied with this decision, they are informed of their right to request a meeting with the DHHR State Hearing Officer. The Coalition also offers consumers a Comment, Complaints and Suggestion form. This is provided any time a consumer states a non-policy complaint or expresses the desire to make a suggestion. Once completed by the consumer, the form is submitted to the Executive Director for review. After evaluating the form, an opportunity to discuss the comment, complaint or suggestion can be scheduled with the consumer. Consumers are also given the opportunity to complete an Exit Interview, which includes a satisfaction evaluation. The form is given prior to, or immediately after, exit from the program. The form allows consumers to make suggestions on how to improve the program or offer approaches which would improve consumer outcomes.

#### Budget Narrative

See budget attachment in WebBGAS

3. Pretera Mental Health Center

627 4th Avenue  
Huntington, WV 25701

Contact: Traci Strickland  
Contact Phone #: 3048813765

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: WV-016

State Provider ID:

Geographical Area Served: Region 5

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 22,230 \$ 6,300 \$ 28,530

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
PATH Administrator	\$ 42,000	0.00	\$ 0	\$ 6,300	\$ 6,300	
Other (Describe in Comments)	\$ 18,525	1.00	\$ 18,525	\$ 0	\$ 18,525	Engagement Specialist
Other (Describe in Comments)	\$ 18,525	0.20	\$ 3,705	\$ 0	\$ 3,705	Engagement Specialist

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 14.53 % \$ 4,146 \$ 1,238 \$ 5,384

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 3,900 \$ 3,000 \$ 6,900

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 3,900	\$ 3,000	\$ 6,900	

d. Equipment \$ 0 \$ 0 \$ 0

No Data Available

e. Supplies \$ 5,100 \$ 1,256 \$ 6,356

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 4,200	\$ 1,256	\$ 5,456	
Office: Supplies	\$ 900	\$ 0	\$ 900	

f. Contractual \$ 0 \$ 0 \$ 0

No Data Available

g. Construction (non-allowable)

h. Other \$ 1,445 \$ 480 \$ 1,925

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Utilities/Telephone/Internet	\$ 945	\$ 480	\$ 1,425	
Office: Other (Describe in Comments)	\$ 500	\$ 0	\$ 500	Repairs and maintenance - vehicle

i. Total Direct Charges (Sum of a-h) \$ 36,821 \$ 12,274 \$ 49,095

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 0 \$ 0 \$ 0

k. Grand Total (Sum of i and j) \$ 36,821 \$ 12,274 \$ 49,095

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 450 Estimated Number of Persons to be Enrolled: 300  
 Estimated Number of Persons to be Contacted who are Literally Homeless: 450  
 Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 7

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: Prestera Center for Mental Health Services

BUDGET PERIOD ENDING: 6/30/2017

ORIGINAL

REVISION

REVISION #

ASSIGNED PROGRAM NAME: PATH - Federal

DATE 4/22/2016

STATE ASSIGNED ACCOUNT NUMBER: \_\_\_\_\_

CURRENT YEAR ALLOCATION: \_\_\_\_\_ \$36,821

<b>*DIRECT COSTS</b>	<b>BHHF Funds</b>	<b>**OTHER Funds</b>	<b>TOTAL</b>
<b>A. PERSONNEL (DESCRIBE POSITIONS)</b>			
1. Rachel Taylor, FTE, Engagement Specialist	\$18,525		\$18,525
2. Traci Strickland, PATH Supervisor (.15 FTE)		\$6,300	\$6,300
3. Michelle Gartin (.20 FTE) Engagement Specialist	\$3,705		\$3,705
4. _____			\$0
5. _____			\$0
<b>Category Subtotal:</b>	<b>\$22,230</b>	<b>\$6,300</b>	<b>\$28,530</b>
<b>B. FRINGE BENEFITS</b>			
1. Pension	\$1,112	\$315	\$1,427
2. Health Insurance	\$1,334	\$441	\$1,775
3. FICA	\$1,701	\$482	\$2,183
4. _____			\$0
5. _____			\$0
6. _____			\$0
<b>Category Subtotal:</b>	<b>\$4,146</b>	<b>\$1,238</b>	<b>\$5,384</b>
<b>C. Equipment (Describe):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. SUPPLIES</b>			
1. DIRECT OFFICE SUPPLIES	\$900		\$900
2. GENERAL PROGRAM SUPPLIES	\$4,200	\$1,256	\$5,456
3. HOUSEKEEPING SUPPLIES			\$0
4. _____			\$0
5. _____			\$0
6. _____			\$0
<b>Category Subtotal:</b>	<b>\$5,100</b>	<b>\$1,256</b>	<b>\$6,356</b>
<b>E. CONTRACTED SERVICES (DESCRIBE):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>F. CONSTRUCTION (Special Permission)</b>			\$0
<b>G. OTHER</b>			
1. DIRECT STAFF TRAVEL & VEHICLE GASOLINE	\$3,900	\$3,000	\$6,900
2. RENT			\$0
3. DEPRECIATION			\$0
4. REPAIRS & MAINTENANCE (vehicle)	\$500		\$500
5. REPAIRS & MAINTENANCE (facility)			\$0
6. REPAIRS & MAINTENANCE (Equipment)			\$0
7. INSURANCE (property, liability, etc.)			\$0
8. UTILITIES			\$0
9. PHONE	\$945	\$480	\$1,425
10. HOUSEKEEPING SERVICES			\$0
11. _____			\$0
12. _____			\$0
13. _____			\$0
<b>Category Subtotal:</b>	<b>\$5,345</b>	<b>\$3,480</b>	<b>\$8,825</b>
<b>TOTAL DIRECT COSTS (SUM OF A - G)</b>	<b>\$36,821</b>	<b>\$12,274</b>	<b>\$49,095</b>

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

	<u>BHHF Funds</u>	<u>OTHER Funds</u>	<u>TOTAL</u>
1. TOTAL DIRECT COSTS (From Prior Page)	\$36,821	\$12,274	\$49,095
2. *** BHHF INDIRECT COST BASE AMOUNT	\$36,821		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$36,821		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$12,274	
7. ANTICIPATED PROGRAM INCOME EARNED		\$12,274	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			<b>\$49,095</b>

**BRIEF PROJECT DESCRIPTION:**

**FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)**

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\*Any anticipated amounts of program income should be included in the budget for Other Funds.

\*\*\* BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

\*\*\*\*In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

\*\*\*\*\* Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: \_\_\_\_\_

DATE 1/0/1900

Telephone Number: \_\_\_\_\_

**BHHF USE ONLY**

DIVISION DIRECTOR APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

DEPUTY COMMISSIONER APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

Narrative for PATH Detailed Line Item Budget  
Pretera Center for Mental Health Services, Inc.  
FY 2016  
04/22/2016

- A. Personnel: The job descriptions for each position are included in this mailing. Some descriptions explain job functions for various titles and are listed on the job descriptions. The staff members that are listed in the personnel section of the detailed line item budget work in the program in which Pretera receives BHHF funding.
- B. Fringe Benefits: The details of the fringe benefits are listed in the detailed line item budget and are specifically applicable to the employees listed in the personnel budget and only for the percentage of time devoted to the program. Rates for each benefit are as follows: Pension 5%, Insurance 6%, and FICA 7.6%.
- C. Equipment: None for FY 2016.
- D. Supplies: Supplies include general program supplies that aid in program operation.
- E. Contractual Costs: None for FY 2016.
- F. Construction: None for FY 2016.
- G. Other: Other costs include staff travel which is based on reimbursement of .45 per mile for traveling to required meetings, transportation of clients in personal vehicles and traveling between Pretera sites. Vehicle Gasoline is the cost that we incur to transport clients. Utilities directly relate to the upkeep and costs of the facilities in which Pretera Center houses its programs and without these expenses we could not run the programs safely and efficiently.
- H. Indirect Costs: PATH indirect rate is set at 17.44%. Indirect costs are based on the indirect cost report submitted to BHHF.

## **Prestera Center for Mental Health Services Intended Use Plan**

### Local Provider Description

*Name of Organization*    Prestera Center for Mental Health Services

*Type of Organization*    Community Mental Health Center

*Region Served*    Region 5

*Amount of Funds Requested*    \$36,821

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. 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) ServicePoint 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.

Prestera Center's PATH Program will meet the following goals in FY 2017

# of Enrolled PATH Clients: 300

# of Persons Served by PATH Funds – Outreach : 450

# of Projected Contacts with Enrolled PATH Clients: 1500

### Collaboration with HUD Continuum of Care Program

The first PATH position created, was born from a partnership with 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, which was created in the fall of 2012, provides funding for Pretera's PATH program to cover an additional 4 counties that are located in two other CoC's. This funding expands services 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 Pretera attends the KVC Board of Directors. At this time, 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. The program director is on the Board of Directors of the WV Coalition to End Homelessness, the parent organization of the Balance of State COC.

### Collaboration with Local Community Organizations

*Provide a brief description of partnerships with local community organizations that provide key services (i.e., primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients and describe coordination of activities and policies with those organizations*

The engagement specialists have full access to all the services provided by Pretera and other community providers. In Huntington those partners are: 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 and 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 included Safe Quarters (a transitional housing unit), 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.

There is also an outpatient detoxification facility for men age 18 and over which is designed to address addiction issues with individuals who do not meet the criteria for inpatient and residential treatment. PARC Residential is a 24-bed, short-term residential substance abuse program serving men and women, which addresses the needs of people with co-occurring disorders

Recovery Point (formerly The Healing Place of Huntington) is also a recovery based resource for individuals served by PATH.

Through a partnership with the Division of Rehabilitation Services Prestera Center also offers supported employment services in three counties in West Virginia (Cabell, Kanawha, and Boone), as well as Ashland, Kentucky through a 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 Valley Collective) catchment area partnerships include Covenant House, which provides emergency utility, clothing and food assistance as well as Homeless Prevention and Rapid Rehousing Assistance; Health Right 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 Supportive Services Only team and Madison Baptist Food Pantry.

Both PATH ES staff will work closely with area VA providers. In Huntington, there is a Veterans Resource Center on 9<sup>th</sup> 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

*Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including: Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.*

Prestera's PATH program is provides 100% outreach and case management services to those who were initially contacted through outreach services. We are an outreach program. Our offices are community based, not located in any Prestera facility. Describe any gaps that exist in the current service systems.

According to the Point-In-Time survey, which was completed during the last week of January 2015, there are approximately 400 unduplicated homeless individuals in the geographic area served by Prestera Center's PATH program. (Point in Time data has not been finalized in each area, 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 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 is being filled by these PATH-funded positions.

*Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.*

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 Huntington, Charleston and Logan. Short-term residential substance abuse programs 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 women 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, and they each have 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 a 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
- Recovery Engagement Center (former PI Shelter) in Charleston
- DUI education classes
- Crisis Residential/Stabilization Units
- Peer Specialists for persons with mental health issues
- Recovery Coaches for persons with additions
- 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 Specialists in all counties that Pretera serves

*Provide specific information about how coordination with other outreach teams is achieved:*

Pretera's PATH Program is the primary outreach program in the Cabell Huntington Wayne Continuum of Care, meaning this is the only 100% dedicated outreach team in

this area. This program is also the primary outreach program in Lincoln County and Mason County. The PATH program experiences some overlap in Boone and Putnam with Prester's new outreach program that serves the KVC. However, these teams have proven that by working together to assist individuals experiencing homelessness in these rural areas that they are better able to assist the individuals with getting services in their city of choice (Charleston/Huntington).

*Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Prester uses for PATH funds for outreach related services only, including outreach and case management services to facilitate housing. Other PATH eligible services such as mental health treatment, substance abuse treatment, and security deposit assistance is obtained by using other community resources including Prester's mental health and substance abuse treatment programs and I & R or Harmony House's rapid rehousing programs.

So an individual may receive street outreach, case management and assistance getting identification directly from the PATH program and then the PATH program can assist the individual in getting deposit and utility assistance from an area Rapid Rehousing program.

*Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS*

Current staff involved with the PATH program have received training in the Motivational Interviewing, WRAP, Cultural Diversity, and Trauma Informed Care. These trainings have been paid for in different ways depending on the program and available funding sources. All but WRAP are required as part of Prester's new employee orientation. Additional training is provided either through Prester, or other entities as needed and available. The staff take advantage of Technical Assistance opportunities on a regular basis.

#### Data

*Describe the provider's status on HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support*

For the past 6 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 in either Huntington or Charleston (based on staff availability). The administrators of the HMIS grant in the CHWCoC, the Huntington Housing Authority, have supplied the laptop used by the PATH ES in Cabell and Wayne

Counties. The administrator of the Balance of State HMIS grant, the WV Coalition to End Homelessness, has provided the laptop for the PATH ES in Mason, Putnam Lincoln and Boone Counties.

#### SSI/SSDI Outreach, Access, Recovery (SOAR)

*Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014- 2015), the number of PATH funded consumers assisted through SOAR.*

The Director of Homeless Programs is SOAR trained.

One PATH Engagement Specialist is currently trained in SOAR. The second PATH ES is currently working on SOAR certification. 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 requests for appeal, submitting legal information for hearings and preparing case summations for appeals.

In 2014-15, we began the SOAR process with 7 individuals, 3 applications were submitted, and 2 of the individuals received their benefits.

Our goal is to assist 12 individuals in applying for benefits in 2016-17.

#### Housing

*Indicate what strategies are used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).*

There are a variety of housing opportunities available to PATH consumers; they are eligible for the Shelter plus Care programs, which at this time have over 210 vouchers for people experiencing homelessness, and Harmony House has total of 70 units slotted just for people experiencing homelessness. Covenant House has 38 vouchers available to rent units and the ESG program 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 with obtaining permanent housing. The engagement specialist has been educated about other available housing in the area and works closely with Pretera's other homeless program, 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.

#### Staff Information

*Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing*

*health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).*

The 2 PATH Engagement Specialists, as well as the Director of Homeless Programs are all natives of WV. They really parallel our program demographics in age, as all are between 40 and 45. 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.

### Client Information

*Describe the demographics of the client population, the projected number of adult clients to be contacted, enrolled, and the percentage of adult clients served using PATH funds to be literally homeless.*

Pretera's PATH Program has provided outreach to **302** individuals this year to date (July 1, 2016 – April 15, 2016). The individuals mostly were Caucasian males that fell in the age range of 24-50. Most of the individuals were literally homeless (91%), living in *the* shelter or on the streets at the beginning of services. 57% report having a co-occurring substance abuse disorder.

### Consumer Involvement

*Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be 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".*

4 of the 8 individuals employed by Pretera's PATH and Housing First programs are 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.

### Budget Narrative

See budget attachment in WebBGAS

4. Raleigh County Community Action Association

111 Willow Lane

Beckley, WV 25801

Contact: Bobbi Thomas-Bailey

Contact Phone #: 3042526396

Has Sub-IUPs: No

Provider Type: Shelter or other temporary housing resource

PDX ID: WV-002

State Provider ID:

Geographical Area Served: Region 6

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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**a. Personnel** \$ 42,308 \$ 3,421 \$ 45,729

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 12,986	1.00	\$ 12,986	\$ 0	\$ 12,986	<input type="text"/>
Homeless Housing Counselor	\$ 15,150	1.00	\$ 15,150	\$ 0	\$ 15,150	<input type="text"/>
PATH Administrator	\$ 28,922	0.49	\$ 14,172	\$ 0	\$ 14,172	<input type="text"/>
Other (Describe in Comments)	\$ 0	0.00	\$ 0	\$ 3,421	\$ 3,421	Intake Workers <input type="text"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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**b. Fringe Benefits** 18.85 % \$ 8,622 \$ 13,556 \$ 22,178

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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**c. Travel** \$ 0 \$ 0 \$ 0

**d. Equipment** \$ 0 \$ 0 \$ 0

**e. Supplies** \$ 0 \$ 0 \$ 0

**f. Contractual** \$ 0 \$ 0 \$ 0

**g. Construction (non-allowable)**

**h. Other** \$ 0 \$ 0 \$ 0

**i. Total Direct Charges (Sum of a-h)** \$ 50,930 \$ 16,977 \$ 67,907

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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**j. Indirect Costs (Administrative Costs)** \$ 0 \$ 0 \$ 0

**k. Grand Total (Sum of i and j)** \$ 50,930 \$ 16,977 \$ 67,907

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 400 Estimated Number of Persons to be Enrolled: 360

Estimated Number of Persons to be Contacted who are Literally Homeless: 360

Number Staff trained in SOAR in Grant year ended in 2014: 0 Number of PATH-funded consumers assisted through SOAR: 0

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: Raleigh County Community Action Association, Inc.

BUDGET PERIOD ENDING: 30-Jun-17

ORIGINAL

REVISION

REVISION #

ASSIGNED PROGRAM NAME: Projects for Assistance in Transition from Homelessness (PATH)

DATE 5/8/2016

STATE ASSIGNED ACCOUNT NUMBER: \_\_\_\_\_

CURRENT YEAR ALLOCATION: \$50,930

<b>*DIRECT COSTS</b>	<b>BHHF Funds</b>	<b>**OTHER Funds</b>	<b>TOTAL</b>
<b>A. PERSONNEL (DESCRIBE POSITIONS)</b>			
1. M. Milam - Case Manager Aide 1 FTE	\$12,986		\$12,986
2. L. Buckland - PATH Counselor 1 FTE	\$15,150		\$15,150
3. B. Meador - Program Director .49 FTE	\$14,172		\$14,172
4. Intake Workers		\$3,421	\$3,421
5. _____			\$0
<b>Category Subtotal:</b>	<b>\$42,308</b>	<b>\$3,421</b>	<b>\$45,729</b>
<b>B. FRINGE BENEFITS</b>			
1. Pension	\$1,692		\$1,692
2. Health Insurance	\$1,226	\$13,556	\$14,782
3. FICA	\$3,237		\$3,237
4. Unemployment Insurance	\$1,227		\$1,227
5. Workers Compensation	\$1,240		\$1,240
6. _____			\$0
<b>Category Subtotal:</b>	<b>\$8,622</b>	<b>\$13,556</b>	<b>\$22,178</b>
<b>C. Equipment (Describe):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. SUPPLIES</b>			
1. DIRECT OFFICE SUPPLIES			\$0
2. GENERAL PROGRAM SUPPLIES			\$0
3. HOUSEKEEPING SUPPLIES			\$0
4. _____			\$0
5. _____			\$0
6. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>E. CONTRACTED SERVICES (DESCRIBE):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>F. CONSTRUCTION (Special Permission)</b>			\$0
<b>G. OTHER</b>			
1. DIRECT STAFF TRAVEL			\$0
2. RENT			\$0
3. DEPRECIATION			\$0
4. REPAIRS & MAINTENANCE (vehicle)			\$0
5. REPAIRS & MAINTENANCE (facility)			\$0
6. REPAIRS & MAINTENANCE (Equipment)			\$0
7. INSURANCE (property, liability, etc.)			\$0
8. UTILITIES			\$0
9. PHONE			\$0
10. HOUSEKEEPING SERVICES			\$0
11. TRAINING - STAFF			\$0
12. _____			\$0
13. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL DIRECT COSTS (SUM OF A - G)</b>	<b>\$50,930</b>	<b>\$16,977</b>	<b>\$67,907</b>

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

	<u>BHHF Funds</u>	<u>OTHER Funds</u>	<u>TOTAL</u>
1. TOTAL DIRECT COSTS (From Prior Page)	\$50,930	\$16,977	\$67,907
2. *** BHHF INDIRECT COST BASE AMOUNT	\$50,930		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$50,930		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$16,977	
7. ANTICIPATED PROGRAM INCOME EARNED		\$16,977	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$16,977	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			<b>\$67,907</b>

**BRIEF PROJECT DESCRIPTION:**

To provide homeless individuals with co-occurring disorders or serious mental illness with shelter, food, and services.

**FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)**

Match Funding - Contract Income thru FMRS = \$16,977

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\*Any anticipated amounts of program income should be included in the budget for Other Funds.

\*\*\* BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

\*\*\*\*In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

\*\*\*\*\* Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: Cindy Heltzel

DATE 5/8/2016

Telephone Number: 304-252-6396 ext. 115

**BHHF USE ONLY**

DIVISION DIRECTOR APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

DEPUTY COMMISSIONER APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

## **Raleigh County Community Action Association Intended Use Plan**

### 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.*

Raleigh County Community Action Association, Inc. (RCCAA) is a non-profit organization in Beckley, West Virginia. 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 Homeless Services, Public Transportation, Housing Services, and Head Start/Early Head Start. RCCAA is requesting **\$50,930** in PATH funds for the 2016 grant period.

### Collaboration with HUD Continuum of Care (CoC) Program

Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC.

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 VA Medical Center and the local Veterans Affairs Office. PATH clients who are veterans receive immediate consideration and admission into the RCCAA PATH program. With one phone call, the homeless veteran is transported to Pine Haven Homeless Shelter for immediate shelter, referral to the housing program, and supportive services. RCCAA coordinates the veteran's treatment and discharge plans with the VA Medical Center 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, Heath Right (the regional free clinic), FMRS SHARE Program, VA 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 (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients, and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.*

RCCAA's PATH Program demonstrates that collaborative efforts are one of the keys to closing the gaps in services for the PATH client. RCCAA's PATH Program has developed a program known as Access Community Treatment (ACT). This program focuses on the continuity of care through collaborative partnerships with community providers.

The ACT program is a structured referral program for the PATH client specific to admission, treatment, and discharge planning. RCCAA's PATH Program maintains collaborative partnerships with the following agencies, hospitals, and community based support services:

- Primary Health Services:
  - Access Health
  - Veterans Administration Hospital
  - Beckley Appalachian Regional Hospital
  - Raleigh General Hospital
  - Princeton Hospital
- Mental Health/Substance Abuse Services:
  - FMRS Mental Health Systems
  - FMRS Crisis Unit
  - FMRS LEARN Program
  - FMRS MOTHER Program
  - Mildred Bateman Hospital
  - Sharpe Hospital
  - Beckley Fellowship Home
  - Veterans Administration Hospital
  - Beckley Appalachian Regional Hospital
  - Chestnut Ridge Hospital
- Housing Services:
  - Raleigh County Community Action Association Housing Services
  - Raleigh County Housing Authority
  - Beckley Housing Authority
- Employment Services:
  - Workforce West Virginia

Linkages are developed for accessibility and coordination with the above 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 Pine Haven. Pine Haven and RCCAA's Transportation Department also provides transportation for clients to support services within the community.

### Service Provision

*Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:*

*Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.*

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 Pine Haven.

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 Pine Haven. RCCAAA's housing program assists with Pine Haven's outreach. RCCAA has increased its frequency of its street outreach efforts this year through our housing program. SSVF and Rapid Rehousing provide outreach services on a weekly basis. These two programs work closely together to ensure those that needing our services are being reached.

*Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

The PATH Grant covers 2.5 employees for RCCAA, yet all case managers have PATH clients. All Pine Haven staff have trainings that are PATH supported, such as CPI (Non Violent Crisis Intervention), culture competency, motivational interviewing and mental illness in-services. The front line staff are paid from leverage funds instead of the PATH grant. Our Housing Department assists us with street outreach and referral for the chronically homeless. We leverage our PATH dollars to help cover the above costs, data entry and other trainings needed. This is offset through the Department of Health Human Resources, FMRS Mental Health Services, Emergency Solutions Grant, and other donations.

*Describe any gaps that exist in the current service systems.*

The need for outreach, case management, and affordable housing is critical in this area. In southeastern 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 populations flood the emergency 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 the 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 disorders is the first point of 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 offices inside the homeless shelter providing immediate and continual access to the PATH client.

*Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.*

RCCAA provides the following services to all PATH clients:

- Motivational interviewing.
- Facilitated referrals for mental health and/or substance abuse treatment, primary health services, job training, educational services, housing services and monitoring of the clients utilization of these services.
- Physical Health Promotion – Access to 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.
- Recreational Services – Monthly group activities.
- Monitoring and education of medication.
- Problem ID & Referral.

*Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.*

RCCAA has previously utilized DBA FacsPro as its HMIS system. On April 1, 2013, RCCAA transitioned to Service Point as its HMIS solution. Service Point is a HUD compliant HMIS System that has been adopted state-wide by the WV Coalition to End Homelessness. RCCAA is utilizing Service Point to capture all HUD required Universal Data Standards. RCCAA continues to utilize DBA FacsPro 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. Trainings, continuing education, and professional development opportunities are paid for by the agency. The individuals responsible for ensuring that HMIS data is being entered also attend monthly administrator meetings.

RCCAA's PATH Program has initiated Results Oriented Management and Accountability, or ROMA, a performance-based initiative designed to preserve the anti-poverty focus of community action and to promote greater effectiveness among state and local agencies receiving Community Services Block Grant (CSBG) funds. ROMA is a sound management practice that incorporates the use of outcomes or results into the administration, management, and operation

of community action agencies. These outcomes have incorporated a balanced set of key performance indicators, which require behavioral changes by the PATH client. The following domains have been developed and are tracked:

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

### Data

*Describe the provider's status on the HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.*

RCCAA have previously utilized DBA FacsPro as its HMIS system. On April 1, 2013, RCCAA transitioned to Service Point as its HMIS solution. Service Point is a 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, and is in compliance with HMIS requirements. RCCAA continues to utilize DBA FacsPro 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. Trainings, continuing education, and professional development opportunities are paid for by the agency. The individuals responsible for ensuring that HMIS data is being entered also attend monthly administrator meetings.

