

I. State Information

State Information

Plan Year

Federal Fiscal Year 2026

State Identification Numbers

Unique Entity ID FYXTJT2PJ4Q1

EIN/TIN 55-6000771

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

Agency Name West Virginia Department of Human Services

Organizational Unit Office of the Secretary

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

City Charleston

Zip Code 25301-1745

II. Authorized Representative for the PATH Grant

First Name Elizabeth

Last Name Hardy

Agency Name West Virginia Department of Human Services

Mailing Address 350 Capitol Street, Room 350

City Charleston

Zip Code 25301

Telephone (681) 280-0089

Fax

Email Address elizabeth.m.hardy@wv.gov

III. Expenditure Period

From 7/1/2026

To 6/30/2027

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Jason

Last Name Cook

Telephone 304-352-5571

Fax

Email Address Jason.L.Cook@wv.gov

Footnotes:

I. State Information

Assurances - Non-Construction Programs

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

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

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

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

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

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

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

HHS Assurances of Compliance (HHS 690)

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

Name

Christina Mullins

Title

Acting Cabinet Secretary

Organization

West Virginia Department of Human Services

Signature:

Date:

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

Certifications

1. Certification Regarding Debarment and Suspension

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

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

2. Certification Regarding Drug-Free Workplace Requirements

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

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

3. Certifications Regarding Lobbying

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

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

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

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

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

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

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

5. Certification Regarding Environmental Tobacco Smoke

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

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

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

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

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

Name

Christina Mullins

Title

Acting Cabinet Secretary

Organization

West Virginia Department of Human Services

Signature:

Date:

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

Funding Agreement

FISCAL YEAR 2026

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

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

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

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

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

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

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 individuals experiencing homelessness who are both mentally ill and suffering from a substance abuse disorder.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 528(a). The State will, by January 31, 2027, prepare and submit a report providing such information as is necessary for the following:

- To secure a record and description of the purposes for which amounts received under the PATH Formula Grant Program were expended during fiscal year 2026 and of the recipients of such amounts; and
- To determine whether such amounts were expended in accordance with the provisions of Part C – PATH.

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

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

Charitable Choice Provisions:

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

42 C.F.R. part 54 and 54a respectively.

Governor/Designee Name	Christina Mullins
Title	Acting Cabinet Secretary
Organization	West Virginia Department of Human Services

Signature:

Date:

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

Disclosure of Lobbying Activities

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

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

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

Name: Christina Mullins

Title: Acting Cabinet Secretary

Organization: West Virginia Department of Human Services

Signature: _____

Date Signed: _____

mm/dd/yyyy

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

I. State Information

State PATH Regions

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

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

II. Executive Summary

1. State Summary Narrative

Narrative Question:

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

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Footnotes:

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

State Summary Narrative

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

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

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

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

Organization	Provider Type	Federal PATH Funds Received	Area Served	Match Funds	Estimated Contacted	Estimated Enrolled	Primary Services Provided
Greater Wheeling Coalition for the Homeless	Social Service Agency	\$42,662	Region 1	\$14,225	147	137	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Prestera Center	Community Mental Health Center	\$59,249	Region 5	\$19,789	45	45	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
West Virginia Coalition to End Homelessness	Continuum of Care (CoC)	\$171,182	Region 2 Region 4 Region 6	\$158,847	300	200	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services
Westbrook Health Services	Community Mental Health Center	\$26,907	Region 3	\$8,969	432	240	Outreach Case Management Engagement and Referral Housing Services Other Allowable PATH Services

West Virginia Executive Summary Table

II. Executive Summary

2. State Budget

Planning Period From 7/1/2026 to 6/30/2027

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

* Indicates a required field

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

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

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

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

f1. Contractual (IUPs)	\$ 300,000.00	\$ 201,830.00	\$ 501,830.00	<input type="text"/>
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f2. Contractual (State)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
No Data Available				

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

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

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

j. Total Direct Charges (Sum of a-i minus g1)	\$ 300,000.00	\$ 201,830.00	\$ 501,830.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00	<input type="text"/>
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l. Grand Total (Sum of j and k)	\$ 300,000.00	\$ 201,830.00	\$ 501,830.00	
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Allocation of Federal PATH Funds	\$ 300,000	\$ 100,000	\$ 400,000	
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Source(s) of Match Dollars for State Funds:

The sources of match dollars for each provider is detailed in the budget narrative of the provider. Source varies by provider.

Footnotes:

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: **07/01/2026**

Expenditure Period End Date: **06/30/2027**

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

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll
Greater Wheeling Coalition for the Homeless	Social service agency	Region 1	\$42,662.00	\$14,225.00	147	137
Pretera Mental Health Center	Community mental health center	Region 5	\$59,249.00	\$19,789.00	45	45
West Virginia Coalition to End Homelessness, Inc.	Other housing agency	Region 2	\$171,182.00	\$158,847.00	300	200
Westbrook Health Services	Community mental health center	Region 3	\$26,907.00	\$8,969.00	432	240
Grand Total			\$300,000.00	\$201,830.00	924	622

* IUP with sub-IUPs

Footnotes:

II. Executive Summary

Intended Use Plans

Greater Wheeling Coalition for the Homeless

84 Fifteenth Street
Wheeling, WV 26003

Contact: Lisa Badia

Email Address: lbadia@wheelinghomeless.org

Provider Type: Social service agency

PDX ID: WV-014

State Provider ID:

Contact Phone #: 3042326105

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization’s collaboration with HUD’s **Continuum of Care (CoC) Program**. Describe the organization’s participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider’s use of PATH funds.

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

- **Local Area Provider Description**

The Greater Wheeling Coalition for the Homeless (Coalition) is a 501(c)3 non-profit organization founded in 1987 in response to the 1983 West Virginia Supreme Court ruling, *Hodge vs. Ginsberg*, which declared all West Virginia's homeless must be provided with emergency medical care, food, and housing. The Coalition serves people who are either at risk or experiencing homelessness in the Northern Panhandle of West Virginia, comprised of Hancock, Brooke, Ohio, Marshall and Wetzel Counties. For FY2026, the Coalition is requesting \$42,662 in federal PATH funding. The Coalition's mission has been to create lasting solutions to prevent and ultimately eliminate homelessness in the Northern Panhandle of West Virginia. Over the last 39 years, the Coalition has developed a system of care that includes outreach and engagement services, diversion, referral to emergency shelter, placement in agency-owned transitional housing facility for youth ages 18-24, transitional housing for families with children who are victims of crime, rapid re-housing and homelessness prevention for Veterans, affordable housing in a six-unit, 18-bed residential facility, and housing stabilization support services, including peer recovery support, community engagement, and a comprehensive employment program for people in recovery. Through this robust system of care, the Coalition has prioritized the goal of ending homelessness among its clients through linkage to affordable, permanent housing. In 2025, the Coalition assisted 1,189 individuals with some level of support to end their homelessness, with 87% achieving permanent housing placement. Between 2019 and 2025, the Coalition maintained an 81% success rate for permanent housing placement.

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

The Coalition founded the local Northern Panhandle Continuum of Care in 1995 and served as the Lead Agency from its inception until 2022. Since 1996, the Coalition has successfully applied to the US Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) Program as part of the federal response to homelessness. The Coalition serves as an access point for the NPCoC's Coordinated Entry System (CE System), providing a standardized Intake assessment to determine individuals' and families' eligibility for all homeless services, specifically families with children, youth ages 18-24, and Veterans. The Coalition actively participates in the NPCoC's community planning efforts in various capacities. The Coalition has been a general member of the NPCoC since its inception in 1995 and attends all NPCoC general membership meetings with a written report submitted prior to each meeting. In 2025, the Coalition actively participated in the coordination of services through all regular NPCoC Provider Committee meetings, Local-Long Term Recovery Committee calls for flood relief, and the annual Point In Time Count. The Coalition's Executive Director and Program Development Specialist also met individually with Becky Mathis-Stump from the Ethos Leadership Group, LLC, who is actively assisting the NPCoC with the development of all governance and strategic planning efforts. The Coalition also meets monthly with youth providers and VA Medical Center partners serving the geographic catchment area to discuss client cases and coordinate care. The Coalition served as the Homeless Management Information System (HMIS) Lead from 2001 to 2023 and was responsible for gathering data to assist in the preparation of submitting reports to federal, state, and local

funding sources. These reports included the System Performance Measures (SPM) report, the Longitudinal System Analysis (LSA) report to Congress, and regular Annual Performance Reports (APRs) encompassing the progress of individual programs in meeting national goals and objectives serving the homeless population.

- **Collaboration with Local Community Organizations**

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

- **Service Provision**

The Coalition's plan to provide coordinated and comprehensive services to PATH-eligible consumers includes utilizing PATH funds to conduct street outreach, provide case management services, and connect PATH-eligible consumers to a variety of in-house supportive services and housing programs. By having a wide variety of supportive services and housing programs available in-house, from outreach and engagement to rental assistance and housing stabilization support services, the Coalition can ensure that PATH-eligible consumers receive comprehensive services tailored to their unique needs to resolve their homelessness.

Street outreach is conducted in an effort to identify and engage people who are literally or chronically homeless. Coalition staff will utilize PATH funds to conduct outreach using a four-pronged approach, connecting weekly with consumers, landlords, community partners, and employers. Street outreach activities for consumers include visiting local campsites and unsheltered locations to engage and develop rapport. The Coalition also connects with local drop-in centers, food pantries, and public libraries to identify days and times most frequented by the target population, allowing the Coalition to also connect with the unsheltered population

in a neutral location. This frequent and intensive outreach aligns with PATH goals by enabling Coalition staff to build rapport and offer the most vulnerable homeless population with connection to the needed homeless services and programs available through Intake.

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

Once enrolled, the Coalition will provide case management services in alignment with PATH goals. Case management services include conducting an assessment for PATH services, developing an Individualized Service Plan (ISP) within fourteen days of Intake, providing consumers with referrals to community mental health and substance abuse programs for stability, and connection to housing through various in-house programs tailored to individual needs. Coalition staff are well-versed in helping consumers search for and secure permanent housing and prioritize the most vulnerable PATH consumers using evidence-based practices and tools.

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

Persistent gaps in the current service system, which directly impact the ability to provide coordinated and comprehensive services to the target population, include a lack of adequate funding for existing facility operations and long-term funding for housing stabilization support services. While there is always funding available for acquisition, construction, and rehabilitation projects designed to create new shelter beds, continued funding for the operational costs of these facilities is rarely available yet equally pivotal in serving the target population long-term.

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

To be considered affordable, HUD determines that housing costs should account for no more than 30 percent of monthly expenses. High housing costs are challenging for the general homeless population, but PATH consumers unable to work due to disability face even more difficulty. Based on an average Supplemental Security Income (SSI) of \$1,014 a month, someone in Wheeling living on SSI could only afford \$304 in rent before exceeding affordability. This creates a monthly gap of \$512 between fair market standards for a one-bedroom apartment at \$816 and affordability for someone on SSI. Despite the barriers to accessing affordable housing units, the Coalition has made notable achievements in this area.

To elevate the success of any emergency shelter or housing program is to couple it with supportive services. HUD released a report from the Case Management Society of America and National Association of Social Workers, stating that caseload ratios for intensive case management should be 10-15 cases per case management. As of April 2026, the Coalition's sole Housing Case Manager is maintaining a caseload of 54 cases. These intensive support services are required to successfully end a participant's housing crisis and connect them with support and resources that prevent future instability; however, continued funding is necessary to offer adequate support to consumers.

Over the last several years, funding for these necessary supportive services has dwindled, with a larger focus placed on programs targeted to opioid use disorder and medication-assisted treatment, grants of which the Coalition is frequently ineligible to apply. Such programs offering post-housing and intensive support services were cut early on, as with the expiration of CABHI in 2016, which directly impacted the availability of services and the ability to offer an adequate level of positions to assist the target population. Since the grant's expiration in September 2019, the LICSW Clinical Lead position, which offered clinical-level therapy to enrolled consumers, was eliminated from the Coalition's budget as supplanting funds to continue the project long-term were not available. Since 2023, the Coalition has faced significant funding reductions exceeding \$800,000 annually due to change in local priorities, leading to reduced staffing capacity while consumer demand has remained steady. Furthermore, caseloads more than three to four times the average also impede the organization's ability to retain staff long-term and increase the length of time consumers wait between appointments. Coupled with the frequent inability to confirm appointments with consumers given the population's lack of consistent and reliable access to technology, the Coalition has documented an increase in missed appointments which has further increased wait times for appointments.