### SSI/SSDI Outreach, Access, Recovery (SOAR)

*Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014- 2015), and the number of PATH-funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.*

RCCAA recently lost its only SOAR trained employee. However, we have 6 employees in the SOAR training at this time. Two of these SOAR trainees work directly with PATH clients. There have been no SOAR applications submitted during the grant year ended in 2015. There

have been no PATH consumers approved through the SOAR process during the grant year ended in 2015.

Pine Haven's Case Management assist the client with all paper work to make sure it is completed and returned in a timely manner. We provide all transportation to on site interviews, and we make sure the client are present and accessible to any phone interviews that are scheduled. Case management also has signed releases to obtain any need additional information to help in the process. Case Management has attended workshops to help clients file for their disability. They have also received hands on experience with clients they are currently serving or have served in the past.

### 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 Pine Haven Homeless Shelter 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 synchronize 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 (PSH) program. The 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 Supportive Services for Veteran Families (SSVF) program provides assistance to 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 the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards:*

Staff serving PATH clients are 29% male and 71% female; 66% Caucasian and 34% African American and 0% Multi-Racial; 21% have less than 1 year experience, 34% have 1-5 years' experience, 17 % have 5-10 years' experience, and 28% 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, and etc.

RCCAA's PATH program continues to develop the cultural competence of its staff through conferences, workshops, and webinars such as the 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 served using PATH funds to be literally homeless.*

In the first three quarters of the 2015-2016 grant period, RCCAA's PATH clients were as follows.

162 males and 118 females  
10 between the ages of 18-20, 265 between the ages of 21-64, and 5 clients 65+,  
246 Caucasian, 30 African American, 4 Multi-Racial

RCCAA's PATH Program will focus on providing intensive services to PATH clients and therefore is projected to contact approximately 400 individuals and enroll approximately 360 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 illnesses, and family members will be 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 developed a Client Advisory Council comprised of one representative from each unit at Pine Haven. Clients are urged to discuss any concerns or suggestions for the program with their unit's representative. Unit representatives meet at least monthly with program staff to identify unmet needs, discuss program effectiveness, and make suggestions for program

improvement. RCCAA utilizes consumer feedback when developing new projects and services and when evaluating the effectiveness of current services.

In addition, Client Satisfaction Surveys are conducted quarterly to determine the effectiveness of the program.

Budget Narrative

See budget attachment in WebBGAS

5. Roark Sullivan Lifeway Center

505 Leon Sullivan Way

Charleston, WV 25301

Contact: Alex Alston

Contact Phone #: 3044140109

Has Sub-IUPs: No

Provider Type: Shelter or other temporary housing resource

PDX ID: WV-010

State Provider ID:

Geographical Area Served: Region 5

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
<b>a. Personnel</b>	\$ 33,936	\$ 9,452	\$ 43,388	

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Administrative Assistant	\$ 5,100	1.00	\$ 5,100	\$ 0	\$ 5,100	
PATH Administrator	\$ 3,350	1.00	\$ 3,350	\$ 4,250	\$ 7,600	
Other (Describe in Comments)	\$ 15,000	1.00	\$ 15,000	\$ 0	\$ 15,000	PATH Specialist
Other (Describe in Comments)	\$ 15,650	0.67	\$ 10,486	\$ 5,202	\$ 15,688	PATH Specialist

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
<b>b. Fringe Benefits</b>	21.71 %	\$ 9,419	\$ 0	\$ 9,419	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
<b>c. Travel</b>	\$ 0	\$ 0	\$ 0	
No Data Available				

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
<b>d. Equipment</b>	\$ 0	\$ 0	\$ 0	
No Data Available				

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
<b>e. Supplies</b>	\$ 0	\$ 5,500	\$ 5,500	
Office: Supplies	\$ 0	\$ 5,500	\$ 5,500	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
<b>f. Contractual</b>	\$ 1,500	\$ 0	\$ 1,500	
Other (Describe in Comments)	\$ 900	\$ 0	\$ 900	training
Other (Describe in Comments)	\$ 600	\$ 0	\$ 600	clinical supervision

<b>g. Construction (non-allowable)</b>				
<b>h. Other</b>	\$ 0	\$ 0	\$ 0	
No Data Available				

<b>i. Total Direct Charges (Sum of a-h)</b>	\$ 44,855	\$ 14,952	\$ 59,807	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
<b>j. Indirect Costs (Administrative Costs)</b>	\$ 0	\$ 0	\$ 0	

<b>k. Grand Total (Sum of i and j)</b>	\$ 44,855	\$ 14,952	\$ 59,807	
--	-----------	-----------	-----------	--

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 250 Estimated Number of Persons to be Enrolled: 200

Estimated Number of Persons to be Contacted who are Literally Homeless: 250

Number Staff trained in SOAR in Grant year ended in 2014: 2 Number of PATH-funded consumers assisted through SOAR: 3

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

GRANTEE NAME: Roark-Sullivan Lifeway Center, Inc

BUDGET PERIOD ENDING: 6/30/2017

ORIGINAL

REVISION

REVISION #

ASSIGNED PROGRAM NAME: RSLC PATH Program

DATE 4/19/2016

STATE ASSIGNED ACCOUNT NUMBER: \_\_\_\_\_

CURRENT YEAR ALLOCATION: \$44,855

*DIRECT COSTS	BHHF Funds	**OTHER Funds	TOTAL
<b>A. PERSONNEL (DESCRIBE POSITIONS)</b>			
1. PATH Specialist - YWCA Cheryl Hilliard .67FTE	\$10,486	\$5,202	\$15,688
2. PATH Specialist - RSLC Terrell Rush 1.0FTE	\$15,000		\$15,000
3. Supervisor - Margaret Taylor	\$3,350	\$4,250	\$7,600
4. Admin Support Staff - Rachel Cox	\$5,100		\$5,100
5. _____			\$0
<b>Category Subtotal:</b>	<b>\$33,936</b>	<b>\$9,452</b>	<b>\$43,388</b>
<b>B. FRINGE BENEFITS</b>			
1. Pension	\$2,917		\$2,917
2. Health Insurance			\$0
3. FICA	\$4,290		\$4,290
4. Unemployment Insurance	\$1,117		\$1,117
5. Workers Compensation	\$1,095		\$1,095
6. _____			\$0
<b>Category Subtotal:</b>	<b>\$9,419</b>	<b>\$0</b>	<b>\$9,419</b>
<b>C. Equipment (Describe):</b>			
1. _____			\$0
2. _____			\$0
3. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. SUPPLIES</b>			
1. DIRECT OFFICE SUPPLIES		\$5,500	\$5,500
2. GENERAL PROGRAM SUPPLIES			\$0
3. HOUSEKEEPING SUPPLIES			\$0
4. _____			\$0
5. _____			\$0
6. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$5,500</b>	<b>\$5,500</b>
<b>E. CONTRACTED SERVICES (DESCRIBE):</b>			
1. Clinical Supervision	\$600		\$600
2. Training	\$900		\$900
3. _____			\$0
<b>Category Subtotal:</b>	<b>\$1,500</b>	<b>\$0</b>	<b>\$1,500</b>
<b>F. CONSTRUCTION (Special Permission)</b>			\$0
<b>G. OTHER</b>			
1. DIRECT STAFF TRAVEL			\$0
2. RENT			\$0
3. DEPRECIATION			\$0
4. REPAIRS & MAINTENANCE (vehicle)			\$0
5. REPAIRS & MAINTENANCE (facility)			\$0
6. REPAIRS & MAINTENANCE (Equipment)			\$0
7. INSURANCE (property, liability, etc.)			\$0
8. UTILITIES			\$0
9. PHONE			\$0
10. HOUSEKEEPING SERVICES			\$0
11. _____			\$0
12. _____			\$0
13. _____			\$0
<b>Category Subtotal:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL DIRECT COSTS (SUM OF A - G)</b>	<b>\$44,855</b>	<b>\$14,952</b>	<b>\$59,807</b>

**West Virginia Department of Health and Human Resources  
Bureau for Behavioral Health and Health Facilities  
Detail Statement of BHHF - Administered Target Funding**

	<u>BHHF Funds</u>	<u>OTHER Funds</u>	<u>TOTAL</u>
1. TOTAL DIRECT COSTS (From Prior Page)	\$44,855	\$14,952	\$59,807
2. *** BHHF INDIRECT COST BASE AMOUNT	\$44,855		
3. ****INDIRECT COST RATE	0.00%		
4. *****INDIRECT COST AMOUNT (Base X Rate)	\$0	\$0	\$0
5. TOTAL BHHF COSTS (BHHF Direct + BHHF Indirect)	\$44,855		
6. TOTAL OTHER COSTS (Other Direct + Other Indirect)		\$14,952	
7. ANTICIPATED PROGRAM INCOME EARNED		\$14,952	
8. GRANTEE / OTHER SOURCE SUPPLIED PORTION		\$0	
9. TOTAL PROGRAM BUDGET (Total BHHF Funds + Total Other Funds)			<b>\$59,807</b>

**BRIEF PROJECT DESCRIPTION:**

**FUNDING/SOURCE: (If this program is supported by Other Funds, what is the projected source and amount of those funds? List all projected funding sources and amounts.)**

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\*Any anticipated amounts of program income should be included in the budget for Other Funds.

\*\*\* BHHF does not permit for indirect costs to be applied to equipment and capital expenditures. Providers that utilize such expenditures as part of their indirect cost plan must remove BHHF funded equipment and capital expenditures when determining their allowable indirect cost base.

\*\*\*\*In order for a Comprehensive Mental Health Center to be eligible to charge indirect costs, these providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that notwithstanding the existence of an approved indirect cost plan, some federal grants restrict or cap the amount of indirect cost chargeable to the grant, and in some cases BHHF may choose to restrict costs chargeable to the grant.

Smaller providers (not comprehensive behavioral health care centers) may charge an indirect cost of up to 15% on STATE Funds Only, if these costs are not recouped elsewhere. Providers must have an approved indirect cost plan in order to charge indirect costs to any Federal Grant. BHHF may choose to restrict the amount of indirect costs charged to grants based upon the program.

\*\*\*\*\* Please note that the Indirect Cost rate for Other Funds May be (or may need to be) higher than the actual rate if equipment and expenditures are generally included in the organizations indirect cost rate.

Prepared By: Alex Alston

DATE 4/19/2016

Telephone Number: 304-414-0109 ext 17

**BHHF USE ONLY**

DIVISION DIRECTOR APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

DEPUTY COMMISSIONER APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

<b>Personnel Expenses</b>	\$33,936	These funds will pay for 100% of the costs associated with the PATH Specialist positions at RSLC and YWCA. Additionally, these funds will pay for 5% of the time associated with the supervisor of the program. Match: \$10,000
<b>Benefits and Payroll taxes</b>	\$9,419	These funds will pay for 100% of the benefits and payroll taxes for the PATH positions. Match: \$2,683
<b>Clinical Supervision</b>	\$600	These funds will pay for the clinical supervision through Pretera Center to maintain the integrity of the services offered through the program.
<b>Training</b>	\$900	These funds will pay for training provided by Pretera for RSLC and YWCA PATH staff.
<b>Supplies</b>	\$0	These funds will be used to pay for supplies such as office supplies necessary for the PATH staff to perform their job duties. Match: \$2,269
<b>Total Request:</b>	\$44,855	
<b>Total Match:</b>	\$14,952	

## **Roark-Sullivan Lifeway Center Intended Use Plan**

### 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.*

Roark-Sullivan Lifeway Center, Inc (RSLC) has been providing services to those experiencing homelessness for over 30 years in Kanawha County, West Virginia. RSLC operates a variety of programs including emergency shelter, transitional housing, permanent housing, and various supportive services. RSLC is seeking \$44,855 in PATH funds that will be utilized with \$22,145 in State funds and \$14,952 in agency match to provide this program. RSLC collaborates with YWCA Sojourner's Shelter, and Pretera Center to provide this program.

### Collaboration with HUD Continuum of Care (CoC) Program

*Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC.*

All of the partners in this grant application participate in the Kanawha Valley Collective, the local CoC. RSLC, the YWCA, and Pretera all have staff members who sit on the Board of the KVC and participate in many of the committees established by the KVC. Committees include the Project Resource Committee, the Housing Committee, and the HMIS Committee. Each agency has a long history of participation with the KVC, with RSLC and the YWCA participating since inception.

The RSLC and YWCA are also very active with leadership maintaining membership in the KVC and WVCEH. Both RSLC and YWCA staff either currently sit on the WVCEH Board of Directors or have filled an officer seat within the last 2 years. By being active on the state level, it allows for better community and state planning and coordination of services.

### Collaboration with Local Community Organizations

*Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients, and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.*

RSLC believes that in order to provide quality services to any individual in need that it takes the coordination and collaboration of the entire provider community to close the gap in being able to assist individuals as they move to self-sufficiency. This philosophy is very evident in our PATH Program.

The primary collaboration is with Pretera Center allowing for individuals enrolling in PATH services to access needed psychiatric, counseling or treatment services. Individuals are referred by a PATH Coordinator. Pretera Center will provide clinical supervision of both PATH

coordinators to ensure that quality services are being provided. A seamless referral process has been adopted to provide a multitude of services to yield high results for people served. In addition to Prester Center, other agencies providing services to PATH clients include Covenant House, Women's Health Care Center, Jericho House, Heart and Hand, local churches, Family Counseling Connection, Pastoral Counseling Services, Thomas Memorial Hospital, Charleston General Hospital, St. Francis Hospital, Highland Hospital, WV Department Of Health and Human Resources, Kanawha Regional Transport, Legal Aid, Sharpe Hospital, Mildred-Mitchell Bateman Hospital, Charleston-Kanawha Housing Authority, ResCare, Union Mission, Manna Meal, Salvation Army, Goodwill, Samaritan Inn, Health Right, Kanawha Valley Fellowship Home, Resolve Family Abuse Program, and the local Veterans Area Medical Center and clinics. All of these agencies are accessed through an extensive referral process. PATH clients are referred to other agencies as appropriate to the needs of the client.

### Service Provision

*Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including: Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.*

The PATH program as operated by RSLC and YWCA provides targeted outreach through participation in regular street rounds and through location of the PATH Specialists. RSLC's PATH Specialist works in a men's emergency shelter, a local soup kitchen, and a HUD funded safe haven for those who meet HUD's definition of chronic homelessness. This arrangement allows for greater outreach to occur while also offering space for case management services. The YWCA PATH Specialist is located at a local women and families emergency shelter. She is able to perform outreach through coordinated efforts and is able to provide strong case management services.

*Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

RSLC actively participates in the CoC's coordinated entry assessment process with other homeless service providers. The CEA system provides multiple points for access and appropriate assessment for individuals seeking homeless services, while maintaining standardized processes and tools. This is also known as the "no wrong door approach." Each entry point (or service provider) path allows for eligibility screening for housing and services that are available.

The objectives of the assessment are:

1. To provide diversion services when/where necessary and appropriate (divert individuals from becoming literally homeless).
2. To assist individuals who are literally homeless and unstably housed in obtaining appropriate, safe, and stable housing as quickly as possible
3. To provide direct referrals to a wide range for services to address the household's current housing crisis and any related needs.

Using a no-wrong door approach, individuals are screened using the VI-SPDAT Prescreen tool within the first 2-10 days of point-of-contact/shelter and/or program intake. The appropriate assigned staff member(s) from each CoC-funded entity will complete the VI-SPDAT and

recommend as a top priority, moderate priority, or not in need of services at this time. Scores of the VI-SPDAT will be entered into the “Assessment” tab of the client’s record in ServicePoint.

- **Not recommended for full assessment:** People who would otherwise solve their own homelessness, but are often accepted into emergency shelter or transitional housing nonetheless. Do not screen in for a Rapid Re-Housing or Housing First assessment.
- **Moderate priority:** Individuals who have general housing barriers and are referred for a full SPDAT assessment to determine if appropriate for Rapid Re-Housing and Case Management.
- **Top priority:** Individuals with intensive needs who are referred for the full SPDAT Assessment to determine need for Housing First or Permanent Supportive Housing.

Each Monday, the KVC HMIS Specialist pulls a report from HMIS. The report will produce a listing of individuals who have an active VI-SPDAT in Service Point. The report is taken and distributed at the Supportive Services weekly meeting. Only client identifiers that are populated on this weekly report will be eligible for referrals to appropriate housing programs. In order for a client to be on this list, the service provider must be participating in and completing client information in a timely and accurate fashion in HMIS. The KVC’s practice is that service providers complete the VI-SPDAT within 2-10 days of shelter/program intake. RSLC actively participates in this process and the assigned weekly workgroup.

The KVC Supportive Services meeting/work group will be comprised of qualified professionals designated as the appropriate representatives of their agencies. Case managers, clinicians, program supervisors in attendance at the Supportive Services meetings will review the weekly report of individuals. The report indicates the ranking that was produced when the VI-SPDAT was conducted by the provider and scored in Service Point.

Through this process, which PATH providers actively participate, consumers have access to a variety of services in a streamlined, fast-paced approach. Services might include, but not be limited to:

PATH consumers have access to the Emergency Solutions Grant (ESG) program. RSLC offers this program internally. Through this source of funding, PATH consumers have access to rapid-rehousing services. Funds are available to assist consumers with security deposits and rental assistance to help stabilize them into permanent housing.

*Describe any gaps that exist in the current service systems.*

Proposed HUD and local consolidated plans indicate that there is a lack of decent, affordable housing stock available. While there may be many units, there are fewer that those we serve can access. Issues such as: not being able to pass inspection and excessive rent only complicates the issue if someone is living on a fixed income or the need to be in a supported permanent housing program.

There is a clear need in our community for adequate housing and supports for individuals in need of assistance in the community. There are very few agencies that provide follow up care in the community. There are many clients we serve, PATH clients included, that could be very successful in the community if more community support services were available. These services have been strengthened the past two years with the creation of our Independent Care Coordination and Aftercare/Transitional programming. Community living is the ultimate goal for all clients; however, it is further complicated when individuals are not able to access safe, decent affordable housing or housing with supportive services.

It was noted in the City of Charleston's FY2010-2014 Consolidated Plan that the Charleston-Kanawha Housing Authority administers 2,900 Section 8 Housing Choice Vouchers in the City of Charleston and in Kanawha County. As of February 2014, there were over 2,000 families on the waiting list for Section 8 vouchers, and the waiting list was not open. This is a huge concern for this area. Many PATH clients will have a fixed income that will require access to income based housing.

*Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.*

The RSLC and YWCA are agencies with established expertise in working with individuals experiencing homelessness. It is understood that this population has special needs that must be considered when developing and providing services. Approximately 75% of those that we serve have a serious mental illness and/or substance use disorder. The RSLC and YWCA offer a holistic approach incorporating supports geared toward recovery and ongoing well-being to all individuals entering the shelters in need of services. The supports in place have been developed based on the needs of clients who are dually diagnosed as well as those individuals who are medically fragile or live with disabilities. In addition, Pretera Center has an established history of offering services to this population which serves to enhance and support the long-term care needs of the individuals served by this project.

The special needs of clients will be met by, or as a result of, trained/competent direct care staff on the site at all shelter locations. The RSLC and YWCA recruit and adequately train and monitor staff that work at each of the locations. Staff must be committed to working with this population and are offered ongoing staff development opportunities to increase the level of understanding of issues common to individuals served. A comprehensive set of guidelines geared toward the needs of this population is in place and will continually be revised and updated. Guidelines include medication policy; crisis intervention policy, and suicide policy.

The PATH project has a focus on personal responsibility and accountability. Upon admission to any RSLC or YWCA program, each client is assigned a Case Manager. The client is interviewed and service needs are determined. A service plan is developed that outlines basic goals and objectives. For example, a client's service plan might focus on income/employment, housing, medical needs, entitlements and/or education/training needs. Through the ability to access a PATH Coordinator, the client is referred to the Coordinator for assessment of psychosocial functioning, substance abuse/chemical dependency and dual diagnosis. While the Case Manager works on those objectives established on the service plan, the PATH Coordinator establishes and works on a Treatment Plan with the client. As the service plan objectives and

the Treatment Plan objectives operate concurrently, treatment is comprehensive for/with the client.

The PATH Project utilizes the bio-psycho-social treatment model for dual disorders or clients with serious mental illness. This model isolates physical, psychological and social symptoms related to chemical dependency and/or mental illness personality disorders. The program's goal is to reduce the client's symptoms, to aid the client's development of new coping skills, to increase the clients independent functioning and to increase the client's personal responsibility for their behavior.

Pretera is an integral programming component for individuals entering this program as clients are readily referred to address issues that our program cannot. Pretera also works collaboratively with this program to assist individuals that may be in need of in-patient or extensive outpatient services. For the PATH client who is exhibiting elevated psychiatric symptoms that might require a more intense level of treatment, the client may also be referred to Pretera's Crisis Response Unit.

*Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.*

RSLC supports the use of evidenced based practices whenever possible. We have received trainings on CTI and trauma informed care. We feel the addition of these practices would greatly strengthen our services. Both RSLC and YWCA utilize Peer Specialists and provide referrals to WRAP groups as an example of our use of evidenced based practices.

Trainings for PATH staff are provided on a regular basis by both agencies and by Pretera twice a year. Trainings are typically focused on cultural competency and diversity along with signs and symptoms of mental illness. All RSLC trainings are open to all PATH funded staff.

Currently, program staff enter information directly into the local HMIS. Staff are trained by the CoC's HMIS Specialist on data entry and reporting. PATH program staff take part in regular trainings and specific trainings if data deficiencies are noted.

#### Data

*Describe the provider's status on the HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.*

Both RSLC and YWCA participate in the local HMIS system with several programs. RSLC employs the KVC's HMIS Specialist and have been working diligently with her assistance in converting all agency programs to HMIS. The PATH program is currently fully utilizing the local HMIS.

Training is provided by the KVC's HMIS Specialist on a regular basis through both group user trainings, director trainings, and individual trainings for any noted deficiencies. New staff will be trained by the HMIS Specialist on data entry and reporting. The costs associated with the use of HMIS for this program are covered through the KVC's HMIS grants allowing access for all community programs serving those experiencing homelessness.

## SSI/SSDI Outreach, Access, Recovery (SOAR)

*Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014- 2015), and the number of PATH-funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.*

Both PATH staff in this program have been trained in SOAR (both in 2014). During the past year, 3 clients have been assisted through the SOAR process with 2 successes. The third client is pending in their results.

## 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).*

With PATH funding, increased stabilization through treatment of individuals experiencing homelessness affected by substance abuse and/or mental illness will be coordinated. Without appropriate treatment strategies, this population will continue to face access barriers in looking for permanent housing. In addition, the PATH Coordinators, in conjunction with program-based staff/case managers are diligently working to identify housing opportunities in the community that are safe and affordable for persons served.

There is a strong collaborative relationship with local housing authorities. Additionally, policy changes which enable allowing once again for zero rent in public housing, have improved access to safe and affordable housing. However, there is an extensive wait list for public housing. It was noted in the City of Charleston's FY2010-2014 Consolidated Plan that the Charleston-Kanawha Housing Authority administers 2,900 Section 8 Housing Choice Vouchers in the City of Charleston and in Kanawha County. As of February 2012, there were over 2,000 families on the waiting list for Section 8 vouchers, and the waiting list was still open. This is a huge concern for this area. Many PATH clients have a fixed income that will require income based housing. With such a wait list, it is extremely difficult to move individuals into housing opportunities.

While participating in the Homelessness Prevention and Rapid Re-housing Program (HPRP) RSLC joined the Landlords Association where we are able to make connections with landlords that can assist not only those we serve, but the entire community. Housing is a huge focus for RSLC and we continue to advocate and explore all options that will allow us to enhance the housing stock and promote suitable housing for those served. Also, the RSLC Aftercare Program that has been in existence for many years also maintains an extensive list of landlords that are willing to work with individuals from our programs. We routinely utilize that source to build relationships for those served in the PATH program.

RSLC has also maintained RRH programs through both SSVF and ESG funds. RRH has been offered when available for those who qualify based on the program guidelines. THE RRH program was available to those with a high score on the local vulnerability index (VI-SPDAT) and the results of this program will be measured against traditional shelter methods via a partnership with WVCEH and WVU.

### Staff Information

*Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).*

Staff members at both homeless programs are diversified in all areas with a good mix of females and males providing services. The typical age range of staff is between 25-40 with a variety of skills and educations.

The collaborating agencies coordinate and offer to all staff training focusing on diversity issues. This training addresses all areas of diversity, with emphasis on age, gender, racial and ethnic differences. In addition to the larger diversity training, a segment on such issues is incorporated into all new employee orientations. Both PATH-funded Coordinators receive clinical supervision monthly through Pretera Center with a licensed clinician. Diversity education and awareness is incorporated into this activity. All agencies collaborating on this project have an existing nondiscrimination policy in effect and all staff members are educated with regard to its content and meaning at the time of hire and orientation. Both facilities have staff consisting of many different racial/ethnic backgrounds in order to better understand and serve persons in the most comfortable setting possible.

Every employee of the Roark-Sullivan Lifeway Center receives a copy of the Employee Handbook which addresses many personnel issues including client rights, employee right, and our statement on nondiscrimination. RSLC does not discriminate against employees or residents for any reason including race, color, age, citizenship, religion, creed, sex, national origin, sexual orientation, disability, marital status or political belief.

Each employee of the YWCA of Charleston receives a copy of the Personnel policy/Employee Guideline that outlines the policies as well as procedures that are to be followed. The YWCA of Charleston states that no person shall be discriminated against because of race, color, age, citizenship, religion, creed, sex, national origin, sexual orientation, disability, marital status or political belief. This applies to the staff as well as the people served in any of the YWCA programs.

Both RSLC and the YWCA Sojourner's have on file with the US Department of Housing and Urban Development a Statement of Affirmative Action and a Code of Conduct. These documents insure that both agencies are in compliance with the federal governments standards.

For over two decades the Roark-Sullivan Lifeway Center, Inc. and the YWCA Sojourner's Shelter for Homeless Women and Families have been meeting a vital need within Charleston and the Kanawha Valley. Within the two facilities services are provided to single women, women with children, single men, men with custody of their children and intact families. Between the two programs we serve a large percentage of those experiencing homelessness in the state of West Virginia.

We see and work with people from all walks of life. We provide various trainings throughout the year dealing with diversity to ensure effective delivery of services. We also work with Prester Center for two trainings a year that focus on these areas. We serve rural, urban, transient, educated, mature and youthful populations alike. We will seek to provide translation services if language is a barrier to receiving services. It is our responsibility to embrace all cultures, ethnic groups and religions represented by individuals in need.

We understand cultural differences are not only things that can be seen and labeled, but also intangible ideas and beliefs that permeate every area of a person's being. We try to be mindful of the cultural differences in everyone we serve, and we strive to understand how a person's culture effects their communication, rituals, practices, customs, thoughts, beliefs, ways of interacting, behaviors and relationships.

#### 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 served using PATH funds to be literally homeless.*

The client population is indigent men/women with Mental Illness and/or co-occurring disorders that are experiencing homelessness. The typical client is Caucasian between the ages of 35-50; however, both homeless programs are seeing an increasing number of youth (ages 18-21) and elderly persons (ages 65+).

In examining the past few years of data, we expect to screen 250 individuals this year with 200 enrolling into the program. 100% of those served through this program will be experiencing homelessness at the time of program enrollment. Demographically, we expect 50% of those served will be female and 50% to be male. Historically, approximately 80% of those served have been Caucasian with 19% being African-American.

#### Consumer Involvement

*Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be 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".*

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 have the opportunity to choose, with their PATH Coordinator, the services that best fit their needs. If a participant wishes to have a family member involved, both agencies fully support their participation and input into the

treatment plan. The RSLC has 2 individuals that went through our programs and received PATH services that are now employees and have been so for 5+ years. The RSLC also has a former PATH client that was in our programs that is now a RSLC Board Member. This is an important component of programming at all RSLC sites. Client input is critical in the planning and evaluation of every program at both homeless facilities. 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.

#### Budget Narrative

See budget attachment in WebBGAS

P.O. Box 4697  
Bridgeport, WV 26330

Provider Type: Other housing agency

PDX ID: WV-018

Contact: Zachary Brown

State Provider ID:

Contact Phone #: 3048429522

Geographical Area Served: Region 2

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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**a. Personnel** \$ 45,761 \$ 25,259 \$ 71,020

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Outreach worker	\$ 22,914	1.00	\$ 22,914	\$ 1,206	\$ 24,120	<input type="text"/>
Outreach worker	\$ 21,641	1.00	\$ 21,641	\$ 1,139	\$ 22,780	<input type="text"/>
PATH Administrator	\$ 24,120	0.05	\$ 1,206	\$ 22,914	\$ 24,120	<input type="text"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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**b. Fringe Benefits** 19.56 % \$ 13,889 \$ 7,666 \$ 21,555

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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**c. Travel** \$ 3,158 \$ 9,986 \$ 13,144

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 3,158	\$ 9,986	\$ 13,144	<input type="text"/>

**d. Equipment** \$ 0 \$ 0 \$ 0

No Data Available

**e. Supplies** \$ 0 \$ 1,500 \$ 1,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 0	\$ 1,500	\$ 1,500	<input type="text"/>

**f. Contractual** \$ 784 \$ 12,716 \$ 13,500

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 784	\$ 12,716	\$ 13,500	<input type="text" value="A133 Audit Services"/>

**g. Construction (non-allowable)**

**h. Other** \$ 1,045 \$ 30,000 \$ 31,045

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: One-time housing rental assistance	\$ 0	\$ 20,000	\$ 20,000	<input type="text"/>
Client: Other (Describe in Comments)	\$ 0	\$ 10,000	\$ 10,000	<input type="text" value="Furniture"/>
Office: Utilities/Telephone/Internet	\$ 1,045	\$ 0	\$ 1,045	<input type="text"/>

**i. Total Direct Charges (Sum of a-h)** \$ 64,637 \$ 87,127 \$ 151,764

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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**j. Indirect Costs (Administrative Costs)** \$ 0 \$ 0 \$ 0

**k. Grand Total (Sum of i and j)** \$ 64,637 \$ 87,127 \$ 151,764

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 125 Estimated Number of Persons to be Enrolled: 62

Estimated Number of Persons to be Contacted who are Literally Homeless: 125

Number Staff trained in SOAR in Grant year ended in 2014: 3 Number of PATH-funded consumers assisted through SOAR: 1



Advocates for Service to Prevent and End Homelessness throughout West Virginia

PO Box 4697  
Bridgeport, WV 26330  
304.842.9522  
www.wvceh.org

WVCEH – PATH Budget Narrative Federal Funds

July 1, 2016 to June 30, 2017 \$64,637

It is estimated that the FEDERAL PATH funds represent approximately 67% of the anticipated overall PATH budget for FY16.

**Personnel:** Two PATH Outreach personnel will be employed at an annual rate of \$34,000 and \$36,000 respectively. One is employed at a higher rate due to being a WVCEH employee longer and holding another position formerly in the agency. WVCEH will underwrite 5% of the outreach personnel cost via the HMIS grant for HMIS activities. The Project Specialist will act as the direct supervisor of these outreach personnel, equaling 3.5% of her overall time for a total of \$1,206 from federal PATH funds for FY17. **The Personnel category subtotal is \$45,761 from Federal funds for FY16.**

**Fringe Benefits:** Fringe benefits are provided at the accepted rate of 7.65% for FICA/Medicare, 3% Retirement, 2.7% for unemployment and 17% Health Insurance, including vision and dental for a **total of \$13,888 based on the current census for FY17 Federal PATH funds.**

**Contracted Services:** WVCEH anticipates the A-133 audit to total \$13,000 for FY17. \$784 of this represents the portion equal to the ratio of PATH Federal funding to the overall agency budget.

**Other:** Both WVCEH PATH outreach personnel will be mobile personnel, and therefore \$1,045 for each has been budgeted for cellular phones and cellular enabled iPads at a rate of \$130/month to allow direct access to HMIS and the referral database while doing Outreach. \$3,158 for staff from FY17 Federal funds will cover mileage of \$0.54/mile at 5,848 miles from federal funds.

**The Other category subtotal is \$4,203 for FY17 Federal Funds.**

**Cost Sharing or Matching:** WVCEH anticipates a \$20,000 United Way grant from the Martinsburg United Way which will be used to connect individuals found in street outreach to permanent housing. This funding will be used for rental and utility assistance. In addition, WVCEH has received a large donation of new furniture from Star Furniture in Martinsburg which will be used to furnish apartments for clients. The total value of this furniture, exceeds \$10,000. Total matching amount for the FY17 PATH funds will exceed the required \$21,546.

Prepared by: \_\_\_\_\_  
Amanda Sisson, Assistant Director

4/22/16  
Date

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

**GRANTEE NAME:** WV Coalition to End Homelessness  
**ASSIGNED PROGRAM NAME:** Projects to Assist in the Transition from Homelessness

**BUDGET PERIOD:** 6/30/2017

**ACCOUNT NUMBER:**

**PROGRAM CODE:**

**CURRENT YEAR ALLOCATION: \$64,637**

*DIRECT COST	BBHF FUNDS	OTHER FUNDS	TOTAL
<b>A. Personnel</b>			
1. Timothy Dawson, PATH Outreach Worker, Region 4 (1.0 FTE)	\$22,914	\$1,206	\$24,120
2. Jason Mansfield, PATH Outreach Worker, Region 2 (1.0 FTE)	\$21,641	\$1,139	\$22,780
3. VACANT, Outreach Supervisor (.05 FTE)	\$1,206	\$22,914	\$24,120
4. _____			\$
5. _____			\$
<b>SUBTOTAL PERSONNEL</b>	<b>\$45,761</b>	<b>\$25,259</b>	<b>\$71,020</b>
<b>B. Fringe Benefits</b>			
1. FICA @ 7.65%	\$3,501	\$1,932	\$5,433
2. Worker's Compensation @ 2.7%	\$1,236	\$682	\$1,918
3. Retirement @ 3%	\$1,373	\$758	\$2,131
4. Insurance @ 17%	\$7,779	\$4,294	\$12,073
5. _____			\$
6. _____			\$
<b>SUBTOTAL FRINGE BENEFITS</b>	<b>\$13,889</b>	<b>\$7,666</b>	<b>\$21,555</b>
<b>C. Equipment</b>			
1. _____			\$
2. _____			\$
3. _____			\$
<b>SUBTOTAL EQUIPMENT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>D. Supplies</b>			
1. Direct Office Supplies		\$1,500	\$1,500
2. General Program Supplies			\$
3. _____			\$
4. _____			\$
5. _____			\$
6. _____			\$
<b>SUBTOTAL SUPPLIES</b>	<b>\$</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>E. Contracted Services</b>			
1. A-133 Audit (PATH portion)	\$784	\$12,716	\$13,500
2. _____			\$
3. _____			\$
<b>SUBTOTAL CONTRACTED SERVICES</b>	<b>\$784</b>	<b>\$12,716</b>	<b>\$13,500</b>
<b>F. Construction (Special Permission)</b>			
	\$	\$	\$
<b>G. Other</b>			
1. Direct Staff Travel	\$3,158	\$9,986	\$13,144
2. Rent			\$
3. Depreciation			\$
4. Repairs & Maintenance (vehicle)			\$
5. Repairs & Maintenance (facility)			\$

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

6. Repairs & Maintenance (equipment)			\$
7. Insurance (property, liability, etc)			\$
8. Utilities			\$
9. Phone	\$1,045		\$1,045
10. Rapid Rehousing Assistane (Rent and Utility Payments)		\$20,000	\$20,000
11. Furniture for clients		\$10,000	\$10,000
12.			\$
13.			\$
	<b>TOTAL OTHER</b>	<b>\$4,203</b>	<b>\$39,986</b>
<b>1 TOTAL DIRECT COSTS (SUM OF A - G)</b>		<b>\$64,637</b>	<b>\$87,127</b>
<b>2 INDIRECT COST RATE***</b>		00.00%	
<b>3 INDIRECT COST AMOUNT (BASE X RATE)</b>		\$	\$
<b>4 TOTAL BBHF COSTS (DIRECT + INDIRECT)</b>		<b>\$64,637</b>	
<b>5 ANTICIPATED PROGRAM INCOME EARNED</b>			\$
<b>6 GRANTEE / OTHER SOURCE SUPPLIED PORTION</b>			\$87,127
<b>7 TOTAL PROGRAM BUDGET</b>			<b>\$151,764</b>

**OTHER FUNDING: List all projected other funding sources and amounts**

WVCEH anticipates a \$20,000 United Way grant from the Martinsburg United Way which will be used to connect individuals found in street outreach to permanent housing. This funding will be used for rental and utility assistance. In addition, WVCEH has received a large donation of new furniture from Star Furniture in Martinsburg which will be used to furnish apartments for clients. The total value of this furniture, exceeds \$10,000. Total matching amount for the FY17 PATH funds will exceed the required \$21,546

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\* BBHF does not permit for indirect costs to be applied to property, equipment, and capital expenditures.

\*\*\*In order to be eligible to charge indirect costs, providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that some federal grants restrict or cap the amount of indirect cost chargeable to the grant.

PREPARED BY Amanda Sisson, Assistant Director DATE 4/22/2016

**BBHF USE ONLY**

DIVISION DIRECTOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_  
 FISCAL APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

## **West Virginia Coalition to End Homelessness Intended Use Plan**

### Local Provider Description

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, 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 most recently a Project Assistance in Transition from Homelessness (PATH) Outreach Provider for DHHR 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. 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 \$31,911 (State Portion) in PATH funding for DHHR Regions 2 and 4 in FY15. WVCEH currently receives \$64,637 for FY15 (Federal Portion). WVCEH covers 22 counties with 2 pure Street Outreach workers.

### Collaboration with HUD Continuum of Care (CoC) Program

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. After much trepidation and thought on the part of WVCEH in the strategic logic of entering the direct service area, the past four months of delivering PATH Street Outreach have been 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 has been frustrating, fragmented, and revealing. Shelters, CoC Programs (Transitional and Permanent Supportive Housing), and local providers of mainstream 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

WVCEH Collaborates with several types of organizations within and outside the WV Balance of State Continuum of Care. Over the past year, WVCEH has worked directly with 20 communities in West Virginia, including 6 local coalitions to end homelessness, 3 health clinics, 2 hospitals, 3 Veterans

Administration Medical Centers, 1 state hospital, 10 emergency homeless shelters, 5 community mental health centers, and 4 communities of faith and/or faith-based service delivery providers, and almost 40 ESG or CoC homeless housing and service providers. Collaboration at the community level is one of the most successful strategic initiatives of any Continuum of Care, and the situation is no different with the WV Balance of State Continuum of Care (BoS CoC). While some communities and their respective community entities are providing collaboration and services to PATH-eligible clients, ushering them from street to housing quickly and effectively; in other communities, creating a clear line of access from street to housing has been much more challenging. Housing, case management, treatment, and stabilization services exist in every community in West Virginia, though not every community operates these services uniformly. Aligning those services into one coherent system is the most fundamental function of a HUD-designate Continuum of Care, and PATH Outreach has shown us as a Continuum of Care that much work remains to be done. Duplication of services, prolific rules pertaining to mental health and sobriety, and a lack of understanding as to the strategic initiatives that end homelessness are creating an environment where aggressive street outreach and prioritization for housing of the state's most acute individuals experiencing homelessness are not a guarantee of appropriate and effective housing, housing stabilization, ongoing case management, and follow-up. So, while we continue to build a cogent system of housing and services where street outreach plays a crucial part, the reality of moving people quickly from street to permanent housing is proving more difficult than anticipated, due to effective outreach, not the lack thereof.

### Service Provision

*Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including: Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.*

WVCEH is purely pursuing the goals of targeting street outreach, case management, and connection to housing, but due to the inability to work effectively with shelters in triaging and placing high barrier individuals into housing, WVCEH has resorted to increased requests for Emergency Solutions Rapid Rehousing funding. WVCEH is now 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 Assessment 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. 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.

*Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

As stated above, WVCEH used PATH Street Outreach to connect individuals and families from the street to housing and community-based resources. In 2015-2016, we used \$19,493.02 in Emergency Solutions Rapid Rehousing funding to provide permanent housing to 12 PATH-eligible clients since 7/1/15. That's an average of \$1624 per person assisted into permanent housing. At the outset, WVCEH resolved to not just provide Street Outreach in hopes of connecting to existing community resources, but rather tied the Street Outreach to absolute permanent housing through ESG. WVCEH will continue to operate with a Housing First approach to PATH and ESG.

*Describe any gaps that exist in the current service systems.*

A large part of the issue with PATH-eligible individuals accessing emergency shelters though as a place for triage prior to permanent housing is the expectation of sobriety before entering shelters, and in the case of some shelters, specific pre-requisites for treatment or medication prior to entry into a shelter. 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 Office of Economic Opportunity 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.

*Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.*

Services available to persons with severe mental illness and substance use disorders originate primarily from local hospitals, community mental health providers, some community health clinic/integrated behavioral health centers, state hospitals, peer recovery groups, ACT 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.

*Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.*

As the WV Balance of State Continuum of Care and the State Coalition on Homelessness, the WVCEH is in the fortuitous position of providing several opportunities for evidence-based trainings to organizations and agencies in the Balance of State and throughout WV. Many of which can be provided directly through WVCEH.

- WVCEH employees two OrgCode-approved SPDAT trainers. The evidence-based assessment provided by OrgCode Consulting that is the assessment for the coordinated assessment procedure in the Balance of State Continuum of Care, the Kanawha Valley Collective CoC, and the Huntington Cabell Wayne CoC. Several PATH Outreach Workers are currently utilizing the VI-SPDAT Prescreen Tool in the field to assess and prioritize the most vulnerable individuals for housing placement and wraparound services, and many PATH Outreach Workers have been

trained to utilize the Full SPDAT Assessment. WVCEH is also the State SOAR Lead.

- WVCEH is also the HMIS Lead for the Balance of State, As the HMIS Lead for the Balance of State CoC, WVCEH performs several HMIS trainings across the state and by webinar, having trained over 105 new and existing users since December of 2013. Among those, all PATH Outreach Workers in the Balance of State CoC were recently offered PATH-specific HMIS training, which all PATH personnel in the BoS CoC attended, as well as the state PATH Director.
- WVCEH has penned Continuum of Care Guidance documents in accordance with the CoC Responsibilities outlined in 24 CFR 578. These guidance documents outline the best practices learned from experience and from other communities across the United States on how to effectively operate Coordinated Assessment, Permanent Supportive Housing, Rapid Rehousing and Transitional Housing. The guidance documents are also accompanied by a companion piece that puts each policy document into a “practice guide” that is easily understandable by even the most novice case manager.
- In May 2016, WVCEH will be partnering with Ryan Hannon, who is a Street Outreach Worker with Goodwill in Traverse City, Michigan for 3 intense days of Outreach training. Ryan is an intern with OrgCode Consulting and will spend 2 days with WVCEH Outreach and ESG staff observing and providing feedback. He will also provide a statewide training to anyone who is interested in refining his or her street outreach skills. This will be open to all PATH-funded providers in WV and will be offered with a minimal registration fee to offset the cost of Ryan’s travel and the venue for training.

## Data

WVCEH has fully integrated PATH into both the CoC HMIS and into the Statewide HMIS Implementation. All PATH Workers are currently utilizing HMIS well ahead of the 2016 integration target. The next phase in PATH/HMIS will be the update of the HMIS Data Standards (now called the “HMIS Data Dictionary”) with several new data points to be collected for PATH and other SAMSHA programs. Given that WV is now a statewide HMIS implementation utilizing ServicePoint, these changes were automatically integrated. The WV Balance of State offers an on-going PATH training as part of the regular HMIS training structure.

## SSI/SSDI Outreach, Access, Recovery (SOAR)

For the current year, WVCEH PATH outreach was able to successfully file one appeal. Many of the high-acuity, high-need individuals that WVCEH PATH outreach have encountered and enrolled in the PATH program are either already receiving benefits, are working with an attorney to obtain benefits, or are not eligible for SSI/SSDI due to only having medical documentation that supports a substance/alcohol use diagnosis. Throughout our 22 county coverage area, upwards of 42% can be enrolled in Medicaid rendering it difficult to locate clients that are not accessing the benefits that they are eligible for.

WVCEH PATH Outreach workers will continue to assess individuals for the possibility of completing SOAR claims.

*How many SOAR applications were submitted by PATH staff during the previous PATH FY (July 1, 2014 – June 30<sup>th</sup>, 2015)*

For WVCEH PATH Staff, there was one application successfully submitted on appeal. There were no initial applications submitted.

*What was the outcome of the applications submitted (approved or denied or appealed) using SOAR during the previous PATH FY (July 1, 2014-June 30<sup>th</sup>, 2015)*

The one application submitted on appeal by WVCEH PATH staff was successful and the client received benefits and a large sum of back pay.

*Number of staff trained in SOAR*

Both PATH-funded staff, as well as the PATH Supervisor is trained in the SOAR process. The PATH supervisor is the WV State SOAR Trainer.

### Housing

WVCEH utilizes pretty much every type of housing available in the CoC that can be utilized 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 126 clients served through PATH by WVCEH to-date, the vast majority has 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 in market housing for some low acuity clients. Though not all clients on the caseload have been housed, it is currently confirmed that 133 clients of 216 served have been permanently housed since WVCEH began operating PATH. WVCEH has also applied for additional ESG Rapid Re-Housing resources to assist PATH Outreach Workers with immediately housing PATH clients with mid to high acuity in Regions 2 and 4. In many cases, making referrals and connections to existing housing has proven difficult due to rules, stipulations, “hoops”(e.g. emergency shelter before rapid re-housing), and policies. Therefore, WVCEH is funding it a much more rapid solution to connect PATH-eligible clients to housing through the use of a combination of PATH and ESG funds, rapidly re-housing individuals and families without lengthy shelter stays, or lengthy time remaining on the street prior to housing placement. Until WVCEH, as the CoC, has the ability to fundamentally fix many of the aforementioned systemic issues, we feel it is our responsibility to connect persons on the street with housing and case management as quickly and effectively as possible, understanding the ongoing burden on current PATH staff to provide follow-up case management and assistance.

### Staff Information

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. 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. 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 two years.

### Client Information

*Estimate the number of clients expected to be contacted using PATH funds in FFY 2016. (July 1, 2016-June 30<sup>th</sup>, 2017)*

WVCEH anticipates contacting 125 clients using PATH funds in FFY 2016.

*Percentage of PATH clients who are adults*

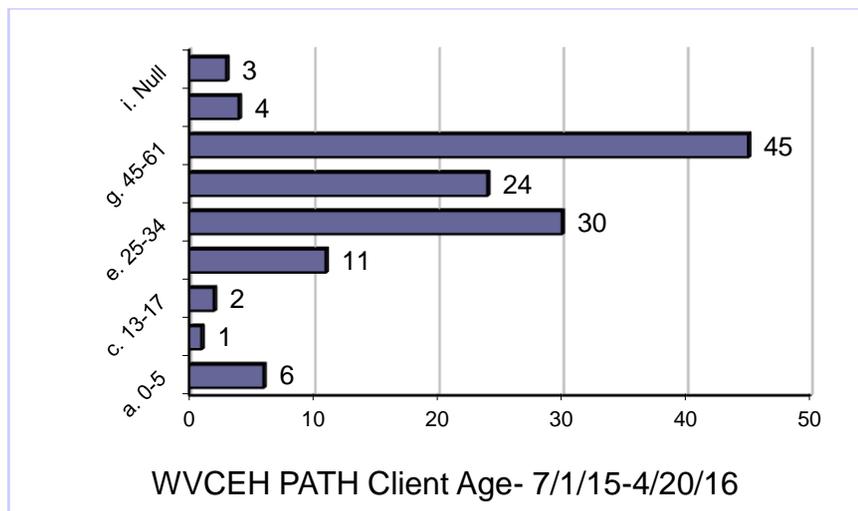
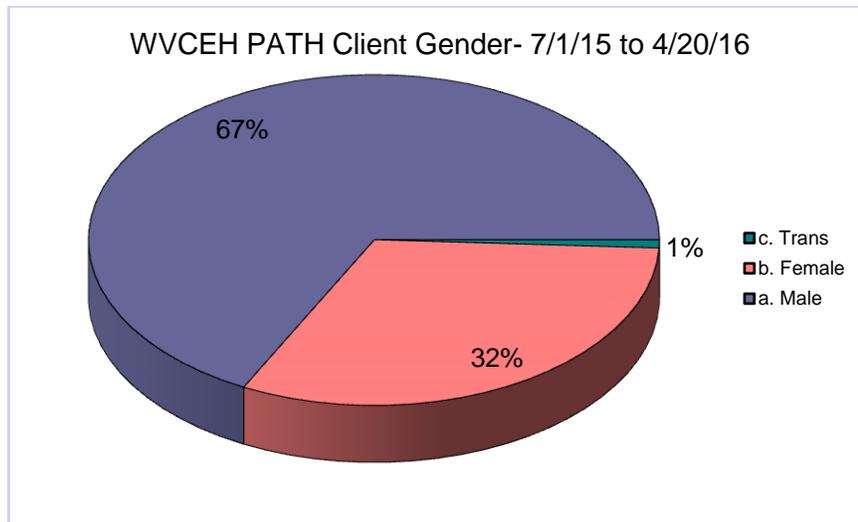
Of those expected to be contacted, 115 will be adults. In FFY2015, 117 of the 126 contacted were adults.