While renewals are not guaranteed year-to-year, the Coalition continues to prioritize the identification of funding opportunities to offer similar services that can support PATH consumers in achieving permanent housing. The Coalition was funded to operate a State Opioid Response: Housing Supports program, which offers consumers access to housing search and placement, case management, and peer recovery support services with the Coalition's Peer Recovery Support Specialist. To assist consumers in increasing their income to afford the cost of permanent housing, the Coalition offered qualifying consumers access to AimHire, an employment program that offered connection to employment, work-in-training opportunities, and employment-skills development; however, funding for this program concluded on March 31, 2026. Until funding is identified to continue the program at the robust level required,

consumers will be referred to local staffing companies and employment organizations, such as IC Staffing, Mancan Staffing, the National Council on Aging's (NCOA) work-in-training program, and Workforce WV. These referrals will provide consumers with part-time hours to develop a work history for future employment opportunities. The Coalition provides referrals in tandem with case management services, which include providing consumers with Work Training to document the number of applications for employment submitted and notes regarding strengths and weaknesses in their efforts to obtain employment.

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

The Coalition also has well-established relationships with several local organizations providing mental health treatment and outpatient services to consumers with both serious mental illness and substance use disorder. As an access point of the NPCoC CE System, the Coalition provides PATH-eligible consumers with referrals to these services, including Lazarus House and Mary Martha's House, which offers shelter and treatment for people in recovery; Northwood Health Systems, which provides day treatment, a First Step program, a community integration program, and an Intensive Outpatient Program (IOP) for people with addiction issues; YWCA's WIND program, a non-treatment recovery home with recovery integration services, and; Miracles Happen, a detoxification and residential treatment facility, which also provides an outpatient treatment programs and a relapse prevention group. The local NAMI drop-in center is also available to PATH consumers who have secured housing and provide mental health services. Between July 1, 2024, and June 30, 2025, offering these comprehensive services ensured 99% of PATH consumers were not involuntarily hospitalized for mental health or co-occurring substance use disorders, which exceeded the projected target of 75%.

- **Data**

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

- **Housing**

The Coalition has implemented numerous strategies to ensure suitable housing is available for PATH consumers, including the development of many diverse supportive service and housing programs, outreach and engagement efforts to local landlords, utilization of a housing-based assessment tool targeting the most appropriate housing placement, and funding to assist consumers with securing vital records to apply for housing. These efforts led to 56% of consumers exiting PATH to permanent housing during FY24, which exceeded the targeted goal of 25%. Beginning with outreach, Coalition staff connect weekly with local area landlords to build rapport and identify landlords willing to work with PATH consumers to secure permanent housing. Through these efforts, the Coalition has developed a list of over 70 participating landlords who have available units to meet the housing needs of PATH consumers.

Housing assessments to link PATH consumers to these units occur within fourteen days of Intake, where Coalition staff assess the housing needs of PATH consumers by identifying the most suitable housing placement based on individual needs. When an immediate shelter stay is needed, the Coalition refers PATH consumers to one of the following emergency shelters: LifeHub (single women and single men); Northwood Health Systems emergency shelter (single males and females); and the YWCA Wheeling emergency shelter (single women with no children). The Coalition also operates an agency-owned transitional housing program for youth ages 18-24 and another transitional housing program for families with children who are victims of crime. Both facilities offer four units of transitional housing.

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

- **Staff Information**

All Coalition programs are administered in accordance with the West Virginia Human Rights Act and applicable federal nondiscrimination requirements. The Coalition does not discriminate on the basis of race, religion, color, national origin, ancestry, sex, age, gender, disability, or familial status in the provision of services. The Coalition has adopted a mission statement and maintains policies and procedures focused on the goal of advocating for and providing housing and human services

to people who are homeless in a consistent and nondiscriminatory manner. Coalition staff are able to accommodate consumer needs with access to language interpreters and American Sign Language through a local university. All Coalition programs are deeply rooted in the notions of fairness and non-discriminatory practices. All Coalition staff receive regular training in cultural competency, health disparities, and fair housing. Dedicated efforts to ensure the cultural competence of Coalition staff have included cultural competency training. In the most recent PATH program year, the Coalition's Housing Case Manager II identified and/or delivered training opportunities to staff. Following the resignation of the Housing Case Manager II in late 2025, responsibility for administering the training was reassigned to the Executive Director who has provided training courses monthly to staff in 2026. Training has included discussion, group exercises, and self-awareness activities on topics such as suicide, motivational interviewing, and trauma-informed care. Training completed during the most recent PATH program year is listed as follows: Housing Procurement and Support (April 15, 2025), Cultural Competency (June 16, 2025); Person-Centered Care (June 15, 2025); Suicide Prevention (June 16, 2025); Motivational Interviewing (June 16, 2025); and Trauma-Informed Care (June 16, 2024).

- **Consumer Information**

Between July 1, 2024 – June 30, 2025, the Coalition contacted 730 adults and enrolled 333 PATH-eligible consumers. Of these 333 PATH-eligible consumers, the following demographics are listed below:

- 51% were male and 49% were female.
- 13% were between the ages of 18-23, 13% were 24-30 years old, 26% were 31-40 years old, 25% were 41-50 years old, 18% were 51-61 years old, and 5% were 62+ years old
- 82% were Caucasian, 16% were African American, and 2% were American Indian, Alaskan Native, or Indigenous.
- 99% were non-Hispanic/non-Latino and 1% were Hispanic/Latino
- 6% of consumers enrolled in PATH were Veterans
- At program entry, 47% of consumers had income, and 53% did not have income
- At program entry, 333 reported mental health problems, 21 reported alcohol abuse, 83 reported drug abuse, 22 reported both alcohol and drug abuse, 82 reported a chronic health condition, 2 reported having HIV/AIDS, 17 reported a developmental disability, and 109 reported a physical disability.
- 23% of consumers enrolled in PATH reported a co-occurring disorder
- 100% of consumers enrolled in PATH reported a mental health concern

For the FY2026 PATH program year (July 1, 2026 – June 30, 2027), the Coalition projects to contact 147 adult consumers and enroll 137 adult consumers into the PATH program. The Coalition also projects that 100% of the consumers served with PATH funds will be literally homeless. While the Coalition routinely exceeds targeted goals and outcomes, these projections are based on previous program year outcomes and the level of funding availability.

Additionally, the Coalition has established the following goals for FY2026:

1. Of the total number of consumers enrolled in PATH, 75% will remain in the community and not be involuntarily hospitalized for mental health or co-occurring

substance use disorders

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

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

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

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

- **Consumer Involvement**

Individuals and their families who experience homelessness and have serious mental illnesses are involved at the organizational level of planning, implementation, and evaluation of PATH-funded services through various methods. Historically, the Coalition held monthly Participant Advisory Group meetings comprised of homeless consumers, including PATH consumers. These sessions served as a sounding board to provide feedback on Coalition programming. Consumers were encouraged to highlight areas of concern and contribute to the development of proactive solutions concerning local gaps in the availability of services. In 2015, the Coalition conducted a focus group during the PAG meeting, and responses were included in the WV Interagency Council on Homelessness' state-wide plan and the NPCoC Strategic Plan. The COVID-19 pandemic restricted our ability to continue offering group meetings. Post-pandemic, consumers were represented seats on the NPCoC's Youth Action Board, whose primary responsibility is to use their lived experience to share feedback and insight into the needs of youth and young adults in permanently preventing and ending youth homelessness. Today, the Coalition actively engages each consumer in the development of their Individualized Service Plan by collaboratively developing goals, defining action steps and choosing services that support long-term stability.

Additionally, the Coalition utilizes an electronic internal satisfaction survey that asks consumers about their most pressing needs and if the Coalition provided sufficient assistance to meet those needs. This internal satisfaction survey is completed after each office visit and serves as an exit survey at program completion. Between July 1, 2024 – June 30, 2025, the Coalition obtained 275

surveys, which indicated a 4.8 rate of approval using a Likert scale with 5 indicative of all needs being met. Survey results also indicated that the top three needs among PATH consumers were case management, housing, and rental assistance.

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

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 17,866	\$ 14,225	\$ 32,091	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	40,320.00	5.00 %	0.04	1,600.00	0.00	1,600.00	Case Manager Housing - case management, ISP, HMIS Data Entry
Case Manager	37,000.00	5.00 %	0.04	1,381.00	0.00	1,381.00	Case Manager Housing - case management, ISP, HMIS Data Entry
Case Manager	48,000.00	5.00 %	0.03	1,300.00	0.00	1,300.00	Case Manager Intake/Outreach - outreach, intake & assessment, program and community referrals.
Other (Describe in Comments)	57,330.00	4.00 %	0.07	4,235.00	0.00	4,235.00	Program Development Specialist
Other (Describe in Comments)	57,330.00	2.00 %	0.05	2,600.00	0.00	2,600.00	Residential Programs Manager
Other (Describe in Comments)	125,000.00	2.00 %	0.02	2,200.00	0.00	2,200.00	Executive Director
Other (Describe in Comments)	57,330.00	4.00 %	0.03	1,800.00	0.00	1,800.00	Finance Manager
Other (Describe in Comments)	32,000.00	0.00 %	0.03	1,000.00	0.00	1,000.00	Coordinator of Services & Information Systems
Other (Describe in Comments)	23,400.00	4.00 %	0.04	875.00	0.00	875.00	Facility Coordinator 1 - life skills apartment maintenance, cleaning, laundry, etc.
Other (Describe in Comments)	16,640.00	3.00 %	0.05	875.00	0.00	875.00	Facility Coordinator 2 - life skills, apartment maintenance, etc.
Other (Describe in Comments)	0.00	0.00 %	0.00	0.00	14,225.00	14,225.00	Combination of in-kind match from community partners like Northwood, Health Right, Catholic Charities

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	32.83%	\$ 10,537.00	\$ 0.00	\$ 10,537.00	Social Security & Medicare Tax, Workers Compensation, Unemployment, Health, Dental, Vision Insurance, Retirement

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 2,300.00	\$ 0.00	\$ 2,300.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Supplies	\$ 1,500.00	\$ 0.00	\$ 1,500.00	portion of annual office expenses
Office: Supplies	\$ 500.00	\$ 0.00	\$ 500.00	portion of annual postage expense
Office: Supplies	\$ 300.00	\$ 0.00	\$ 300.00	Janitorial supplies: \$125/quarter x 4 quarters % grant method

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 4,073.00	\$ 0.00	\$ 4,073.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$ 1,501.00	\$ 0.00	\$ 1,501.00	portion of annual Computer TA - computer, network, security maintenance
Other (Describe in Comments)	\$ 1,468.00	\$ 0.00	\$ 1,468.00	portion of annual audit & 990 tax return fee
Other (Describe in Comments)	\$ 625.00	\$ 0.00	\$ 625.00	Professional contract services
Other (Describe in Comments)	\$ 260.00	\$ 0.00	\$ 260.00	LifeSize video conferencing licenses used for outreach, client meetings, etc., whenever in person meetings are not permissible.
Other (Describe in Comments)	\$ 219.00	\$ 0.00	\$ 219.00	HMIS ServicePoint annual fee, maintenance, trainings, supplies, reporting, etc.

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				
i. Other	\$ 7,886.00	\$ 0.00	\$ 7,886.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Insurance (Property, Vehicle, Malpractice, etc.)	\$ 904.00	\$ 0.00	\$ 904.00	portion of annual property, liability, auto insurance premiums
Office: Rent Expenses	\$ 1,940.00	\$ 0.00	\$ 1,940.00	Portion of annual office lease agreement
Office: Security/Janitorial/Grounds Maintenance	\$ 500.00	\$ 0.00	\$ 500.00	\$500 portion of annual Facility Maintenance for supplies or outside labor for building repairs or maintenance.
Office: Utilities/Telephone/Internet	\$ 2,985.00	\$ 0.00	\$ 2,985.00	portion of office electric \$1,000, garbage \$85, gas \$1,000, water \$100, telephone/internet \$800.
Office: Other (Describe in Comments)	\$ 705.00	\$ 0.00	\$ 705.00	portion of annual equipment maintenance - copier, telephones, security equipment, etc.
Office: Other (Describe in Comments)	\$ 300.00	\$ 0.00	\$ 300.00	Conference fees/CEUs/Prof. Lic.
Office: Other (Describe in Comments)	\$ 201.00	\$ 0.00	\$ 201.00	portion of annual vehicle fuel \$101, registration/license \$50, repairs/maintenance \$50
Office: Other (Describe in Comments)	\$ 201.00	\$ 0.00	\$ 201.00	portion of the annual website domain fee, website updates, or cost for advertising PATH job openings
Office: Other (Describe in Comments)	\$ 150.00	\$ 0.00	\$ 150.00	Permits/lic/misc taxes/dues/fire fee/alarm

j. Total Direct Charges (Sum of a-i)	\$ 42,662.00	\$ 14,225.00	\$ 56,887.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 0.00	\$ 0.00	\$ 0.00	not applicable
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l. Grand Total (Sum of j and k)	\$ 42,662.00	\$ 14,225.00	\$ 56,887.00	
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Source(s) of Match Dollars for State Funds:

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

Estimated Number of Persons to be Contacted:

147 Estimated Number of Persons to be Enrolled:

137

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

147

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

GREATER WHEELING COALITION FOR THE HOMELESS, INC.
FEDERAL PATH BUDGET NARRATIVE
FY2026-2027

PERSONNEL: \$17,866 - Salaries and wages are based on the percentage of time spent working the PATH program. Amount includes:

Executive Director \$2,200 who directly supervises all PATH staff, leads staff and case management meetings, and ensures agency compliance.