*Percentage of adults who are literally homeless*

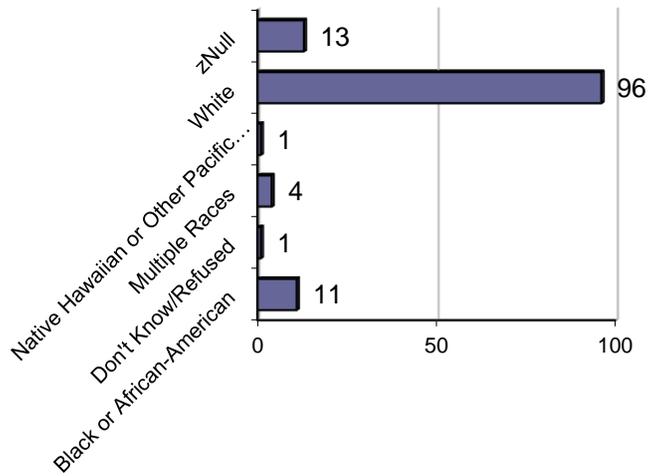
WVCEH only does street outreach and 100% of PATH clients contacted will be literally homeless in FFY2017. Furthermore, it is expected that 75% of those contacted will also be chronically homeless. Chronic homelessness refers to those who have a disability and have been literally homeless for a year or more or had at least 4 or more episodes of homelessness in the past 3 years.

*Number of clients to be enrolled in PATH during FFY 2016. (July 1, 2016-June 30<sup>th</sup>, 2017)*

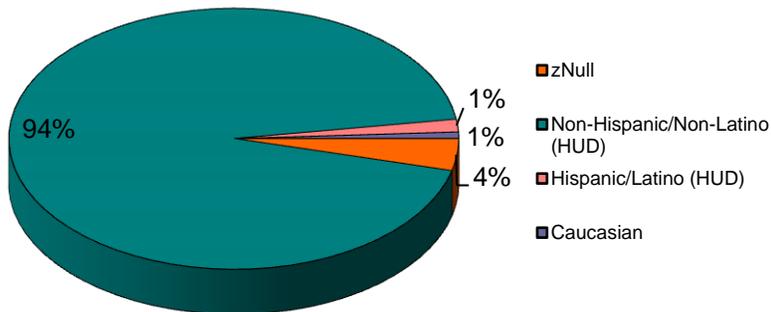
WVCEH anticipates enrolling approximately 50% of those contacted in FFY2015, or 62 persons. Many persons are contacted by PATH outreach, but may not be PATH-eligible and are immediately referred to the Rapid Rehousing program for housing placement without a PATH enrollment.



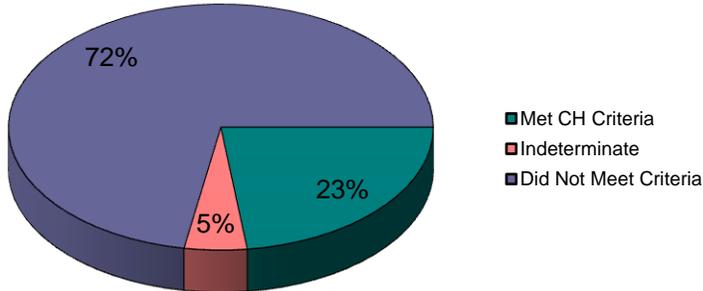
WVCEH PATH Client Race- 7/1/15-4/20/16



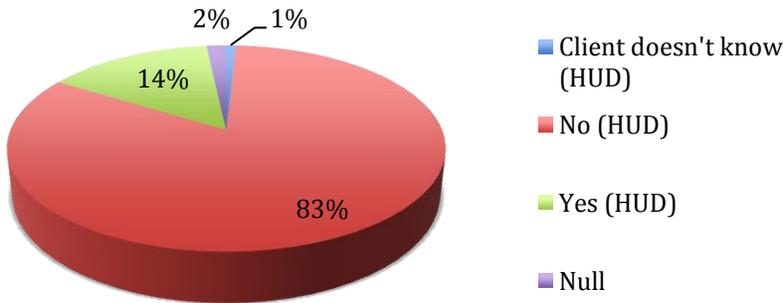
WVCEH PATH Client Ethnicity 7/1/15-4/20/16



**WVCEH PATH- Chronically Homeless  
Clients 7/1/2015-4/20/16**



**WVCEH PATH- Veteran Status  
7/1/15-4/20/16**



Consumer Involvement

Individuals who experience homelessness and have serious mental illness are at the core of the tactical and strategic planning of all WVCEH activities, and specifically the way in which PATH services are delivered in Regions 2 and 4. WVCEH is unveiling a new Regional CoC Committee and Sub-Committee structure that will incorporate the input and guidance of persons either currently experiencing homelessness or formerly experiencing homelessness, serious mental illness, and substance issues. WVCEH has developed a Consumer Input Survey, which will be implemented by May 1, 2016. WVCEH will be speaking with other peer-guided networks in other states currently using peer-guided outreach models to discuss the best practices in launching such an endeavor.

Budget Narrative

See budget attachment in WebBGAS

7. Westbrook Health Services

2121 East Seventh Street

Parkersburg, WV 26101

Contact: Tim Barnett

Contact Phone #: 3044851721

Has Sub-IUPs: No

Provider Type: Community mental health center

PDX ID: WV-013

State Provider ID:

Geographical Area Served: Region 3

Planning Period From 7/1/2016 to 6/30/2017

\* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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a. Personnel \$ 20,005 \$ 4,913 \$ 24,918

Position *	Annual Salary *	PATH-Funded FTE *	PATH-Funded Salary	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 20,005	1.00	\$ 20,005	\$ 4,913	\$ 24,918	<input type="text" value="Engagement Specialist"/>

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits 9.70 % \$ 2,418 \$ 593 \$ 3,011

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
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c. Travel \$ 0 \$ 0 \$ 0

d. Equipment \$ 0 \$ 0 \$ 0

e. Supplies \$ 0 \$ 0 \$ 0

f. Contractual \$ 0 \$ 0 \$ 0

g. Construction (non-allowable)

h. Other \$ 0 \$ 3,463 \$ 3,463

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Rent Expenses	\$ 0	\$ 3,000	\$ 3,000	<input type="text"/>
Office: Utilities/Telephone/Internet	\$ 0	\$ 463	\$ 463	<input type="text"/>

i. Total Direct Charges (Sum of a-h) \$ 22,423 \$ 8,969 \$ 31,392

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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j. Indirect Costs (Administrative Costs) \$ 4,484 \$ 0 \$ 4,484

k. Grand Total (Sum of i and j) \$ 26,907 \$ 8,969 \$ 35,876

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted: 300 Estimated Number of Persons to be Enrolled: 200  
 Estimated Number of Persons to be Contacted who are Literally Homeless: 210  
 Number Staff trained in SOAR in Grant year ended in 2014: 5 Number of PATH-funded consumers assisted through SOAR: 1

## **Budget Narrative**

### **A: Personnel**

- Engagement Specialist who helps those who are homeless to get connected to needed services and housing

### **B: Fringe Benefits**

- Detailed on budget

### **C: Equipment**

- No expenses

### **D: Supplies**

- No expenses

### **E: Contractual Costs**

- No expenses

### **F: Construction**

- No expenses

### **G: Other**

- No expenses

### **H: Indirect Costs**

- 20.00% was established by indirect cost report prepared by fiscal auditors

### **I: Cost Sharing or Matching**

- None

<b>Position</b>	<b>Name</b>	<b>Salary</b>	<b>FTE</b>
Engagement Specialist	Tim Baer	\$24,918	1.00

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

**GRANTEE NAME:** WESTBROOK HEALTH SERVICES, INC.

**ASSIGNED PROGRAM NAME:** PROJECTS FOR ASSISTANCE IN  
TRANSITION FROM HOMELESSNESS  
(PATH) JACKSON CO

**BUDGET PERIOD:** 7/1/2016 -  
6/30/2017

**ACCOUNT NUMBER:**

**PROGRAM CODE:**

**CURRENT YEAR ALLOCATION: \$26,907**

*DIRECT COST	BBHF FUNDS	OTHER FUNDS	TOTAL
<b>A. Personnel</b>			
1. 1.0 FTE Engagement Specialist (Tim Baer)	\$20,005	\$4,913	\$24,918
2.			\$
3.			\$
4.			\$
5.			\$
<b>SUBTOTAL PERSONNEL</b>	<b>\$20,005</b>	<b>\$4,913</b>	<b>\$24,918</b>
<b>B. Fringe Benefits</b>			
1. FICA	\$1,530	\$376	\$1,906
2. Worker's Compensation	\$368	\$90	\$458
3. Pension	\$400	\$98	\$498
4. Health Insurance			\$
5. Unemployment Insurance	\$120	\$29	\$149
6.			\$
<b>SUBTOTAL FRINGE BENEFITS</b>	<b>\$2,418</b>	<b>\$593</b>	<b>\$3,011</b>
<b>C. Equipment</b>			
1.			\$
2.			\$
3.			\$
<b>SUBTOTAL EQUIPMENT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>D. Supplies</b>			
1. Direct Office Supplies			\$
2. General Program Supplies			\$
3.			\$
4.			\$
5.			\$
6.			\$
<b>SUBTOTAL SUPPLIES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>E. Contracted Services</b>			
1.			\$
2.			\$
3.			\$
<b>SUBTOTAL CONTRACTED SERVICES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>F. Construction (Special Permission)</b>			
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>G. Other</b>			
1. Direct Staff Travel			\$
2. Rent		\$3,000	\$3,000
3. Depreciation			\$
4. Repairs & Maintenance (vehicle)			\$
5. Repairs & Maintenance (facility)			\$

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

7. Insurance (property, liability, etc)			\$
8. Utilities		\$463	\$463
9. Phone			\$
10.			\$
11.			\$
12.			\$
13.			\$
	<b>TOTAL OTHER</b>		<b>\$</b>
<b>1 TOTAL DIRECT COSTS (SUM OF A - G)</b>			<b>\$22,423</b>
<b>2 INDIRECT COST RATE***</b>			<b>20.00%</b>
<b>3 INDIRECT COST AMOUNT (BASE X RATE)</b>			<b>\$4,484</b>
<b>4 TOTAL BBHF COSTS (DIRECT + INDIRECT)</b>			<b>\$26,907</b>
<b>5 ANTICIPATED PROGRAM INCOME EARNED</b>			<b>\$</b>
<b>6 GRANTEE / OTHER SOURCE SUPPLIED PORTION</b>			<b>\$8,969</b>
<b>7 TOTAL PROGRAM BUDGET</b>			<b>\$35,876</b>

**OTHER FUNDING: List all projected other funding sources and amounts**

**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\* BBHF does not permit for indirect costs to be applied to property, equipment, and capital expenditures.

\*\*\*In order to be eligible to charge indirect costs, providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that some federal grants restrict or cap the amount of indirect cost chargeable to the grant.

**PREPARED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_

**BBHF USE ONLY**

**DIVISION DIRECTOR APPROVAL** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FISCAL APPROVAL** \_\_\_\_\_

**DATE** \_\_\_\_\_

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

**GRANTEE NAME:** WESTBROOK HEALTH SERVICES, INC.

**ASSIGNED PROGRAM NAME:** PROJECTS FOR ASSISTANCE IN  
TRANSITION FROM HOMELESSNESS  
(PATH) JACKSON CO

**BUDGET PERIOD:** 7/1/2016 -  
6/30/2017

**ACCOUNT NUMBER:**

**PROGRAM CODE:**

**CURRENT YEAR ALLOCATION:** \$13,283

*DIRECT COST	BBHF FUNDS	OTHER FUNDS	TOTAL
<b>A. Personnel</b>			
1. 0.5 FTE MH Tech (Brittian Miller)	\$9,620		\$9,620
2. _____			\$
3. _____			\$
4. _____			\$
5. _____			\$
<b>SUBTOTAL PERSONNEL</b>	<b>\$9,620</b>	<b>\$</b>	<b>\$9,620</b>
<b>B. Fringe Benefits</b>			
1. FICA	\$736		\$736
2. Worker's Compensation	\$177		\$177
3. Pension	\$192		\$192
4. Health Insurance			\$
5. Unemployment Insurance	\$58		\$58
6. _____			\$
<b>SUBTOTAL FRINGE BENEFITS</b>	<b>\$1,163</b>	<b>\$</b>	<b>\$1,163</b>
<b>C. Equipment</b>			
1. _____			\$
2. _____			\$
3. _____			\$
<b>SUBTOTAL EQUIPMENT</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>D. Supplies</b>			
1. Direct Office Supplies			\$
2. General Program Supplies			\$
3. _____			\$
4. _____			\$
5. _____			\$
6. _____			\$
<b>SUBTOTAL SUPPLIES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>E. Contracted Services</b>			
1. _____			\$
2. _____			\$
3. _____			\$
<b>SUBTOTAL CONTRACTED SERVICES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>F. Construction (Special Permission)</b>			
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>G. Other</b>			
1. Direct Staff Travel	\$286	\$714	\$1,000
2. Rent			\$
3. Depreciation			\$
4. Repairs & Maintenance (vehicle)			\$
5. Repairs & Maintenance (facility)			\$

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
TARGET FUNDING BUDGET**

7. Insurance (property, liability, etc)			\$
8. Utilities		\$1,537	\$1,537
9. Phone			\$
10.			\$
11.			\$
12.			\$
13.			\$
	<b>TOTAL OTHER</b>	<b>\$286</b>	<b>\$2,251</b>
<b>1 TOTAL DIRECT COSTS (SUM OF A - G)</b>		<b>\$11,069</b>	<b>\$2,251</b>
<b>2 INDIRECT COST RATE***</b>		<b>20.00%</b>	
<b>3 INDIRECT COST AMOUNT (BASE X RATE)</b>		<b>\$2,214</b>	<b>\$2,214</b>
<b>4 TOTAL BBHF COSTS (DIRECT + INDIRECT)</b>		<b>\$13,283</b>	
<b>5 ANTICIPATED PROGRAM INCOME EARNED</b>			<b>\$</b>
<b>6 GRANTEE / OTHER SOURCE SUPPLIED PORTION</b>			<b>\$2,251</b>
<b>7 TOTAL PROGRAM BUDGET</b>			<b>\$15,534</b>

**OTHER FUNDING: List all projected other funding sources and amounts**

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**NOTES:**

\*In order to be considered as direct costs for target funding purposes, these costs must also be shown as direct costs on the Provider's indirect cost plan, or as client program costs on the Medicaid Cost Report submitted to the DHHR.

\*\* BBHF does not permit for indirect costs to be applied to property, equipment, and capital expenditures.

\*\*\*In order to be eligible to charge indirect costs, providers must have an approved indirect cost plan. Indirect costs may only be charged at the rate calculated in the approved plan. However, please note that some federal grants restrict or cap the amount of indirect cost chargeable to the grant.

**PREPARED BY** \_\_\_\_\_

**DATE** \_\_\_\_\_

**BBHF USE ONLY**

**DIVISION DIRECTOR APPROVAL** \_\_\_\_\_

**DATE** \_\_\_\_\_

**FISCAL APPROVAL** \_\_\_\_\_

**DATE** \_\_\_\_\_

## **Westbrook Health Services Intended Use Plan**

### 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.*

Westbrook Health Services, Inc. is a 501 (c)(3) non-profit corporation providing Comprehensive Behavioral Health services in Region 3 (eight (8) rural counties in West Virginia, including Wood, Wirt, Calhoun, Jackson, Roane, Tyler, Ritchie and Pleasants counties. Westbrook has a Board of Directors that meets monthly and supervises an Executive Director to provide overall implementation of its directions. The Executive Director supervises management, which then supervises clinical and administrative staff. Credentialed and Privileged clinical staff members provide clinical services to consumers. All Clinical management staff and some senior Administrative staff members have clinical backgrounds, education and licensures, as well. Services are provided for individuals and their families in three (3) disability groups: Mental Health, Substance Abuse and Developmental Disabilities. Services by licensed professionals and physicians are available at sites throughout the service area, including, but not limited to: Psychiatric and other medical services provided by Licensed Physicians / Psychiatrists and Nurses; Psychological services provided by Licensed Psychologists; Therapy/Counseling services provided by Licensed Counselors, Licensed Social Workers and Certified Clinical Addiction Counselors; Social Work services provided by Licensed Social Workers; Case Management/Service Coordination services provided by qualified professionals; Detoxification services for individuals withdrawing from substances of abuse; Residential Crisis Stabilization (Amity (SA) and New Day CSU (MH), both of which provide services for Dual Diagnoses and Co-occurring Disorders; Westbrook Day Treatment/Supportive Program services. Because of its comprehensive nature, Westbrook Health Services also provides a wide variety of other programs to address the needs of its clients, including: Outpatient Substance Abuse services, Outpatient Mental Health services, Youth services, EAP services, ACT services, GENESIS Women's Program, Residential Support services for individuals with MH and Developmental Disabilities, Homeless Programming (including PATH, Transitional and Permanent housing with supportive services) and Crisis services. Westbrook receives \$26, 907 in PATH funding. Detailed funding information is contained in the Budget.

### Collaboration with HUD Continuum of Care (CoC) Program

*Describe the organization's participation in the HUD Continuum of Care program, other local planning activities and program coordination initiatives, such as coordinated entry and coordinated assessment activities. If you are not currently working with the Continuum of Care (CoC), briefly explain the approaches to be taken by the agency to collaborate with the local CoC.*

Westbrook Health Services has had a staff member on the local Mid-Ohio Valley Continuum of Care for many years. Westbrook serves as host to the general membership meetings. Westbrook has also served as a member of the state lead, WVCEH which is the Balance of State Continuum of care. Westbrook has maintained involvement in the WVCEH (HUD Balance of State) and received two grants to provide transitional housing services in Jackson County, WV (Ravenswood) and two grants for permanent housing in the Parkersburg, Wood County area over

the years. One of the Transitional Housing grants changed to a Permanent Housing program beginning this year. Other potential programs may be developed as appropriate to the needs of the community. Coordinated entry and coordinated assessment are both practiced within the local community because of our close association with WVCEH. The current representatives are:

David N. Cisler MA, LSW: Mr. Cisler has been a member of MOVCOG for over 12 years. He served on the Steering Committee in its early years and on the Board of Directors (Secretary and Vice President) in later years. He currently serves as Chair of the MOVCOG, which until last year was a sub-committee of the Wood County FRN. As of last year, the MOV COG is no longer affiliated with the FRN. Mr. Cisler is known across the state and within Region 3 with respect to homelessness issues and serves as President of the Board of Directors of the WV Coalition to End Homelessness and Balance of State CoC (WVCEH) where he is involved in a number of committees and was Chair of the Governor's West Virginia Interagency Council on Homelessness Families Workgroup.

Timothy Barnett BA, LSW: Mr. Barnett does not serve on the MOVCOG or WVCEH; however, he is the supervisor of PATH providers. Mr. Barnett attends MOV COG meetings occasionally and works closely with Mr. Cisler with respect to administrative issues regarding the PATH program. He actively partners with Mr. Cisler and the PATH providers in structuring and addressing PATH services.

Timothy Baer: Mr. Baer serves as Westbrook's Engagement Specialist providing engagement services. He sits in on MOVCOG meetings, is involved in the Zero 2016 initiative (called MOV to ZERO, locally) and attends WVCEH meetings as an Associate as his schedule permits

Brittian Miller: Mr. Miller serves as Westbrook's part-time Engagement Specialist. He sits in on MOVCOG meetings, is involved in the Zero 2016 initiative (called MOV to ZERO, locally).

#### Collaboration with Local Community Organizations

*Provide a brief description of partnerships and activities with local community organizations that provide key services (i.e., outreach teams, primary health, mental health, substance abuse, housing, employment, etc.) to PATH eligible clients, and describe coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams is achieved.*

Westbrook works very closely with the following agencies with respect to homelessness. Each of them have their own specialties and Westbrook's interactions with them vary:

- Mid-Ohio Valley Continuum of Care (David N. Cisler MA, LSW, QA Director and Timothy Baer, Engagement Specialist are members);
- WV Coalition to End Homelessness (David N. Cisler MA, LSW is President of the Board of Directors of WVCEH. Timothy Baer, Engagement Specialist is an associate of WVCEH, but serves in no other official capacity there);
- Governor's WV Interagency Council on Homelessness (David N. Cisler MA, LSW serves as Chair of the Families Workgroup)

- Zero 2016 (Timothy Baer serves as leader of this group, which spun off of the MOV COC and is now a separate entity. The local group (MOV to Zero) is represented at MOV COC meetings);
- Local outreach teams addressing homelessness are uncommon in the region and the Westbrook PATH team, MOV COC, House to Home and MOV to Zero are the principal players, in the Parkersburg, Wood County area. MOV COC and Westbrook PATH are more active in the region than the House to Home or MOV to Zero). These groups are closely engaged and work together regularly. Other groups working with homeless individuals are kept in the loop and networking is attempted to provide collaborative work.
- Local and State Governmental agencies, including Wood County Commission, City of Parkersburg, Mayor James Columbo and City Council, City of Vienna, mayor and City Council; West Virginia State staff; Merritt Moore and WV State PATH program, West Virginia Inter-agency Council on Homelessness
- Housing programs, including Westland-Adams Adams Apartments HUD Permanent Housing Project, HUD Permanent and Transitional Housing programs (Westbrook), PSI, Inc. transitional housing; Westbrook's Hartley, Genesis and Gant Street housing programs
- Parkersburg Housing Authority (Westbrook works closely with the Parkersburg Housing Authority and formerly operated a conjoint Shelter Plus Care program. The SHP program has since ended at the determination of PHA);
- WV Legal Aid;
- Local Family Resource Networks, including Wood, Wirt, Jackson, Pleasants, Tyler and others.
- WV NAMI; WV Mental Health Consumer's Association;
- West Virginia Governors Drug Task Force
- Mid-Ohio Valley Fellowship Home (Westbrook works closely with the Fellowship Home with respect to substance abuse services);
- Homeless shelters and drop in centers including the Salvation Army, Mason County Shelter and Latrobe Street Mission, House to Home Homeless program, PSI, Inc.;
- State Governmental Agencies, including WV DHHR, BBHMF, WV DRS and others
- Education, including Wood County Board of Education, WVU-P, OVC, Marietta College and others
- Soup Kitchens and financial assistance groups, including various churches and ministerial alliances, Old Man Rivers Mission (Community food bank and meal delivery program), Deerwalk Veteran's Association, Chapter 1 (food, financial assistance for shelter, utilities etc. for veterans), Joseph's Storehouse (Community soup kitchen, food and clothing pantry), Stonesoup Kitchen (Weekly community soup kitchen)
- Circles Program to eradicate poverty, which began as an off-shoot of the Mid-Ohio Valley Continuum of Care
- Local Agencies, including SW Resources, Children's Home Society of West Virginia, Wellness Center, Integrated Behavioral Health, Westbrook Health Services, CRI, Workforce WV, Consumer Credit, WV Birth to Three, Warming hands/hearts, Essentially Yours, United Way, KISRA (Match fund savings program)

- Various Hospitals, including VA (Veteran’s Hospital and services), Camden-Clark Memorial Hospital, other hospitals in the region
- Local Law Enforcement; Drug Court; Parole/Probation

Service Provision

*Describe the organization’s plan to provide coordinated and comprehensive services to eligible PATH clients, including: Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.*

One full-time staff member will be hired in the capacity of “Engagement Specialist”. Another individual will be hired as a Technician in the PATH program to serve both as an administrative assistant with respect to HMIS and an ancillary “engagement specialist” in the absence of or in support of the primary Engagement Specialist. Both the Engagement Specialist and Technician will be employees of Westbrook Health Services, Inc. and will be supervised by Westbrook’s Mental Health Service Coordination Program Director. The individuals will have access to office space at the Westbrook Administrative Offices or may utilize office space at any available Westbrook site that may be appropriate, but will not be expected to remain “in the office”. Westbrook expects the Specialist to be “in the field” actively providing outreach and engagement to individuals. The Technician may be in office or at the office as required. Activities performed by the staff include, but are not limited to the following services which may or may not result in engaging the individual:

- Provide outreach by actively reaching out to the homeless population in the community by going to “where they are”, meeting them in places that the homeless may frequent and so on;
- Utilize the VI-SPDAT and similar tools to identify those in need of diversion, shelter and housing. This tool allows coordinated access and assessment and the engagement staff can align the program with the most vulnerable and prioritize services and funding using the built-in Acuity Scale.
- Provide “case management” services to facilitate access to immediate care needs such as assuring safety, providing and/or linking to mental health, substance abuse and crisis services, linking to medical health services, providing clothing, food and shelter, providing immediate care transportation assistance and so on as determined through outreach contact;
- Provide “case management” services and engagement beyond immediate care needs by linkage to on-going homeless and “mainstream” services through specialized case management / care coordination services, and so on;
- Maintain entry into PBX and HMIS as required;
- Serve as one of Westbrook’s collaborative “links” with respect to homeless services and attend meetings and act as a member of the Mid-Ohio Valley Continuum of Care and attend General Member meetings of the WV Coalition to End Chronic Homelessness as necessary and directed;
- Participate in development of local HUD and other initiatives serving the homeless;
- Provide “on-call” availability for emergent situations;

- Assist in monitoring Gant Crisis Housing, Jackson County Transitional Housing (and as of next grant year, Permanent Housing) and Wood County Permanent Housing programs and other housing programs Westbrook operates or may develop, as directed;
- Assist in targeting funds to assist the homeless such as, but not limited to housing assistance (emergency and other rental assistance, down payments on permanent housing, emergency and other utilities assistance and so on), medication assistance (see emergency services), clothing assistance and meals assistance;
- Collaborate with Community Engagement Specialists, Family Support staff, Hospital Liaison, VA staff, Various local entities providing homeless or homeless-related services and permanent and transitional housing programs across the state;
- Assist in the Rapid Re-housing program, when such a program is available in the area

*Provide specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.*

Funding within the more rural areas is remarkably sparse. Funding within the more urban area of the region is better, but still sparse. Agencies are willing to assist up to their abilities to provide assistance; however, it is rare for an agency to be able to “take on extra, unfunded responsibilities” or provide cash. This is an on-going problem within the region that shows few signs of changing. The program leverages assistance from the city of Parkersburg (part of match) and in-kind funds for match from Westbrook Health Services (these are specified in the grant budget). Other agencies and faith-based organizations provide staff time and availability for homelessness activities, including but not limited to acuity screening, linkage and referral, promotional activities, PIT count, “Registry Week” and so forth. Each organization donating staff, time, materials, food, clothing, furnishings and other necessary assistance shows its intent to support PATH and other homelessness programs. These are obvious and are easily illustrated, but not formalized. A couple of examples include:

1. Westbrook: leverages assistance regarding in-kind services for match (this is specified in the grant budget).
2. City of Parkersburg: PATH/Westbrook leverages assistance in cash match from the city (this is specified in the grant budget)
3. DHHR: the local APS in Wood county provides staff to attend MOV COC and MOV to Zero meetings. The group also provides space for the MOV to Zero meetings.
4. PSI: a local transitional housing program, PSI, provides staff to attend both of the above meetings. PSI also provides this staff member to assist with PIT, Registry Week, annual Hunger and Homeless awareness campaigns and other activities
5. Children’s Home Society: CHS provides staff to attend both of the above meetings and serve to assist with PIT, Registry Week, Annual Homeless awareness campaigns, “care package” donations for PIT and others.