Finance Manager \$1,800 for time spent on PATH payroll, reimbursements, budgets.

Residential Programs Manager \$2,600 for time spent working on PATH in-reach, information referrals, scheduling and confirming client appointments, client follow-up, supporting all PATH staff with data collection and other clerical assistance, including bookkeeping.

Program Development Specialist \$4,235 prepares all funding requests, develops goals & outcomes, writes procedures & policies, disseminates grant information between funder and staff, prepares for monitoring.

2 Housing Case Managers \$2,981 who provide case management, develop individual service plans, assist clients, conduct PATH activities, and data entry into HMIS required by the PATH program.

Case Manager Intake/Outreach \$1,300 who provides outreach, intake & assessment, make program and community referrals, and data entry into HMIS.

Coordinator of Services & Information Systems \$1,000 oversees all internal HMIS data and reporting, responsible for reporting for internal monitoring and required by funders, verifying data is correct in HMIS system, troubleshooting problems and training users, providing referrals and employment services.

2 Facilities Coordinators \$1,750 for contracted time spent working with PATH clients on housing life skills, including but not limited to laundry, cleaning, basic apartment maintenance skills.

FRINGE BENEFITS: \$10,537 - Payroll taxes are paid as required semi-monthly, monthly and/or quarterly.

FICA @ .0765 of salaries \$1,367

Worker's compensation insurances calculated @ .02 of salaries **\$357**

Unemployment calculated at $\$9,500 \times 2.5\% = \237.50 times percentage of time on grant (FTE) **\$148**

Health Insurance for the above non-contracted listed staff, based on PATH wages/overall wages times the estimated insurance cost, estimated avg \$14,460.48 FTE **\$4,636**

SEP retirement calculated @ .25 of salaries for non-contracted staff **\$4,029**. GWCH contributes and has contributed in the past 25% of employees' wages/salaries to a retirement plan with a financial advisory firm; payments are sent monthly

EQUIPMENT: \$0

TRAVEL: \$0

SUPPLIES: \$2,300

Office Supplies: \$1,500 - \$375/quarter - includes consumables used in less than one year, which cost under \$5,000 and are used in the delivery of services; examples include but are not limited to software; check stock; paper; printers; client folders; toner; etc. Costs are calculated as a percentage of PATH funds divided by overall services budget.

Postage \$300 \$75/per quarter to purchase stamps, postage supplies, and postage meter lease; cost are calculated as a percentage of PATH funds divided by overall services budget.

Janitorial supplies: \$500 - \$125/quarter for 4 quarters, towards the estimated cost of dispensable such as: paper products, trash bags, soap, cleaning supplies, other necessary janitorial supplies; cost are calculated as a percentage of PATH funds divided by overall services budget.

CONTRACTED SERVICES: \$4,073

Audit Vendor to be Determined \$1,468 estimated annual amount to cover a portion of the required annual audit and tax return preparation, calculated using percentage of grant method

Computer TA Vendor to be Determined- \$1,501 - \$375.25/quarter for maintenance on computers, server, backup, networking, security, percentage of grant method.

Professional Contract Services – \$625 portion of the annual cost linked to professional contract services for finance services from Bennington and Felton.

HMIS – (ServicePoint) \$219 – (GWCH participates in the statewide Homeless Management Information System (HMIS), which is used to collect data on homeless people and assist in the un-duplicating of services. GWCH is required to use HMIS for PATH data collection and reporting.) estimated annual amount to help cover HMIS annual fees, HMIS System Administrator/Specialist trainings, supplies, and custom reports required for PATH data collection and reporting, calculated using percentage of grant method.

Video Conference Licenses – LifeSize \$260 portion of the annual cost of licenses for video conferencing equipment used for outreach, client meetings, etc. whenever in person meetings are not possible.

OTHER: \$7,886

Conference fees/CEUs/Prof. Licenses \$300 - \$75/quarter to cover a portion of required conference fees, and costs linked to CEUs, and professional licenses.

Lease expense \$1,940 – \$161.66/month for 12 months for needed office space to increase services and staff. Office is located next door at 86 15th Street, Wheeling, PATH percentage of overall supportive services budget is 2.69% times the total annual lease of \$120,200.

Website/Advertising \$201 estimated annual amount needed for direct cost associated with posting any (direct cost) PATH job openings and/or percentage of funds method.

Vehicle Repairs & Maintenance \$201 Annual amount to cover fuel or maintenance on GWCH vehicles if used for PATH client transportation or staff transportation to PATH trainings, direct method used when known:

\$101 fuel - at current fuel rate when vehicle is used for client transportation, outreach, meetings, and trainings for PATH program - direct method used when only PATH clients otherwise, percentage of grant to overall budget.

\$50 towards registration & licenses percentage of grant to overall budget.

\$50 repairs/maintenance - oil changes, tires, tune-ups to company owned van and/or truck, calculated on the percentage of PATH funds/total budget.

Facility Maintenance \$500 \$125/quarter to help cover materials or outside labor if required for maintenance to the building in which we provide services and house PATH staff, located at 84 & 86 15th Street, Wheeling, WV, PATH funds/total budget = 1.23% times estimated annual facility maintenance.

Equipment Maintenance \$705 -\$176/quarter for four quarters to cover maintenance on our copiers, phones, security cameras and equipment, and other office machines. Percentage of PATH funds/total budget.

Insurance \$904 \$226/quarter for 4 quarters to cover our WV BRIM premium which covers property, liability, & auto insurance, calculation – percentage of PATH funds/total budget

Utilities & Telephone & Internet \$2,985

Utilities: \$2,185 - \$546.25/quarter to help cover electric, garbage, gas, and water expenses at the office at 84 15th Street, where we provide services and house PATH staff. Percentage of PATH funds/total budget. Estimated costs for each utility as follows: Electric \$1,000, Garbage \$85, Gas \$1,000, Water \$100.

Telephone & Internet \$800 - \$200/quarter to help cover cell and office telephones and internet costs used to provide PATH services in the field and the office, calculated by dividing PATH funds by the total supportive services budget, times total estimated telephone cost.

Permits/Licenses/Misc Taxes/Fire Fees/Dues \$150 - estimated annual amount needed for direct cost associated with annual fire fees, permits, misc. taxes, and other annual dues.

TOTAL PATH FUNDS: \$42,662

BUDGET NARRATIVE: MATCH

REQUIRED AMOUNT OF MATCH: \$14,079

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

INDIRECT COSTS:

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

II. Executive Summary

Intended Use Plans

Pretera Mental Health Center

627 4th Avenue
Huntington, WV 25701

Contact: Michelle Massie

Email Address: michelle.massie@pretera.org

Provider Type: Community mental health center

PDX ID: WV-016

State Provider ID:

Contact Phone #: 304-525-7851

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

Prestera Center for Mental Health Services dba Prestera Health Services

Intended Use Plan

- **Local Area Provider Description**

Prestera Health Services is a 501c (3), private, non-profit Community Mental Health Center (CMHC) and Certified Community Behavioral Health Clinic (CCBHC). Since our incorporation in 1967, our mission remains focused on helping those with behavioral health and co-existing issues live happier, healthier lives in the communities they reside. We are CARF accredited and strive to exceed quality standards every day.

While our administrative office is in Barboursville, in Cabell County, WV, we have over 50 locations throughout nine WV counties. We remain the largest of the 13-community based mental health centers in the State of West Virginia and serve Region 5. Prestera continues to be nimble and creative to meet the changing needs of our communities and the individuals we serve.

As a CMHC and CCBHC, we provide a vast and full continuum of services for children and adults. We offer outpatient, crisis, mobile crisis, wraparound, mental health, SUD and I/DD residential, coordinated specialty care and Assertive Community Treatment programs, intensive outpatient, school-based and supported employment programs, primary care, mobile units, justice re-entry programs and multiple other programs that seek to help individuals access needed services that prevent them from having to go to emergency rooms unnecessarily or end up incarcerated or homeless.

Prestera currently has over 100 active Memorandums of Understandings in place with partners across our region with the sole purpose to provide care coordination and access to services for those who need and will accept it. We currently work with the Cabell Wayne Continuum of Care and Kanawha Valley Collective Continuum of Care to provide services to identified individuals in need of psychiatric, primary care, care coordination, or other services we provide. We actively participate in the steering committees in the Cabell Wayne Continuum of Care and the Kanawha Valley Collective Continuum of Care.

The center provides a continuum of services including referrals and linkages to permanent housing that support recovery. As such, the organization effectively utilizes the Homeless Management Information System (HMIS) solution, Service Point.

Prestera will work with Cabell Wayne Continuum of Care and Kanawha Valley Collective Continuum of Care to enhance outreach, engagement, recovery support and referrals by adding an outreach worker and a peer recovery support specialist to work with individuals. Those staff will be supervised by seasoned staff who will provide case management as needed. Prestera's total PATH award is \$110,000.

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

The first PATH position created in WV, was born from a partnership with Prestera and the Cabell Huntington Wayne Continuum of Care (CHWCoC). The PATH Outreach Worker and the PATH Program Supervisor are both very involved with this CoC. The PATH Outreach worker participates in multiple CoC

committees including the Front-Line Lunch Bunch, and HMIS. The program supervisor sits on the same committees as well as the Governance Committee. The CEO of Pretera sits on the CHWCoC Steering Committee, which functions similarly to a Board of Directors. The Outpatient Manager in Charleston sits on the KVC CoC Steering Committee. Pretera and KVC just began a joint project “The Living Room” in January this year to create a safe space for individuals who are homeless to drop in at KVC’s office to meet with Pretera staff for recreation and wellness. This was to offer diversion opportunities from ERs and other unnecessary measures. Pretera staff are available to go to KVC to pick individuals up and transport them to services at our Morris Street location or to others if needed.

- **Collaboration with Local Community Organizations**

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

Pretera also maintains a Crisis/Detox Unit to assist individuals with severe mental illness or substance use disorder.

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

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

- **Service Provision**

Pretera’s PATH program provides 100% outreach, peer recovery, and case management services to those who are initially contacted through outreach services. We are an outreach and recovery support program. Our offices are community based; not located in any Pretera facility. Together, the PATH positions will: provide outreach and engagement, case management and care coordination, linkage to housing and treatment and support for recovery and stability. The outreach workers will focus on street outreach (encampments, shelters, jails, ERs), initial engagement and assessment, coordinating access to housing and services, and documentation and program compliance. They often have lived experience and can engage with individuals with mental health and/or SUD issues, can build trust, and support motivation and recovery goals, and helping individuals follow through with services. Case

management/supervisor will work on enhanced navigation for individuals with increased needs that other PATH staff have difficulty accessing services and housing options.

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. One critical gap is community outreach (including referral linkage) and recovery support for people experiencing homelessness. PATH funding often covers services not funded by Medicaid or other programs making it critical for engagement and early-stage work that make addressing homelessness work. This need is being filled by these PATH-funded positions and the efforts and interventions they provide.

Current services offered are crisis stabilization/detox, and SUD residential treatment for men and women and women with children.

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

- Outpatient services for counseling and psychiatric care for clients of all ages
- Intensive outpatient programs
- Assertive Community Treatment
- Comprehensive Community Supportive Services
- 24-hour a day crisis services
- DUI education classes
- Wraparound programs for children/families
- Mobile Units
- Primary Care
- Supported employment programs in all counties served
- FEP/Coordinated Specialty Care
- Mobile Crisis
- Parent, SUD, and Mental Health Peer Specialists
- 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/Care Coordination in all counties that Pretera serves.