*Describe any gaps that exist in the current service systems.*

Some homeless individuals are not “tracked” specifically as “homeless” by various agencies providing services. Not only that, but “homeless” individuals do not always consider themselves homeless because they, as part of the Appalachian Culture (“We take care of our own”), are

living with others on a temporary basis. This is a common situation in the Appalachian Culture. Some individuals do not “want to be found” and avoid contact with agencies who might be “tracking” them. Even with all the resources noted in this intended use plan, the needs in the area are not all addressed. Gaps in the system continue to be: transportation problems (especially in the most rural areas); Lack of sufficient outreach to reach all individuals who are homeless where they are; Lack of sufficient engagement to connect these individuals to services they need; Lack of enough support services for the homeless; Lack of enough affordable housing opportunities toward permanent housing; Lack of enough permanent housing opportunities for the chronically homeless and the widespread lack of funding. The gap that can be filled by this program is that of outreach and engagement. This should result in better connection with the individual into the system.

*Provide a brief description of the current services available to clients who have both a serious mental illness and a substance use disorder.*

Westbrook is the third largest behavioral health center in the state, providing services to over 7,000 consumers annually and maintaining an active caseload of around 3,500 consumers at any one time. Westbrook provides services for Serious Mental Illness and Substance Abuse Disorders, as well as serving individuals with developmental disabilities and of course, those with dual and multiple diagnoses... including co-occurring MH and SA. Individuals presenting for services within this project are screened as part of coordinated access for housing acuity using the VI-SPDAT and may be diverted and targeted to the appropriate resource, including but not limited to MH services such as counseling, therapy and so on, Clinical services such as medical, psychiatric and psychological services, SA services such as SA counseling, therapy, IOP and so on and Crisis Stabilization (residential) services (for both MH and SA), Crisis services (such as crisis care coordination and commitment) and Detoxification provided by the Amity program and Westbrook’s CSU. These are internal and readily available programs. Along with Westbrook, there are a number of service providers within the area, most of whom also provide services for individuals who meet the definition of “homeless”. Other services provided by other agencies may be accessed as needed to further broaden referral resources. It is important to note that PATH and Westbrook utilize a “Housing First” approach for services, where housing is NOT contingent on referrals to services. The local entities are closely aligned with WVCEH and MOV COC and they have used a “housing first” model for many years, as well.

*Describe how the local provider agency pays for providers or otherwise supports evidenced-based practices, trainings for local PATH-funded staff, and trainings and activities to support collection of PATH data in HMIS.*

Westbrook, as an agency, engages in many EBP and these practices are applied to any individual who seeks services at Westbrook. Training for PATH-funded staff includes but is not limited to the basic trainings required of all Westbrook employees, regardless of whether or not they are involved in HUD programs and other training protocols required specifically by role. Examples of basic trainings include: CPR/First Aid, Crisis Intervention, Documentation, Trauma-informed Care, Ethics, Cultural Competency and others. Internally funded MRC and other EBP trainings are also provided. In general, payment for newer training requirements rests with the state and other agencies such as SOAR. Westbrook’s PATH staff have been trained in Trauma-Informed

Care, SPDAT, SOAR and Cultural Competency as a result of assistance from the state and technical assistance from HUD and have been trained in MRC internally, Trauma-Informed Care and Cultural Competency internally and others. The local MOV COC looked at the 100k Homes protocol and a group spun off to embrace that initiative. When it was met, the initiative changed to Zero 2016, which is a Chronic and Veteran homelessness initiative. This initiative will end in 2016 and likely be replaced by another. The local spun off group has become an entity of its own and provides the acuity rating review for the MOV COC. The local group (MOV 2016) sits on the MOV COC as members. HMIS and PBX data entry is provided by staff, as trained by WVCEH (HMIS). The PBX data is mined by BHHF in lieu of individual reporting by each PATH program to the state. This has eliminated an unnecessary duplication of services. PATH staff are trained in HMIS data entry and updates are provided by WVCEH as the HMIS system continues to change.

### Data

*Describe the provider's status on the HMIS transition plan, with accompanying timeline, to collect PATH data by fiscal year 2017. If providers are fully utilizing HMIS for PATH services, please describe plans for continued training and how providers will support new staff.*

HMIS integration has been dependent on "SharePoint" - the state HMIS system, WVCEH training opportunities, system availability and staffing availability. This has been an on-going project between the state and WVCEH as the Balance of State COC. The system is now in place; however, as with any new system, adjustments are being made and modifications to HMIS based on federal changes occur regularly. PATH staff have been trained in HMIS and currently enter into the system. PATH staff also enter into the PBX system and provide reports from these systems to the state in keeping with requirements for Statements of Work. Entry into HMIS will continue and as changes occur, staff will be trained and supported. HMIS is fully integrated into Westbrook's PATH process and entry continues, despite relatively "constant" changes in HMIS which complicate the process.

### SSI/SSDI Outreach, Access, Recovery (SOAR)

*Describe the provider's plan to train PATH staff on SOAR. Indicate the number of PATH staff trained in SOAR during the grant year ended in 2015 (2014- 2015), and the number of PATH-funded consumers assisted through SOAR. If the provider does not use SOAR, describe the system used to improve accurate, timely completion of mainstream benefit applications and timely determination of eligibility. Also describe efforts used to train staff on this system. Indicate the number of staff trained, the number of PATH funded consumers assisted through this process, and application eligibility results.*

Training for SOAR is under the purview of the state SOAR lead, WVCEH.

- A. 2013: WVCEH trained five (5) Westbrook homeless services staff, including PATH-funded staff, and a number of other staff in SOAR. All PATH staff have been trained in the SOAR protocol. Those staff have not changed.
- B. Consumers assisted using SOAR: Westbrook PATH staff have not assisted consumers using SOAR for this year; however, a number of consumers have been assisted with

application for SSI/SSDI outside of the SOAR protocol by other staff. Westbrook intends to use the SOAR protocol as appropriate and is currently attempting to revitalize this worthwhile protocol. As of this writing, the Engagement Specialist is working on one SOAR application.

- C. 2015 training in SOAR: Since SOAR training does not necessarily need to be repeated with the same staff, there is no intention of training homeless services staff again unless staff members leave and need to be replaced or it is determined to provide a refresher. Westbrook is committed to use of SOAR protocols and will be affording the training to staff as determined proper. The recently vacant PATH part-time position has been replaced (Brittian Miller) and training will be provided to that individual.

## 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).*

Current projects to address housing include, but are not limited to:

1. Westbrook's PATH and HUD Housing staff are regularly involved in attempting to secure housing availability. This is an on-going activity.
2. The local Zero 2016 initiative is considering finding ways through interactions with faith-based entities to fund housing. This is a new project and one that is being entered carefully.
3. Westbrook collaborates with the state of WV to provide 3 transitional housing programs for women, two of which are for women and their children with SA problems and is currently involved in attempting to secure more grant funding to expand this program.
4. Westbrook collaborates with HUD to provide a transitional supportive housing program in Jackson County, WV (a congregate living home for males and 2 Family transitional homes). The family transitional homes will change as of the next grant year to Permanent Housing;
5. Westbrook collaborates directly with Westland Adams Development for its HUD permanent housing program (Adams Apartments);
6. Westbrook collaborates with HUD, the Parkersburg Housing Authority and WV Legal Aid with respect to 11 permanent supportive housing homes in the Parkersburg area.
7. Westbrook collaborates with HUD and others for the new 5 unit permanent housing program for individuals who are chronically homeless. This is a recently funded program.
8. Westbrook partnered with the WV Mental Health Consumer's Association for Rapid Re-housing in Northern Counties of WV. This project has closed. Westbrook collaborated with WVCEH in 2014 for a rapid-re-housing program and intends to look into continuing that relationship. WVCEH applied for RRH for the upcoming grant year and is awaiting results. If approved, Westbrook may be collaborating directly with WVCEH for this program;
9. Westbrook maintains two apartments which are used for short term crisis housing in the Wood County area (Gant Street Crisis Housing);

10. Westbrook works cooperatively with a number of other similar kinds of programs such as those listed above, including: Integrated Behavioral Health, which has a permanent housing project for consumers who are homeless under HUD and a possible new NARR Level III housing program for males in Wood County; PSI Inc. provides a transitional housing program (PSI provided a Drop In Center at Westbrook in 2005. The program was moved to PSI facilities and then, about a year later, moved to facilities provided by Integrated Behavioral Health. It has recently been moved to PSI facilities and, unless funding can be accessed, will close), the Parkersburg Housing Authority (provides for Section 8 and related housing services for individuals), house-to-Home (provides a Drop-in Center in central Parkersburg), Westbrook Hartley Drop In Center (for individuals under the Hartley Initiative in two counties, Wood and Jackson).
11. Most housing in the area is owned by individual landlords. Westbrook's PATH and HUD Housing staff are constantly seeking partnerships with these many and varied partners. Local landlords are generally willing to consider individuals as long as the funding is consistent and the individuals follow the requirements of their leases. On-going Housing First education is provided; however, these landlords are not required to follow these protocols. Furthermore, with Marcellus Shale operations, prices for housing has risen... often above that of FMR. These hamper access to "affordable housing".

#### Staff Information

*Describe the demographics of staff serving the clients; 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; and the extent to which staff receive periodic training in cultural competence and health disparities. A strategy for addressing health disparities is use of the recently revised national Culturally and Linguistically Appropriate Services (CLAS) standards: (<http://www.ThinkCulturalHealth.hhs.gov>).*

Westbrook Health Services, Inc. staff follow the demographics of the general population in the area.

- a. Staff working in the PATH program are white and Appalachian in culture.
- b. Westbrook's staff serve a focus population of almost entirely white individuals with similar cultural backgrounds to Westbrook's staff; however, from time-to-time, a non-white individual or one having a different cultural background appears needing services. In keeping with Cultural Competency, staff meet the individuals "where they are and how they are" and avoid issues with respect to racial, ethnic and cultural norms. Healthcare disparities are kept in mind by healthcare providers and PATH staff are familiar with these kinds of issues.
- c. If the individual is in need of culturally significant assistance, such assistance is sought if it is available. One example is if a limited English speaker seeks PATH services, he/she will be afforded access to translators or other similar assistance if needed. Health disparities such as greater incidences of various diseases in one ethnic / racial / cultural subgroup versus another and others are addressed as they surface. Since the population is primarily white and mostly the same ethnic group and Appalachian in culture, there is

less health disparity from consumer to consumer in this region than in other, more diverse population centers. LGBT Individuals are afforded the same level of services as non-LGBT individuals. Since individuals with ethnic/racial/cultural diversity are more uncommon, staff can more easily target if an individual is at greater risk of reduced access, service use and outcomes. By and large, Westbrook consumers are all offered the same level of assistance by assuring that needed services are made available to all individuals in keeping with Westbrook’s non-discrimination policy, which covers all of Westbrook and those who are not part of the greater population gain the same access, service and outcomes as others.

- d. Westbrook provides training for staff with respect to cultural competency and diversity to assure that cultural competence and health disparity is kept fore-front in the minds of PATH staff. This training is provided periodically, in keeping with maintaining culturally competent staff and to support staff working with all consumers to assure that they are sensitive to racial/ethnic differences and other differences such as age, gender and so on.

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 served using PATH funds to be literally homeless.*

The State of WV has a 2014 estimated population of 1,850,326. Westbrook’s service area has a population base from the last census of approximately 170,513 people. The service area of Westbrook Health Services includes Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood.

COUNTY	POPULATION
Calhoun	7,564
Jackson	29,178
Pleasants	7,577
Ritchie	10,073
Roane	14,656
Tyler	8,995
Wirt	5,901
Wood	86,569
<b>TOTAL</b>	<b>170,513</b>

Census Estimate 2014

163,476 are veterans (American Community Survey). The Census estimate indicated that the majority of individuals in WV (94%) are white. This leaves 6% minorities. Approximately 358,000 individuals in WV aged five and up have a disability (about 20.9% of the total population) and approximately, 95.9% of the population with a disability is white.

West Virginia is the only state in the nation situated entirely within federally-designated

Appalachia (and Region 3 is part of that). Knowledge of this culture and all other individuals presenting with disparate cultures, ethnicities, languages and so on comes into play when providing treatment and selecting practice modes for staff, including evidence-based practices (EBP). Interventions that are developed with consideration for Appalachian culture, values, language, and behaviors have been most successful with this population (CDC, 2004). Most individuals in the state speak English (97.7% Census 2010), yet some still struggle to read beyond a 4th grade level (Literacy levels in WV). Minorities are limited (see above) and the incidence of minority cultures is similar statewide and in Region 3. In keeping with Culturally and Linguistically Appropriate Services (CLAS) standards, Westbrook provides culturally competent services to individuals of all cultures.

In Region 3, the entire region lies within impoverished counties with over 20% of the population at or below the Federal Poverty Level (FPL), and recently (because of the economic down turn), have some of the lowest incomes and highest unemployment rates in the nation. For example, the median household income in Roane County (\$24,511) is about 58% of national levels. For Region 3, accomplishment of higher education is less than 10%, which influences socioeconomic status.

Westbrook Health Services provided comprehensive services to just over 7,000 unduplicated consumers with an on-going case load of about 3,500 individuals being served at any one time across the service area (2016, Westbrook Statistics). The actual number of individuals being served in Wood County may include individuals from Jackson, Pleasants and Wirt Counties because these counties are contiguous with Wood. At Westbrook, about eighty four percent (84%) of individuals served do not have private insurance but are able to access some funding resources from a variety of federal, state and philanthropic sources. Twelve percent of individuals with dual diagnoses of SMI and SA are uninsured, and 4% of persons with substance abuse diagnoses are uninsured. Approximately 7.5% of consumers are funded through private pay, insurance or other resources. The bulk of Westbrook's consumers receive funding through Medicaid, Medicare and other government resources (2016, Westbrook statistics).

Westbrook projects that approximately 300 individuals will be contacted by general outreach that may not rise to the level of "engagement". Westbrook projects between 200 and 225 of contacted individuals will be linked into some kinds of services during the project year. A maximum of 200 individuals will be engaged by the Engagement Specialist. Westbrook expects 70% of consumers to be served by the PATH funds to be "literally homeless"; i.e., living in shelters or on the streets, as opposed to those at imminent risk of homelessness. Westbrook notes that the number of individuals to be served may be diverted by "Rapid Re-housing" type programs, if such programs are put in place.

### Consumer Involvement

*Describe how individuals who experience homelessness and have serious mental illnesses, and family members will be 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".*

Individuals (and/or their families) who are homeless and have serious mental illnesses have input into the system, which may include but is not limited to planning, implementation and evaluation of PATH-funded services. The Continuum of Care meetings, which include the PATH providers, are always open to the homeless and, while they generally do not attend, homeless individuals DO come to meetings from time-to-time. They are always welcome and they continue to be invited. Consumers in PATH and the transitional and permanent housing programs are excellent advocates for their needs and their input is sought by staff and the information is brought to the table and changes may be made to programs as a result. Individuals who were PATH-Eligible have moved on with their lives and some have been employed by Westbrook. Many times, especially with respect to the annual PIT Count and “registry week”, such individuals serve as volunteers. Individuals with disabilities or families of those with disabilities are represented on Westbrook’s Board of Directors and Westbrook’s Human Rights Committee.

#### Budget Narrative

See budget attachment in WebBGAS



### III. State Level Information

#### A. Operational Definitions

Term	Definition
Homeless Individual:	An individual who lacks housing (without regard to whether the individual is a member of the 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:	Includes individuals living in doubled-up living arrangements where the individual's name is not on the lease, individuals living in a condemned building without a place to move, individuals having arrears in rent/utility payments, individuals receiving an eviction notice without a place to move, individuals living in temporary or transitional housing that carries time limits, and/or individuals being discharged from a health care or criminal justice institution without a place to live.
Serious Mental Illness:	Individuals ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in a functional impairment that substantially interferes with or limits major life activities.
Co-occurring Serious Mental Illness and Substance Abuse Disorders:	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.
Footnotes:	

### III. State Level Information

#### B. Veterans

Narrative Question:

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

Footnotes:

## Veterans

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

BBHFF gives special consideration in awarding PATH funds to entities with demonstrated effectiveness in serving veterans experiencing homelessness in several ways. Organizations with demonstrated effectiveness are given priority during the Announcement of Funding Availability (AFA) process through which competitive grant awards are made. All currently funded BBHFF PATH grantees demonstrated experience and ability in serving veterans. Additionally, service provision to veterans is given priority in our grant and statement of work (SOW) process, which serves as the contract between BBHFF and the provider for the grant year. Many of our PATH providers are also involved in innovative projects at the local level to serve veterans. These initiatives are further described in each providers Intended Use Plan (IUP).

Veterans in West Virginia face additional challenges due to the rural nature of the state, with limited to no public transportation and other amenities outside major cities. There are, however, strong Veteran organizations in the state, including a Disabled Veteran Outreach Program in every county and American Job Center offices; chapters of Disabled American Veterans, Veterans of Foreign Wars, and the American Legion; a VA Regional Office in 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 the SSVF Program (Veterans Rapid Re-Housing) that covers the entire state: <http://www.va.gov/homeless/ssvf/index.asp>

BBHFF and PATH grantees work collaboratively in several initiatives for veterans as detailed below.

### SAMHSA's Military Families Strategic Initiative, Service Systems Development Program (SSSDP).

West Virginia continues to be a part of SAMHSA's Military Families Strategic Initiative, Service Systems Development Program (SSSDP). West Virginia attended the 2011 Service Member, Veterans and Their Families (SMVF) Policy Academy. This policy academy presented the opportunity for states to strengthen their behavioral health care systems and services for service members, veterans, and their families throughout on and off-site technical assistance. The academy provided forums for our state to consider existing policies, resources and infrastructure, influence the responsiveness, effectiveness and accessibility of services, and to explore ways to improve the system. BBHFF has partnered with the West Virginia National Guard and other state entities that touch the lives of SMVF to create a strategic plan addressing the needs of SMVF. Many focus workgroups were formed from the larger policy group. One of the workgroups formed is to focus on homeless SMVF.

### Supportive Services for Veterans Families Grant (SSVF)

The Charleston and Huntington Continuums of Care are also entering into their sixth year of the Supportive Services for Veterans Families Grant. (SSVF) These CoC's partnered on this grant,

similar to the Homelessness Prevention and Rapid Rehousing (HPRP) HUD grant, but this is a VA grant specifically geared toward preventing homelessness and permanently housing veteran individuals and families. Roark-Sullivan Lifeway Center has subcontracted with Cabell-Wayne Information and Referral and Legal Aid of West Virginia to implement the Supportive Services for Veteran Families (SSVF) program. Per the SSVF Program, a “Veteran” is defined as a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

Supportive Services through the SSVF Program may include health care services, daily living services, personal financial planning services, transportation services, fiduciary and payee services, legal services, child care services, housing counseling services, and temporary financial assistance.

**To receive supportive services under this program, participant(s) must be:**

- A.** A member of a Veteran family: A Veteran family is defined as a single person or a family in which the head of household or the spouse of the head of household is a Veteran.
- B.** Very low-income: Your household income does not exceed 50% of area median income.
- C.** “Occupying Permanent Housing:” You either (i) are residing in permanent housing; (ii) are homeless and scheduled to become a resident of permanent housing within 90 days pending the location or development of housing suitable for permanent housing; or, (iii) have exited permanent housing within the previous 90 days to seek other housing that is responsive to your needs and preferences.

In 2013, the Greater Wheeling Coalition for the Homeless (GWCH) was one of three local agencies in Region 1 to develop and implement the SSVF program, which is designed to connect low-income homeless Veterans and their families with supportive services such as VA medical treatment, as well as assistance securing or maintaining housing. SSVF includes a dedicated focus on outreach to local populations, which is conducted in conjunction with PATH efforts to ensure homeless contacts are informed of the full array of services available in the region.

Zero: 2016 Campaign

West Virginia was selected through a competitive, national application process to participate in Zero: 2016, a national campaign to end veteran and chronic homelessness in the next two years. The decision to apply was made jointly by local public housing authority, Veterans Affairs, non-profit and continuum of care leaders. Three CoC’s in West Virginia have been selected (Balance of State CoC, Kanawha Valley Collective CoC, and Cabell-Wayne CoC), along with 68 other U.S. communities, to participate in Zero: 2016.

The campaign is being spearheaded by Community Solutions, a national non-profit based in New York City. The organization is working intensively with Beckley, Charleston, Clarksburg, Huntington, Lewisburg, Martinsburg, Morgantown, and Parkersburg, in collaboration with the West Virginia Coalition to End Homelessness (WVCEH), to meet the federal goals set by President Obama to end veteran homelessness by December 2015 and chronic homelessness by December 2016. The initiative started in January 2015 during the national 2015 Homeless Point-

In-Time Count, during which local volunteers hit the streets and shelters to enumerate the local homeless population. The eight WV communities are exploring the integration of an evidence-based survey into that count to identify all its homeless residents by name and determine the best available resources and housing options to end their homelessness.

Community Solutions will work with communities to accelerate their housing efforts through four focus areas: closing the research-to-practice gap, real-time data and performance management, local systems redesign, and local team and leadership development. Community Solutions provides hands-on coaching and data tools, and will curate a national peer-to-peer learning network to accelerate innovation across communities. The first 90 days focused on data and performance management with the goal of developing clear targets for the total number of housing placements needed locally to end chronic and veteran homelessness on the federal timetable. This number will consider projected inflow and other key factors. Each community will pursue this number to determine the monthly housing placement rate it will need in order to succeed.

The initiative is a rigorous follow-on to the group's successful 100,000 Homes Campaign, which announced in June that it had helped communities house 105,000 chronically homeless Americans in less than four years. According to the Department of Housing and Urban Development the 2014 Homeless Point-in-Time Count, which shows that homelessness continues to decline across virtually all major categories, including chronic homelessness. Veteran homelessness was singled out by the report for its particularly steep decline-more than 30 percent in the last four years.

The report showed that on a single night in January, West Virginia had 30 veterans and 178 people experiencing chronic homelessness on its streets. ***Those numbers represent a 54% decrease in veteran homelessness and a 64% increase in chronic homelessness since 2011.*** Local officials in the target communities in West Virginia said they are committed to reducing those numbers to zero.

#### West Virginia Coalition to End Homelessness

The West Virginia Coalition to End Homelessness works closely with providers of Health Care for Homeless Veterans, Transitional Grant and Per Diem, and HUD VASH providers in Region 2 and Region 4. Providers work closely with each regional Veterans Administration Medical Center and the VA provides both Homeless Liaisons and HUD VASH Personnel to assist homeless veterans with various types of housing, case management, treatment, and work readiness options.

### III. State Level Information

#### C. Recovery Support

Narrative Question:

Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.

Footnotes:

## Recovery Support

*Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who experience homelessness.*

BBHFF has dedicated an entire office, the office of Consumer Affairs and Community Outreach (CACO) to the development of recovery supports and a recovery oriented system of care. CACO provides training, advocacy and support for consumers and their families, referrals for treatment, handles consumer grievances and complaints, and promotes recovery support services statewide. In addition, CACO offers technical assistance to community non-profit agencies and serves as a link for consumers and family members to connect to treatment and recovery providers statewide. All of these efforts emphasize recovery, consumer choice, and advocacy.