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

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

1. The individual has been determined to be PATH Eligible
 - a. Eligible individuals are typically:
 - i. Experiencing homelessness or at imminent risk
 - ii. Living with serious mental illness (with or without substance use)
 - iii. Often not already connected to care
 2. The individual and the PATH outreach workers have reached a point in the engagement process where there is mutual agreement and consent for other services to begin.
 3. The PATH outreach workers have created an individual file and record in HMIS for this individual which includes at minimum:
 - Basic demographic and some Universal Data elements in HMIS
 - Documentation by the Outreach workers of the rationale of the determination for PATH eligibility
 - Documentation by the Outreach workers of the individual's consent for services
 - Documentation by the Outreach workers of the services provided.
- **SOAR (SSI/SSDI Outreach, Access and Recovery)**

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

- **Housing**

There are a variety of housing opportunities available to PATH consumers; they are eligible for the Permanent Supportive Housing program and Harmony House has a total of 70 units slotted just for people experiencing homelessness. The ESG programs offers assistance with security deposits, rent, and utilities in all PATH covered counties. All PATH served areas have access to HUD VASH vouchers, that assist veterans and obtaining permanent housing. The engagement specialists will be educated about other available housing in the area and works closely with Prester's other homeless programs (37 supported efficiency apartments and other HUD housing), PATH clients also have access to the SOAR/ Cares program that assist former and present PATH clients with opioid abuse with case management and assist in housing.

- **Client Information**

According to the Point-In-Time survey, which was completed in February 2026, there are approximately 440 unduplicated homeless individuals in the geographic area served by Prester's PATH program (Huntington and Charleston and surrounding areas. Point in Time data has not been finalized in each are, so this is not a final number.). Approximately 85% of those individuals have co-existing disorders (MI/SMI/SUD and chronic medical conditions).

We project that 85 individuals will be helped through the PATH program this year. The primary source of information is the client and the existing HMIS record, if there is one.

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

of Projected Contacts with Enrolled PATH clients: 45

% of Persons Literally Homeless: 100%

- **Consumer Involvement**

For the past 14 years 100% of PATH data has been entered and all PATH reports have been created by HMIS, PATH ES staff will continue to be involved in the HMIS committees in their area. As new staff are hired, they will receive one-on-one or small group training from an HMIS staff either in Huntington or Charleston (based on staff availability). The HMIS grant of the Cabell Huntington Wayne CoC is currently held by Harmony House. The PATH and HMIS staff work very closely to ensure the quality and accuracy of the data.

Consumers who have been through homeless outreach and housing assistance programs currently sit on both CoC' Steering Committees and their working subcommittees.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 33,780	\$ 11,895	\$ 45,675	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	29,180.00	100.00 %	1.00	29,180.00	0.00	29,180.00	
Outreach worker	0.00	25.00 %	0.00	0.00	7,295.00	7,295.00	Will hire a PT outreach worker and count as match .25
PATH Administrator	46,000.00	10.00 %	0.10	4,600.00	4,600.00	9,200.00	Michelle Massie will provide supervision of the staff and case management in Huntington area.

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	22.23%	\$ 10,154.00	\$ 2,053.00	\$ 12,207.00	

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 1,500.00	\$ 0.00	\$ 1,500.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Gas	\$ 600.00	\$ 0.00	\$ 600.00	Vehicle gasoline cost of \$50.00 per month for agency vehicle to transport clients to appointments.
Mileage Reimbursement	\$ 300.00	\$ 0.00	\$ 300.00	Direct Staff Travel based on reimbursement of \$.50 per mile x 50 miles/month x 12 months for transportation of clients in personal vehicles and traveling between Prestra sites when agency vehicle is busy.
Other (Describe in Comments)	\$ 600.00	\$ 0.00	\$ 600.00	Vehicle Maintenance cost of \$50.00 per month.

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 1,489.00	\$ 2,000.00	\$ 3,489.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 1,000.00	\$ 0.00	\$ 1,000.00	Money used for clients such as hygiene kits, emergency medications, bus tickets, purchase of birth certificates and identification cards.
Office: Supplies	\$ 489.00	\$ 2,000.00	\$ 2,489.00	Supplies such as hand sanitizer, cleaner, seat covers, etc. \$2,000 in-kind for new computers/tablets for outreach to have with them in the community.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	
No Data Available				

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				
i. Other	\$ 1,440.00	\$ 3,841.00	\$ 5,281.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Office: Rent Expenses	\$ 0.00	\$ 2,100.00	\$ 2,100.00	Office Rent, \$175.00 month
Office: Utilities/Telephone/Internet	\$ 1,440.00	\$ 720.00	\$ 2,160.00	Cell phone cost of \$60.00/month x 12 months for 3 staff (\$720 in kind).
Staffing: Training/Education/Conference	\$ 0.00	\$ 1,021.00	\$ 1,021.00	Staff Training - Relias training platform cost at \$71.67 per staff (\$215.01 total) x 16 training hours annually @ \$16.79 an average hourly rate = \$805.92 for a total of \$1,021.00.

j. Total Direct Charges (Sum of a-i)	\$ 48,363.00	\$ 19,789.00	\$ 68,152.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 10,886.00	\$ 0.00	\$ 10,886.00	Indirect cost amount based on the total direct cost amount. the programs are allowed 22.51% indirect cost based on direct cost report completed by an independent CPA firm.

I. Grand Total (Sum of j and k)

\$ 59,249.00 \$ 19,789.00 \$ 79,038.00

Source(s) of Match Dollars for State Funds:

The match requirement for this grant is 33.33% or \$19,750 of \$59,249 and is provided by Michelle Massie .10 FTE as Path Admin/CM or \$4,600 and \$7,295 in Outreach Worker time (.25 FTE); Total \$11,895; \$2,053 of Fringe Benefits, \$2,000 for computer/tablets for outreach workers for community to access resources and sign up individuals for services, \$720 for new outreach worker phone; \$2,100 of rental cost for PATH office space in Huntington at CHCoC, and \$1,021.00 for staff training for a total of \$19,789.00 which is over the required match.

Estimated Number of Persons to be Contacted:

45 Estimated Number of Persons to be Enrolled:

45

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

42

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

Narrative for Detailed Line Item Budget PATH

Grantee: Pretera Health Services

Grant Number:

Grant Year: FY 2026- 7/1/26-6/30/27

Grant Amount: \$59,249.00

- A. Personnel: \$33,780.00 (\$11,895 as match). The staff members that are listed in the personnel section of the detailed line-item budget works and provides oversight in the program in which Pretera receives funding. The salary is based on FTE working in PATH program. Position descriptions follows.
- B. Fringe Benefits: \$10,154.00 (\$2,053.00 as match). The details of the fringe benefits are listed in the detailed line-item budget and are specifically applicable to the employee listed in the personnel budget and only for the percentage of time devoted to the program.
- C. Equipment: None
- D. Supplies: \$1,489.00 (\$2,000 as match). \$1,489.00 in Supplies includes: purchase of a computer for outreach worker, general office supplies such as hand sanitizer, cleaner, seat covers, money used for clients such as hygiene kits, emergency medications, bus tickets, purchase of birth certificates and identification cards, etc.
- E. Contractual Costs: There are no contractual costs for FY 2027.
- F. Construction: There are no construction costs for FY 2027.
- G. Other: \$2,940.00 (\$3,841.00 as match). Other costs include staff travel (\$300.00) which is based on reimbursement of \$.50 per mile x 50 miles/month x 12 months for transportation of clients in personal vehicles and traveling between Pretera sites. Phone expense for 3 cell phones (\$1,440 (\$720 match)) represents cell phone cost of \$60.00/month x 12 months for 3 staff. Vehicle Maintenance cost of \$50.00 and vehicle gasoline cost of \$50.00 per month (\$600.00) for program owned vehicle. \$2,100 match - Office space rent at \$175 month. Staff training (match)-Relias training platform cost at \$71.67 per 3 staff (\$215.01 total) x 16 training hours annually @ \$16.79 an average hourly rate = \$805.92 for a total of \$1,021.00
- H. Indirect Costs: \$10,886.00. Indirect cost amount based on the total direct cost amount \$48,363.00. Total federal dollars \$59,249.00. Total match dollars \$19,789.00. Total Grant - \$79,038.00.

The programs are allowed 22.51% indirect costs based on the indirect cost report completed by an independent CPA firm, which attests that the indirect cost proposal complies with applicable Federal OMB Cost Principles and provides the basis of the calculated rate submitted to BBH.

Pretera Match:

The match requirement for this grant is 33.33% or \$19,750 of \$59,249 and is provided by Michelle Massie .10 FTE as Path Admin/CM or \$4,600 and \$7,295 in Outreach Worker time (.25 FTE); Total \$11,895.; \$2,053 of Fringe Benefits, \$2,000 for computer/tablets for outreach workers for community to access resources and sign up individuals for services, \$720 for new outreach worker phone; \$2,100 of rental cost for PATH office space in Huntington at CHCoC, and \$1,021.00 for staff training for a total of \$19,789.00 which is over the required match.

Position Overview

Engagement Specialist – This is a direct care staff who provide day-to-day assistance with clients experiencing homelessness including providing transportation, monitoring, assistance and training in daily living skills, and crisis intervention when necessary.

Program Supervisor/PATH Admin (Huntington and surrounding counties) – This is a staff who oversees the Engagement Specialist and Team Leader, provides support to the engagement specialist, is responsible for tracking and reporting of clients in their program. Participates on the continuum of care and other sub-committees to enhance care for people experiencing homelessness. Provides direct client care and assistance when needed.

II. Executive Summary

Intended Use Plans

West Virginia Coalition to End Homelessness, Inc.

P.O. Box 4697

Bridgeport, WV 26330

Contact: Zachary Brown

Email Address: zachbrown@wvceh.org

Provider Type: Other housing agency

PDX ID: WV-018

State Provider ID:

Contact Phone #: 3048429522

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

West Virginia Coalition to End Homelessness
PATH Intended Use Plan
July 1, 2026 – June 30, 2027

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

The West Virginia Coalition to End Homelessness (WVCEH) is a statewide nonprofit organization dedicated to preventing and ending homelessness across West Virginia. WVCEH serves as the lead agency for the 44-county West Virginia Balance of State Continuum of Care and provides a range of services including street outreach, rapid rehousing, and data coordination. As a PATH outreach provider, WVCEH serves West Virginia Bureau for Behavioral Health (BBH) Regions 2 and 4. In 2026-2027, WVCEH will serve region 6 (Southern WV) as well. WVCEH is poised to provide services in Southern WV as a direct service provider of housing, outreach, recovery support, Coordinated entry and data support, across the 44 counties contained in the Balance of State Continuum of Care. For the grant period, WVCEH will receive \$171,182 in PATH Federal funding and an estimated \$46,531 in WV state PATH funding.

- 2. Collaboration with HUD Continuum of Care (CoC) Program– Describe the organization’s participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.**

WVCEH plays a central role in the leadership within the HUD Continuum of Care (CoC) structure in WV, serving as the Collaborative Applicant/Lead Agency for the 44 counties of the Balance of State Continuum of Care (WV-508). In this role, WVCEH is responsible for coordinating statewide homelessness response, planning efforts, facilitating CoC governance, and ensuring alignment with HUD priorities and requirements. Therefore WVCEH has integrated PATH into the overall operation of the Continuum since 2013 including HMIS, CoC-wide, community, and local planning, as well as coordinated access and SOAR. Street Outreach is an “entry point” to the CoC’s Coordinated Entry process. CoC’s are required, by 24 CFR 574 to implement a standard process by which individuals and families can seek out housing resources. Outreach in general, and specifically PATH outreach has been central to the operations and referrals internally at WVCEH as well as a very valuable from the systemic, CoC perspective. WVCEH’s PATH Outreach staff conduct true street outreach, reaching the most vulnerable citizens of WV, while actively collaborating with local service providers in all counties covered by the CoC, behavioral health agencies, and housing partners. Through regular CoC meetings, regional planning bodies, and cross-system initiatives, WVCEH ensures that PATH services are fully integrated into the statewide homeless response system. These efforts promote alignment between PATH services and other federal, state, and local resources, including ESG, SOR, and non-federal housing programs. In short, PATH has provided WVCEH with real-time knowledge of the response system that requires immediate attention, and helps 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.

- 3. Collaboration with Local Community Organizations– Provide a brief description of**

partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

WVCEH maintains strong, ongoing partnerships with a broad network of local community organizations across West Virginia Bureau for Behavioral Health (BBH) Regions 2, 3, 4, and 6 to ensure PATH-eligible individuals have access to comprehensive, coordinated services. WVCEH ensures that outreach coverage remains an integral focus of the Continuum of Care. These partnerships span behavioral health providers, primary healthcare organizations, substance use disorder treatment programs, housing providers, employment services, and peer recovery supports. WVCEH collaborates closely with regional behavioral health providers and Certified Community Behavioral Health Clinics (CCBHCs), as well as agencies funded through the WV Bureau for Behavioral Health. Through these relationships, PATH clients are connected to mental health treatment, substance use disorder services, crisis response, and ongoing recovery support. In addition, once permanent housing is secured WVCEH case managers coordinate with local federally qualified health centers (FQHCs) and community clinics to ensure access to primary and preventive healthcare are established. While challenges still exist in both the volume and breadth of homelessness in pockets across the Continuum of Care, which includes local municipal harassment of persons on the street, criminalization of homelessness, camping bans, WVCEH staff work around barriers with the partners who value ensuring vulnerable clients have access to safe housing. The community mental health and street outreach workers often collaborate in order to maximize coverage and swift action.

There is interagency communication among all Outreach providers that takes place at the CoC Steering Committee's Outreach Subcommittee call that is held monthly on a virtual platform. WVCEH actively participates in and helps lead the Continuum of Care (CoC) Outreach Steering Committee, which brings together key outreach providers and community partners across the state. Participating organizations include the Martinsburg Initiative (a collaboration between the Martinsburg Police Department, Telamon Corporation, and the Department of Human Services), North Central West Virginia Community Action, Southwestern Community Action, Coalfield Community Action, Horizon Goodwill, Housed Up, Inc., Veterans Affairs Medical Center (VAMC) outreach staff, and WVCEH Street Outreach teams. This committee serves as a central forum for coordinating outreach strategies, aligning policies, sharing information about unsheltered populations, and reducing duplication of services across regions.

At the local level, WVCEH PATH Outreach staff engage in targeted, place-based collaboration. For example, the Martinsburg PATH Outreach worker participates in the Jefferson County Quick Response Team (QRT), a multidisciplinary team that includes law enforcement, emergency medical services, and behavioral health providers. QRTs conduct proactive, post-overdose outreach to individuals at high risk of fatal overdose, providing naloxone, harm reduction education, and immediate connections to SUD treatment and recovery services. During these engagements, the PATH Outreach worker focuses on building rapport and facilitating connections to permanent housing resources, ensuring that housing needs are addressed alongside health and recovery supports.

Additional partnerships in the Martinsburg region include collaboration with EastRidge Health Systems, a community behavioral health provider offering mental health and substance use treatment services. In North Central West Virginia, PATH Outreach staff coordinate with organizations such as Healthy Minds (a

regional behavioral health initiative/provider) to connect clients to mental health services, crisis response, and ongoing treatment support.

In Morgantown, Ruby Memorial Hospital provides both access to care for clients, and also works with WVCEH on discharge of individuals and families from the Hospital to Housing. Mylan Puskar Health Right provides screening, harm reduction, health assistance, and referral for master leasing participants. Better Help provides discounted and pro bono tele-therapy for master leasing clients. Catholic Charities and WVCEH operated a warming shelter at the West Run facility from December – March this year, ensuring that our most vulnerable unhoused neighbors in Monongalia County had access to a warm bed and hot meal on the most cold days of the year. This is a holistic approach dedicated to keeping people in housing and working towards self-sufficiency and recovery.

WVCEH's partnership approach is guided by the Built for Zero model, a national, data-driven framework focused on achieving measurable reductions in homelessness. Through this model, WVCEH works with local partners to maintain real-time, by-name lists of individuals experiencing homelessness, track inflow and outflow, and coordinate case-level interventions across agencies. This approach fosters accountability, enhances communication between outreach teams and service providers, and ensures that clients are quickly connected to the most appropriate resources.

Through these structured partnerships, shared data systems, and collaborative initiatives, WVCEH ensures that PATH-eligible clients receive coordinated, person-centered services that address housing, health, and recovery needs while minimizing service gaps and duplication.

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

4. Service Provision

- a. How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;**

WVCEH's use of PATH funds is closely aligned with SAMHSA's core goals of engaging the most vulnerable individuals experiencing literal and chronic homelessness, specifically those with co-occurring mental health and substance use disorders, and connecting them to housing, treatment, and long-term recovery supports.

WVCEH prioritizes strategic street outreach, case management, and rapid connection to housing as the foundation of its PATH-funded activities. Outreach staff actively engage individuals living

unsheltered, who are often the most vulnerable and least likely to access traditional services. In many rural areas where shelter and service infrastructure are limited, WVCEH leverages flexible resources and strong local partnerships to provide immediate, low-barrier housing options, including temporary placements in available shelter beds, or in hotels when shelter is not near or accessible, while working quickly toward permanent housing solutions.

All individuals encountered through PATH outreach are assessed using the standardized Coordinated assessment tool, the VI-SPDAT. This ensures that those with the highest vulnerability and acuity are prioritized for housing and supportive services first. WVCEH's role as the Lead Agency for the Balance of State CoC further strengthens this alignment by integrating PATH activities directly into the broader homeless response system.

Once housed, WVCEH provides ongoing, person-centered case management focused on housing stability, connection to mental health and substance use disorder treatment, and linkage to community-based recovery supports. The organization has enhanced its capacity in this area through partnerships and resources such as State Opioid Response (SOR) funding, which expands access to peer recovery support and treatment navigation.

A key strength of WVCEH's model is the integration of staff with lived experience of homelessness and recovery into outreach and service delivery. These team members build trust with unsheltered individuals, improve engagement, and support sustained participation in services. This approach has significantly increased both the effectiveness of outreach efforts and long-term housing outcomes.

Through this comprehensive, low-barrier, and highly coordinated approach, WVCEH maximizes the impact of PATH funds by ensuring that the most vulnerable individuals are not only engaged and housed, but also connected to the behavioral health treatment and recovery supports necessary to achieve and maintain long-term housing stability.

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

A large part of the issue with PATH-eligible individuals accessing emergency shelters as a place for triage prior to permanent housing are the expectations of sobriety at entry and that acute behavioral issues that may result as a symptom of underlying mental illness will violate rules and regulations established by individual shelters, therefore leading to a rejection by shelters. The expectation that behaviors resulting from mental illness can be curtailed, as well as the expectation of compliance with medication while on the street, lends a convenient excuse for deciding who is worthy of shelter entry and who is not.

At the federal level, recent policy direction has elevated models that emphasize treatment requirements, recovery compliance, and expanded use of transitional housing. While access to behavioral health and substance use disorder (SUD) treatment is critical, these approaches can create barriers for PATH-eligible individuals who often face significant challenges related to documentation, transportation, trust in systems, and readiness for structured or compliance-based programs. As a result, outreach teams frequently encounter situations where individuals can be engaged and assessed but cannot be successfully placed due to a lack of low-barrier, permanent housing options. This creates a persistent gap

between outreach and housing resolution, particularly for individuals with co-occurring disorders and long histories of unsheltered homelessness.

A significant systems gap also exists in the availability of permanent supportive housing and other deeply affordable housing resources. Without sufficient permanent housing inventory, individuals are often referred to short-term programs. Most transitional housing which have all been largely defunded over the past 10 years, due to a focus on permanent housing. Neither short-term or transitional housing align with their needs or that require conditions they are unable to meet and neither are a permanent solutions. This contributes to longer durations of homelessness and repeated cycling through crisis systems, including emergency departments, shelters, and the justice system.

In addition, increasing reliance on enforcement-based responses, such as public camping bans and encampment clearances, creates further barriers to effective service delivery. These approaches can disrupt ongoing outreach efforts, sever relationships between clients and providers, and displace individuals from known locations into more isolated or unsafe areas. For PATH providers, this undermines the continuity of care, reduces the effectiveness of coordinated entry, and makes it more difficult to connect individuals to housing and treatment resources.

At the state level, West Virginia House Bill 5319 proposes to establish penalties for camping or storing personal belongings on certain public properties, with violations potentially resulting in misdemeanor charges and repeated citations. If implemented, this policy would likely increase the criminalization of homelessness without addressing the underlying lack of housing and services. For PATH-eligible individuals, this may result in increased legal system involvement, loss of personal property (including medications and identification), and further destabilization, ultimately making it more difficult to achieve housing and recovery outcomes.

These policy shifts collectively highlight a misalignment between emerging approaches and the core principles of PATH. PATH is most effective when it operates within a system that prioritizes low-barrier engagement, voluntary services, and rapid connection to permanent housing. When permanent housing options are limited and individuals face increased pressure through enforcement or treatment mandates, the ability of PATH providers to successfully transition individuals from unsheltered homelessness to stability is significantly constrained.

Addressing these gaps will require continued investment in permanent supportive housing, expansion of low-barrier housing options, strengthened partnerships with behavioral health providers that emphasize voluntary and client-centered care, and policies that support rather than hinder engagement with unsheltered populations.

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

Services available to persons with COD originate primarily from local hospitals, community mental health providers, some community health clinic/integrated behavioral health centers, state hospitals, peer recovery groups, Community Engagement Teams, local coordinated care grantees, and prevention grantees throughout the Continuum of Care. Availability, however, is only one piece of the puzzle with referral, connections, and uneven knowledge of the available services being actively addressed in just a few communities. HMIS usage is key to connecting homeless housing and services providers to available treatment, prevention, counseling, case management, and care coordination services as they are available in the state.

PATH-funded outreach services play a critical role in engaging individuals with COD who are unsheltered or disconnected from care. WVCEH outreach staff conduct street outreach, build rapport, provide basic needs support, and connect clients to behavioral health providers, primary care, and housing resources. These efforts are often coordinated with local partners, including programs that provide naloxone and referrals to detoxification and recovery programs. All PATH Outreach workers are trained in the administration of naloxone and carry doses while conducting outreach.

Additional supports include crisis response services such as mobile crisis teams and crisis stabilization units, which provide short-term intervention for individuals experiencing acute behavioral health episodes. Some regions also utilize Quick Response Teams (QRTs), which conduct post-overdose outreach and connect individuals to treatment and recovery services.

Housing-related services for individuals with COD include referral and transportation to emergency shelter, rapid rehousing subsidies, and limited permanent supportive housing. While permanent supportive housing is the most appropriate intervention for many individuals with COD and long-term homelessness, availability remains limited, creating challenges in achieving long-term housing stability.

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

PATH eligibility is primarily determined post-contact in HMIS through the Coordinated Entry tab in the software system. Assessments in the workflow of data entry are designed to ensure the person is qualified for the specific programs based on program eligibility. A “mental health screening” is completed at intake and verification of homelessness is determined. These qualifying factors determine eligibility for PATH Outreach. The workflow in HMIS simplifies the process by which clients move from contact, to engagement, to enrollment ensuring that all PATH reporting data points are captured while all street contacts are remitted to the assessment and prioritization process through coordinated entry. All contacts and engagements are fed to the CoC prioritization list but only PATH-eligible people are entered into the PATH program. PATH-ineligible people are referred to housing providers or assisted through ESG-funded outreach and SOR outreach.

5. Housing: Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).

WVCEH utilizes a comprehensive menu of housing options for PATH clients. More importantly, however, WVCEH assesses PATH clients with the VI-SPDAT Assessment Tool prior to housing placement to determine their overall acuity and best housing fit, through a housing-first, coordinated approach to ensure that PATH-eligible clients are connected to safe, stable, and appropriate housing as quickly as possible. As the Lead Agency/Coordinator for the Coordinated Entry (CE) system, PATH is fully integrated into Coordinated Entry to ensure that clients contacted through PATH Outreach are assessed, prioritized, and referred to available housing resources across the 44-county service area.

WVCEH provides targeted financial assistance through PATH funding, including one-time rental assistance for security deposits and first month’s rent for PATH-eligible households who are not eligible for other

HUD or non-HUD housing resources within the CoC. This flexible funding allows WVCEH to quickly secure housing placements for individuals who might otherwise remain unsheltered due to financial barriers.

To further strengthen housing access in high-need areas, WVCEH is in the process of transferring permanent supportive housing (PSH) units, funded through the CoC to WVCEH, to Southern West Virginia. It is estimated that 10-15 units of PSH will become available in the next 4-6 months. This strategic reallocation will better align resources with regions experiencing higher rates of unsheltered homelessness. In conjunction with this effort, WVCEH will hire an additional Housing Stabilization Case Manager who will work closely with the newly established PATH Outreach worker in Southern West Virginia. Together, they will prioritize identifying and engaging PATH-eligible individuals experiencing unsheltered homelessness and facilitate rapid movement from the street into PSH, ensuring that clients receive both immediate housing placement and ongoing supportive services necessary for long-term stability.

In addition to direct housing placement, WVCEH connects PATH clients to ongoing stabilization services through its case management team and community partners across the entire CoC. These services include housing navigation, landlord engagement, benefits assistance (including SOAR), behavioral health referrals, and connections to employment and mainstream resources. By combining flexible financial assistance, coordinated system navigation, and supportive services, WVCEH ensures that PATH clients are able to obtain and maintain permanent housing.