### PATH Collaboration

CACO works directly with each PATH provider to reduce barriers to accessing recovery oriented and sustaining services. This includes both providing direct technical assistance to PATH providers and integrating them into larger recovery initiatives led by BBHFF

A consumer representative from CACO participates in PATH grantee site and program reviews. This individual was formerly a PATH provider at one time and thus has good insight into the roles and responsibilities of the PATH program.

### Recovery Coaching

West Virginia has trained over 270 recovery coaches since 2012 and provides over \$1,000,000 in funding annually to ensure that these trained peers are available in the community. The Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy is utilized as the training module. The CCAR Recovery Coach Academy is a five day intensive training academy focusing on providing individuals with the skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. The CCAR Recovery Coach Academy prepares participants by helping them to actively listen, ask really good questions, and assist others in discovering and managing their own recovery. CACO recently trained 16 staff employed by homeless service providers in the Kanawha County area.

Recovery Coaches are now available in a variety of community settings, including community centers, drop-in centers, homeless shelters, and behavioral health service provider agencies. The availability of trained qualified peers has increased the interest of communities to include peers in the workforce and has raised awareness of the value of peer delivered recovery support services.

In West Virginia there is a diverse group of organizations employing recovery coaches. These organizations range from social service organizations, behavioral health providers, transitional living homes, and homelessness service providers. The advantage to Recovery Coaching being

available to those experiencing homelessness is the informal, supportive nature of the relationship between the individual and the Recovery Coach. The Recovery Coach meets the individual where they are, and allows the individual to direct their own recovery process. Recovery Coaches provide recovery coaching to anyone interested in receiving the service regardless of where they are in the recovery continuum which spans from seeking recovery to maintaining recovery.

Recovery Coaches may even be providing services to individuals who are still actively using drugs and/or alcohol and seeking recovery. This accepting approach makes recovery coaching an option for those still struggling with substance use, misuse and abuse and a recovery coaching can concurrently assist an individual with developing goals around basic needs such as food and shelter as well as emotional and physical health including mental illness and substance use, misuse and abuse. One of the roles of a recovery coach is that of a resource broker, and a recovery coach can assist an individual with navigating community resources.

The following table lists the organizations and counties served by BBHFF trained recovery coaches as May 2016:

<b>Organization</b>	<b>Counties Served</b>
Appalachian Community Mental Health Center	Barbour, Randolph, Upshur and Tucker
Logan/Mingo Mental Health Center	Logan, Mingo
Northwood Health Systems	Ohio, Marshall and Wetzel
United Summit Center	Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion and Taylor
Valley Comprehensive Mental Health Center	Monongalia, Marion, Preston and Taylor
Community Action of Southeastern WV	Mercer
Harrison County Commission	Harrison
Jefferson Day Report Center	Jefferson
Mid-Ohio Valley Fellowship Home	Wood
Opportunity House	Upshur
YWCA Wheeling	Ohio
Prestera Center	Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam, and Wayne
Northern WV Center for Independent Living	Monongalia
Partnership for African American Churches	Kanawha
Roark Sullivan Lifeway Center	Kanawha
STOP-Crossroads	Mingo

CACO offers additional trainings such as Mental Health First Aid on an ongoing basis. These trainings are helping to build an infrastructure of peers to mentor and support consumers quest for recovery from mental health and/or substance use, misuse and abuse disorders.

### Peer Certification

BBHFF is in the process of developing a statewide certification process for Peer and Community Support. This will establish minimum training requirements, binds the individual to a code of professional ethical conduct, and provides a measure of accountability, to both the recipient of the service and the credentialing body. Certification also recognizes competency in a skill set and will be guided by a local credentialing body with its own standards for training, experience, ethical guidelines, and other requirements specific to the needs of the State's communities and workforce. In addition, it is anticipated that these credentials will be used by some, such as those with clinical aspirations, as a bridge towards national certification. BBHFF is committed to the ongoing development of the West Virginia Peer Certification, as well as to offering a credential that adequately prepares individuals who choose to pursue higher level certifications and/or more advanced professional/educational development opportunities.

Final drafts of the certification are being reviewed in June 2016 prior to implementation of the certification program.

Kanawha Valley Community and Technical College (KVCTC) also collaborates with BBHFF in delivery of a certificate program for Peer Support Specialists which has allowed individuals to gain skills and specialized expertise to work with people in recovery from mental illness and addiction.

### WRAP

Wellness, Recovery, Action Planning (WRAP) is being expanded to help consumers develop self-advocacy skills, with an emphasis on the development of a personal wellness plan and specific instructions as to how they wish to be handled in the event of a mental health crisis. BBHFF intends to expand this program to allow more people to have access to it, including individuals who are receiving PATH services. BBHFF employs a train the trainer approach to allow for greater access statewide, as one of the staff is a trained WRAP instructor.

### West Virginia Behavioral Health Planning Council (WVBHPC)

The mission of the WVBHPC is to improve the mental health service system and function as a catalyst for change. The Council is federally mandated to review and comment on the State mental health plan, monitor, review and evaluate the allocation and adequacy of mental health block grant services, and advocate for services for individuals with mental illness and co-occurring substance use, misuse and abuse issues.

The WVBHPC is comprised of consumers, families, and representatives of mental health and substance abuse providers, and key state entities including the West Virginia Department of Education, West Virginia Behavioral Health Provider Association, West Virginia Coalition to End Homelessness, the West Virginia Council for the Prevention of Suicide, Department of Juvenile Services, Department of Corrections, Bureau for Medical Services, Bureau for Children

and Families, West Virginia Housing Development Authority and the Department of Rehabilitation Services.

BBHFF continues to use Mental Health Block Grant funding to support the operational expenses of the WVBHPC. The WVBHPC maintains at least 51% consumer membership and provides input and recommendations to the BBHFF on issues facing consumers with behavioral health problems. WVBHPC members regularly provide input to BBHFF staff on the PATH program and participate in the review of grantee applications during the Announcement of Funding Availability (AFA) process.

### West Virginia Leadership Academy

The West Virginia Leadership Academy, which provides leadership development training for consumers and families, is now under the oversight of the state's West Virginia Behavioral Health Planning Council (WVBHPC) which was formerly known as the West Virginia Mental Health Planning Council. This change allows the state to build on the number of consumers and family members who are actively involved in the direction of behavioral health services by providing them with skills they need to actively participate in and facilitate public forums, educate legislators regarding policy issues and to become more knowledgeable about behavioral health issues in order to receive a higher quality of care from providers.

### Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS)

BBHFF successfully applied for a BRSS TACS Policy Academy Award to “help prepare people with mental health and substance use issues improve their access to integrated health care by services.”

In response to this award, BBHFF is in the process of: developing guidelines for and implementing a peer certification; expanding funding and realigning current resources to support the integration of peers into the healthcare workforce; cross training peers as WRAP facilitators, peer support specialists, recovery coaches, and in Whole Health Action Management (WHAM); Training Peer Health Integrators (PHIs) to prepare peers for expanded access to insurance coverage brought about by the ACA/healthcare reform; piloting technology kiosks in various environments to support and promote self-direction, health promotion, and wellness; and organizing a unified statewide peer network. As a result of these initiatives PATH consumers will have more access to peer recovery supports and mentoring.

Because of its participation in the BRSS TACS Policy Academy, the WV BRSS TACS Team has been able to advance recovery in West Virginia via developing a protocol for the implementation of a peer certification in the state, educating and securing support to help people with behavioral health challenges have more meaningful conversations with their healthcare providers in regard to what best helps their recovery.

Utilizing the diverse membership of the WV BRSS TACS Team and other stakeholders, the BBHFF advanced the concept of peer certification into a set of guidelines and policies that are now awaiting implementation. The peer workforce in WV has grown as a result of the BRSS

TACS Policy Academy, through raising awareness of the benefits of recovery support services, the outreach conducted among peers, as well as ongoing encouragement of continuing workforce development and education. The list of potential employers for peers trained in recovery support services have expanded beyond traditional behavioral health providers and now include homeless shelters, transitional living, community centers, and faith-based organizations. The natural next step of certification and workforce development activities will both support the growth and expansion of recovery support services and increase the availability of peer delivered services.

### III. State Level Information

#### D. Alignment with PATH Goals

Narrative Question:

Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

Footnotes:

## **Alignment With PATH Goals**

*Describe how the services to be provided using PATH funds will target street outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.*

BBHFF ensures services provided using PATH funds will target street outreach and case management as priority services through our funding, statement of work, and grant agreement process. When applying for funding, potential PATH grantees offer assurances, as per the funding announcement, that they will emphasize street outreach and case management in their service provision. In each grantee's statement of work, street outreach and case management are identified as priority services and each grantee agrees to the provision of these services when signing the formal grant agreement. Adults who are literally and chronically homeless are identified as the priority population to be served during this process. Finally, street outreach and case management activities are monitored and evaluated during annual PATH grantee program reviews.

All of the current PATH providers engage persons through contact with them in their current environment, including contact with individuals living on the street. An important element in the services of the current providers is the provision of case management or community engagement. Providers seek to identify the comprehensive needs of individuals they engage and to assure that these needs are met.

Annual technical assistance is provided to PATH grantees through site visits, regular phone calls, and an annual PATH retreat. Street outreach and case management is often the primary focus of technical assistance and training given to PATH providers.

### III. State Level Information

#### E. Alignment with State Comprehensive MH Services Plan

Narrative Question:

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

Footnotes:

## **Alignment with the State Comprehensive Mental Health Services Plan**

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

PATH planning is integrated with BBHMF planning and planning for the Community Mental Health Services Block Grant. The West Virginia Behavioral Health Planning Council assures that individuals reviewing the Community Mental Health Services Block Grant also review the PATH grant application, assist in developing the PATH Grant Announcement of Funding Availability, and review applications for PATH grantee funding.

This approach is consistent with the State Plan for recovery-oriented, community-based treatment, with the goal of supporting people in their recovery from serious mental illness and co-occurring mental and substance use disorders. Given that West Virginia is a minimum allocation PATH state; these funds are a complementary to the overall West Virginia system of care, but the leverage they provide are essential in promoting recovery and community integration. West Virginia does allocate funding over and above this amount through State funds totalling approximately \$100,000. In addition, West Virginia does not use the 4% administrative funds allowed in the PATH regulations for administration, but instead puts these funds into programmatic resources allocated to the PATH providers to serve additional PATH consumers.

The State Plan seeks transformation of the system of care and the West Virginia PATH Program has been a foremost leader in this area. The very tenets of PATH services embrace consumer involvement, trauma informed service provision, integrated physical and mental health services and elimination of disparities.

### **BBHMF Overview**

BBHMF is the federally designated State Authority for mental health, substance abuse, and intellectual and developmental disabilities, and provides funding for community-based behavioral health services for persons with behavioral health needs, including those who are either uninsured or underinsured. The BBHMF operates under the auspices of the West Virginia Department of Health and Human Resources (DHHR) which also includes the State Bureau of Public Health, Child Welfare, and Medicaid. The overall role of the BBHMF 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 the BBHMF are aligned with the 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 Bureau includes three interrelated sections which are Operations, Programs and Policy, and Administration. Operations provides oversight and coordination of planning, development, funding, and monitoring of State-operated psychiatric hospitals for adults, long-term care facilities, and an acute care facility. Administration is responsible for fiscal management, technology and shared data systems. Programs and Policy provides oversight and coordination of

planning, development, funding, and monitoring of community behavioral health services and supports. The Programs and Policy section includes the integrated Divisions on Alcoholism and Drug Abuse, Adult Mental Health, Child and Adolescent Mental Health and Intellectual and Developmental Disabilities. The Office of Consumer Affairs and Community Outreach provide support for all divisions by promoting increased consumer and family involvement in behavioral health service planning and delivery.

West Virginia's publicly-funded community-based behavioral health system is anchored by 13 Comprehensive Behavioral Health Centers (CBHC's), operating full service and/or satellite offices in each of the counties located in the center's catchment area. Public behavioral health services provided by a CBHC are for all populations and all ages at risk for, or have a diagnosis of, mental illness, substance abuse, intellectual/developmental disability, or a co-occurring/co-existing disorder. The CBHCs are expected to assure the following "essential services" are available and accessible in each county: Assessment, Outpatient services (with referral for Intensive Outpatient Services as may be assessed/needed), Information and Referral capacity and Medication Management. The majority of "essential services" are billable through third party payers, but additional funding may be needed to ensure availability of these services at the county level. Continuum Enhancement Funds are provided by the BBHFF to meet this need. Charity Care State general revenue funds are also provided to insure that no one is turned away for inability to pay. The BBHFF provided \$6,626,813.17 to pay for uncompensated care in FY 2015. The funding supports the development and provision of services and activities that are not otherwise billable through other funding streams or that exceed any approved service limits or caps. These funds may not be used for costs covered by an organization's administrative cost.

There are approximately 80 other partnership grants awarded to six regional prevention agencies, smaller nonprofit organizations, schools and other state agencies to decrease substance use and promote mental health and wellness, through the building of effective coalitions and implementing evidence-based services in 55 Counties.

### III. State Level Information

#### F. Alignment with State Plan to End Homelessness

Narrative Question:

Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning and the process of updating and testing their emergency response plans.

Footnotes:

## **Alignment With State Plan to End Homelessness**

*Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness. Describe how the PATH program supports the efforts to reduce/eliminate chronic homelessness in the state. Describe how the PATH program integrates disaster preparedness and emergency planning into their continuity of care planning, and the process of updating and testing their emergency response plans.*

West Virginia's PATH program is a key part of the West Virginia Interagency Council on Homelessness (WVICH). PATH grantees are involved at every level of the WVICH, including serving prominent roles on sub-committees. The principles and practices of the PATH program have informed the work of the WVICH and were featured prominently in the December 2015 report *Opening Doors in West Virginia: A Plan to Prevent and End Homelessness/ 2015 – 2020*.

The WVICH relied on data from multiple sources during the planning process. This included the distribution of a PATH Provider Survey which was distributed to the 7 PATH Providers statewide. The survey focused on what services that consumers need to assist them in obtaining housing. It also looked at the barriers that consumers encounter when attempting to access services to assist them in obtaining housing.

### West Virginia Interagency Council on Homelessness

The Governor of West Virginia issued Executive Order 9-13 on November 27, 2013 reactivating the West Virginia Interagency Council on Homelessness. The Council is chaired by the Commissioner of the Bureau for Behavioral Health and Health Facilities and is comprised of the following additional seven members: The Governor or his designee; The Commissioner of the West Virginia Department of Health and Human Resources, Bureau for Children and Families, or designee; The Secretary of the West Virginia Department of Veterans' Assistance, or designee; The Superintendent of the West Virginia Department of Education, or designee; The Executive Director of the West Virginia Housing Development Fund, or designee; The Secretary of the West Virginia Department of Military Affairs and Public Safety, or designee; and, A representative from the Office of Economic Opportunity.

According to Governor Tomblin's announcement issued with Executive Order 9-13 "the Council will develop and implement a plan to prevent and end homelessness in the State of West Virginia—including evidence-based improvements to programs and policies to ensure services and housing are provided in an efficient, cost effective, and productive manner. The Council will also develop recommendations and strategies, oversee the implementation of the plan to ensure accountability and consistent results, as well as identify and maximize the leveraging of resources to improve the system of services for people who are homeless or at risk of becoming homeless."

Executive Order 9-13, subsection 5(a) requires the Interagency Council to "develop a plan to prevent and end homelessness in West Virginia including evidence-based improvements to

programs and policies that will ensure services and housing are provided in an efficient, cost-effective, and productive manner.

Executive Order 9-13, subsection 5(b) requires the Interagency Council to “develop recommendations to (i) expand and maximize housing resources;( ii) Increase access to mainstream state and federal social service resources such as Temporary Assistance to needy Families (TANF), Social Security Income (SSI), and veterans benefits; (iii) expand and maximize service resources, such as mental health and substance abuse services; (iv) improve cross system policies and procedures through system integration, streamlined application and eligibility processes, and improved outreach; and, (v) ensure persons in state institutions have access to services that will help prevent homelessness upon their discharge.”

According to the Governor’s announcement, the Council will be supported by a workgroup to assist it in its duties and make recommendations to the Governor. Executive Order 9-13, subsection 6 requires the Interagency Council to “[appoint] a work group to assist in its duties and make recommendations about its work. The work group shall report its activities and recommendations to the Council. The work group may be comprised of state agency staff, representatives of the state’s continuum of care organizations, a statewide homeless advocacy group, and other public and private entities as determined by the Council. The work group shall also assist the Council in reaching out to local communities regarding the state’s plan to prevent and end homelessness.”

In February 2014 the revitalized West Virginia Interagency Council on Homelessness held its kickoff meeting. Council members reviewed their charge as outlined by Executive Order 9-13. The work of the prior council was reviewed along with the Federal Strategic Plan to End Homelessness *Opening Doors*.

The West Virginia Interagency Council on Homelessness adopted the six core values and six key principles identified in the United States Interagency Council on Homelessness *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness 2010*:

#### Values

- Homelessness is unacceptable
- There are no “homeless people” but rather people who have lost their homes who deserve to be treated with dignity and respect.
- Homelessness is expensive; it is better to invest in solutions.
- Homelessness is solvable; we have learned a lot about what works.
- Homelessness can be prevented.
- There is strength in collaboration and WVICH can make a difference.

#### Principles

- Collaborative
- Solutions-driven and evidence-based
- Cost-effective
- Implementable and user-friendly
- Lasting and scalable: and

- Measurable, with clear outcomes and accountability

To further expand on the values and principles identified in *Opening Doors*, WVICH members determined that solutions must be:

Accessible:

- Solutions must be accessible to everyone regardless of why a person is homeless
- Clearinghouse of services

Focused on the Individual (Consumer-Driven):

- Consumer is the driving force in the system
- Hand up vs hand out concept – many lack basic life skills; need to help with other skills (fostering independence)
- Wraparound services

Data Driven (Measurable):

- Uniform definitions, discharge planning, etc.
- Focus on what is homelessness (definition)

Respectful/Trauma Informed:

- Must address the societal stereotype that persons who are homeless lack worth and motivation. These stereotypes contribute to the mental health issues faced by persons who are homeless. (Reduce stereotypes)
- Must take a holistic approach and consider the needs of the individual and family

Cost Effective:

- Cost effective – redistribute resources toward prevention/reduction of homelessness
- Bricks/mortar isn't the only answers; individualized supports are necessary

Collaborative:

- Need to look at systems coordination; more discharge planning
- Give community autonomy to work out solutions, but also have a coordinated effort in our systems
- Systems alignment – principles, definitions, outcomes, etc.
- Coordinated intake and assessment
- Coordinated multi-disciplinary practices are effective / need everyone there and make sure linkages are there
- Leave the territorialism at the door

Outcomes Driven:

- Need long term stable environments; permanent housing stability/stable families
- Need to take a long term approach (homelessness will not be solved tomorrow)
- Salt Lake City and Phoenix are examples of elimination of homelessness
- Housing First Model – wraparound services; work on building services /need to have the resources; no preconditions on housing

- Recovery model
- If sum total of units is less than what you need, than you can't fix homelessness; you can't fully fund homelessness on one-side and reduce affordable housing on the other side [Needs addressed in the plan]
- Must address WV's transient population

The US Interagency Council on Homelessness focused on specific populations in *Opening Doors*. The WVICH took a similar population-focused approach, but modified its subcommittees based on specific needs in West Virginia.

The Work Group has been divided into 7 subcommittees (with no more than 5 members each, supported by additional resource consultants) for the following populations and areas:

- (1) Chronically Homeless
- (2) Community
- (3) Families
- (4) Veterans
- (5) Youth
- (6) Aged
- (7) Special Populations

PATH Providers are actively involved in the work of the Interagency Council. The West Virginia Interagency Council on Homelessness expects to further develop tasks, strategies, and plans of implementation for their identified short-term, long-term and “bigger than us” recommendations while recognizing the need to establish a system of accountability for existing and new programs and services. The Council will begin its efforts to educate audiences on issues of homelessness and will seek ways to collaborate with existing initiatives such as the Justice Reinvestment Initiative, the Governor’s Advisory Council on Substance Abuse, and the Juvenile Justice Task Force.

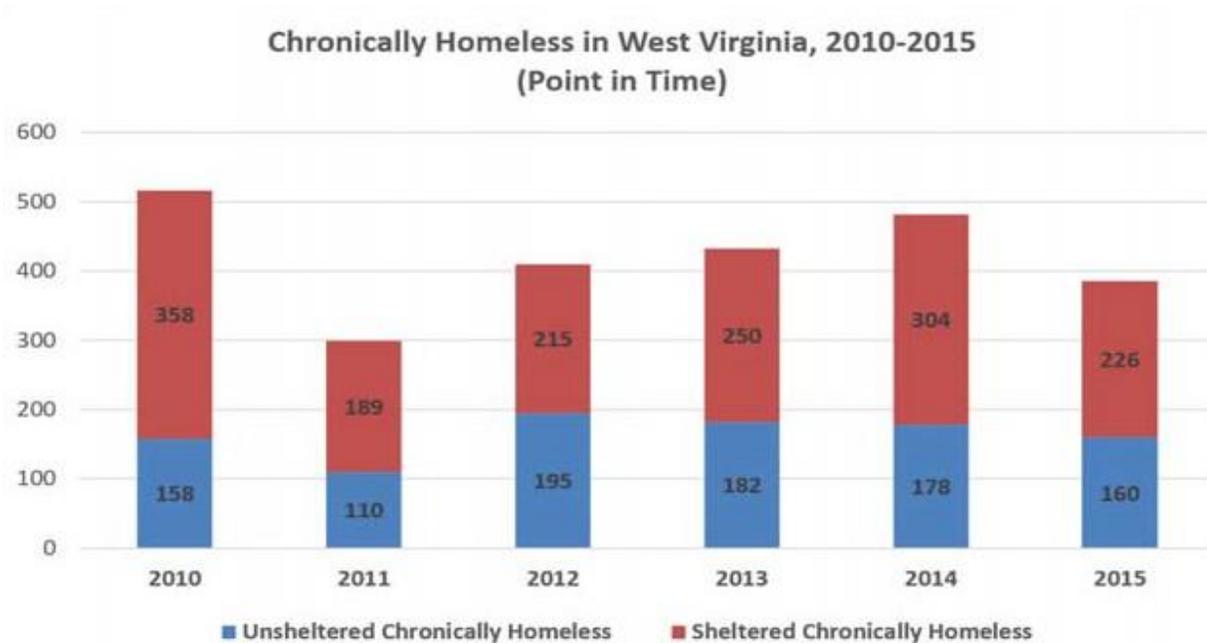
#### West Virginia Coalition to End Homelessness

Another critical component of PATH alignment with the State plan to end homelessness is the participation of the West Virginia Coalition to End Homelessness. A BBHMF funded agency, the WVCEH is a private non-profit in West Virginia that serves the five basic functions of advocacy, data analysis, technical assistance, mainstream benefits connection, and street outreach to prevent and end homelessness in West Virginia. WVCEH acts as the Lead Agency for the WV Balance of State Continuum of Care (44 counties in West Virginia), and the Homeless Management Information System (HMIS) Lead for the Balance of State Continuum of Care, SOAR State Lead, as well as a PATH Provider in Region 2 and Region 4.

WVCEH strives to impart best practices, and enumerate outcomes, strategies and initiatives that can assist all the Continuums of Care (CoCs) in West Virginia to truly prevent and end homelessness. WVCEH utilizes the best of what can be implemented in the Balance of State Continuum of Care (BoS CoC) and HMIS to the benefit of all the other CoCs in West Virginia. Part of this collaborative effort is the Projects for Assistance in Transition from Homelessness

(PATH) Program and its relevant funding. PATH, in many of our communities, acts as the binding factor to usher those individuals and families with the highest barriers and acuity who are experiencing homelessness from the street into safe and stable housing. PATH is currently the only formal type of outreach in West Virginia. Outreach is critical in West Virginia because of its binding influence in our communities and its potential to act as the first line of contact, coordination, and assessment when realizing positive, stable housing outcomes.

PATH is critical to getting the most acute, chronic population off the street and into appropriate housing with supports. The following chart depicts recent data for individuals experiencing chronic homelessness in West Virginia.



Disaster Preparedness and Emergency Planning

BBHBF is an integral part of West Virginia’s Disaster Preparedness and Emergency Planning, with the State Disaster Behavioral Health Coordinator who is housed in the Consumer Affairs and Community Outreach section of BBHBF. The State Disaster Behavioral Health Coordinator regularly presents at the annual PATH Retreat hosted by the State PATH Contact (SPC) and BBHBF on personal emergency preparedness and Continuity of Operations Planning (COOP). The PATH providers receive information from the SPC on emergency assistance during cold weather, flooding and any other information that the State Disaster Behavioral Health Coordinator feels is important to be disseminated to the PATH providers in order for them to share this information with persons experiencing homelessness and other agencies they may come in contact with as a result of their outreach efforts in their respective geographic areas of service. The SPC strongly encourages PATH providers to form relationships and to be a part of disaster preparedness and emergency planning in their area.