6. Client Information: Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are literally homeless.

For the 2025 calendar year, WVCEH has served through all outreach projects, 689 total people. PATH accounts for 30% (206) of that 689. Much like the client breakdown, WVCEH only has enough funding for 1.5 FTE PATH staff which also accounts for 25% of our outreach staff. Of those 689 served by all outreach projects, 15 were veterans (14 of which are disabled, 10 are chronically homeless veterans), and 517 were literally homeless, the remainder were contacted through hospitals or coordinated entry referral. 70 were below the age of 18, and the remaining were adults. 363 of the 689 were chronically homeless. 564 of the clients had a disability of some kind. 247 clients are domestic violence victims, 35 of which were currently fleeing.

WVCEH anticipates serving 260 people through PATH Street Outreach from July 1 2026 through June 30, 2027, which reflects the new coverage area of Southern WV with PATH funding. Of the 5,487 clients served through outreach by WVCEH since 2013, 37% have been served by PATH Street Outreach and 40% of those were connected to a permanent housing destination at exit from PATH.

WVCEH has continuously grown the available resources in-house and within the CoC to expand Street Outreach. Street Outreach is funded by State Opioid Response funding, Emergency Solutions Grant funding, and Home4Good funding. Since PATH funding supports only a small portion of the Outreach efforts at WVCEH and in the CoC, additional funds have provided the necessary means to ensure 100% coverage across the CoC. As a result we have been able to assist more people needing aid in obtaining housing.

7. Consumer Involvement- Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the

organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.

WVCEH employees many individuals who would have, at one point, been eligible for PATH services. WVCEH also has several people who would be eligible for PATH on the Youth Action Board, a subcommittee of the WV BoS Steering Committee that guides youth policy, youth programming, and oversees the funding decisions for the HUD Youth Housing Demonstration Program. WVCEH has also extended invitations to people with lived experience to our outreach and other steering committees and would be excited to see more participation from these participants in the upcoming cycle. We continue to be at the forefront of the consumer driven movement. As an agency we will also continue to provide person centered/person first care.

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

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 86,565	\$ 86,565	\$ 173,130	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	40,456.00	100.00 %	0.50	20,288.00	20,288.00	40,576.00	Remaining 50% of salary is matched funding from Home4Good
Outreach worker	40,456.00	100.00 %	0.50	20,288.00	20,288.00	40,576.00	Remaining 50% of salary is matched funding from Home4Good
Outreach worker	38,000.00	100.00 %	0.47	18,000.00	18,000.00	36,000.00	Remaining 50% of salary is matched funding from Home4Good
PATH Administrator	55,978.00	100.00 %	0.50	27,989.00	27,989.00	55,978.00	Director of Outreach Services (\$55,978) - 15% of salary comes from the WV PATH State funding that supplements the Federal funding, 35% of funding for salary comes from State Opioid Response Grant, 50% of salary from Federal PATH funding

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	17.72%	\$ 30,683.00	\$ 30,683.00	\$ 61,366.00	FICA/MED at 7.65% (\$6699) Workers Comp at 2.0% (\$1751) Retirement/IRA at 3% (\$2627) Health, vision and dental at 22% (\$19,264) Unemployment at 1.9% of first \$9,000 annually (which makes \$4500 from Federal PATH) 1.9% x 4500 x 4 = \$342 = \$30,683

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
c. Travel	\$ 23,156.00	\$ 19,938.00	\$ 43,094.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Mileage Reimbursement	\$ 19,938.00	\$ 19,938.00	\$ 39,876.00	50% of total miles drive annually for direct PATH staff (15000) = 7500 x 3 x \$0.725/mile = \$16,313 50% of total miles driven for Director of Outreach Services (10000) = 5000 x \$0.725 = \$3,625 = \$19,938
Per Diem	\$ 1,238.00	\$ 0.00	\$ 1,238.00	average of \$82.50/day x 15 days for Director of Outreach
Other (Describe in Comments)	\$ 1,980.00	\$ 0.00	\$ 1,980.00	Hotel accommodations @ \$110/night x 15 nights total for Director of Outreach

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
e. Supplies	\$ 2,000.00	\$ 0.00	\$ 2,000.00	
Client: Outreach Supplies/Hygiene kits/Misc.	\$ 2,000.00	\$ 0.00	\$ 2,000.00	General outreach supplies - sanitization, tents, tarps, hand warmers, and general survival items until housing can be secured.

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	No Data Available

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

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
h. Construction (non-allowable)				
i. Other	\$ 7,117.00	\$ 0.00	\$ 7,117.00	

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments

Client: One-time housing rental assistance	\$ 5,117.00	\$ 0.00	\$ 5,117.00	Rental Assistance for clients to obtain housing which would include security deposit and first months rent
Client: Transportation	\$ 2,000.00	\$ 0.00	\$ 2,000.00	Bus Passes for client transportation

j. Total Direct Charges (Sum of a-i)	\$ 149,521.00	\$ 137,186.00	\$ 286,707.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)	\$ 21,661.00	\$ 21,661.00	\$ 43,322.00	15% de minimis of MTDC as allowable under 2 CFR 200
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l. Grand Total (Sum of j and k)	\$ 171,182.00	\$ 158,847.00	\$ 330,029.00	
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Source(s) of Match Dollars for State Funds:

Matching funds will be provided by Home4Good funding from the Federal Home Loan Bank of Pittsburgh.

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: 225

FY 2026 PATH FOA Catalog No.: 93.150 FOA No.: SM-26-050 Approved: 02/06/2026

**WVCEH – PATH Budget Narrative \$171,182
July 1, 2026 to June 30, 2027**

Personnel: Three PATH Outreach personnel will be employed at an annual rate of \$40,456 (longevity) and \$38,000. The new position added in 2026 will serve the Southern West Virginia area. All positions will be 50% funded from PATH. Additionally, the Director of Outreach Services will be funded 50% from PATH Federal Funding at an annual salary of \$55,978. **The Personnel category subtotal is \$86,565 from 2027 Federal funding.**

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

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

Essential Functions, Reporting and Performance Evaluation

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

Skills Required

1. Exceptional capacity for leading and managing a team; able to be a change agent

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

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

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

Essential Duties

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

Performance Criteria

1. Street Outreach Specialists will take the lead on helping housing programs locate people living outdoors.
2. The Outreach Specialist will actively seek out, identify and build rapport with homeless individuals and families living on the street or in places not meant for habitation.

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

Fringe Benefits: Fringe benefits are calculated and allocated at the acceptable rate of 50% of the agency fringe rate of 35.44% (17.72% for PATH Federal funding) based on total wages charged (\$86,565). PATH Federal funds do not represent the total funding for the PATH project.

- FICA/MED at 7.65% (\$6,699)
- Workers Comp at 2.0% (\$1,751)
- Retirement/IRA at 3% (\$2,627)
- Health, vision and dental at 22% (\$19,264)
- Unemployment at 1.9% of first \$9,000 annually (which makes \$4500 from Federal PATH) $1.9\% \times 4500 \times 4 = \342
- = \$30,683

The total fringe is \$30,683 for PATH Federal funds.

Travel:

WVCEH direct PATH Outreach Staff are expected to travel 15,000 total miles per year at the Federal mileage rate of \$0.725 per mile. 50% of the mileage will be allocated to Federal PATH funding for a total of which is a total of 22,500 Federal PATH funded miles at \$16,313 in federal mileage reimbursement. The Outreach director will have less travel at an average of 10,000 total miles, 5,000 from Federal PATH funds for an additional \$3,625 in mileage. **The total mileage reimbursement will be \$19,938.**

The Outreach Director is and occasional Outreach staff will have overnight travel averaging at 15 days per year allocated under Federal PATH funding at an average of \$97/day per night for in-state travel for a total of \$1,980

Additionally, WVCEH provides federal per diems for overnight travel at an average of \$82.50/day x 15 days = \$1,238

Total Staff travel from Federal PATH dollars will be \$23,156.

Supplies:

WVCEH provides general outreaching supplies for the client encountered through outreach. General outreach supplies - sanitization, tents, tarps, hand warmers, and general survival items until housing can be secured. **The total is \$2,000**

Other:

WVCEH will provide one-time rental assistance in the form of security deposits and first month's rent to clients who are securing housing. These funds will establish housing for those who obtain other rental assistance support through public housing authorities or through other WVCEH/partner programs. **It is estimated that \$5,117 will be allocated for one-time rental assistance from PATH federal funds.**

Clients wishing to relocate or needing transportation will be provided bus passes. **Bus passes are estimated to be \$2,000 per year from Federal PATH funding.** Other WVCEH funds also supplement client transportation needs.

Indirect Costs

WVCEH is electing to take the 15% de minimis indirect cost rate on modified Total direct costs (less rental assistance per 2 CFR 200) on the FY26 Federal PATH funds for a total of **\$21,661 for administrative costs not identified in the budget.**

Matching Funds

WVCEH employees three full-time Street Outreach Specialists who are funded 50% from Home4Good funding the Federal Home Loan Bank of Pittsburgh. **\$158,847 will be provided in Home4Good and other non-Federal Resources as match under the FY27 PATH grant**

Submitted by:

Amanda Sisson, Chief Operating Officer

Footnotes:

II. Executive Summary

Intended Use Plans

Westbrook Health Services

2121 East Seventh Street
Parkersburg, WV 26101

Contact: Tim Barnett

Email Address: tbarnett@westbrookhealth.com

Provider Type: Community mental health center

PDX ID: WV-013

State Provider ID:

Contact Phone #: 3044851721

- **Local Area Provider Description** – Provide a brief description of the provider organization receiving PATH funds, including name, type of organization, region served, and the amount of PATH funds the organization will receive.
- **Collaboration with HUD CoC Program** – Provide a brief description of the organization's collaboration with HUD's **Continuum of Care (CoC) Program**. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.
- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary care, mental health, substance use, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.
- **Service Provision** – Describe the organization's plan to provide coordinated and comprehensive services to PATH-eligible clients, including:
 - How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are **literally** and **chronically** homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
 - Any gaps that exist in the current service systems;
 - A brief description of the current services available to clients who have a COD; and
 - A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.
- **Housing** – Indicate the strategies that will be used for making suitable housing available for PATH clients (i.e., indicate the type of housing provided and the name of the agency).
- **Client Information** – Describe the demographics of the client population, the projected number of adult clients to be contacted and enrolled, and the percentage of adult clients to be served using PATH funds who are **literally homeless**.
- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards.
- **Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

Westbrook Health Services, Inc.
PATH Intended Use Plan

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

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 a Chief Executive Officer to provide overall implementation of its directions. The CEO 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 (Detoxification and 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: Integrated Primary Care services, Outpatient Substance Abuse services which includes MAT, QRT, LEAD and Peer Recovery programming. Outpatient Mental Health services, Youth services, EAP services, ACT services, GENESIS Women's Program, Exodus Men's Program, Residential Support services for individuals with MH and Developmental Disabilities, Homeless Programming (including PATH) and Crisis services. This program is up and running and provides transportation, linkage to housing, employment and other supports needed for individuals and families to live successfully in their community. Westbrook receives \$26,907 (Federal) \$13,283 (State) total \$40,190 in PATH funding. Detailed funding information is contained in the Budget Narrative.

- **Collaboration with HUD Continuum of Care (CoC) Program** – Describe the organization's participation with local HUD Continuum of Care (CoC) recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the Continuum(s) of Care, briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

Westbrook Health Services had a staff member on the local Mid-Ohio Valley Continuum of Care for many years and we served as host to the general membership meetings for years. A new coalition had been developed and Westbrook has transferred its attendance to this new group. This

group is in the process of being restructured with assistance from the City of Parkersburg. 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 grants in the past for Chronic Permanent Housing in Wood County. These programs are now operated by WVCEH with Westbrook's collaboration. 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 Balance of State COC includes all counties that Westbrook PATH program serves. The current representatives are:

Timothy Barnett BS, LSW: Mr. Barnett has over 30 years working in case management, crisis services and with the homeless population. Mr. Barnett served on the most recent homelessness coalition as a committee member. Mr. Barnett works closely Mr. Baer and Mr. Spitsnaugle with respect to administrative issues regarding the PATH and Wood County homelessness programs.

Timothy Baer: Mr. Baer serves as Westbrook's PATH Engagement Specialist providing engagement services since 2011. In that time, Mr. Baer has developed many strong relationships within the community and with the City of Parkersburg. He was the past Chair of the most recent coalition and attends WVCEH meetings as an Associate as his schedule permits. Mr. Baer also works closely with Westbrook's Connections staff, which includes a Program Director, three Case Managers, a Peer Specialist, and a Therapist.

- **Collaboration with Local Community Organizations** – Provide a brief description of partnerships and activities with local community organizations that provide key services (e.g., outreach teams, primary health, mental health, substance use disorder, housing, employment) to PATH-eligible clients, and describe the coordination of activities and policies with those organizations. Provide specific information about how coordination with other outreach teams will be achieved.

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:

- Homeless Coalition: Wood County past members (Timothy Barnett BS, LSW, Connections Program Director are members and Timothy Baer served as past Chair);
- WV Coalition to End Homelessness (Timothy Baer, Engagement Specialist is an associate of WVCEH, but serves in no other official capacity there);
- Local outreach teams addressing homelessness are uncommon in the region; however, the Westbrook PATH team, WVCEH, Homeless Coalition, House to Home and others are the principal players, in the Parkersburg, Wood County area and to a lesser extent, the other 7 counties. The Homeless Coalition, WVCEH and Westbrook PATH are more active in the region than the others. 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 Tom Joyce and City Council, City of Vienna, Mayor Chad Emrick and City Council; West Virginia State staff; Merritt Moore and WV State PATH program, and the West Virginia Inter-agency Council on Homelessness.
- Housing programs, including Westland-Adams Adams Apartments HUD Permanent Housing Project, Westbrook's Hartley, Exodus and Genesis housing programs;
- Parkersburg Housing Authority (The most recent homeless coalition met at the 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
- Vital Statistics thru West Virginia DHHR and Wood County Clerk Offices to obtain Birth Certificates and other state held records
- 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 use services);
- Homeless shelters and drop in centers including the Salvation Army and Latrobe Street Mission, House to Home Homeless program and Westbrook's Hartley Drop-in center;
- State Governmental Agencies, including WV DHHR, BBHFF, WV DRS, Social Security and others;
- Education, including Wood County Board of Education, Jackson County Board of Education, WVU-P, OVU, Marietta College and others;
- Soup Kitchens, food pantries and financial assistance groups, including various churches and ministerial alliances, Old Man Rivers Mission (Community food bank and meal delivery program), Joseph's Storehouse (Community soup kitchen, food and clothing pantry), Stone-soup Kitchen (Weekly community soup kitchen), Friendship Kitchen, (bi-weekly soup kitchen), Trinity Episcopal, (weekly soup kitchen) and Good Shepard(food pantry and financial assistance.
- 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, Westbrook Health Services, CRI, Workforce WV, 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;
- WVCEH for Permanent Supportive Housing, HMIS support, Rapid Re-housing and Coordinated Entry and Assessment;
- **SSVF (Southwest Community Action) to provide housing and resources to veterans;**
- Treatment Facilities including Westbrook’s Crisis Stabilization Unit, Connections and Amity residential program, St Joe’s Landing, Recovery Point, Harmony Ridge and Clean and Clear treatment facility.
- City of Parkersburg to provide funding for a bus program to relocate homeless individuals to family members.
- Sober living facilities including Hope Manor, Brandi’s Legacy and The Key.
- Outreach teams including QRT, LEAD and Westbrook’s crisis team.
- United Way of the Mid-Ohio Valley to provide COVID testing and temporary housing for those experiencing symptoms.
- Boxers Bed and Biscuits to provide individuals who are experiencing homelessness temporary shelter for their pets in order for the individuals to receive treatment.
- Consumer Credit Counseling Services to provide payee services for individuals that have benefits who are also experiencing homelessness.
- WVU Medicine Camden Clark to provide homeless outreach to both the ER and the Behavioral Health Unit.
- Community Resources to provide case management services
- Mid-Ohio Valley Transit Authority to provide transportation services
- Essentially Yours to provide individuals with needed household items when moving into permanent housing.
- Parkersburg City Police to work closely with their Homeless Outreach Coordinators, Don Lindsey and Todd Davis.
- Wood County Sheriff Outreach Coordinator, Tasha Allen.
- Law offices of Jan Dils who provides additional support and assistance to clients who are in the process of applying for or are currently receiving SSI/SSDI benefits

- **Service Provision** – Describe the organization’s plan to provide coordinated and comprehensive services to PATH-eligible clients, including:

One full-time staff member will be hired in the capacity of “Engagement Specialist”. The Engagement Specialist will be an employee of Westbrook Health Services, Inc. and will be supervised by Westbrook’s Connections Program Director. The individual 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.

- 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;

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 PDX 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 Homelessness Coalition and attend General Member meetings of the WV Coalition to End 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 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.
- 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, which is getting worse given budget deficits in both state and federal government. Although there have been strong improvements in some of

these areas, certain financial, social, and culture issues (COVID-19) have caused these gaps to resurface. 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.

- A brief description of the current services available to clients who have both a serious mental illness and a substance use disorder; and

Westbrook is the third largest behavioral health center in the state, providing services to 7,532 consumers in 2025. 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 SUD. 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, SUD services such as SUD counseling, therapy, IOP, MAT and so on and Crisis Stabilization (residential) services (for both MH and SUD), Crisis services (such as crisis care coordination and commitment) and Detoxification provided by Westbrook's CSU, Genesis and Exodus Programs that provide SUD Residential Programming. In the past year, Westbrook has utilized peer recovery specialists in our local hospitals as well in our QRT, MAT, Corrections and LEAD programs. 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. A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH- enrolled clients.

The PATH program is intended to serve any individual meeting the PATH determined eligibility standards. Enrollment is accomplished upon completion of the SPDAT and other required documents to assure the consumer's consent to be served. Documentation is provided within the SPDAT and via HMIS. If the individual is also a Westbrook consumer, documentation of clinical information is maintained in Westbrook's clinical files.

- **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 staff are regularly involved in attempting to secure housing availability. This is an on-going activity.
2. The local Homeless Coalition is looking into ways to find suitable and affordable housing.
3. Westbrook collaborates directly with Westland Adams Development for its HUD permanent housing program (Adams Apartments) and with Westbrook Group Homes for individuals who meet the necessary criteria;

4. Westbrook collaborates directly with the WVCEH homelessness initiative in housing. PATH staff work directly with WVCEH staff as appropriate to assure the needs of the individuals are met.
5. Westbrook collaborates with WVCEH in regards to Permanent Supportive Housing and Rapid Rehousing for individuals who meet criteria
6. Westbrook works cooperatively with a number of other similar kinds of programs such as those listed above, including: 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’s Hartley Drop In Center (for individuals under the Hartley Initiative in two counties, Wood and Jackson).
7. Most housing in the area is owned by individual landlords. Westbrook’s PATH and its collaborators 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.

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

The State of WV has a 2026 estimated population of 1,778,373. Westbrook’s service area has a population base from the last census of approximately 159,870 people. The service area of Westbrook Health Services includes Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood.

COUNTY	POPULATION
Calhoun	6,048
Jackson	27,705
Pleasants	7,521
Ritchie	8,286
Roane	13,786
Tyler	8,064
Wirt	5,053
Wood	83,407
TOTAL	159870

Census Estimate 2026

130,536 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 6,933 unduplicated consumers (2021, 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 SUD 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 (2019, Westbrook statistics).

Westbrook projects that approximately 320 individuals will be contacted by general outreach that may not rise to the level of "engagement". Westbrook projects approximately 216 of contacted individuals will be linked into some kinds of services during the project year or enrolled. Westbrook expects 80% or approximately 256 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.

- **Consumer Involvement** – Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, indicate whether individuals who are PATH-eligible are employed as staff or volunteers or serve on governing or formal advisory boards. See [Appendix I – Guidelines for Consumer and Family Participation](#).

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 Homeless Coalition 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 including the new Connections program which will be hiring a homeless peer. 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.

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

* Indicates a required field

Category	Federal Dollars	Matched Dollars	Total Dollars	Comments
a. Personnel	\$ 17,384	\$ 5,795	\$ 23,179	

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Outreach worker	39,520.00	100.00 %	0.44	17,384.00	5,795.00	23,179.00	Engagement Specialist Timothy Baer: 0.1312 FTE State Grant Funds 0.4399 FTE Federal Grant Funds 0.1466 FTE Federal Match Funds 0.2823 FTE In Kind Funds

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	18.27%	\$ 4,235.00	\$ 1,411.00	\$ 5,646.00	Fringe Benefits: Federal Funds \$4235

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

No Data Available

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

No Data Available

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

No Data Available

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

No Data Available

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

No Data Available

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

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

No Data Available

j. Total Direct Charges (Sum of a-i)	\$ 21,619.00	\$ 7,206.00	\$ 28,825.00	
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Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
k. Indirect Costs (Administrative Costs)	\$ 5,288.00	\$ 1,763.00	\$ 7,051.00	Indirect cost rate of 24.46%

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

Westbrook funds will be used to contribute toward the three-to-one in-kind match. The match may come from private donations, other community organizations, or state dollars.

Estimated Number of Persons to be Contacted:

432 Estimated Number of Persons to be Enrolled:

240

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

396

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

Total Allocation: Federal \$26,907.00

Period of Performance: 07/01/2026 – 06/30/2027

A: Personnel Federal 17,384.00

1.0 FTE Engagement Specialist - Timothy Baer \$39,520.00*0.4399 FTE = \$17,384.00

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

- Provide daily outreach to homeless clients.
- Seek out clients in community setting.
- Provide linkage/referral for clients with services.
- Provide transportation to appointments and support.
- Collaborates with other agencies relating to homeless issues.
- Comply with federal, state and company policies, procedures and regulations
- Maintains confidentiality of all information and complies with HIPAA regulations
- Demonstrates knowledge of and supports Westbrook Health Services mission, vision, values, policies and procedures, operating instructions, confidentiality standards and code of ethical behavior.

B: Fringe Benefits \$4,235.00

Fringe benefits are specifically applicable to the employees listed in the personnel budget category and are budgeted only for the percentage of time devoted to the program. All components of fringe benefits are listed individually in the corresponding worksheets. The premium for state unemployment insurance is based on the first \$12,000 x the FTEs allocated x the historical experience rate. Westbrook is a reimbursable employer of Unemployment Insurance.

C: Equipment

No expenses

D: Supplies

No expenses

E: Contractual Costs

No expenses

F: Construction

No expenses

G: Other

No expenses

H: Indirect Costs \$5,288.00

The Indirect Cost Proposal includes the indirect cost rate (24.46%); the distribution base (\$21,619.00); a signed certification as outlined within 2 CFR 200; and a written attestation from Rea and Associates, independent Certified Public Accountants confirming that the proposal complies with, was prepared in accordance with and addresses all of the requirements of 2 CFR 200.

I: Cost Sharing or Matching \$8,969.00

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

J: Other Grantee Supplied Funds \$18,606.00

Personnel and Fringe that is In Kind.

K: Program Income (Projected) \$0

Footnotes:

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III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.
Imminent Risk of Becoming Homeless:	The definition of imminent risk of becoming homeless includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.
Serious Mental Illness (SMI):	Adults, 18 years of age or older A diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
Co-occurring Disorders (COD):	Individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

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Footnotes:

III. State Level Information

B. Collaboration

Narrative Question:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents.

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Footnotes:

Describe how the state will implement a collaborative relationship with the department/office responsible for providing housing to qualifying residents.

In West Virginia, BBH primarily partners with two entities who share responsibility for providing housing to qualifying residents – The West Virginia Housing Development Fund and the West Virginia Development Office, Community Advancement and Development Division (CAD). BBH's partnership to these two agencies is officially formed through the West Virginia Interagency Council on Homelessness (WVICH), Both entities sit on the appointed WVICH membership. However, due to the current inactive status of the WVICH, BBH maintains regular communication with both entities as needed.

The West Virginia Housing Development Fund is a public body corporate and governmental instrumentality of the State of West Virginia established to increase the supply of residential housing for persons and families of low- and moderate-income, and to provide construction and permanent mortgage financing to public and private sponsors of such housing. To date, the Housing Development Fund has issued more than \$4.5 billion in bonds and has financed more than 123,000 housing units since it began operation in 1969.

The West Virginia Development Office (WVDO) team works to improve the quality of life for all West Virginians by strengthening our communities and expanding the state's economy to increase the quantity and quality of jobs. WVDO's mission is achieved through a concerted effort by the various divisions within the Department, including the CAD. The CAD administers the Community Service Block Grant and the Emergency Solutions Grant.

III. State Level Information

C. Veterans

Narrative Question:

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

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Footnotes:

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

Announcement of Funding Availability (AFA)

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

All currently funded BBH PATH grantees have demonstrated experience and ability in serving veterans. Furthermore, the four Continuum's of Care (CoC's) in West Virginia, prioritize chronically homeless veterans as a priority population. Two of West Virginia's four PATH providers are Certified Community Behavioral Health Clinics (CCBHCs) who serve veterans as a priority population.

Grant Agreement Statement of Work (SOW)

Service provision to veterans is given priority in BBH grant agreements with all PATH providers. The grant agreement serves as the contract between BBH and the provider for the grant year. The statement of work (SOW) is the programmatic part of the grant agreement and details the program requirements the provider of services must adhere to for the term of the grant.