### III. State Level Information

#### G. Process for Providing Public Notice

Narrative Question:

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

Footnotes:

## **Process for Providing Public Notice**

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

The PATH Grant is made available for public comment through the BBHMF Website and through distribution to the West Virginia Behavioral Health Planning Council (WVBHPC) before the application is submitted to SAMHSA. The WVBHPC comprises a wide variety of partners including consumers, providers, and social service and housing agencies. BBHMF utilizes an e-mail list serve to notify interested parties of the availability of the application for comment.

Public comments are taken into consideration. The final version of the application, including any changes, is made available as described above.

### III. State Level Information

#### H. Programmatic and Financial Oversight

Narrative Question:

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

Footnotes:

## **Programmatic and Financial Oversight**

*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.*

Oversight of the PATH Program in West Virginia is the responsibility of the Statewide PATH Coordinator (SPC) who is located in the Division of Adult Mental Health. PATH providers receive annual monitoring visits in addition to any follow-up visits necessary to ensure compliance with Federal PATH guidelines and to ensure the utmost in quality services for consumers participating in the PATH program. Financial oversight is the primary responsibility of BBHMF's Finance Administration section in conjunction with the State PATH Coordinator; matching funds are also verified by this section. Fiscal reports are reviewed at least quarterly by program and fiscal staff to verify appropriate and efficient invoicing.

All PATH providers are currently using the PATH Data Exchange.(PDX). This system allows the SPC to review provider data on a monthly basis which is now required of all West Virginia PATH providers. West Virginia has fully integrated PATH into both the CoC HMIS and into the Statewide HMIS Implementation. All PATH Workers are currently utilizing HMIS. Each of the 4 Continuums of Care 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 so as to help PATH consumers to access the services and pursue and obtain the permanent housing that is so crucial to their success.

West Virginia's PATH program participated in a SAMHSA site review in late January 2013. During the review, two PATH 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 fiscal portion of the site review included interviews with BBHMF Fiscal staff as well as the Administrators of both providers .BBHMF staff participated in the entrance and exit conference to explain the structure and operations of the BBHMF, and to show the support the Bureau provides to the Statewide PATH Coordinator and the West Virginia PATH program.

### III. State Level Information

#### I. Selection of PATH Local-Area Providers

Narrative Question:

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

Footnotes:

## **Selection of PATH Local-Area Providers**

*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).*

BBHFF awards PATH funds to local providers utilizing a public application process through a statewide Announcement of Funding Availability (AFA). The most recent AFA was for WV FY 2014. The AFA was released in October 2013 and funding was awarded in December 2013 to two new agencies to deliver PATH services in State Regions 2 and 4. BBHFF remains excited by this development because this is the first time a PATH provider has served Region 2. This area has suffered an increase in individuals experiencing homelessness which can now be addressed to make an impact on the number of individuals experiencing homelessness.

PATH funds are distributed based proposal reviews which consider the following:

- The greatest concentration of a demonstrated need for services;
- The applicant's capacity and ability to provide required services to people experiencing homelessness with serious mental illness and co-occurring substance abuse issues;
- The applicant's demonstrated effectiveness in serving veterans experiencing homelessness;
- West Virginia Behavioral Health Planning Council recommendations,

### III. State Level Information

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

Narrative Question:

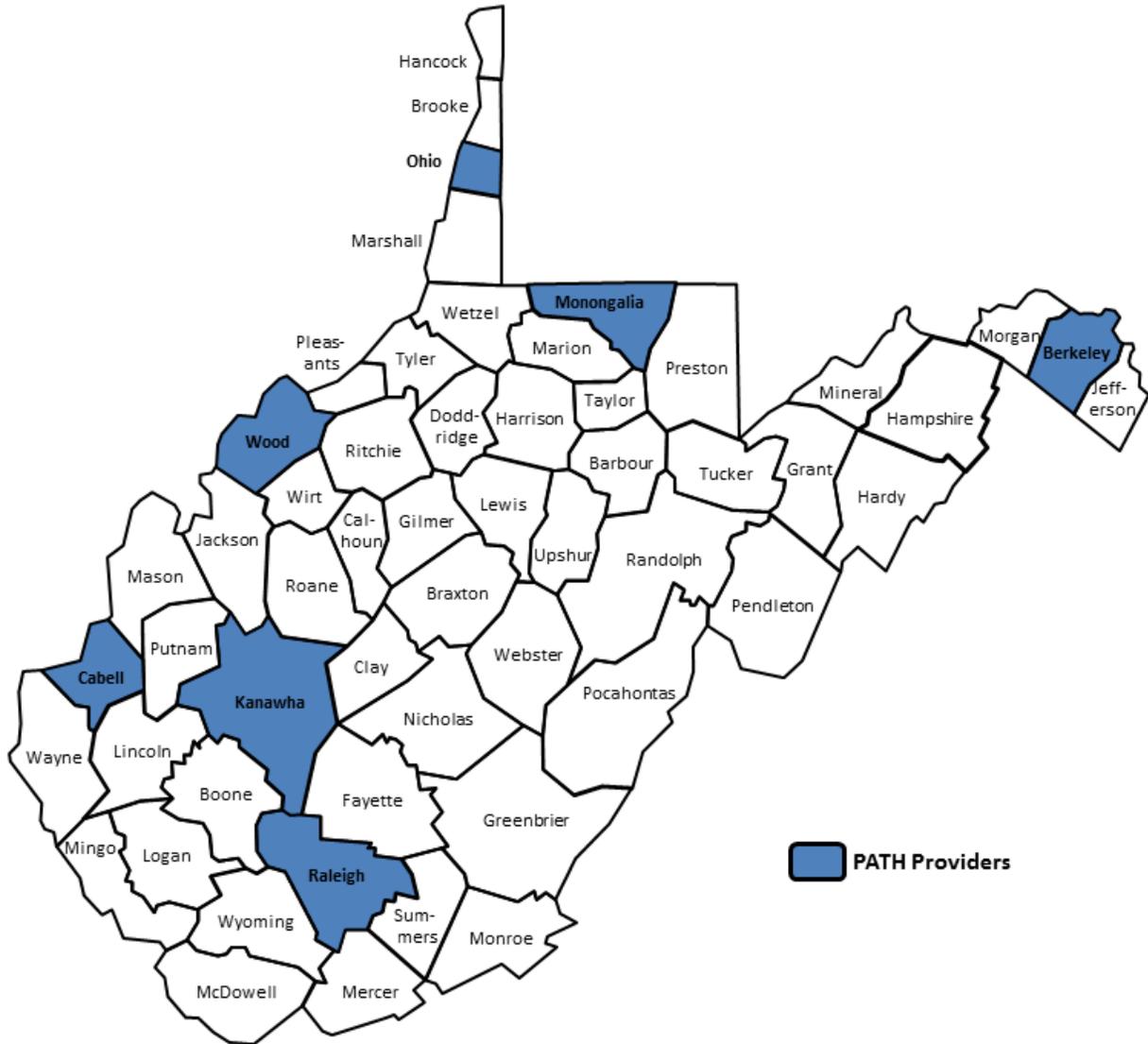
Indicate the number of individuals with serious mental illnesses experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

Footnotes:

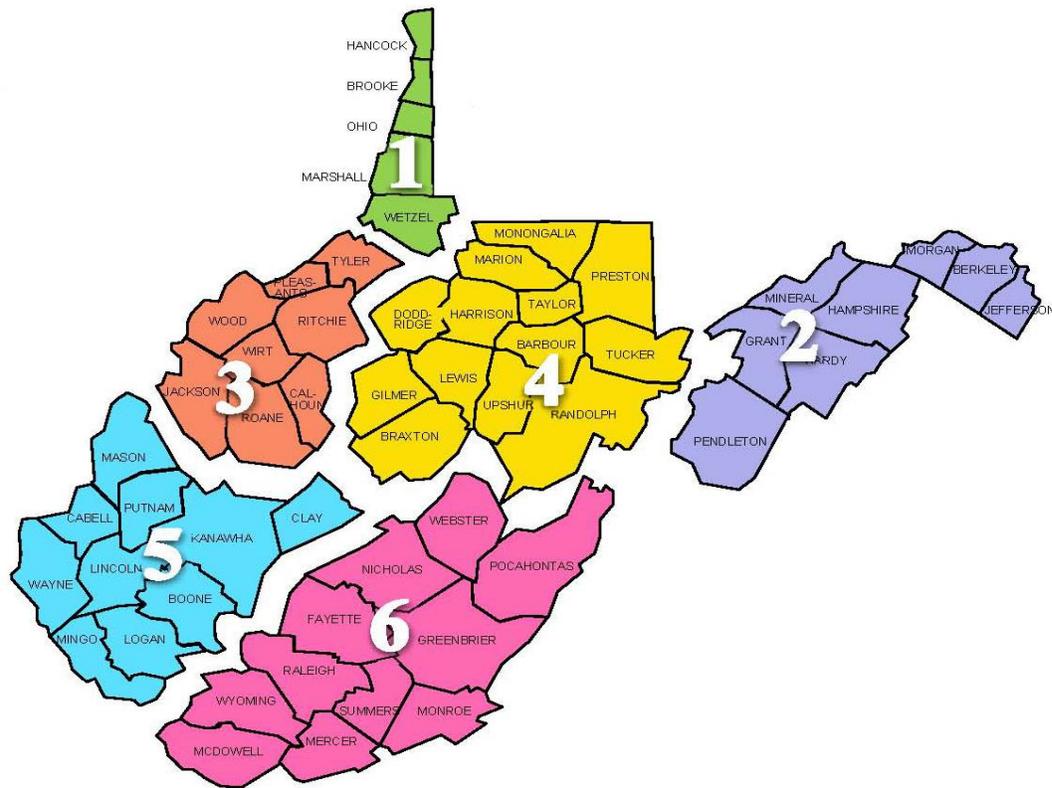
## Location of Individuals With Serious Mental Illness Who Are Experiencing Homelessness

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.

### PATH Provider Map



## Geographic Description of Providers by Region



### **Region 1**

The Greater Wheeling Coalition for the Homeless is located 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. It is located in close proximity to a mental health block grant funded drop-in center operated by the local NAMI Chapter and the Catholic Church, which also provides shelter and food. A centralized location in the downtown area makes services easily accessible.

### **Region 2**

The Eastern panhandle area, including the city of Martinsburg, is served by The West Virginia Coalition to End Homelessness.(WVCEH). 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 most recently as PATH Outreach Provider for DHHR 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.

### **Region 3**

The PATH outreach worker is based at a regional comprehensive behavioral health center located in the downtown area, Westbrook Health Services. Parkersburg is West Virginia's third largest city and also borders southeastern Ohio. It is another major city in West Virginia that includes a large number of people experiencing homelessness.

### **Region 4**

Located in Morgantown, WV, The Connecting Link is a private non-profit agency providing emergency financial assistance, information and referral resources, social work budget counseling, homeless collaborative services and PATH outreach within Harrison, Marion, Monongalia, Preston, and Taylor Counties of West Virginia.

The WVCEH will also be providing PATH services in Region 4. (See *Region 2 above*)

### **Region 5**

The areas of the State which have the greatest population of persons experiencing homelessness are the cities that border other states, Ohio and Kentucky in particular. For this reason, the Huntington area (which borders Ohio and Kentucky) has been funded for an outreach worker who gives particular attention to people staying along the Ohio River. Huntington is West Virginia's second largest city. In addition, this provider has been funded for an additional outreach worker to work in Lincoln and Mason Counties, which should result in more services being provided for individuals in those counties which may not currently be able to access services or not be able to be reached due to the current need for homeless individuals in and around the primary service area of Huntington.

The greatest demonstrated need for services is the metro Charleston area, which is both the state capitol and largest city in West Virginia. Funding is designated to Roark-Sullivan Lifeway Center, which, among many other things, serves as a men's shelter. The program also serves women and children through its partnership with a sister agency's family shelter, YWCA Sojourner's.

### **Region 6**

The Pinehaven Homeless Shelter, operated by 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 building make it possible for the 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 Pinehaven with PATH dollars

The following chart of consumers served in West Virginia indicates the number of people experiencing homelessness in West Virginia through validated Medicaid Behavioral Health Care Connection records during State FY 2015. (7/1/14-6/30/15)

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	NA	Total
0-17	9,434	195	201			35	10	137	48	783	10,843
18-64	36,831	35	794			151	17	1,518	409	2,473	42,228
65 +	1,945	4	117			44	0	16	17	133	2,276
Not Available											0
<b>TOTAL</b>	<b>48,210</b>	<b>234</b>	<b>1,112</b>	<b>0</b>	<b>0</b>	<b>230</b>	<b>27</b>	<b>1,671</b>	<b>474</b>	<b>3,389</b>	<b>55,347</b>
Female	26,540	122	499			105	6	702	223	1,772	29,969
Male	21,667	112	613			125	21	969	251	1,617	25,375
Not Available	3										3
<b>TOTAL</b>	<b>48,210</b>	<b>234</b>	<b>1,112</b>	<b>0</b>	<b>0</b>	<b>230</b>	<b>27</b>	<b>1,671</b>	<b>474</b>	<b>3,389</b>	<b>55,347</b>
American Indian/Alaska Native	52	0	2			0	0	6	1	1	62
Asian	20	0	2			0	0	1	0	2	25
Black/African American	1,543	8	34			8	2	116	21	84	1,816
Hawaiian/Pacific Islander	13	0	0			0	0	0	0	1	14
White/Caucasian	41,196	179	865			190	22	1,275	357	2,092	46,176
Hispanic *											0
More than One Race Reported	4,838	45	198			27	3	246	85	741	6,183
Race/Ethnicity Not Available	548	2	11			5	0	27	10	468	1,071
<b>TOTAL</b>	<b>48,210</b>	<b>234</b>	<b>1,112</b>	<b>0</b>	<b>0</b>	<b>230</b>	<b>27</b>	<b>1,671</b>	<b>474</b>	<b>3,389</b>	<b>55,347</b>
Hispanic or Latino Origin	318	2	8			4	0	9	4	21	366
Non-Hispanic or Latino Origin	42,088	196	944			191	23	1,292	387	2,840	47,961
Hispanic or Latino Origin Not Available	5,804	36	160			35	4	370	83	528	7,020
<b>TOTAL</b>	<b>48,210</b>	<b>234</b>	<b>1,112</b>	<b>0</b>	<b>0</b>	<b>230</b>	<b>27</b>	<b>1,671</b>	<b>474</b>	<b>3,389</b>	<b>55,347</b>

**Private Residence:** Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO).

**Foster Home:** Individual resides in a Foster Home. A Foster Home is a home that is licensed by a County or State Department to provide foster care to  
 Location of Individuals w/ Serious Mental Illness Who Are Experiencing Homelessness Page 4

children, adolescents, and/or adults. This includes Therapeutic Foster Care Facilities. Therapeutic Foster Care is a service that provides treatment for troubled children within private homes of trained families.

**Residential Care:** Individual resides in a residential care facility. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Residential Treatment, or Rehabilitation Center, or Agency-operated residential care facilities.

**Crisis Residence:** A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

**Children's Residential Treatment Facility:** Children and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services to seriously emotionally disturbed children and youth. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities which are certified by state or federal agencies or through a national accrediting agency.

**Institutional Setting:** Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Nursing Homes, Institutes of Mental Disease (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or State Hospital.

**Jail/ Correctional Facility:** Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Detention Centers, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

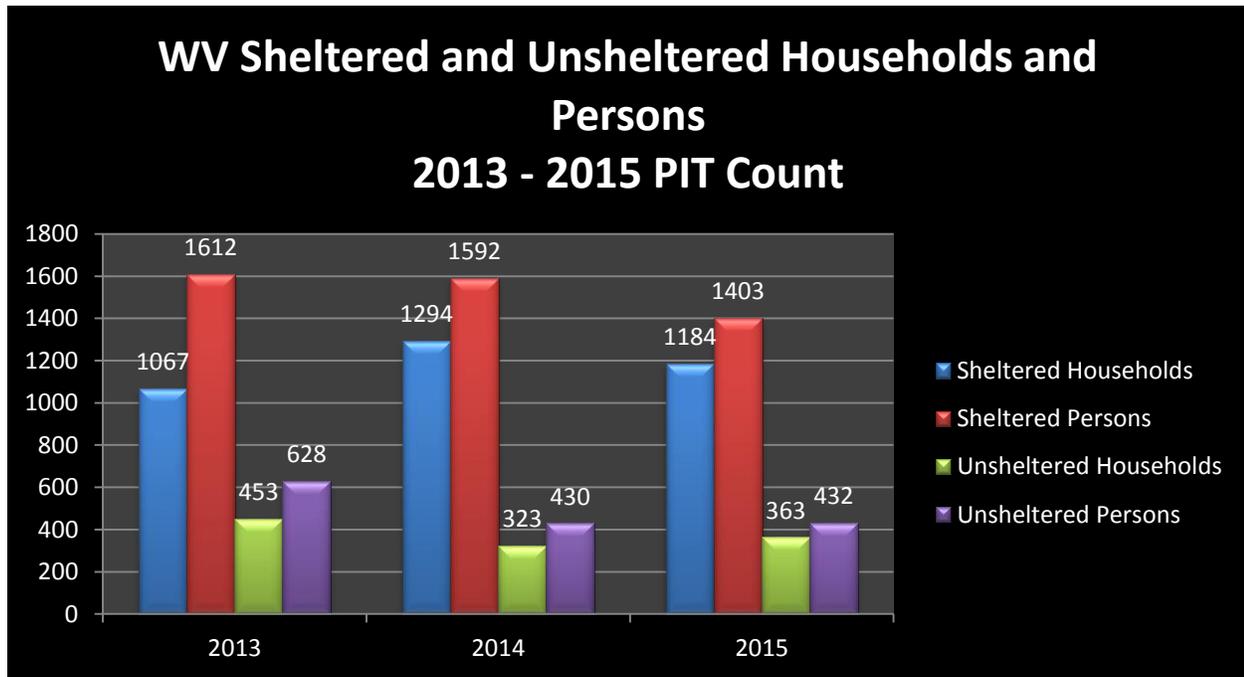
**Homeless:** A person should be counted in the "Homeless" category if he/she was reported homeless at their most recent (last) assessment during the reporting period (or at discharge for patients discharged during the year). The "last" Assessment could occur at Admission, Discharge, or at some point during treatment. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

- A) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- B) An institution that provides a temporary residence for individuals intended to be institutionalized, or
- C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

**Unavailable:** Information on an individual's residence is not available.

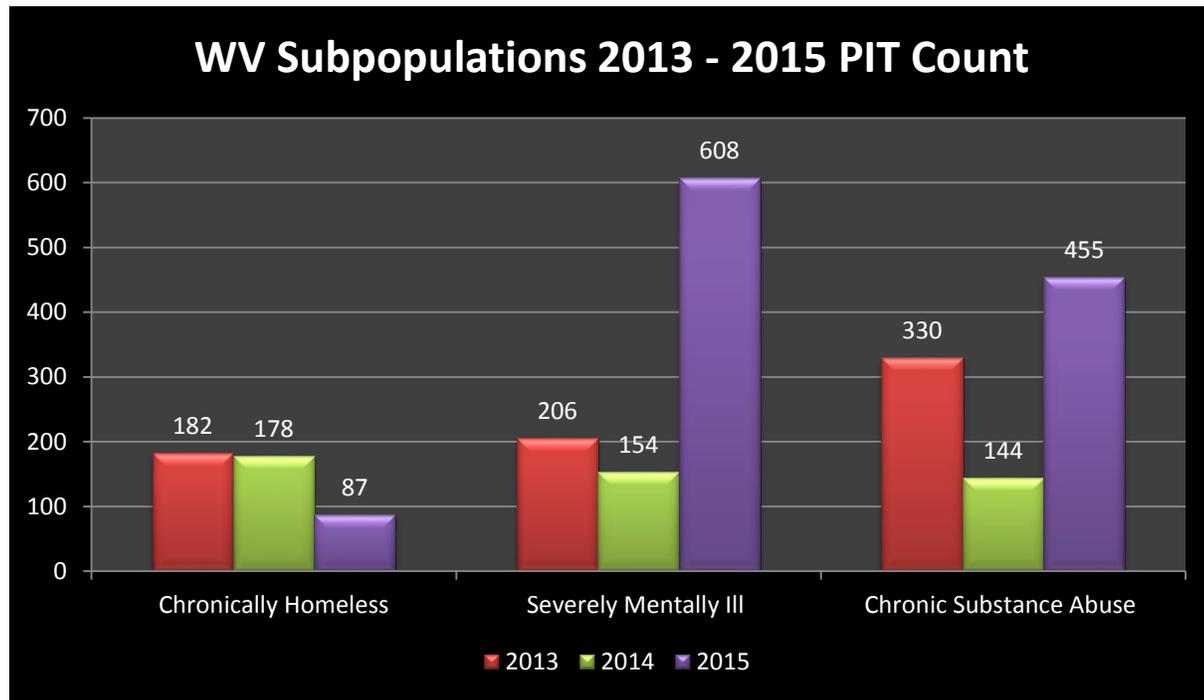
WV Coalition to End Homelessness Point in Time Count Data

<b>Total Persons Sheltered and Unsheltered 2013 - 2015</b>				
	Sheltered		Unsheltered	
	Households	Persons	Households	Persons
2013	1067	1612	453	628
2014	1294	1592	323	430
2015	1184	1403	363	432



### WV Unsheltered Subpopulations

	2013	2014	2015
Chronically Homeless	182	178	87
Severely Mentally Ill	206	154	608
Chronic Substance Abuse	330	144	455



### III. State Level Information

#### K. Matching Funds

Narrative Question:

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

Footnotes:

## **Matching Funds**

*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 3:1 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. These matching funds are available at the beginning of the award period.

No administrative funds are required for the State PATH Contact as that position is part of the Adult Mental Health Division. This meets the requirement that administrative expenses remain under four percent (4%).

See provider Intended Use Plans for further details regarding matching funds and the source of those funds.

### III. State Level Information

#### L. Other Designated Funding

Narrative Question:

Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.

Footnotes:

## Other Designated Funding

*Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who experience homelessness and have serious mental illnesses.*

BBHMF is maximizing its limited resources by utilizing PATH dollars and Community Mental Health Block Grant dollars to serve people with serious mental illness and co-occurring substance use disorders that are experiencing homelessness. BBHMF plans to continue this allocation in order to maximize the use of the SAMHSA PATH allocation which continues at the minimum allotment of \$300,000.

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 Abuse Prevention and Treatment (SAPT) Block Grant, and general state revenue funds. BBHMF also receives various SAMHSA grants such as the previously mentioned SBIRT and BRSS TACS grants.

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

West Virginia recently submitted an application for the 2016 Cooperative Agreement to Benefit Homeless Individuals (CABHI) grant. This program will serve 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 BBHMF and West Virginia's four CoC's. Funding decisions have not been announced at the time of the writing of the PATH application

### III. State Level Information

#### M. Data

Narrative Question:

Describe the state's and providers' status on the HMIS transition plan, with an accompanying timeline for collecting all PATH data in HMIS by FY 2017. If the state is fully utilizing HMIS for PATH services, please describe plans for continued training and how the state will support new local-area providers.

Footnotes:

## Data

*Describe the state's and providers' status on the HMIS transition plan, with an accompanying timeline for collecting all PATH data in HMIS by FY 2017. If the state is fully utilizing HMIS for PATH services, please describe plans for continued training and how the state will support new local-area providers.*

West Virginia is fully utilizing HMIS for PATH services.

BBHFF continues to focus on continuing education and training and providing support for new providers. The West Virginia Coalition to End Homelessness (WVCEH) receives state funding from BBHFF 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 four CoCs use one HMIS Solution for the state, Bowman Systems Service Point.. This statewide implementation is important for three main reasons:

1. The ability to create and maintain a statewide database on homelessness in West Virginia and the ability to run reports that paints a true 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 starting over 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.

West Virginia's State HMIS is a truly "open" HMIS, and the WV State HMIS Network is currently receiving HUD Technical Assistance to successfully implement both the database and the collective governance that will oversee the policies, procedures and direction of the statewide implementation. Currently, each CoC has equal representation in the statewide HMIS, direction and strategy is considered collectively. This is a process that is currently being further solidified.

Ongoing plans for PATH/HMIS training and expansion include:

- a) Regular updated training with PATH staff in the Balance of State CoC on HMIS.
- b) A new service entry procedure the SkanPoint, allowing PATH Workers to more easily attach services provided to individual PATH clients.
- c) Training on PATH's function in populating local prioritization lists within HMIS, and providing housing and service connectivity and referral.
- d) Training on entry into the SOAR Assessment in HMIS for PATH Workers.
- e) Refresher training on utilizing the VI-SPDAT in HMIS and training on Full SPDAT usage when the assessment is in ServicePoint in late Spring/Early Summer of 2014.

In addition their valuable work with HMIS, the WVCEH also provides training and engagement in the following methods of data collection, surveys, and research:

- HMIS, and various reports within.
- The Summer and Winter Point in Time (PIT) counts.
- The Annual Homelessness Assessment Report (AHAR).
- The Annual Housing Inventory Chart (HIC).
- The Homelessness Index (a current endeavor by WVCEH and Dr. Tom McLaughlin of the University of New England to measure the degree of homelessness across several indicators).
- The National Alliance to End Homelessness Performance Evaluator Tool.
- Community-Wide cost analysis of chronic homelessness (currently in the planning stages).
- The Service Prioritization Decision Assistance Tool (SPDAT).
- SOAR OAT, Outcomes Tool.
- The 100,000 Homes Vulnerability Index.
- VA CHALENG Data.
- Individual and State PATH Reports and PDX.
- CoC Profile Data.
- CoC and ESG Performance Data (Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing, and Shelters).

### III. State Level Information

#### N. Training

Narrative Question:

Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.

Footnotes:

## **Training**

*Indicate how the state provides, pays for, or otherwise supports evidenced-based practices, peer support certification, and other trainings for local PATH-funded staff.*

### Training Activities

BBHHF requires PATH providers to attend annual training events as reflected in grantee's statement of work. All BBHHF grantees, including PATH grantees, are required to be trained in cultural competency, motivational interviewing, suicide prevention, trauma-informed care and person-centered care.

BBHHF is planning to facilitate a PATH retreat in the summer of 2016. This retreat will focus on topics such as trauma-informed care, disaster planning, HEARTH requirements, HMIS/PATH data integration, outreach, and veteran's issues.

Technical Assistance from SAMHSA was provided in May 2015 on outreach. BBHHF and the Statewide PATH Coordinator also arranged for a SAMHSA provided TA on Coordinated Intake and Assessment. This TA is part of the state's plan to move toward a "no wrong door" entry into the system of services for person's experiencing homelessness.

The Statewide PATH Coordinator participates in a monthly conference call with other coordinators and SAMHSA staff, including the Director of the PATH program. This allows BBHHF to continue to improve West Virginia's PATH program by collaborating with other coordinators as well as to receive timely information and updates from the SAMHSA PATH Director. Participation in this monthly conference call was due to the recommendation during the site review in January 2013 which recommended the SPC to participate in the Administrative Workgroup monthly conference calls. As a result of this recommendation the SPC approached this group and was accepted for participation. The SPC continues to be a part of this administrative workgroup and is a member of the Data Advisory Group as well, which is charged with the task of developing data standards for the future changes in data that HUD will be mandating.

The WVCEH is funded by BBHHF to provide training and technical assistance for a variety of organizations including: Recipients of HUD funding for Special Needs Projects throughout the Balance of State CoC, HMIS users and their agencies, Supportive Services for Veteran Families (SSVF) Grantees, Communities implementing Coordinated Intake and Assessment, Diversion and Rapid Re-Housing, The State SOAR Steering Committee and community SOAR Case Managers, Individual communities attempting various kinds of Rapid Re-Housing, Specific communities requiring data analysis and local system facilitation, Emergency Solutions Grant recipients, and The WV Interagency Council on Homelessness.

## Promoted Evidence Based Practices

### *Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)*

The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) is a “supertool” developed by OrgCode Consulting and Community Solution’s 100,000 Homes Campaign (now the Zero:2016 Campaign). Melding the strengths of the Service Prioritization Decision Assistance Tool (SPDAT), with the long-used 100,000 Homes Vulnerability Index (VI), the VI-SPDAT is an evidence-based prescreen tool that enables homeless service providers to determine the best possible “next step” for homeless individuals and families entering the housing and services system. The VI-SPDAT is the cornerstone for the coordinated access systems in all CoC’s in West Virginia, providing the ability to prioritize people for housing according to the presence of their issues or “acuity.”

The VI-SPDAT Prescreen and VI-SPDAT Family Prescreen are surveys performed with each client or potential client, asking a series of questions across four dimensions: (1) History of Housing and Homelessness; (2) Risks; (3) Socialization and Daily Functions; and (4) Wellness. The questions asked across these dimensions provide service providers and clients a sense of time and duration of previous housing, substance use and general risk, social connections, levels of function, and the duration and severity of mental health and chronic health conditions. Scoring these questions provides an overall prescreen or “acuity score.” The VI-SPDAT provides the ability to ascertain the presence of an issue and give a relatively rapid—and extremely accurate—picture of the possible path for a client or potential client. VI-SPDAT scores are delineated on the following scale: score of 0-4 is low acuity or “diversion group;” score of 5-9 is mid-acuity and recommended for the “rapid re-housing” group; and score of 10-17 is high acuity and recommended for the “Housing First/permanent supportive housing” group.

The VI-SPDAT shifts the conversation from simply enrolling eligible participants into programs to prioritizing the correct housing and service intervention and targeting the most intensive interventions to those who need it most. Many providers in West Virginia have been utilizing the VI-SPDAT for almost three years and every CoC uses the tool to assess people who are chronically homeless. It has proven to be a critical tool for assessment, triage, and prioritization of clients entering the system. Due to the fact that the assessment is housed in the CoC’s Homelessness Management Information System (HMIS) and can be attached to a client or family record, the CoC’s have also created a named prioritization list based on VI-SPDAT score that is distributed CoC-wide on a weekly basis. The VI-SPDAT has been extremely effective in prioritization and placement of clients, evidenced by the increased placement of individuals into housing more rapidly and with longer-term stabilization in permanent housing

### *Service Prioritization and Decision Assistance Tool (SPDAT)*

In 2013, West Virginia began utilization of OrgCode Consulting Service’s Prioritization and Decision Assistance Tool (SPDAT) for case management. The two SPDAT tools currently used are the SPDAT Full Individual Assessment and SPDAT Full Family Assessment. Both are proving to be powerful tools in West Virginia’s arsenal to measure the acuity of people

experiencing homelessness, connect them with appropriate housing and service interventions, and monitor their progress and outcomes.

This evidence-informed tool was selected because of its comprehensiveness and effectiveness in reducing homelessness. OrgCode cites that SPDAT is becoming the cornerstone of many coordinated access and common assessment initiatives under HEARTH regulations given outcomes are proven to be better with the SPDAT than other assessments and case management tools. Coupled with Housing First, it is a formidable tool for helping the most chronically homeless individuals with the most complex needs to maintain housing.

### *Housing First*

The cost of homelessness is significant—on both the individual and system or state level. In November 2013, the West Virginia Coalition to End Homelessness partnered with West Virginia University School of Public Health to conduct a study of costs in the access to Medicaid paid services by individuals experiencing homelessness. They found that 14,115 individuals received at least one homeless service and one Medicaid paid service between January 1, 2012 and March 15, 2015. The total Medicaid costs for the known homeless was \$61,227,720 in 2012; rose to \$66,351,934 in 2013; and increased significantly in 2014 to \$89,375,299. Locating housing, mental health services, substance abuse treatment, and peer support services will reduce this cost by treating the cause of homelessness instead of treating the symptoms.

To achieve this, West Virginia supports Housing First strategies and values by recognizing that every West Virginian deserves a place to call home, and in doing so considers permanent supportive housing and rapid re-housing with support services as core strategies in addressing chronic homelessness. Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible and then providing services as needed with no preconditions of sobriety, behavior, or income. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve.

Housing First is listed by SAMHSA as an evidence based practice in its National Registry of Evidence-based Programs and Practices. The Housing First model of permanent supportive housing has proven to be most effective for the chronically homeless population by increasing the ability of highly vulnerable people to gain access to housing and remain stable in housing, which greatly reduces the physical and mental costs associated with homelessness. Many programs in West Virginia have also had unique success with housing chronically homeless and high-need, high-acuity individuals and families with rapid re-housing. While not traditionally a mode of housing for chronic and high-need individuals experiencing homelessness, success is being realized, particularly in rural areas, using a rapid re-housing model with intensive case management that ensures income, treatment connections, and long-term permanent housing beyond the initial rapid re-housing support.

A March 2014 study by the University of North Carolina, Charlotte shows the success of the Housing First philosophy as applied to permanent supportive housing. The evaluation studied the housing, clinical, and social stability of tenants in a specific permanent supportive housing

project over time. The study found that permanent supportive housing was far more economical than leaving people on the streets and helped to reduce inappropriate service utilization in hospitals and jails among its clients, thus alleviating a burden on law enforcement and emergency health services. The study revealed a 78% reduction in emergency room visits and a 79% reduction in in-patient hospitalizations, resulting in a 70% reduction (\$1.8 million) in hospital bills in one year. In addition, they reported a 78% reduction in arrests and an 84% reduction in jail stays.

The residents also realized a high level (79%) of housing stability after one year, and average tenant income increased from \$403 to \$502, with Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI) acting as the key forms of benefit income. After their first year, residents also indicated that staff members were the key strength to their success in the program. Access to staff, availability, responsiveness, and respect were key ingredients that residents felt were part of their success. This study is fundamentally critical in light of the implementation plan surrounding this program. Increasing the ability, particularly in rural communities, to increase the number of skilled personnel providing access, referral, case management, mainstream benefits connection, access to housing, mental health, and substance abuse treatment, and follow-up will lead to far greater success in the stabilization of chronically homeless individuals, and homeless or chronically homeless veterans in West Virginia.

### *Critical Time Intervention (CTI)*

Critical Time Intervention (CTI) is a time-limited (roughly 9-months) case management model that is designed to support continuity of care and community integration for persons with severe mental illness who are transitioning from institutional settings (e.g., shelters, hospitals, jails) to community care and are at risk of homelessness. The intervention involves two components: strengthening the individual's long-term ties to services, family, and friends and providing emotional and practical support during the transition. The intervention includes three main phases:

- *Transition to the community*: This phase focuses on providing intensive support and assessing the resources that exist for the transition of care to community providers;
- *Tryout*: The second phase involves testing and adjusting the systems of support that were developed in the first phase; and
- *Transfer of care*: A final phase which completes the transfer of care to community resources that will provide long-term support.

CTI is listed by SAMHSA as an evidence-based practice in its National Registry of Evidence-based Programs and Practices and it has demonstrated effectiveness in reducing the period prevalence of homelessness; number of nights spent homeless; period prevalence of psychiatric re-hospitalization; number of nights spent in psychiatric re-hospitalization; and quality of family relationships.

### *Trauma Informed Care*

Research demonstrates that individuals who have experienced homelessness have also experienced some level of trauma. While creating integrated systems of access, assessment, and

referral are fundamental to meeting the needs of individuals and families experiencing homelessness, an opportunity exists among homeless housing and service providers to not only meet the immediate needs of the chronically homeless, but to be an active part of ongoing housing stabilization and longer-term healing.

Trauma Informed Care (TIC) is a strength-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for survivors to rebuild a sense of control and empowerment. TIC feeds directly into the Housing First and CTI approaches by equipping Case Managers, Peer Supports, Clinical Directors, Therapists, Outreach Coordinators, and other service providers with a set of tools that involve not only a “do no harm” approach but also avoiding re-traumatization of the consumer. Providers in West Virginia need a framework to understand trauma, emphasize safety, employ a strength-based approach, and act upon opportunities to rebuild control among individuals who have experienced homelessness and trauma. This will be a philosophical and cultural shift in West Virginia that will encourage providers to manage their reactions and help homeless and chronically homeless individuals deal with trauma and violence that can be part of any homeless experience, in addition to the deeper cutting issues of combat experience and PTSD among the veteran homeless population. TIC is also an evidence-based program in SAMHSA’s National Registry of Evidence-based Programs and Practices.

### *Motivational Interviewing*

Motivational Interviewing (MI) is a clinical approach that helps people with mental health, substance use disorders, and other chronic conditions make positive behavioral changes to support better health. The approach upholds four principles: expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy (the client’s belief that he or she can successfully make a change). MI is one of the core components of a variety of interventions used by direct service providers, supervisors, team leaders, and organizations in substance abuse, mental health, psychiatry, primary healthcare, nursing, supported employment, tobacco cessation, vocational rehabilitation, residential treatment services, housing services, and criminal justice.

MI is an evidence-based program in SAMHSA’s National Registry of Evidence-based Programs and Practices. West Virginia has been training service providers in MI, but more efforts are needed to help anyone providing direct services with the tools to help people address their ambivalence to change, discover their own interest in considering and/or making a change, expressing in their own words their desire for change, and planning for and beginning the process of change. MI complements the other evidence-based practices identified, including VI-SPDAT assessments, SPDAT case management tools, Housing First, CTI, and TIC.

### III. State Level Information

#### O. SSI/SSDI Outreach, Access and Recovery (SOAR)

Narrative Question:

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

Footnotes:

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

*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.*

BBHFF supports the implementation of SOAR (SSI/SSDI Outreach, Access, and Recovery) across the state. The West Virginia Coalition to End Homelessness (WVCEH) acts as the SOAR State Lead in West Virginia, and works collaboratively with the SAMSHA SOAR Technical Assistance Center to expand the SOAR curriculum and practice in West Virginia and train case managers in the ability to expedite applications for homeless individuals seeking SSI/SSDI applications.

*6 of the 7 PATH providers have at least one staff member who is SOAR trained. To date, over 80 persons statewide have been trained in SOAR. There are currently two communities (Parkersburg and Morgantown) that are piloting a multi-agency process approach to SOAR of which PATH providers are participating.*

The WV State Path Coordinator is a member of the Statewide SOAR Steering Committee and participates in these conference calls on a regular basis to provide input and to support the efforts of WVCEH to more broadly implement the SOAR process throughout West Virginia. WV is starting to see an increase in the number of successful applications for persons experiencing homelessness as a result of the SOAR process. In time, this effort should grow as more PATH staff become trained and confident in using the process.

*See provider Intended Use Plans (IUP) for additional provider level information.*

### III. State Level Information

#### P. Coordinated Entry

Narrative Question:

Describe the state's coordinated entry program and role of key partners.

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Footnotes:

## Coordinated Entry

*Describe the state's coordinated-entry program and role of key partners.*

HUD's Coordinated Entry System outlines the qualities of effective coordinated entry, including prioritization, low barrier, Housing First orientation, person-centered, fair and equal access, emergency services, standardized access and assessment, inclusive, referral to projects, 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. Coordinated Entry allows West Virginia's PATH providers to participate with other homeless services agencies in their CoC to prioritize people who are most vulnerable or have the most severe service needs.

PATH providers actively participate in the CoC's coordinated entry assessment process with other homeless service providers. The Coordinated Entry system provides multiple points for access and appropriate assessment for individuals seeking homeless services, while maintaining standardized processes and tools. This is also known as the "no wrong door approach." Each entry point (or service provider) path allows for eligibility screening for housing and services that are available.

The objectives of the assessment are:

1. To provide diversion services when necessary and appropriate (divert individuals from becoming literally homeless).
2. To assist individuals who are literally homeless and unstably housed in obtaining appropriate, safe, and stable housing as quickly as possible
3. To provide direct referrals to a wide range of services to address the household's current housing crisis and any related needs.

Using a no-wrong door approach, individuals are screened using the VI-SPDAT Prescreen tool within the first 2-10 days of point-of-contact/shelter and/or program intake. The appropriate assigned staff member(s) from each CoC-funded entity will complete the VI-SPDAT and recommend as a top priority, moderate priority, or not in need of services at this time. Scores of the VI-SPDAT will be entered into the "Assessment" tab of the client's record in ServicePoint.

Every week, the HMIS Specialist pulls a report from HMIS. The report will produce a listing of individuals who have an active VI-SPDAT in Service Point. The report is taken and distributed at the Supportive Services weekly meeting. Only consumer identifiers that are populated on this weekly report will be eligible for referrals to appropriate housing programs.

In order for a consumer to be on this list, the service provider must be participating in and completing client information in a timely and accurate fashion in HMIS. Service providers are to complete the VI-SPDAT within 2-10 days of shelter/program intake. PATH providers actively participate in this process and the assigned weekly workgroup.

The Supportive Services meeting/work group is comprised of qualified professionals designated as the appropriate representatives of their agencies. Case managers, clinicians, program supervisors in attendance at the Supportive Services meeting review the weekly report of individuals. The report indicates the ranking that was produced when the VI-SPDAT was conducted by the provider and scored in Service Point.

Depending on which CoC is involved, PATH consumers have access to the Emergency Solutions Grant (ESG) program. Providers offer this program internally. Through this source of funding, PATH consumers have access to rapid-rehousing services. Funds are available to assist consumers with security deposits and rental assistance to help stabilize them into permanent housing.

### III. State Level Information

#### Q. Justice Involved

Narrative Question:

Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history such as jail diversion and other state programs, policies and laws. Indicate the percent of PATH clients with a criminal history.

Footnotes:

## Justice Involved

*Describe state efforts to minimize the challenges and foster support for PATH clients with a criminal history, such as jail diversion and other state programs, policies and laws.*

### Justice Reinvestment Act

Between 2000 and 2009, the number of people in West Virginia's prisons increased at a rate triple the national average, while the state's resident population remained flat. With the prison population expected to increase 24 percent by 2018, the state projected that accommodating this growth would cost at least \$200 million in construction costs and \$150 million in operating costs between 2013 and 2018.

In 2012, the CSG Justice Center began working with state leaders in West Virginia to develop data-driven, consensus-based policy options designed to reduce corrections spending and increase public safety. CSG Justice Center experts conducted a comprehensive analysis of West Virginia's criminal justice data and interviewed stakeholders across the criminal justice system to identify challenges facing the state:

- The biggest driver of growth in the state's prison population between 2007 and 2011 is the number of people whose community-based supervision has been revoked, which is compounded by the length of time they spend in prison once re-incarcerated.
- The number of people who complete their sentence in prison and return to the community without any post-release supervision has increased significantly during the same period. Inefficiencies in correctional intake and parole decision-making processes contribute to this trend.
- Failure to adhere to the terms of probation or parole often stems from an individual's substance use and addiction needs and contributes to the growing prison population. Few of those under supervision receive treatment in their communities.

West Virginia's justice reinvestment framework includes policies designed to address these challenges. Senate Bill (SB) 371, the legislation incorporating these policies, was signed into law in May 2013. Among other things, SB 371:

- Strengthens community-based supervision by requiring supervision agencies to use risk assessments to ensure that supervision practices focus on individuals most likely to reoffend and respond to probation and parole violations with swift, certain, and more cost-effective sanctions;
- Increases accountability by mandating that people convicted of violent offenses receive one year of supervision upon release from prison and by permitting judges the discretion to order that people convicted of nonviolent offenses and not previously paroled to serve the last 180 days of their sentences under community supervision;
- Streamlines correctional system processes by requiring the use of a pretrial screening instrument in jails that predicts risk of flight and risk of reoffending and by requiring the West Virginia Parole Board to interview parole-eligible individuals whose paperwork is not yet complete; and

- Expands access to substance abuse treatment by creating a new “treatment supervision” sentencing option that provides substance abuse treatment to individuals under supervision and by expanding the use of drug courts throughout the state by 2016.

These policies are projected to avert up to an estimated \$200 million in construction costs and \$87 million in operating costs between 2014 and 2018. SB 371 also positions West Virginia to reinvest \$3 million of the projected savings into substance abuse treatment for people under community supervision in FY2014. At the state’s request, the CSG Justice Center continues to provide assistance in the implementation of these policies.

### *Implementation Planning*

The implementation of the Justice Reinvestment Act (JRA) will provide a foundation for change in serving the criminal justice population effectively and efficiently. The WV DHHR, BBHFF and the WV DMAPS, Division of Justice and Community Services were asked by the Office of the Governor to develop an action plan required for implementation of the treatment supervision sentencing option as outlined in the JRA. The partnership focuses on engagement of behavioral health service treatment providers, and provision of targeted training for offender populations. The increased collaboration between providers and community corrections professionals will expand effective substance use treatment services and reduce recidivism among the offender population. This collaborative approach to services development and coordination forges a long overdue partnership and avoids service system duplication. Extensive research on national best practice, key stakeholder interviews and data analysis were used to inform this treatment supervision implementation plan. It is important that national, state and local efforts be considered in the development and alignment of service systems.

The purpose of the West Virginia Justice Reinvestment Treatment Supervision Implementation Plan is to set forth strategies to reduce recidivism of offenders with substance use disorders, thus decreasing the overrepresentation of individuals with behavioral health disorders within the recidivist population. This will be accomplished through the development of a common structure for community supervision agencies and behavioral health treatment providers in an effort to enhance collaborative partnerships and coordinate care for offenders being supervised in the community. Senate Bill 371 provides a foundation for the development of a joint plan between the Department of Military Affairs and Public Safety (DMAPS) and the Department of Health and Human Resources (DHHR) to implement an effective system of treatment supervision for high risk felons with substance use need.

According to the Substance Abuse Mental Health Services Administration (SAMHSA), Director Pam Hyde states in her presentation, Behavioral Health and Criminal Justice: Challenges and Opportunities, half of all incarcerated people have mental health problems; sixty percent have substance use disorders and one third have both. Two thirds of people in prison meet the criteria for substance use disorders yet less than fifteen percent receive treatment after admission. Twenty four percent of individuals in state prisons have a recent history of mental illness yet only thirty four percent receive treatment after admission. Over 700,000 federal and state prisoners are released to communities in the United States every year. Correctional behavioral health problems become community behavioral health problems.

The treatment supervision sentencing option was designed to address several issues identified by the Justice Center. They concluded that more intensive treatment options are needed at the community correctional level. They further identified a need for more robust sanction options for violating the terms of community supervision besides incarceration. Between 2005 and 2011, revocations from community supervision increased by 47 percent at a cost of \$150 million in incarceration costs from 2007 to 2011.

For offenders who demonstrate a high risk of recidivism, treatment supervision serves as an option of first resort. If a sentencing judge determines that substantial behavioral health issues are driving a criminal's behavior, he or she may utilize the high level of treatment services afforded by this option as an alternative to incarceration. This option may also be used for parolees who demonstrate similar behavioral health issues prior to release.

In addition, this option may also be utilized as an alternative to revocation from community supervision. If a judge or the parole board concludes that an offender's violation of their community supervision was driven by behavioral health issues, treatment supervision may serve as an alternative to revocation.

The offender population will now have greater access to healthcare coverage through health insurance exchanges and Medicaid expansion. There will be more opportunities to coordinate new health coverage with other efforts targeted at the offender population. Addressing behavioral health needs can reduce recidivism and expenditures in the criminal justice system while increasing public health and safety outcomes.

#### *Key Implementation Plan Recommendations and Strategies*

To better understand the scope of work that is being undertaken at all levels within the justice system and to align and complement those efforts the following recommendations were developed. These recommendations will guide efforts to fully and effectively develop statewide capacity to serve offenders as part of reentry efforts.

1. Guide quality improvement and capture consistent process and outcomes through shared assessment, evaluation and information sharing practices across the criminal justice system by:

- Developing system and project-wide information sharing protocols among/ between justice services and community service providers
- Creating a single dashboard for capturing consistent agreed upon measures providing a readily accessible snapshot of performance and cost savings. (see example, Vermont Model)
- Building on extant DJCS: Office of Research and Strategic Planning (ORSP) quality assurance processes to ensure adherence to risk-need-responsiveness principles
- Utilizing standardized fidelity measures for implementing assessments and service delivery
- Enrolling all treatment providers in the LS/CMI online system and Online Learning Management System to administer and track (re)certifications of all training requirements
- Implement a standardized treatment planning document, to compliment and provide supplementary information for LS/CMI case plans

2. Improve person-centered, individualized care for offenders with behavioral health needs by implementing evidence-based programs and practices by:

- Administering Clinical assessments would be given to 100% of individuals prior to sentencing and release who are considered for community treatment and support services
- Providing consistent evidence based practices (EBP) training and interventions across the criminal justice and behavioral health systems
- Building on existing quality assurance systems to improve monitoring of assessment quality, case plans, provider/Day Report Center (DRC) staff credentials, and outcomes

3. Ensure that all behavioral health and criminal justice providers/facilities (jails, prisons, drug courts, day report centers) offer a consistent continuum of assessment, treatment and community peer/recovery support services by:

- Conducting consistent risk/needs and clinical assessments in all systems to individuals at risk for substance use/co-occurring disorders
- Offering consistent behavioral health services individuals diagnosed with substance use/co-occurring disorders
- Assigning 100% of individuals considered for community supervision a peer recovery/support specialist prior to release from any institution and/or upon placement into community corrections directly
- Providing funding targeted to engagement and out- patient services
- Providing targeted funding for community peer/recovery support services
- Providing funding targeted to recovery residences to provide safe and stable housing for individuals in community support services

4. Improve consistency in community and peer support expansion by enhancing the monitoring and supervision of local day report centers by:

- Developing a clear policy framework for the implementation of treatment supervision
- Co-monitor behavioral health services in coordination with BBHFF

*Indicate the percent of PATH clients with a criminal history.*

We are in the process of gathering baseline data to determine the percent of PATH clients with a criminal history. A review of the most recent Annual Report data from the PATH Data Exchange (PDX) on PATH clients who indicate their residence prior to enrollment into PATH as a “jail, prison, or juvenile detention facility” is 3%.