Collaborations

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

III. State Level Information

D. Alignment with PATH Goals

Narrative Question:

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

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Footnotes:

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

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

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

Street outreach and case management are established by BBH as the prioritized services in West Virginia's PATH program. BBH ensures services provided using PATH funds will target street outreach and case management as priority services through the following methods:

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

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

Additionally, BBH is currently working to develop standards and best practices for street outreach that could be adopted statewide among PATH providers. As of 2026 an outreach workgroup meets monthly to achieve this goal.

III. State Level Information

E. Alignment with State Comprehensive Mental Health Services Plan

Narrative Question:

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

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Footnotes:

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

PATH service provision and program planning is integrated with BBH internal strategic planning, and planning for the Community Mental Health Services Block Grant. BBH is both the federally designated State Authority for mental health and Single State Authority for substance use disorder under the auspices of the West Virginia Department of Human Services. The primary role of BBH is to provide leadership, oversight and coordination of policy, planning, development, funding and monitoring of the public behavioral health system. The West Virginia Behavioral Health Planning Council (WVBHPC) also assures that stakeholders are active in reviewing the Community Mental Health Services Block Grant plan.

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

PATH is also integrated into West Virginia's CCBHC implementation as 2 of the 6 current CCBHCs in West Virginia are PATH providers.

III. State Level Information

F. Process for Providing Public Notice

Narrative Question:

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

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Footnotes:

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

The PATH grant application is made available for public comment through the BBH Website, and each individual PATH provider also has established processes for consumer involvement as detailed in each Intended Use Plan.

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

III. State Level Information

G. Programmatic and Financial Oversight

Narrative Question:

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

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Footnotes:

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

BBH funds PATH providers directly and not through intermediary organizations.

Program Oversight: Program oversight of PATH in West Virginia is the responsibility of the Statewide PATH Contact (SPC), who resides in the Office of Adult Services within the BBH. PATH providers receive regular site visits in addition to any follow-up visits necessary to ensure compliance with PATH guidelines and to ensure the utmost in quality services for consumers participating in the PATH program. The SPC reviews statements of work and budgets annually as a part of grant and program monitoring, in addition to reviewing quarterly financial reconciliations to monitor spending. This activity is done in accordance with the West Virginia Department of Human Services *Subrecipient Monitoring And Management Policy 3801* and the *BBG Grant Monitoring Procedure* which governs the management of all BBH grants.

Financial Oversight: Financial oversight is the primary responsibility of BBH's Finance section in coordination with the SPC. Finance staff review budgets, invoices, reconciliations, and verify matching funds. Financial reports are reviewed at least quarterly by program and fiscal staff to verify appropriate and efficient invoicing.

Compliance: Both the SPC and finance staff are supported by the Compliance Division within BBH. The Compliance Division monitors grantee compliance for all BBH funded agencies and completes risk assessments annually. The Compliance section also performs desk reviews periodically for all programs funded by BBH.

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

III. State Level Information

H. Selection of PATH Local-Area Providers

Narrative Question:

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

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Footnotes:

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

BBH is the state mental health authority in West Virginia and administers the PATH program statewide. BBH awards PATH funds to local providers initially utilizing the Announcement of Funding Availability (AFA) process. The AFA is BBH's public competitive funding process and all PATH providers are initially funded to provide services through this process. BBH utilizes a 6-region funding approach (Detailed in the *State PATH Regions* section of this application) that ensures statewide coverage of the PATH program. Consideration is then given to the catchment area of the four CoC's when choosing service providers. Providers are then funded annually based upon program and financial performance.

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

III. State Level Information

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

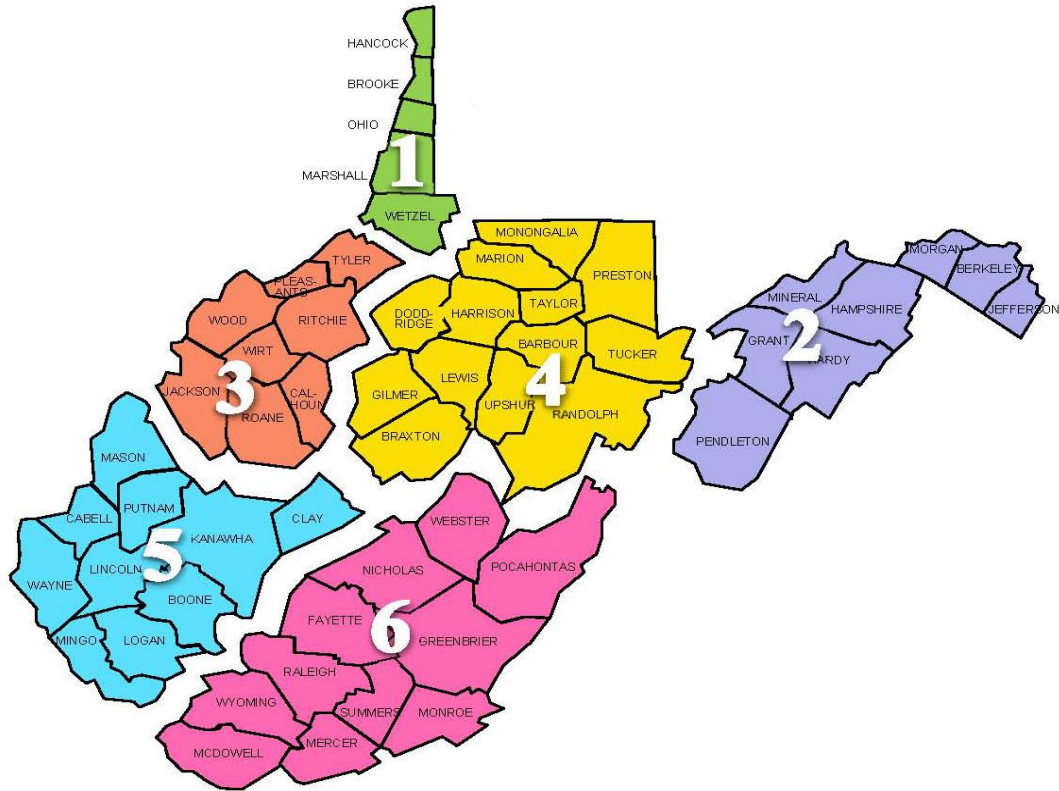
Narrative Question:

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

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Footnotes:

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



Region 1

The Greater Wheeling Coalition for the Homeless (GWCH) serves the “Northern Panhandle” region, which borders both Ohio and Pennsylvania. GWCH is an integral member of the community and participates in the local Continuum of Care.

Region 2, Region 4, and Region 6

West Virginia Coalition to End Homelessness (WVCEH) serves the “Eastern Panhandle” area, including the city of Martinsburg in Region 2, serves the central part of WV including the city of Morgantown in Region 4, and serves the southern part of WV including the city of Beckley in Region 6.

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, and the SSI/SSDI Outreach, Access, and Recovery (SOAR) State Lead since 2012. WVCEH works

to build systems of housing and services throughout the state, utilizing best practices to end homelessness such as housing first, data integration and analysis, coordinated assessment and access, collective impact, and street outreach. In addition, WVCEH hosts many statewide training courses on issues related to homelessness, which PATH staff statewide can participate in.

Region 3

Westbrook Health Services serves Parkersburg, West Virginia's third largest city. Westbrook is one of West Virginia's 13 comprehensive behavioral health centers and one of West Virginia's six certified community behavioral health clinics. The PATH outreach worker is based in the downtown area. Westbrook continues to concentrate on outreach to the community and state hospitals during the coming fiscal year through their Engagement Specialist, who works in collaboration with member agencies from the Balance of State Continuum of Care.

Region 5

Pretera Center for Mental Health Services serves the two cities (Huntington and Charleston) in West Virginia which have the greatest population of people experiencing homelessness. Pretera is one of West Virginia's 13 comprehensive behavioral health centers and one of West Virginia's six certified community behavioral health clinics. Pretera collaborates regularly with the Cabell - Huntington Coalition to End Homelessness and the Kanawha Valley Collective which are the two CoC's in this region.

BBH utilizes *Table 15 Living Situation Profile* from the Uniform Reporting System (URS) tables to measure the number of individuals with serious mental illnesses experiencing homelessness throughout the State. For the FY 2025 report, BBH is currently working to fix several merger issues with the data set that is impacting the totals derived for this table. The following chart indicates the number of people experiencing homelessness in WV through validated Behavioral Health Care Connection records during SFY 2025 (7/1/2024 – 6/30/2025):

Table 15 (MHBG Table 18) Living Situation Profile

This table collects information on the living situation of persons served in the reporting period. Living situation categories include, but are not limited to, private residence, foster care, residential care, jail/correctional facility, homeless shelter, etc. Data should be based on the most recent assessment in the reporting period. Specifically, information is collected on the individual's living situation at time of discharge or last evaluation. The reporting period should be the latest SFY for which data are available.

PLEASE DO NOT ADD, DELETE OR MOVE ROWS, COLUMNS AND/OR CELLS!

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Table 15											
Reporting Period:	From: 07/01/2024					To: 06/30/2025					
State Identifier:	WV										
	Private Residence	Foster Home	Residential Care	Crisis Residence	Residential Treatment	Institutional Setting	Jail/ Correctional Facility	Homeless/ Shelter	Other	Not Available	Total
0-5 years	0	0			0	0	0	0	0	9	9
6-12 years	102	4			0	0	0	0	0	99	205
13-17 years	169	7			1	0	0	1	0	120	298
18-20 years	102	3			1	1	0	1	2	180	290
21-24 years	165	2			9	1	1	4	2	260	444
25-44 years	1,502	4			104	10	0	40	10	1,679	3,349
45-64 years	1,393	1			89	19	2	31	19	997	2,551
65-74 years	329	0			28	5	0	1	3	236	602
75 or over	62	1			6	1	0	0	1	83	154
Not Available ¹	179	0			8	0	1	4	1	150	343
TOTAL	4,003	22	0	0	246	37	4	82	38	3,813	8,245
Female	2,134	13			86	21	0	25	19	1,628	3,926
Male	1,725	9			156	16	3	53	19	1,961	3,942
Not Available ¹	144	0			4	0	1	4	0	224	377
TOTAL	4,003	22	0	0	246	37	4	82	38	3,813	8,245
American Indian or Alaska Native	6	0			0	0	0	0	0	1	7
Asian	3	0			0	0	0	0	0	3	6
Black or African American	99	5			5	0	0	5	3	69	186
Native Hawaiian or Pacific Islander	0	0			0	0	0	0	0	0	0
White	2,854	13			171	29	3	53	28	971	4,122
Some Other Race	354	0			10	4	0	3	3	73	447
More than One Race	421	3			45	1	1	13	1	953	1,438
Not Available ¹	266	1			15	3	0	8	3	1,743	2,039
TOTAL	4,003	22	0	0	246	37	4	82	38	3,813	8,245
Hispanic or Latino	6	0			0	0	0	0	0	8	14
Not Hispanic or Latino	3,834	21			238	35	4	77	38	3,682	7,929
Not Available ¹	163	1			8	2	0	5	0	123	302
TOTAL	4,003	22	0	0	246	37	4	82	38	3,813	8,245

III. State Level Information

J. Matching Funds

Narrative Question:

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

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Footnotes:

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

The three-to-one-in-kind match is contributed by each provider receiving PATH funds. The match may come from private donations, other community organizations, such as the United Way, or state dollars. The individual provider Intended Use Plans contain details regarding match funds and sources of match. Each provider assures BBH matching funds are available at the beginning of the award period through signature of the grant agreement.

BBH assures that both the provider's federal funds, state funds, and the matching funds are available at the start of the grant period 7/1/2026.

III. State Level Information

K. Other Designated Fundings

Narrative Question:

Indicate whether the Community Mental Health Services Block Grant (MHBG), the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRSBG), and/or general revenue funds are designated specifically for serving eligible individuals.

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Footnotes:

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

West Virginia is a minimum allocation PATH state (\$300,000) which means these funds are complementary to the overall West Virginia system of care. West Virginia does allocate State general revenue funding over and above this amount to the PATH program totalling \$131,627. West Virginia also allocates 100% of federal PATH funds into programmatic resources forgoing the 4% allowable use of funds for administrative costs.

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

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

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

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

III. State Level Information

L. Data

Narrative Question:

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

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Footnotes:

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

West Virginia is fully utilizing HMIS for the PATH program.

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

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

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

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

III. State Level Information

M. PATH Eligibility and Enrollment

Narrative Question:

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

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Footnotes:

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

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

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

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

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

PATH Reported Activities

Charitable Choice for PATH

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

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

Expenditure Period Start Date: Expenditure Period End Date:

Notice to Program Beneficiaries - Check all that apply

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

Referrals to Alternative Services - Check all that apply

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

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

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Footnotes: