

## I. State Information

### State Information

#### Plan Year

Federal Fiscal Year 2024

#### State Identification Numbers

Unique Entity ID 888888888888

EIN/TIN 87-6000545

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

Agency Name Utah Department of Health and Human Services

Organizational Unit Office of Substance Use and Mental Health

Mailing Address 288 N 1460 W, Third Floor

City Salt Lake City

Zip Code 84116

#### II. Authorized Representative for the PATH Grant

First Name Tracy

Last Name Gruber

Agency Name Department of Health and Human Services

Mailing Address 195 North 1950 West

City Salt Lake City

Zip Code 84116

Telephone 801-414-4665

Fax

Email Address dhhsgrants@utah.gov

#### III. Expenditure Period

From 7/1/2024

To 6/30/2025

#### 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 Pete

Last Name Caldwell

Telephone (385) 226-4533

Fax 385-465-6040

Email Address pgcaldwell@utah.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.

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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.

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Name

Tracy Gruber

Title

Executive Director

Organization

Utah Department of Health and Human Services

Signature:

Date:

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

**Footnotes:**

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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).
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Name

Tracy Gruber

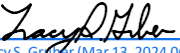
Title

Executive Director

Organization

Utah Department of Health and Human Services

Signature:

  
Tracy S. Grover (Mar 13, 2024 06:42 MDT)

Date: 03/13/2024

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

**Footnotes:**



# I. State Information

## Certifications

### 1. Certification Regarding Debarment and Suspension

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

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

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

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

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

### 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

Tracy Gruber

Title

Executive Director

Organization

Utah Department of Health and Human Services

---

Signature:

Date:

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

**Footnotes:**

# I. State Information

## Certifications

### 1. Certification Regarding Debarment and Suspension

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

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

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

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

- 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

Tracy Gruber

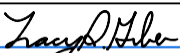
Title

Executive Director

Organization

Utah Department of Health and Human Services

Signature:

  
Tracy S. Gruber (Mar 13, 2024 06:42 MDT)

Date: 03/13/2024

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

**Footnotes:**

# I. State Information

## Funding Agreement

### FISCAL YEAR 2024

#### PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) AGREEMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Charitable Choice Provisions:**

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

Governor/Designee Name	Spencer J. Cox
Title	Governor
Organization	State of Utah

Signature:

Date:

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

**Footnotes:**



# I. State Information

## Funding Agreement

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Governor/Designee Name	Spencer J. Cox
Title	Governor
Organization	State of Utah

Signature:

Date:

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

**Footnotes:**

I. State Information

Disclosure of Lobbying Activities

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

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

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

Name: Tracy Gruber  
Title: Executive Director  
Organization: Utah Department of Health and Human Services

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
mm/dd/yyyy

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

**Footnotes:**

I. State Information

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: Tracy Gruber  
Title: Executive Director  
Organization: Utah Department of Health and Human Services

Signature:   
Tracy S. Gruber (Mar 13, 2024 06:42 MDT)

Date Signed: 03/13/2024  
mm/dd/yyyy

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

**Footnotes:**

I. State Information

State PATH Regions

Name	Description	Actions
Statewide	Statewide	
UT	The Utah PATH program will serve two counties along the Wasatch Front: Weber County and Salt Lake County.	

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

**Footnotes:**

## II. Executive Summary

### 1. State Summary Narrative

Narrative Question:

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

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

**Footnotes:**



## Section A: Executive Summary

Name of Local-Area Providers	Allocated PATH funds	Geographic Areas to be served	Amount and source of matching funds	Estimated number of clients contacted in State FY21 & number who will be adults and literally homeless	Estimated number of clients who will be enrolled
Valley Behavioral Health  Community Mental Health Center	Proposed \$339,388.00	Salt Lake County	113,129.00  Center  Matching Funds	Estimated contacting 250 individuals and 70% contacted will be literally homeless	Estimated 57% becoming enrolled.
Weber Human Services  Local Mental Health Authority	Proposed \$82,254.00	Weber and Morgan Counties	27,419.00  Center  Matching Funds	Estimated contacting 75 individuals and 70% will be literally homeless	Estimated 57% becoming enrolled.
Weber Housing Authority	Proposed \$173,648	Weber and Morgan Counties	\$57,833  Center  Matching Funds	Estimated contacting 100 individuals and 70% will be literally homeless	Estimated 57% becoming enrolled.

**Services To Be provided using PATH Funds-** The Utah Division of Substance Abuse and Mental Health is requesting \$595,291.00 in federal PATH Grant funds to provide flexible services to adults with serious mental illness or who have co-occurring substance use disorders and are homeless or at imminent risk of becoming homeless. Services to be provided include the following:

- A. Outreach services;
- B. Screening and diagnostic treatment services;
- C. Habilitation and rehabilitation services;
- D. Community mental health services including recovery support services, such as peerspecialist/recovery coaches;
- E. Alcohol or drug treatment services;
- F. Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
- G. Case management services;
- H. Referrals for primary health services, job training, education services, and relevant housing services; and
- I. Housing services as specified in Section 522(b)(10) of the Public Health Service Act, that include, minor renovation, expansion, and repair of housing, planning of housing, technical assistance, coordination of housing, security deposits, costs associated with matching eligible homeless individuals with appropriate housing situations, one-time rental payments to prevent eviction.

## Section 2: State-Level Information

A. The state's operational definitions are as follows:

- **Individual experiencing homelessness** - means an individual who lacks housing, 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** - Persons who are likely to lose a fixed, regular, and adequate night time residence if support from family, a social service agency, or a human service agency, or a human service agency is withdrawn doubled-up living arrangement where the individual's name is not on the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.
- **Serious Mental Illness** - Refers to a person (for PATH funded services must be 18 years of age or older) who currently, or at any time during the past year, has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM, that resulted in functional impairment which substantially interferes with or limits the individual's ability that substantially interferes with or limits major life activities.
- **Co-occurring serious mental illness and substance abuse disorders** - Refers to any individual with serious mental illness as defined above, who also has any substance abuse problem that meets the diagnostic criteria specified within the DSM, that results in functional impairment which substantially interferes with or limits the individual's ability to perform in society. The definition of substance use disorder or substance abuse as defined in the DSM (that meets diagnostic criteria) is a maladaptive pattern of substance use leading to clinically significant impairment or distress.

B. **Collaboration** - The State PATH Contact (SPC), collaborates closely with the Utah Office of Homeless Services, all three CoCs, as well as the Public Housing Authorities and the Local Mental Health and Substance Use Authorities to help ensure people with mental illness experiencing homelessness may qualify for Permanent Supportive Housing including supportive housing, community based housing and specific set-aside units. The SPC sits on the board of the Balance of State CoC, the HMIS Steering Committee, and serves on the executive committee of the National Association of State Mental Health Program Directors housing division.

PATH funds contracted to the local agencies provide staff support to help ensure the care and treatment of the target population by coordinating and providing services in the community and to link to affordable housing opportunities.

- C. **Veterans** - The State PATH Contact and local providers are committed to serving homeless veterans with mental illness experiencing homelessness and strengthening collaboration at both the state and local levels. Both of the entities receiving the PATH Grant funds work with and identify Veterans and work to enlist them in full services. Both PATH entities maintain a positive working relationship with the Veteran Affairs Administration and coordinate mental health and substance abuse services.
- D. **Alignment with PATH Goals** – Services to be provided using PATH funds will target street outreach and case management as priority services, serving the most vulnerable adults who are experiencing literal and chronic homelessness. All PATH providers work with the local Continua of Care and the homeless coordinating committees to prioritize the most vulnerable adults with mental illness. Statewide, Utah utilizes a Housing First approach, and both PATH teams participate in coordinated entry to ensure the most vulnerable populations are being served.
- E. **Alignment with State Comprehensive Mental Health Services Plan** – In January 2024, the Utah Behavioral Health Coalition released the Utah Behavioral Health Assessment and Master Plan. PATH services align with the initiatives of the master plan by: increasing system coordination, supporting the behavioral health crisis and stabilization systems, and improving the availability of services and supports for individuals with SMI and complex behavioral health needs and their families. The Utah Department of Health and Human Services, and subsequently the PATH program and its providers are committed to support the master plan and work across communities to ensure it is in alignment with the recommendations.
- F. **Process for Providing Public Notice** – The PATH grant is posted online at a State of Utah public notice website for a minimum of 10 days. The posting includes the grant application packet and the SPC contact information for any members of the public who wish to provide comment.
- G. **Programmatic and Financial Oversight** - OSUMH provides active oversight of the providing agencies. This oversight function is integrated into an annual monitoring visit. This monitoring is to assure compliance with all PATH requirements and monitor the use of PATH funds. This review is done on-site or by a desk review in consultation with PATH provider staff and is conducted using the scope of services developed from the initial application to the RFGA, which rates compliance in areas required per PATH federal contract. OSUMH has used TA funding from SAMHSA to contract with Advocates for Human Potential to develop monitoring visit protocols.

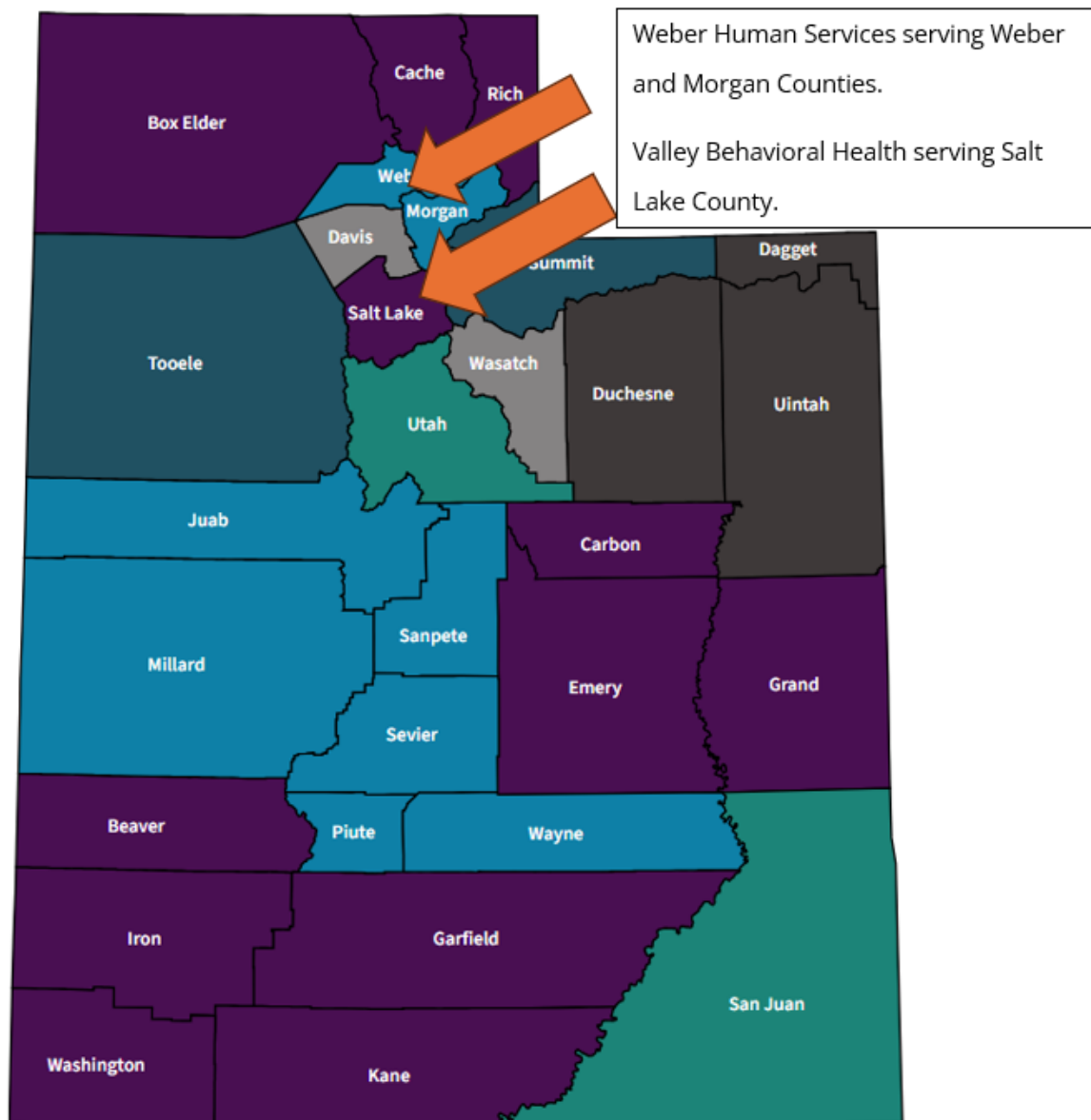
Monitoring and technical assistance occur following a site visit as identified or request by the providers who are having any difficulties with compliance.

- H. **Selection of PATH Local Area Providers** - OSUMH opened PATH funding to Utah's local mental health authorities through a Request for Grant Application (RFGA) in FY23. Each entity responding to the RFGA was asked to describe and document its local homeless need and prepare a plan to provide needed mental health, substance abuse and housing services to homeless mentally ill individuals. An impartial selection committee reviewed the applications and selected two community mental health centers for funding based on the requirements of the RFGA. The decisions of the selection committee were reviewed and confirmed by OSUMH.
- I. **Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness** - The Utah Department of Workforce Services, Office of Homeless Services maintains the Homelessness Data Dashboard for the State of Utah (<https://jobs.utah.gov/homelessness/homelessdata.html>) The data provided on the dashboard is populated from the HMIS database. Utah only has one software provider, ClientTrack, for the HMIS system, which makes it easier to compile data points. Data for this report is taken from the Annual Report on Homelessness, also developed by OHS.  
<https://jobs.utah.gov/homelessness/homelessnessreport.pdf>

Utah is divided into three Continuums of Care (CoCs) and 13 Local Homeless Councils (LHCs). These CoCs and LHCs serve as regional and local planning entities, working to align funding, improve data quality, and coordinate housing and homeless services for families and individuals who are experiencing homelessness. Their primary role is to ensure that resources are effectively utilized and that there is a coordinated approach to address homelessness at both the regional and local levels. The two PATH providers in Utah are located in the Balance of State and SLVCEH, respectively.

	Statewide	Balance of State	Weber/Morgan Counties	SLVCEH
Adults with Mental Illness	1,500	373	168	1,027
Percentage of total	40.7%	32%	47.6%	44.7%

individuals counted				
Adults with Substance Use Disorders	947	205	73	692
Percentage of total individuals counted	25.7%	17.6%	20.7%	30.1%
Total	2,447	578	241	1,719



- J. **Matching Funds** - Each funded entity provides assurances of the match requirement with local non-federal matching dollars at the beginning of the grant period.
- K. **Other Designated Funding** - The Mental Health Block Grant, Substance Abuse Block Grant, and General State revenue funds are not specifically targeted to persons with a mental illness experiencing homelessness. The goal of state plan is to assist this population by striving for a comprehensive system of care in which health care, mental health and substance abuse treatment, social services income

support, legal services, housing and rehabilitation, and employment services are integrated.

- L. **Data** - All PATH providers are participating with HMIS and are required to report on progress each quarter to the state to help ensure accurate reporting. The state requires annual certification of all HMIS users and provides ongoing training on the PATH Data requirements with providers, as well as provides technical assistance to improve the accuracy of the PATH program.
- M. **SSI/SSDI Outreach, Access and Recovery (SOAR)** - In the past, the state has provided training on SOAR for providers statewide. Those efforts were halted when funding for the SOAR state lead expired. OSUMH is currently working with the Office of Homeless Services to identify funding for a new SOAR program lead. Utah has at least one trained SOAR staff in each of the three programs and are coordinating efforts with the state to help ensure applications for Social Security Income and Disability Income are completed and a determination is made in a timely manner.
- N. **PATH Eligibility and Enrollment** - PATH staff provide community outreach and engagement with individuals experiencing homelessness to determine PATH eligibility, which is adults experiencing homelessness or at risk of homelessness with Serious Mental Illness and/or a Co-Occurring Substance Use Disorder. Enrollment occurs when the PATH staff determines a person is eligible for the PATH Program and both the individual and the PATH staff mutually agree to engage in services and a PATH clinical chart is developed. Once enrolled, information is entered into HMIS for PATH data requirements and coordinated entry.



## **Valley Behavioral Health (Valley) Intended Use Plan**

### **Local Provider Description –**

Valley Behavioral Health (Valley), a 501(c)3 non-profit organization, is committed to providing comprehensive treatment and services for individuals and families facing challenges such as mental illness, homelessness, family relational problems, substance use, trauma, and autism. With an annual outreach to up to 18,000 clients, 85% of whom fall into the low-income category, Valley strives to extend its affordable and easily accessible treatment options across Salt Lake County and Tooele County.

Operating within Valley's Housing division, the Valley Storefront program in Salt Lake County efficiently deploys \$339,388 in PATH funds.

For correspondence, Valley Behavioral Health's mailing address is PO Box 572070, Murray, UT 84157.

Within PDX we have the following information for Valley:

Agency: Valley Behavioral Health    Provider ID: UT-002

Agency Short Name: Valley BH

Agency phone: 801.537.7537

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

The Valley Storefront PATH Program is dedicated to assisting adults dealing with serious mental illness, particularly those who are chronically homeless or at risk of homelessness. The team actively engages individuals in essential services for prevention, recovery, and support. A major focus involves street outreach and case management, specifically targeting unsheltered populations with the highest concentration of homelessness throughout Salt Lake County.

To achieve success in this program, we implement a coordinated entry approach, providing a range of essential services such as mental health support, substance use counseling, housing assistance, medical care, job training, education, and more. Our commitment extends to active participation in working with our CoC contact Charly Swett ([CSwett@slco.org](mailto:CSwett@slco.org)), monthly CoC network meetings and core function workgroups, fostering collaboration and a continuum of

care with various agencies dedicated to serving the unsheltered population. These agencies include the Fourth Street Clinic, The Road Home, Housing Authorities of Salt Lake County, YWCA, local law enforcement and courts, Rescue Mission, Utah Food Bank, Crossroads Urban Center, Catholic Community Center, Utah Housing Coalition, Utah Non-Profit, Utah State Community Services Office, among many others.

Furthermore, our team plays a crucial role in the annual Point in Time Count by visiting different street camps and designated areas to register and enumerate individuals experiencing homelessness.

### **Collaboration with Local Community Organizations –**

The Street Outreach Team at Storefront actively conducts outreach, intake assessments, and daily case management services across all resource centers, homeless/unsheltered resource fairs, quarantine shelters, and designated campsites. This comprehensive approach enables our team to connect with a larger number of individuals, facilitating immediate access to crucial resources such as mental health and substance use counseling, primary health care, eligibility applications, housing, education providers, and more. The goal is to swiftly address any barriers hindering these individuals from accessing the support they need.

Furthermore, Valley maintains close collaboration with staff from various entities to ensure seamless transitions of care. These include SLVCEH core function groups, HRCs, The Road Home, Senior Charity Care Foundation, Salt Lake City Police Department Crisis Intervention Team, Mobile Crisis Outreach Team, Social Security/Disability, Disability Law Center, CDBG/HOME/ESG funders, Salt Lake Community College, Volunteers of America, Catholic Community Services, Dept. of Workforce Services, Advantage Services, Housing Connect, Housing Authority of Salt Lake City, The Weigand Center, The Otherside Village, and Fourth Street Clinic.

Valley extends its outreach efforts by actively partnering with Homeless Resource Fairs, providing daily case management services for the County and delivering daily case management and Vital gaining services for the County's Senior Centers.

### **Service Provision –**

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

- Describe how the services to be provided using PATH funds will align with PATH goals 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

Valley's objectives closely align with those of PATH. We are committed to actively involving clients and their families in treatment while striving to enhance their current living situations, as well as addressing their mental and behavioral health needs. To achieve these aims, Valley employs a range of treatment goals and strategies, including assessments, advocacy, referral services, care coordination, monitoring and planning of services, and housing navigation.

Our overarching goal is to reduce the overall number of homeless individuals and minimize the risk of recurrence for those at risk of homelessness. Following the Continuum of Care treatment model, Valley ensures that all clients, including vulnerable individuals, receive comprehensive and continuous treatment, regardless of the provider or treatment facility to which they are referred or transfer.

In collaboration with local agencies, our outreach team works closely to connect individuals with essential services such as food, clothing, recovery support, mental health assistance, and supportive housing. This integrated approach is integral to achieving our mission and making a meaningful impact on the lives of those we serve.

- Any gaps that exist in the current service systems

At Valley, we've identified key gaps in existing service systems. These include facilitating connections to supportive and affordable housing, aiding individuals in accessing employment, benefits, medications, and transportation, and ensuring consistent follow-through from various resource providers.

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

Conducting psychological diagnostic interviews, evaluations, and providing comprehensive behavioral management, peer support services, medication and pharmaceutical management,

housing eligibility determination and assistance, SOAR, dayroom services (including shower, kitchen, laundry, etc.), Harm Reduction prevention, and referral to employment services and transportation are among the varied services offered. Notably, 53% of individuals receiving treatment have a dual diagnosis, while 12% present with substance use issues, according to data from the previous year

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

Upon registration in PATH, the case manager initiates the pre-assessment process and aids the individual in scheduling a mental health assessment appointment with a therapist. During the PDIE appointment (enrollment), the individual identifies their goals, which may involve obtaining referrals for an APRN, nurse, and SUDC. Following this, case management services commence, aimed at helping the individual achieve their personal goals and facilitating effective problem-solving.

The eligibility criteria for PATH-enrolled clients are meticulously documented in both the HMIS system and Valley's electronic health record system.

- 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.

Valley actively involves clients and their families in treatment, aiming to enhance their current living, mental health, and behavioral situations. Employing strategic goals and comprehensive strategies such as assessments, advocacy, referral, care coordination, monitoring, planning of services, and housing navigation, we strive to reduce overall homelessness and minimize the risk of recurrence. Adhering to the Continuum of Care treatment model ensures that all clients, including vulnerable individuals, receive continuous, comprehensive treatment regardless of provider or treatment facility referrals.

Our outreach team collaborates closely with local agencies to connect individuals with vital services, including food, clothing, recovery support, mental health, and supportive housing. Valley Storefront tailors a range of services for PATH-eligible clients, including street outreach, certified peer support, case management, mental health and substance use treatment, housing support, and employment assistance.

Street Outreach involves daily engagement with individuals experiencing homelessness, conducting intake assessments, and offering immediate support in various settings. The Certified Peer Support Specialist leads groups, supports PATH clients, and engages in street outreach to encourage service engagement. Valley prioritizes gaining funding to support additional peer specialists.

Comprehensive case management services address mental health, substance use, housing, employment, and other needs for PATH clients. This includes individualized care plans, assistance in scheduling mental health assessments, and referrals to healthcare professionals.

Valley provides evidence-based mental health and substance use disorder treatment, encompassing individual and group therapy, psychiatric medication management, and specialized programs for veterans. Collaboration with housing agencies and landlords ensures suitable housing options, covering transitional, rapid rehousing, or permanent supportive housing based on individual needs.

Active participation in community meetings and groups focuses on making suitable housing available for PATH clients. Partnerships with various entities, such as Volunteers of America, Odyssey House, First Steps House, and Veterans Affairs, contribute to this effort. Valley is also working on developing more deeply affordable housing for individuals with behavioral health conditions.

Employment assistance includes vocational training, job placement assistance, and supportive services to help clients regain stability and achieve sustainable employment. Maintaining close communication with affiliated entities ensures smooth transitions of care, fostering collaboration for the overall well-being of our clients.

- Please provide information on whether or not your agency is required to follow 42 CFR Part 2 regulations. If you do, please explain your system to ensure those regulations are followed

Staff undergo annual training on the regulations and rules outlined in 42 CFR Part 2. Specific details regarding a client's substance use disorder are not disclosed to any third party without

explicit consent from the client. This consent is documented in a separate Release of Information (ROI), distinct from the client's other organizational ROIs.

- Describe your agency's use of Certified Peer Specialists to achieve PATH goals

Valley Storefront currently benefits from the dedicated service of a certified peer support specialist who conducts groups every Wednesday and is present full-time to offer support to PATH clients. Our ongoing efforts include securing additional funding this year to expand the team of peer specialists and enhance the support we provide.

- Specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services

Valley Storefront historically utilizes annual funds from external sources such as private donors, grants, or foundations to help fund rental assistance, hotel vouchers, & other needs for PATH clients. We also consistently look for other grant/funding opportunities to support these reoccurring needs in the community. Additionally, we utilize other Medicaid funding to support PATH eligible clients at storefront.

### **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).

Valley actively participates in key community forums, including the CoC housing triage committee, the Salt Lake Valley Coalition to End Homelessness focus group, the Crisis Response Team group, and the Client Management team group. In these collaborative settings, Valley engages with community providers and partners to enhance suitable housing options for PATH clients. The range of housing options includes Shelter plus Care Voucher through Housing Connect (Housing Authority), Permanent Transitional Housing, and Permanent Independent Living Housing through Valley Behavioral Health, Substance Abuse Housing via First Step Housing, as well as Transitional and Permanent Housing in partnership with The Road Home. Noteworthy collaborators in this effort include Volunteers of America, Odyssey House, YWCA, and Veterans Affairs.

### **Staff Information –**

- Explain how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients

Valley upholds a stringent policy against discrimination and harassment, ensuring that all staff members undergo training in this regard.

Facilitating cultural competency, Valley staff and executive leadership team monitor and implement cultural competency activities. This plays a pivotal role in integrating cultural factors into client care and ensuring that Valley's staff is representative of the served population. Committed to culturally competent practices, Valley ensures that all employees receive training in cultural competency. The organizational environment actively fosters an appreciation for cultural differences, recognizing them as strengths and opportunities to enhance the quality of client care.

Moreover, Valley has implemented a Diversity-Equity-Inclusion (DEI) strategic plan, designed to educate staff and raise awareness about the significance of DEI. This plan emphasizes reflecting DEI values in communication and celebrating the unique differences among the diverse cultures and lives of both staff and clients.

- Describe the extent to which staff receive periodic training in cultural competence and health disparities

Valley Behavioral Health mandates that all staff undergo annual compliance training, encompassing modules on gender sensitivity, sexual harassment, ethical code of conduct, and cultural differences. These training sessions adhere to Valley's established policies and procedures. Non-compliance with these policies and procedures may lead to corrective action, ranging from counseling to potential termination of employment.

- Describe the demographics of staff serving your clients

Our staff members are recruited with a commitment to diversity and cultural competence. We strive to ensure that our workforce represents the communities we serve, reflecting a broad range of age groups, genders, and racial/ethnic backgrounds. Valley has a strict policy of non-discrimination & anti-harassment which every staff person receives training on. Valley also

adheres to culturally competent practices & fosters an environment where cultural differences are perceived as strengths/opportunities to increase the quality of Valley's client care.

Furthermore, Valley has a Cultural Competency, Diversity, & Inclusion strategic plan that focuses on educating staff & helping them become more aware of the importance of culturally competent services & client inclusion. Valley uses this to reflect those values in our communication & celebrating the inspiring differences among the diverse cultures & lives of our staff & clients. The demographics of our staff serving clients are as follows: 75% identify as white/Caucasian, 8% as African American, 8% as Asian, and 8% as Hispanic.

- How many of your PATH staff are Certified Peer Specialists or Certified Recovery Specialists?

We currently have one Certified Peer Specialist on our PATH staff, and we are actively working towards having two by the year 2024, if feasible.

#### **Client Information –**

- Describe the demographics of the client population

Adults (18 years or older) experiencing or at-risk of homelessness with mental health conditions & /or substance use conditions. Current demographics are as follows: 7.2% native American, 2.25%Asian, 7.21%black, 14.86%hispanic, 1.8% Pacific Islander, 3.6%veteran

- Project the number of adult clients to be contacted  
150
- Identify expected number of adult clients to be enrolled  
100
- Give estimated percentage of adult clients to be served using PATH funds who are literally homeless  
55% of our clients as of this time.

#### **Consumer Involvement –**

Describe how individuals who experience homelessness and have serious mental illnesses, 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. Please note, SAMHSA is now requesting specific numbers for the Client Involvement section. Actual numbers are needed for those who are PATH-eligible that:

1. Are employed as staff - 2
2. Volunteer with provider - 1
3. Serve on governing board - 0
4. Serve on formal advisory board - 2

#### **Data –**

Valley utilizes the ClientTrack system, implementing a comprehensive training approach for staff. Upon hiring, each staff member undergoes onboarding training, followed by bi-quarterly and annual reviews. The organization maximizes the efficiency of HMIS software, employing it for PATH, ACOT, Street Outreach, and Rapid Rehousing project monitoring.

As part of the onboarding process, new end users receive initial HMIS training and complete the necessary HMIS end user forms. Annual certification training is mandatory for all HMIS users, who also attend any additional training sessions as needed. Valley ensures a streamlined system by regularly reviewing all active users and promptly notifying HMIS administration of any inactive users.

To uphold data accuracy and quality, the organization conducts quarterly internal audits, encompassing all HMIS users.

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

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

The utilization of PATH funds for our services is in direct alignment with the state's strategic plan to End Homelessness in Utah. Our proposal intricately weaves together key objectives and priorities from the state plan, emphasizing increased outreach efforts, expanded housing

options, enhanced access to mental health and substance use treatment, and the promotion of employment opportunities. Actively engaging in local planning and coordination activities ensures that our services harmonize with the broader regional initiatives aimed at addressing homelessness.

Moreover, our services, funded through PATH, seamlessly integrate with the State Comprehensive Mental Health Services Plans. By catering to the comprehensive needs of individuals grappling with mental health and substance use disorders, we employ outreach efforts, dayroom services, and open case management to fulfill their basic needs and cultivate a supportive environment. This inclusion of mental health and substance use disorder treatment underscores our commitment to the state's mental health goals.

Enrolling individuals in mainstream benefits forms a crucial component of our comprehensive approach, contributing to their overall stability and recovery. Additionally, our provision of peer support not only fosters a sense of community but also aligns with the state's emphasis on constructing supportive networks.

Furthermore, our commitment extends to offering referrals for employment readiness and skills building, aligning seamlessly with the state's overarching focus on holistic care. Recognizing the significance of empowering individuals through opportunities for personal and professional growth, our services outlined here actively contribute to the broader objectives articulated in the State Comprehensive Mental Health Services Plans.

#### **Other Designated Funds –**

We do not have any additional federal, state or county funds earmarked for this purpose .

#### **Programmatic and Financial Oversight –**

Describe how/when programmatic and financial oversight of PATH-supported providers is achieved on your local level (such as site visits, evaluation of performance goals, audits, etc.) and who conducts this monitoring of the use of PATH funds. – **THIS IS ONLY NEEDED IF YOU HAVE PROGRAMS THAT SUB-CONTRACT**

N/A

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

- The number of staff trained in SOAR  
2 certified right now, 1 in training.
- The number of staff who provided assistance with SI/SSDI applications using the SOAR model  
2 who provide assistance
- The number of consumers assisted through SOAR  
75 individuals assisted through SOAR
- Application eligibility results (i.e., approval rate on initial application, average time to approve the application)  
4% approval, timeframe between 6-12 months
- The number of staff dedicated to implementing SOAR, part- and full-time [If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility, and the outcomes of those applications (i.e., approval rate on initial application, average time to approve the application). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.]

Presently, two full-time staff members are dedicated to implementing SOAR, and a third team member is currently undergoing training to augment our efforts. This encompasses prompt eligibility determinations and ongoing monitoring of application outcomes, encompassing metrics such as the approval rate for initial applications and the average processing time for approval.

In order to ensure proficiency, substantial endeavors are invested in staff training. These training sessions are meticulously designed to acquaint staff with a focus on accurate and timely completion of benefit applications and adept utilization of SOAR data. Furthermore, a continuous system of technical assistance and support mechanisms is firmly established to ensure the consistent generation of high-quality applications. Staff members are equipped with

both internal resources and external support tailored to effectively engage and train within this system.

### **Coordinated Entry –**

The Valley Storefront PATH Program is dedicated to assisting adults facing serious mental illness who are either chronically homeless or at risk of homelessness. The program focuses on engaging these individuals in essential services for prevention, recovery, and support. A key emphasis is placed on street outreach and case management to effectively serve unsheltered populations concentrated in various areas across Salt Lake County, where homelessness is most prevalent.

To ensure the success of our program, we employ a comprehensive approach that includes coordinated entry and the provision of appropriate mental health services, substance use counseling, housing solutions, medical care, job training, education, and other essential support services. Our staff actively participates in monthly CoC network meetings and various core function workgroups, fostering collaboration and a continuum of care with different agencies dedicated to serving the unsheltered population.

Among our collaborators are esteemed organizations such as the Fourth Street Clinic, The Road Home, Housing Authorities of Salt Lake County, YWCA, local law enforcement and courts, Rescue Mission, Utah Food Bank, Crossroads Urban Center, Catholic Community Center, Utah Housing Coalition, Utah Non-Profit, Volunteers of America, Youth Resource, Adults Resource, Street Outreach, The Other Side Village, Utah State Community Services Office, and many others.

Furthermore, our team actively engages in the annual Point in Time Count, visiting different street camps and designated areas to register and count individuals experiencing homelessness. Additionally, we participate in the monthly resource fair organized by the Salt Lake City Corporation, Housing Stability Division. This comprehensive approach underscores our commitment to addressing homelessness and providing crucial support to those in need.

### **Justice Involved –**

- Specific examples of how the agency plans to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g., jail diversion, active involvement in re-entry), OR specific efforts to minimize the

challenges and foster support for PATH clients with a criminal history (e.g. jail diversion, active involvement in reentry)

To enhance the linkage of clients with criminal justice histories to vital services such as health services, housing programs, job opportunities, and other supports, our agency actively collaborates with Homeless Court. Additionally, we closely engage with the Jail Release and Re-entry Program to minimize challenges and foster support for PATH clients with a criminal history.

- Indicate if you are prioritizing this population for services upon release from jail or prison

We prioritize the population upon release from jail or prison by collaborating with JRRP (Justice Reinvestment and Reentry Program) to ensure a seamless continuum of care. Our focus includes assisting individuals with benefits follow-up, securing housing, and addressing other essential needs to support their successful reintegration into the community after incarceration.

#### **Veterans –**

Describe how you will address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

Valley Storefront recognizes the unique needs of veterans experiencing homelessness and is committed to addressing them effectively. Our program has a specialized track dedicated to serving veterans, providing tailored mental health and substance use treatment, case management, and housing support. We collaborate closely with the local Veterans Affairs (VA) Center, and other veteran service organizations to ensure a coordinated and holistic approach to supporting homeless veterans. We are always continuing to improve and engage this area of the community.

#### **Tobacco and Nicotine Free Policy –**

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Describe your agency's tobacco use policy.

At Valley and with PATH, we are committed to fostering a healthier environment for both our team and the clients participating in our program. As part of our ongoing initiatives, we are actively working towards achieving a tobacco-free campus goal. In collaboration with our valued partner, Volunteers of America, we are jointly dedicated to promoting health and wellness among our community. This includes offering robust support for the cessation of tobacco and vaping, recognizing the importance of creating spaces that encourage and facilitate positive lifestyle choices. Together, we strive to cultivate a campus environment that not only supports the overall well-being of our clients but also reflects our shared commitment to a tobacco-free future

### **Emergency Planning –**

Describe your agency's involvement in local Emergency Planning efforts.

Engaging proactively in local emergency planning, our agency has established thorough contingency plans and Business Continuity Plans (BCP) with standardized procedures for swift emergency responses. During "Code Blue" nights, we work closely with the county to offer emergency shelter in freezing temperatures. Collaborating with the county's street outreach teams, we conduct proactive outreach to identify and connect with clients facing risks during adverse conditions, ensuring their access to crucial emergency services. Our dedication is rooted in enhancing coordination between homeless and emergency services, fostering resilience in the aftermath of disasters.

### **Health Disparities Impact Statement – Limited English Proficiency**

Based on our analysis of HMIS data, we have identified vulnerable subpopulations in our area, particularly susceptible to behavioral health disparities. These groups include African Americans, especially women, Hispanic individuals, and Transgender individuals, who are deemed at a higher risk of behavioral health disparities due to factors such as language, beliefs, norms, values, and socioeconomic considerations.

In serving Youth and Young Adult (YYA) individuals, aged 18-30, the PATH program anticipates assisting 41 clients, with 45% of total PATH funds specifically allocated for this demographic. PATH-funded services for YYA individuals encompass a range of support, including case

management, referrals to long-term residential treatment or supportive housing programs, APRN services, medication management, peer support groups, individual therapy services, and employment services.

To address the existing disparities within the YYA population, we actively coordinate with youth resource centers to prioritize referrals into the PATH program. Additionally, our collaboration with the Youth Coalition Meeting in Salt Lake County specifically targets the unique needs of YYA individuals. Recognizing African Americans, especially women, Hispanic individuals, and Transgender individuals as higher-risk groups, we have developed a data-driven quality improvement plan. This plan aims to implement targeted strategies to reduce disparities in access, service utilization, and outcomes within the YYA population compared to the general population. This comprehensive approach reflects our unwavering commitment to continuously improving services and addressing behavioral health disparities for vulnerable subpopulations.

### **Limited English Proficiency –**

Our organization is fully committed to complying with Executive Order 13166, which mandates that recipients of federal financial assistance ensure meaningful access to programs and activities for limited English proficient (LEP) individuals. In accordance with the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, our assessment recognizes the necessity of language assistance services in our grant programs and the services we provide.

To address the language needs of our clients, we have taken significant measures. We employ Spanish-speaking staff within our organization to facilitate direct communication. Additionally, we utilize interpretation services as a supplementary resource, ensuring that language barriers are effectively addressed. This dual approach allows us to provide comprehensive and meaningful assistance to our diverse clientele, aligning with the requirements outlined in Executive Order 13166 and the HHS Guidance.

### **Budget Narrative –**

Provide a descriptive budget narrative that includes the local-area provider's use of PATH funds. Include separated federal allocation, state match and other PATH funds. For example: \$10,000 federal allocation, \$3,333 state match, \$1000 PATH specific base fund match. See Appendix C

for more details.

**Valley Behavioral Health BUDGET**  
Salt Lake County PATH Program  
FY 2024-2025 Budget

PERSONNEL Position	Annual Salary	PATH- funded FTE	PATH- funded salary	Responsibilities
APRN	\$104000	.40	\$41600	Manage medications; assess, diagnose, & treat the mental health needs of the patient
RN	\$65520	.40	\$26208	Administer medication with prescriber order; conduct physical, mental, & substance use health assessment within the scope of practice & coordinate services with other mental & physical health providers
Clinical Lead	\$47841	.80	\$38445	Assess mental & behavioral health of the client; provide assessments, diagnoses,



				prognoses, counseling, & psychotherapeutic treatment for mental health clients
Team Leader	\$39521	.50	\$19760	Provide guidance & educational services to clients; train case managers
PATH Admin/HMIS	\$50520	.50	\$25260	Manage PATH team, oversee HMIS data entry & reporting, & lead out on team strategies, including services the team should provide & funding Valley could apply for this fund those services.
Case Manager (1)	\$35361	100	\$35361	Complete street outreach services; assist clients in connecting to resources that can improve the quality of their lives
Case Manager (2)	\$35361	100	\$35361	Complete street outreach services; assist clients in connecting to resources that can

				improve the quality of their lives
Peer Support Specialist	\$10105	100	\$10105	Help clients develop their own goals, create strategies for self-empowerment for clients, & take concrete steps towards building fulfilling, self-determined lives for themselves
<b>sub-total</b>			\$232620	
<b>FRINGE BENEFITS</b>				
Calculated for all staff at \$23% of salary expenses.				\$53504
<b>sub-total</b>				\$53504
<b>Other</b>				
Contractual staff w/Community partner (VOA) 2 p/t support coordination				\$41000
Valley non-federal match				\$113129

#### Weber Human Services IUP

#### Local Provider Description –

Provide a brief description of the provider organization receiving PATH funds, including:

- Weber Human Services (WHS), located at 237 26<sup>th</sup> Street in Ogden, Utah serves a growing urban population residing in Weber and Morgan Counties. We are an organization dedicated to helping those in need rebuild their lives and reach their full potential. WHS was organized by a cooperative agreement between the Weber and Morgan county governments to serve as the local authority for the provision of their substance abuse, mental health and senior service programs.
- The amount of PATH funds WHS will receive with federal and state amounts will be \$255,903.00. Of that amount, \$60,000 will be provided to Weber Housing Authority (WHA).
- List the provider number and name as it appears in PDX
  - Weber Human Services, UT-004  
Tammy Manore – Lead Contact  
801-778-6232

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

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

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

- WHS has been an active participant in the LHCC ten year plan to end chronic homelessness since the start of that program. WHS staff attend the Weber County Homeless Coordinating Committee and other community meetings designed to address homeless issues. Since 2006, WHS has partnered with Ogden Housing Authority to

provide services for Housing First and Shelter Plus Care participants. WHS is widely viewed to have an extremely effective relationship with both local housing authorities.

### **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
  - Case managers continue to be the hub of communication between the treatment providers and coordinate services as needed. Community service providers currently being utilized includes, but is not limited to:
    - Lantern House
    - Ogden Rescue Mission
    - Salvation Army
    - Problems Anonymous Action Group (PAAG)
    - Ogden Housing Authority
    - Weber Housing Authority
    - KIER Property Management
    - McKay Dee Hospital
    - Ogden Regional Medical Center
    - Midtown Clinic
    - Porter Clinic
    - Division of Workforce Services (DWS)
    - Your Community Connection (YCC)
    - Catholic Community Services (CCS)
    - The Church of Jesus Christ of Latter Day Saints
    - HEAT
    - Utah Legal Services
    - Cottages of Hope
    - Roads to Independence

## Service Provision –

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

- Describe how the services to be provided using PATH funds will align with PATH goals 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.
  - Services will include outreach linking with potential housing providers, referral and related activities to help the client and obtain and access services in the areas of medical, education and other social services.
  - Outreach: WHS participates in various committees whose focus is serving the homeless population. Referrals are made to WHS through coordination with other agencies. WHS subcontracts with Weber Housing Authority to utilize their case managers with outreach efforts. WHS staff are in regular contact with these case managers to discuss potential clients and need for services.
- Any gaps that exist in the current service systems
  - Current gaps in our community is the lack of an inpatient treatment program for clients with Substance Abuse issues and a lack of affordable and suitable housing for individuals with criminal backgrounds, history of eviction, and poor credit history. A recent change to services for substance use individuals (sometimes homeless as well), is an agreement between McKay Dee hospital and Lantern House to divert some substance use clients to special beds for up to 3 days instead of hospitalizing them.
- Brief description of the current services available to clients who have both a serious mental illness and a substance use disorder
  - Outpatient Services
    - Adult mental health and substance abuse outpatient services are offered to individuals, families and groups. Outpatient services include individual and group therapy, case management, and medication management.

- Substance Abuse and Mental Health Residential Treatment Services.
  - Inpatient services are offered to adults experiencing an acute need for psychological and/or psychiatric services. A multidisciplinary diagnostic and treatment team will assist the client in identifying and alleviating acute symptoms. WHS has staff working in the psychiatric unit daily and reports of patients with their situation and needs is sent out daily to WHS staff on the Adult Mental Health team.
  
- Skills Development Services
  - Adult Skills Development Services (ASD) are rehabilitative services provided to an individual or group in an outpatient setting, day treatment program, residential program or other appropriate setting. These services assist individuals in developing competence in basic living skills such as meal planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of a living environment. In addition to these daily living skills, WHS has partnered with PAAG to provide 'drop in' socialization, activity, and lunch during the day. The socialization component can be significant for homeless individuals suffering from mental illness to help provide connection and a safe place to be during the day.
  
- Targeted Case Management
  - Case Management (CM) assists eligible clients not only in gaining access to needed medical, social, and educational, and other services, but also ensures coordination between all agencies and providers involved in a client's treatment. CM also assists clients in attaining and maintaining eligible benefits.
  
- Medication Management Services
  - These services are provided to individuals whose psychiatric needs include prescribing, administering, monitoring, or reviewing medication and/or medication regimen. WHS is the only mental health authority in the State

to have a pharmacy located in the building. Having a pharmacy also provides access to samples and patient assistance to help pay for meds for persons who otherwise would not be able to afford medications.

- Emergency Services
  - Agency hours are 8:00 a.m. until 5:00 p.m. Any individual in the community is welcome to walk in to our facility and meet with a crisis worker in person during business hours. WHS relies upon the Utah State Crisis Line at UNI to manage after-hour phone crisis services. In the event of a psychiatric emergency, clients are encouraged to go directly to McKay-Dee Emergency Department. Licensed professionals provide 24-hour emergency services with consultation available from a psychiatrist. Local emergency services may utilize the crisis services as well to help mitigate a situation they may be dealing with. Again, WHS has staff inside the psychiatric unit 5 days a week to help coordinate needs and discharge plan when these individuals are ready for discharge.
- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients
  - Clients meet with case management to be evaluated and screened for PATH services. Upon approval, clients will be entered into the HMIS system.
- 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.
  - Case Management: Services will include outreach linking with potential housing providers, referral and related activities to help the client obtain and access needed services in the areas of medical, education and other social services.

- Please provide information on whether or not your agency is required to follow 42 CFR Part 2 regulations. If you do, please explain your system to ensure those regulations are followed.
  - Weber Human Services follows and implements the 42 CFR Part 2 regulations. All staff are trained on 42 CFR annually and policies are in place to ensure regulations are followed.
- Describe your agency's use of Certified Peer Specialists to achieve PATH goals
  - Weber Human Services has 10 PSS employees between different teams. Peer Specialists work with clients on locating stable housing while focusing on recovery.
- Specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.
  - PATH funds are used to focus on housing. Funds are available through Weber Human Services Foundation that focus on needs such as physical health or other needs clients may have that PATH does not cover.

## **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).

- WHS operates a Men's and Women's combined Residential facility for sixteen Seriously and Persistently Mentally Ill SPMI clients (generally 9 male and 7 female) with one (1) of those being a crisis bed available for a client in transitional or hospital diversion/crisis situations. The Residential facility is staffed 24 hours per day and clients are offered comprehensive services including case management, individual and group therapy, individual skills development, psychosocial rehabilitation, and medication management. Clients are often placed in the Residential as a diversion from hospital admits as well as a step-down for hospital discharges. WHS leases facilities for 10 Female and 10 Male clients to live in a Group Home environment that is not staffed but



does have staff checking in on a regular basis. WHS also coordinates with many of the major community housing providers, such as, Ogden Housing Authority, Weber Housing Authority, St. Benedicts Manor, Three Links Tower, Bramwell Court and Adams Place many of which have subsidized rents. WHS has a very close working relationship with Problems Anonymous Action Group (PAAG) which has approximately 80 beds in the community. PAAG and WHS meet regularly to discuss the needs of these tenants/clients in an effort to help them maintain their independent living. PAAG has a special housing exemption to provide housing for seriously and Persistently Mentally Ill clients. Currently, all referrals for PAAG housing are going through WHS assigned staff to help create housing availability for mentally ill clients. WHS provides a range of services in various housing resources including instruction of daily living skills, monitoring, medication management, and leisure activities. WHS also has a very close relationship with both the Ogden Housing Authority and the Weber Housing Authority for programs and voucher availability.

#### **Staff Information –**

- Explain how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients
  - Staff providing services to the target population will not discriminate due to age, gender and racial or ethnic differences. All clients who are needing assistance will be assessed and considered.
- Describe the extent to which staff receive periodic training in cultural competence and health disparities.
  - WHS has a Cultural Competency Committee which oversees diversity training for all staff. Community agencies are utilized in this training to provide a more broad exposure to issues for many cultures. Staff attend at least one cultural competency training per year. WHS provides preferential hiring practices to applicants with diverse ethnicity and cultures, particularly multicultural and multilingual abilities.

- Describe the demographics of staff serving your clients.
  - WHS has two case managers that have been trained to use HMIS and screen individuals for PATH services. WHS also has therapists who have been involved with outreach services and the PATH program. Weber Housing Authority also has staff who complete outreaches and screen individuals for this service.
- How many of your PATH staff are Certified Peer Specialists or Certified Recovery Specialists?
  - Weber Human Service's PATH staff maintain SSW certification.

#### **Client Information –**

- Describe the demographics of the client population
  - WHS and Weber Housing Authority will not discriminate against and be open to assisting any client no matter their gender, age, race or sexual orientation.
- Project the number of adult clients to be contacted.
  - With the change of funding allocation, approximately 250 individuals will be contacted by staff funded by the PATH grant to obtain needed assistance.
- Identify expected number of adult clients to be enrolled
  - WHS and Weber Housing Authority are anticipating 150 clients that will need to enroll in PATH services. They are anticipating the numbers could increase as the need continues to increase.
- Give estimated percentage of adult clients to be served using PATH funds who are literally homeless
  - Approximately 30 (20%) of clients who access the PATH funds will be “literally” homeless.

#### **Consumer Involvement –**

Describe how individuals who experience homelessness and have serious mental illnesses, 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.

Please note, SAMHSA is now requesting specific numbers for the Client Involvement section. Actual numbers are needed for those who are PATH-eligible that:

1. Are employed as staff
  2. Volunteer with provider
  3. Serve on governing board
  4. Serve on formal advisory board
- Weber Human Services has been and will continue to be a strong advocate of NAMI; WHS provides space to house the local NAMI office in our outpatient facility. We encourage our staff to participate in the NAMI Provider Education Program and encourage family members to attend the Family to Family classes. We also make consumers aware of the Bridges Classes taught by consumers for consumers. 20 staff members attended the NAMI provider education class to increase understanding from the consumer and family perspective. WHS does not currently employ any PATH clients, however PATH clients may be eligible to apply as Peer Support specialists. WHS does employ Peer Support Specialist (PSS) and currently has 10 PSS employed between different teams including one employed as part of the AOT team.

#### **Data –**

All PATH providers must report Government Performance and Reporting Accountability data into HMIS annually. Refer to Section VI.3.2 of this NOFO for additional information.

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

Please note which HMIS product you are utilizing (ex ClientTrack, Mediware etc). Does your organization or CoC have a written HMIS user manual for reference? If so, how is this made available to new and current employees?

- WHS's case manager completed the required yearly training and WHS is looking into training new staff. In addition, Weber Housing Authority has been involved with HMIS

and, as part of the subcontract for outreach, are expected to enter data regarding PATH outreach in HMIS.

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

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

- PATH supports the Housing First Initiative which directly aligns directly with the mental health lines. We address immediate client needs first, such as housing, and then ongoing treatment needs.

### **Other Designated Funds –**

Indicate whether the federal Community Mental Health Services Block Grant, Substance Abuse Block Grant, or other general revenue funds (state or county) are designated specifically for serving people who experience homelessness and have serious mental illness. Please indicate if any of these funds are earmarked for PATH services specifically.

- Weber Human Services does receive a mental health service block grant and a substance abuse block grant which are designated specifically to people with behavioral health issues. Currently, no funds are earmarked for PATH services.

### **Programmatic and Financial Oversight –**

Describe how/when programmatic and financial oversight of PATH-supported providers is achieved on your local level (such as site visits, evaluation of performance goals, audits, etc.) and who conducts this monitoring of the use of PATH funds. – **THIS IS ONLY NEEDED IF YOU HAVE PROGRAMS THAT SUB-CONTRACT**

- Weber Human Services has regular meetings with Weber Housing Authority, who is sub-contracted. Weber Human Services coordinates with Weber Housing Authority for quarterly reports and data submission.

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

Describe your (provider's) plan to encourage PATH staff to complete the SOAR Online Course and assist consumers with SSI/SSDI applications using the SOAR model and then track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. Please indicate total number of those who have completed the SOAR training overall (not just in the last FY). For the grant year 2020-21, include all of the following data:

- The number of staff trained in SOAR
  - The WHS case management department helps individuals access the Social Security Administration to apply for disability income benefits. WHS currently has two case managers that are SOAR certified. These case managers receive referrals and complete a SOAR screening process. If the individual meets criteria, the case manager assists them with completing the application.
- The number of staff who provided assistance with SI/SSDI applications using the SOAR model
  - WHS has one SOAR trained case manager who assists clients in applying for SSI/SSDI on a more frequent basis. This SOAR case manager is not affiliated with the PATH grant.
- The number of consumers assisted through SOAR
  - SOAR applications received are not specific with the PATH program therefore numbers have not been tracked.
- Application eligibility results (i.e., approval rate on initial application, average time to approve the application)

- SOAR applications have been submitted and are awaiting approval.
- The number of staff dedicated to implementing SOAR, part- and full-time [If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility, and the outcomes of those applications (i.e., approval rate on initial application, average time to approve the application). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.]
  - Weber Human Services does not employ a full time or part time employee as there are not enough applications being referred for SOAR services. The case manager is assisting as referrals are sent.

### **Coordinated Entry –**

Indicate if/how your organization engages with the local coordinated-entry process of your CoC. Please describe how PATH-eligible clients fit into the coordinated assessment process. Does your CoC's assessment/prioritization process produce any barriers to housing/treatment for PATH-eligible consumers (transition age, different funding stream, etc.)? If so, please describe.

- Weber Human Services has a coordinated assessment process for all clients. The process is not different for PATH-eligible clients. In short, the coordinated assessment process does not produce any barriers to housing, treatment for PATH-eligible treatment.

### **Justice Involved –**

- Specific examples of how the agency plans to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g., jail diversion, active involvement in re-entry), OR specific efforts to minimize the challenges and foster support for PATH clients with a criminal history (e.g. jail diversion, active involvement in reentry)

Indicate if you are prioritizing this population for services upon release from jail or prison

- Clinical leadership on the Addiction & Recovery team are aware of the services offered through the PATH grant. Referrals from case managers, peer supports and/or clinical leadership are made regularly to the PATH program. Individuals who are re-entering from incarceration may be prioritized for PATH funding.

### **Veterans –**

Describe how you will address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

- WHS does not have a specific program to address the special needs of veterans experiencing homelessness; however, they are eligible for case management services that can focus on their housing needs. WHS case managers have had success with working directly with the Homeless Veterans Fellowship to find long-term housing options for many veterans. WHS will continue collaborating with the Homeless Veterans Fellowship and Ogden VA Clinic to ensure veteran clients are able to access as many services as possible.

### **Tobacco and Nicotine Free Policy –**

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Describe your agency's tobacco use policy.

- Weber Human Services is a nicotine/smoke free campus. All parties must smoke/vape 25 feet from any entrance and off the property. Staff members have resources as ways to quit to promote abstinence from all tobacco products.

## **Emergency Planning –**

When disaster strikes, over-extended systems must work to meet the needs of the impacted population, including individuals experiencing homelessness. Prior planning and a coordinated response which reaches across agencies and systems can advance recovery from disasters. PATH recipients are encouraged to design, review, update, and test their emergency response plans in consideration of continuity of care needs for eligible individuals. PATH recipients are also encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, public health departments, housing agencies, mental health, substance use, and emergency management services - and where not present, propose for inclusion specific provisions that would address and/or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters (see Appendix J).

Describe your agency's involvement in local Emergency Planning efforts.

- Weber Human Services is a part of the Norther Utah Healthcare Coalition which is the emergency response team for our area. We also participate in the Weber County Emergency Managers monthly meeting for concerns specially related to Weber County. WHS have a lengthy emergency plan that addresses housing, treatment, and physical healthcare needs in the event of an emergency.

## **Health Disparities Impact Statement – Limited English Proficiency**

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation.



Based on your HMIS data, please identify subpopulations (i.e. age, racial, ethnic, sexual, and gender minority groups, etc.) vulnerable to behavioral health disparities in your area. This information will be used to reevaluate PATH's choice in disparate population.

- Information listed is from application for PATH grant in 2024.

Males	Females	No Single Gender	Transgender
376	273	2	3

18-23	24-30	31-40	41-50	51-61	62 and Over
51	95	172	133	145	57

American Indian	Asian or Asian American	Black, African America	Native Hawaiian	White
47	11	64	18	549

Also, please identify efforts to support the current disparate population of Youth and Young Adult (YYA, ages 18-30) by providing the following:

- The unduplicated number of YYA individuals who are expected to be served using PATH funds
  - 146 YAA individuals will be expected to be served using PATH funds.
- The total amount of PATH funds expected to be expended on services for the YYA population
  - \$148, 423 will be used for the services of YYA.
- The types of services funded by PATH that are available for YYA individuals

- Services will include outreach linking with potential housing providers, referral and related activities to help the client obtain and access needed services in the areas of medical, education and other social services.
- A data-driven quality improvement plan that implements strategies to decrease the disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population
  - Weber Human Services is working with the inclusion and diversity committee to address health disparities in access, service use and outcomes.

### **Limited English Proficiency**

Please describe your organization's ability to comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. Please assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/index.html?language=es>.

- Weber Human Services will provide an interpreter/interpretive services to anyone considered to be limited in English proficiency.

### **Budget Narrative –**

Provide a descriptive budget narrative that includes the local-area provider's use of PATH funds. Include separated federal allocation, state match and other PATH funds. For example: \$10,000 federal allocation, \$3,333 state match, \$1000 PATH specific base fund match. See Appendix C for more details.

SEE SAMPLE Budget matrix below. Please use this table as an example to complete similar information for your organization.

Organization Name: Weber Human Services

*Annual Budget*

PERSONNEL COSTS				
Employee Name & Position	% of time assigned to project	Hourly Rate	Estimated Hours	Cost
	21%		446.8	
Tamara Manore, Case Manager		\$ 27.93		\$ 12,477.78
	90%		1,879.2	
Jon Flores, Case Manager		\$ 23.99		\$ 45,082.01
	25%		522.0	
Rachel Hopkins, LCSW		\$ 38.82		\$ 20,264.04
	5%		104.4	
Matt Waters, Case Manager		\$ 23.84		\$ 2,488.90
Estimated Benefits				\$ 54,173.55
				\$ -
				\$ -
Total Personnel Cost				\$ 134,486.28

**NON-PERSONNEL COSTS: Add expense categories as applicable to your program. Use the extra columns if needed.**

Description	Cost
-------------	------

Housing Services (security deposits, one time rental payments to prevent eviction, Coordination of supportive services and other allowable housing services) - 20% limit	\$ 51,180.60
Weber Housing Authority Case management Services	\$ 60,000.00
	\$
Admin Exp 4%	\$ 10,236.12
	\$
	\$
	\$
<b>Total Non-Personnel Cost</b>	<b>\$ 121,416.72</b>
<b>TOTAL COST FY2024</b>	<b>\$ 255,903.00</b>

Weber Housing Authority IUP  
Subcontractor of Weber Human Services

**Local Provider Description-**

Weber Housing Authority  
237 26<sup>th</sup> Street, #E220  
Ogden, Utah 84401

The Weber Housing Authority is a Public Housing Authority serving Weber County, Utah. Weber Housing Authority will receive \$173,648 from Weber Human Services for PATH services. Weber Human Services and Weber Housing Authority have partnered to provide PATH services since 2015.

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

The Weber Housing Authority actively participates in the Balance (BoS) of State Continuum of Care and has been a member since 2009. Currently, Weber Housing Authority's Executive Director is the Vice Chair of the BoS CoC and will be the incoming chair in 2 years.

### **Collaboration with Local Community Organizations-**

Weber Housing Authority partners with service providers to ensure that participants are linked to resources. Substance Use and mental health resources are available through Weber Human Services, who Weber Housing Authority partners closely with. As participants identify mental health and Substance Use as a barrier, case managers can accompany the participant to the reception area and schedule an intake. Often participants do not engage in services because they do not know how and where to start, this partnerships helps address this issue. In addition, the partnership with Weber Human Services has aided in homeless outreach crisis situations. The MCOT team is able to assist during severe mental health situations to avoid police arrests and unnecessary and expensive jail time. Weber Housing Authority has set aside vouchers for Weber Human Services participants that need immediate housing assistance. These vouchers allow participants to bypass the regular housing waiting list and access rental assistance quickly.

Another close partnership is between the Lantern House, Northern Utah's only homeless shelter. As homeless households are identified, Lantern House makes referrals to Weber Housing Authority's programs and we make referrals to their programs.

Weber Housing Authority also participates with our community through the Coordinated Entry process. This process is brings together all homeless and housing providers and allows the community to house homeless individuals and families from a shared waiting list. Households are discussed by name, and resources are identified.

Finally, Weber Housing Authority partners with Your Community Connection, Youth Futures Shelter, Homeless Veteran's Fellowship, Department of Workforce Services, Weber County Sheriff's Office, Seager Memorial Clinic, United Way, Ogden City Homeless Advocates, Ogden Rescue Mission and the Division of Child and Family Services. As needs are identified, referrals are made to partnering agencies.

Coordination between outreach teams is achieved through a quarterly unsheltered collaboration meeting. This meeting has been temporarily suspended, as only one outreach worker remains in Weber County. Lantern House is in the process of hiring a street outreach worker, and once they are hired, the meetings will continue. It is expected that Weber Housing

Authority's outreach worker will help train the new hire and that they will conduct street outreach together.

### **Service Provision-**

- Weber Housing Authority provides the housing piece of services offered to PATH eligible clients. Weber Human Services provides the Substance Use and mental health treatment to the same population. In this partnership, we are able to ensure that individuals are linked to housing and treatment options at the same time and utilizing a Housing First model. PATH funding is only utilized on households that are literally and chronically homeless.
- Gaps in the system in regards to housing are the Good Landlord Program. This program incentivizes landlords that do not rent to individuals with criminal histories. Lack of affordable housing options, high rent prices and strict housing standards are all barriers to linking this population with housing resources.
- Treatment is available to those experiencing both Substance Use and mental health through Weber Human Services. Weber Housing Authority links these services, but does not offer them in house.
- Weber Housing Authority determines eligibility based on those identified through the street outreach program and those that identify as being homeless through the Coordinated Entry process.
- Outreach workers and case managers are not privy to Substance Use treatment information. If Weber Human Services shared a confidentiality request that a client had requested be kept confidential, Weber Housing Authority would respect the request as outlined in 42 CFR Part 2 regulations.
- Weber Housing Authority does not employ Certified Peer Support Specialists; we do however heavily utilizes the Peer Support Specialists through Weber Human Services. They are incredible and we utilize their expertise for all programs.
- Rental subsidy programs through HUD are used to leverage PATH funding.

### **Housing-**

Weber Housing Authority provides housing assistance to PATH eligible individuals while Weber Human Services provides Substance Use and mental health treatment. As mentioned, Weber Human Services has set aside units available for PATH eligible households through Weber Housing Authority. In addition, Weber Housing Authority utilizes Mainstream Vouchers for homeless, disabled households and has an MOU with Weber Human Services. This MOU explains that Weber Human Services will continue to provide case management services to this

population and in exchange, consumers are moved to the top of the Mainstream Voucher waiting list.

#### **Staff Information-**

- Staff providing services are trained in cultural competency and work to ensure that all ethnicities, backgrounds, sexual orientation and differences are met with compassion.
- Staff receive cultural competency training on an annual basis and intermittently throughout the year as they become available through collaborating agencies. In addition, the BoS CoC provides occasional training on cultural competency and during housing conferences, staff participate in this training as well. As an office, we strive to create an environment that is culturally competent.
- Currently, the demographic of the staff providing PATH services is Caucasian, non-Hispanic.
- No staff member with the Weber Housing Authority are Certified Peer Specialists or Certified Recovery Specialist. We rely on Weber Human Services for access to these staff.

#### **Client Information-**

- The demographics of the PATH population are as follows:
  - 89% identify as Caucasian, non-Hispanic
  - 7% identify as Black/African American
  - 1% identify as Asian
  - 1% identify as American Indian/Alaskan Native
  - 19% identify as Hispanic
  - 21% are elderly
  - 67% are male
- It is projected that 100 consumers will be contacted with this funding source.
- It is projected that 45 consumers will be enrolled in PATH services.
- 100% of adult clients will be literally homeless.

#### **Consumer Involvement-**

While Weber Housing Authority does not have lived expertise on their board currently, we provide administrative support to the Statewide Formerly Homeless Board. This board is comprised entirely of homeless and formerly homeless individuals and meets on a monthly basis to discuss best practice and provide input for programs such as ours. Weber Housing Authority consults this board on many of the projects and activities conducted around

homeless programs. They have been a wealth of knowledge in providing their unique perspective.

#### **Data-**

Weber Housing Authority actively participates in HMIS and does input PATH data into HMIS. The Utah HMIS team utilizes Client Track as their software provider. Staff must complete annual recertifications and trainings to ensure ease and use of the HMIS system. The HMIS user manual can be found on the State HMIS website.

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

PATH supports the Housing First Initiative which directly aligns with the mental health lines. We address immediate client needs first, such as housing, and then ongoing treatment needs.

#### **Other Designated Funds-**

Permanent Supportive Housing (PSH) funds through the BoS CoC and Mainstream Voucher Program funds through HUD are used specifically to accompany and compliment PATH funding. PSH provides a rental subsidy linked with case management for chronically homeless, disabled households, the majority of participants have co-occurring Substance Use and mental health diagnosis. The Mainstream Voucher Program is designated for households with a disability and are currently experiencing homelessness. This program does not offer a case management component, however MOU's have been established with local homeless service providers to provide case management for this population. PATH services are utilized in conjunction with both programs to establish eligibility and assist with the documentation and lease up process.

#### **Programmatic and Financial Oversight-**

Financial oversight of PATH funds administered by the Weber Housing Authority is accomplished through Weber County. Weber County Corporation provides financial oversight of all programs. In addition, annual audits are conducted by an independent auditor, the State Office of Homeless Services, and HUD.

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

Currently, there is not an employee housed with the Weber Housing Authority that is SOAR certified. This has been a priority, although with recent staff changes we lost our SOAR certified staff. A new case manager has been hired and will receive the SOAR certification within the first year of employment.



- In 2020-2021 Weber Housing Authority had one employee that was SOAR certified.
- One employee provided assistance with SSI/SSDI applications using the SOAR model.
- In the last FY, zero new applications were completed using the SOAR model. All participants on the PSH program have pending SSI/SSDI applications or already receive SSI/SSDI funding.
- The approval rate on initial applications is unknown and the average time to approve the application is one year.
- The Weber Housing Authority will have one FTE that will be SOAR certified and that will assist the PATH population with the SSI/SSDI application process.

### **Coordinated Entry-**

The Weber Housing Authority actively participates in the Coordinated Entry process. Matt Jensen, Weber Housing Authority's Deputy Director is the Chair of Weber County's Coordinated Entry system. He and the committee have worked over the last 6 months to establish new policy and procedure and to work with the members of the committee to ensure the process is fair, equitable and available to all homeless households. PATH eligible clients typically score above 41 on the Service Prioritization Decision Assistance Tool (SPDAT), which also qualifies them for all Weber County PSH programs. Barriers to Coordinated Entry do not present in the form of transition age and different funding streams. Barriers are usually manifest in the lack of adherence to policy and community buy-in.

### **Justice Involved-**

In 2023, the Weber Housing Authority was awarded the Second Chance Grant Act Pay for Success Initiative through the BJA for Permanent Supportive Housing for individuals that are chronically homeless and justice involved. The program is a collaboration between Weber Human Services, Weber County Sheriff's Office and the Weber Housing Authority and will assist 20 new individuals with housing linked with case management, Substance Use and mental health treatment. The program is in the planning phase, but it is expected that PATH eligible clients will utilize this program.

The Weber Housing Authority also participates in the Weber County Re-Entry Fair, offered once per week to justice involved households. The fair is intended to provide resources and support to those involved in the criminal justice system. Weber Housing Authority administers the SPDAT during the fair, assists with housing applications and answers housing related questions.

### **Veterans-**

PATH eligible veterans are prioritized through the Coordinated Entry process. Dedicated time is reserved to discussing and identifying homeless veterans for local services. A member of the VA attends the meeting and quickly links veterans to housing resources and other services. The Weber Housing Authority has a strong relationship with the VA and also administers a VASH program for homeless, disabled veterans.

### **Tobacco and Nicotine Free Policy-**

The Weber Housing Authority has adopted a tobacco and nicotine free policy at all PHA owned facilities and recently began offering smoking cessation classes to PSH participants. Weber County Health Department provides materials and supports to assist with cessation.

### **Emergency Planning-**

The Weber Housing Authority does not have an emergency plan. We acknowledge the need for one and will work in the upcoming year to address this deficiency.

Weber County Corporation hired an emergency planner in 2023 that is assisting each department with their emergency planning efforts. The Weber Housing Authority has not participated in this resource, as other departments have taken priority. Once this service is offered, we will work with Weber County to complete the emergency planning process.

### **Health Disparities Impact Statement – Limited English Proficiency-**

Based on data from HMIS and Weber Housing Authority's software, we are currently serving 19 Youth and Young Adult (YYA) individuals.

- The unduplicated number of YYA that Weber Housing Authority expects to serve using PATH funds in the upcoming year is five.
- The total amount of PATH funds expected to be expended on services for the YYA population is \$3,872.
- The services that are available to YYA individuals is case management, street outreach, housing assistance and housing search. In addition, Weber Housing Authority offers Foster Youth to Independence voucher for youth exiting foster care to homelessness, and Family Unification Vouchers for households that are DCFS involved. This assistance is available to eligible households, and often YYA individuals that are PATH eligible are also eligible for these services.
- In an effort to decrease the disparities in access, service use and outcomes within the YYA population, Weber Housing Authority partners with Youth Futures Shelter, DCFS's Youth Coordinator and Weber Human Services youth team.

### Limited English Proficiency-

Weber Housing Authority provides all documentation in English and Spanish and utilizes translators through Weber Human Services. In addition, an interpretation app has been installed on our tablet and is used to clarify when interpreters cannot dictate housing lingo.

### Budget Narrative-

#### FY 2024-2025 Budget

<b>PERSONNEL Position</b>	<b>Annual Salary</b>	<b>PATH Funded FTE</b>	<b>PATH Funded Salary</b>	<b>Total</b>
Housing Case Manager	\$47,840	90%	\$43,056	\$43,056
Street Outreach Specialist	\$47,840	10%	\$4,784	\$4,784
<b>FRINGE BENEFITS Position</b>				
Housing Case Manager	\$29,592	90%	\$26,633	\$26,633
Street Outreach Specialist	\$34,512	10%	\$3,451	\$3,451
<b>Subtotal</b>				<b>\$77,924</b>
<b>Total PATH Budget</b>				<b>\$60,000</b>

Weber Housing Authority has contracted with Weber Human Services to provide PATH services in the amount of \$60,000.

## II. Executive Summary

### 2. State Budget

Planning Period From 7/1/2024 to 6/30/2025

**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	
a. Personnel	\$ 0	\$ 0	\$ 0		
No Data Available					
Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
b. Fringe Benefits	0.00 %	\$ 0.00	\$ 0.00	\$ 0.00	
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
f1. Contractual (IUPs)	\$ 595,291.00	\$ 198,430.33	\$ 793,721.33		
f2. Contractual (State)	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars	Comments
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)	8.43 %	\$ 51,180.60	\$ 17,060.20	\$ 68,240.80	
g2. Housing (State)	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
Category	Federal Dollars	Matched Dollars	Total Dollars	Comments	
h. Construction (non-allowable)					
i. Other	\$ 0.00	\$ 0.00	\$ 0.00		
No Data Available					
j. Total Direct Charges (Sum of a-i minus g1)	\$ 595,291.00	\$ 198,430.33	\$ 793,721.33		
Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments	
k. Indirect Costs (Administrative Costs)	\$ 12,148.80	\$ 0.00	\$ 12,148.80		
l. Grand Total (Sum of j and k)	\$ 607,439.80	\$ 198,430.33	\$ 805,870.13		
Allocation of Federal PATH Funds	\$ 607,440	\$ 202,480	\$ 809,920		

Source(s) of Match Dollars for State Funds:

**Utah Department of Health and Human Services, Office of Substance Use and  
Mental Health, Projects for Assistance in Transition from Homelessness (PATH)  
Grant Application State Budget Narrative**

*Contractual*

The Utah Office of Substance Use and Mental Health is requesting Federal PATH Grant funds to provide flexible services to adults with serious mental illness or who have co-occurring substance use disorders and are homeless or at imminent risk of becoming homeless to three local contractors. This funding of \$595,290 will be passed to the following providers:

- **Valley Behavioral Health** - It is proposed that \$339,388 be provided to Valley Behavioral Health, a community mental health center. It is estimated they will contact 250 individuals and 70% of those contacted will be literally homeless with an estimated 57% becoming enrolled. They will provide \$113,129 in matching funds.
- **Weber Human Services** - It is proposed that \$82,254 be provided to Weber Human Services, a local mental health authority. It is estimated they will contact 75 individuals and 70% of those contacted will be literally homeless, with an estimated 57% becoming enrolled. They will provide \$35,588 in matching funds.
  - **Weber Housing Authority** – It is proposed that \$173,648 will be sub-contracted through Weber Human Services to the Weber Housing Authority (WHA) to provide street outreach and housing case management services. It is estimated that WHA will contact 100 individuals and 70% of those contacted will be literally homeless, with an estimated 57% becoming enrolled. WHA will provide \$57,883 in matching funds.

*Indirect Charges*

It is anticipated that a total of \$12,149 of indirect charges will be incurred by the Office of Substance Use and Mental Health.

A total of \$607,440 is requested.

**Footnotes:**

II. Executive Summary

3. Intended Use Plans

Expenditure Period Start Date: 07/01/2024

Expenditure Period End Date: 06/30/2025

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

Primary IUP Provider	Provider Type	Geographic Service Area	Allocations	Matching Funds	Estimated # to Contact	Estimated # to Enroll	# Trained in SOAR	# Assisted through SOAR
Valley Behavioral Health	Community mental health center	UT	\$339,388.00	\$113,129.33	250	100	3	30
Weber Human Services	Community mental health center	UT	\$195,903.00	\$65,301.00	250	175	2	10
Weber Human Services *	Community mental health center	UT	\$60,000.00	\$20,000.00	100	45	0	0
Grand Total			\$595,291.00	\$198,430.33	600	320	5	40

\* IUP with sub-IUPs

Footnotes:

II. Executive Summary

Intended Use Plans

**Valley Behavioral Health**  
550 West 700 South  
Salt Lake City, UT 84101  
**Contact:** Celena Whitehead  
**Email Address:** celenaw@valleycares.com

**Provider Type:** Community mental health center  
**PDX ID:**  
**State Provider ID:**  
**Contact Phone #:** 8012736446



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

# 2024-25 PATH IUP – Valley Behavioral Health

*Please note that there are some changes from the 2023 IUP request. Please read each section thoroughly and arrange your IUP in the order provided below.*

## Local Provider Description –

Provide a brief description of the provider organization receiving PATH funds, including:

- Full name and mailing address of provider organization(s) in the IUP
- Type of organization (e.g., community mental health center, county or local government entity, health care provider, private non-profit organization)
- Indicate geographic area(s) to be served by provider
- Amount of PATH funds the organization will receive with federal and state amounts spelled out for each provider
- List the provider number and name as it appears in PDX
- 

Valley Behavioral Health (Valley), a 501(c)3 non-profit organization, is committed to providing comprehensive treatment and services for individuals and families facing challenges such as mental illness, homelessness, family relational problems, substance use, trauma, and autism. With an annual outreach to up to 18,000 clients, 85% of whom fall into the low-income category, Valley strives to extend its affordable and easily accessible treatment options across Salt Lake County and Tooele County.

Operating within Valley's Housing division, the Valley Storefront program in Salt Lake County efficiently deploys \$339,388 in PATH funds.

For correspondence, Valley Behavioral Health's mailing address is PO Box 572070, Murray, UT 84157.

Within PDX we have the following information for Valley:

Agency: Valley Behavioral Health Provider ID: UT-002

Agency Short Name: Valley BH

Agency phone: 801.537.7537

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

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

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

The Valley Storefront PATH Program is dedicated to assisting adults dealing with serious mental illness, particularly those who are chronically homeless or at risk of homelessness. The team actively engages individuals in essential services for prevention, recovery, and support. A major focus involves street outreach and case management, specifically targeting unsheltered populations with the highest concentration of homelessness throughout Salt Lake County.

To achieve success in this program, we implement a coordinated entry approach, providing a range of essential services such as mental health support, substance use counseling, housing assistance, medical care, job training, education, and more. Our commitment extends to active participation in working with our CoC contact Charly Swett ([CSwett@slco.org](mailto:CSwett@slco.org)), monthly CoC network meetings and core function workgroups, fostering collaboration and a continuum of care with various agencies dedicated to serving the unsheltered population. These agencies include the Fourth Street Clinic, The Road Home, Housing Authorities of Salt Lake County, YWCA, local law enforcement and courts, Rescue Mission, Utah Food Bank, Crossroads Urban Center, Catholic Community Center, Utah Housing Coalition, Utah Non-Profit, Utah State Community Services Office, among many others.

Furthermore, our team plays a crucial role in the annual Point in Time Count by visiting different street camps and designated areas to register and enumerate individuals experiencing homelessness.

#### **Collaboration with Local Community Organizations –**

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

The Street Outreach Team at Storefront actively conducts outreach, intake assessments, and daily case management services across all resource centers, homeless/unsheltered resource fairs, quarantine shelters, and designated campsites. This comprehensive approach enables our team to connect with a larger number of individuals, facilitating immediate access to crucial resources such as mental health and substance use counseling, primary health care, eligibility applications, housing, education providers, and more. The goal is to swiftly address any barriers hindering these individuals from accessing the support they need.

Furthermore, Valley maintains close collaboration with staff from various entities to ensure seamless transitions of care. These include SLVCEH core function groups, HRCs, The Road Home, Senior Charity Care Foundation, Salt Lake City Police Department Crisis Intervention Team, Mobile Crisis Outreach Team, Social Security/Disability, Disability Law Center, CDBG/HOME/ESG funders, Salt Lake Community College, Volunteers of America, Catholic Community Services, Dept. of Workforce Services, Advantage Services, Housing Connect, Housing Authority of Salt Lake City, The Weigand Center, The Otherside Village, and Fourth Street Clinic.

Valley extends its outreach efforts by actively partnering with Homeless Resource Fairs, providing daily case management services for the County and delivering daily case management and Vital gaining services for the County's Senior Centers.

## Service Provision –

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

- Describe how the services to be provided using PATH funds will align with PATH goals 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

Valley's objectives closely align with those of PATH. We are committed to actively involving clients and their families in treatment while striving to enhance their current living situations, as well as addressing their mental and behavioral health needs. To achieve these aims, Valley employs a range of treatment goals and strategies, including assessments, advocacy, referral services, care coordination, monitoring and planning of services, and housing navigation.

Our overarching goal is to reduce the overall number of homeless individuals and minimize the risk of recurrence for those at risk of homelessness. Following the Continuum of Care treatment model, Valley ensures that all clients, including vulnerable individuals, receive comprehensive and continuous treatment, regardless of the provider or treatment facility to which they are referred or transfer.

In collaboration with local agencies, our outreach team works closely to connect individuals with essential services such as food, clothing, recovery support, mental health assistance, and supportive housing. This integrated approach is integral to achieving our mission and making a meaningful impact on the lives of those we serve.

- Any gaps that exist in the current service systems

At Valley, we've identified key gaps in existing service systems. These include facilitating connections to supportive and affordable housing, aiding individuals in accessing employment, benefits, medications, and transportation, and ensuring consistent follow-through from various resource providers.

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

Conducting psychological diagnostic interviews, evaluations, and providing comprehensive behavioral management, peer support services, medication and pharmaceutical management, housing eligibility determination and assistance, SOAR, dayroom services (including shower, kitchen, laundry, etc.), Harm Reduction prevention, and referral to employment services and transportation are among the varied services offered. Notably, 53% of individuals receiving treatment have a dual diagnosis, while 12% present with substance use issues, according to data from the previous year

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

Upon registration in PATH, the case manager initiates the pre-assessment process and aids the individual in scheduling a mental health assessment appointment with a therapist. During the

PDIE appointment (enrollment), the individual identifies their goals, which may involve obtaining referrals for an APRN, nurse, and SUDC. Following this, case management services commence, aimed at helping the individual achieve their personal goals and facilitating effective problem-solving.

The eligibility criteria for PATH-enrolled clients are meticulously documented in both the HMIS system and Valley's electronic health record system.

- 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.

Valley actively involves clients and their families in treatment, aiming to enhance their current living, mental health, and behavioral situations. Employing strategic goals and comprehensive strategies such as assessments, advocacy, referral, care coordination, monitoring, planning of services, and housing navigation, we strive to reduce overall homelessness and minimize the risk of recurrence. Adhering to the Continuum of Care treatment model ensures that all clients, including vulnerable individuals, receive continuous, comprehensive treatment regardless of provider or treatment facility referrals.

Our outreach team collaborates closely with local agencies to connect individuals with vital services, including food, clothing, recovery support, mental health, and supportive housing. Valley Storefront tailors a range of services for PATH-eligible clients, including street outreach, certified peer support, case management, mental health and substance use treatment, housing support, and employment assistance.

Street Outreach involves daily engagement with individuals experiencing homelessness, conducting intake assessments, and offering immediate support in various settings. The Certified Peer Support Specialist leads groups, supports PATH clients, and engages in street outreach to encourage service engagement. Valley prioritizes gaining funding to support additional peer specialists.

Comprehensive case management services address mental health, substance use, housing, employment, and other needs for PATH clients. This includes individualized care plans, assistance in scheduling mental health assessments, and referrals to healthcare professionals.

Valley provides evidence-based mental health and substance use disorder treatment, encompassing individual and group therapy, psychiatric medication management, and specialized programs for veterans. Collaboration with housing agencies and landlords ensures suitable housing options, covering transitional, rapid rehousing, or permanent supportive housing based on individual needs.

Active participation in community meetings and groups focuses on making suitable housing available for PATH clients. Partnerships with various entities, such as Volunteers of America, Odyssey House, First Steps House, and Veterans Affairs, contribute to this effort. Valley is also working on developing more deeply affordable housing for individuals with behavioral health conditions.

Employment assistance includes vocational training, job placement assistance, and supportive services to help clients regain stability and achieve sustainable employment. Maintaining close communication with affiliated entities ensures smooth transitions of care, fostering collaboration for the overall well-being of our clients.

- Please provide information on whether or not your agency is required to follow 42 CFR Part 2 regulations. If you do, please explain your system to ensure those regulations are followed

Staff undergo annual training on the regulations and rules outlined in 42 CFR Part 2. Specific details regarding a client's substance use disorder are not disclosed to any third party without explicit consent from the client. This consent is documented in a separate Release of Information (ROI), distinct from the client's other organizational ROIs.

- Describe your agency's use of Certified Peer Specialists to achieve PATH goals

Valley Storefront currently benefits from the dedicated service of a certified peer support specialist who conducts groups every Wednesday and is present full-time to offer support to PATH clients. Our ongoing efforts include securing additional funding this year to expand the team of peer specialists and enhance the support we provide.

- Specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services

Valley Storefront historically utilizes annual funds from external sources such as private donors, grants, or foundations to help fund rental assistance, hotel vouchers, & other needs for PATH clients. We also consistently look for other grant/funding opportunities to support these reoccurring needs in the community. Additionally, we utilize other Medicaid funding to support PATH eligible clients at storefront.

### **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).

Valley actively participates in key community forums, including the CoC housing triage committee, the Salt Lake Valley Coalition to End Homelessness focus group, the Crisis Response Team group, and the Client Management team group. In these collaborative settings, Valley engages with community providers and partners to enhance suitable housing options for PATH clients. The range of housing options includes Shelter plus Care Voucher through Housing Connect (Housing Authority), Permanent Transitional Housing, and Permanent Independent Living Housing through Valley Behavioral Health, Substance Abuse Housing via First Step Housing, as well as Transitional and Permanent Housing in partnership with The Road Home. Noteworthy collaborators in this effort include Volunteers of America, Odyssey House, YWCA, and Veterans Affairs.

### **Staff Information –**

- Explain how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients

Valley upholds a stringent policy against discrimination and harassment, ensuring that all staff members undergo training in this regard.

Facilitating cultural competency, Valley staff and executive leadership team monitor and implement cultural competency activities. This plays a pivotal role in integrating cultural factors into client care and ensuring that Valley's staff is representative of the served population. Committed to culturally competent practices, Valley ensures that all employees receive training in cultural competency. The organizational environment actively fosters an appreciation for cultural differences, recognizing them as strengths and opportunities to enhance the quality of client care.

Moreover, Valley has implemented a Diversity-Equity-Inclusion (DEI) strategic plan, designed to educate staff and raise awareness about the significance of DEI. This plan emphasizes reflecting DEI values in communication and celebrating the unique differences among the diverse cultures and lives of both staff and clients.

- Describe the extent to which staff receive periodic training in cultural competence and health disparities

Valley Behavioral Health mandates that all staff undergo annual compliance training, encompassing modules on gender sensitivity, sexual harassment, ethical code of conduct, and cultural differences. These training sessions adhere to Valley's established policies and procedures. Non-compliance with these policies and procedures may lead to corrective action, ranging from counseling to potential termination of employment.

- Describe the demographics of staff serving your clients

Our staff members are recruited with a commitment to diversity and cultural competence. We strive to ensure that our workforce represents the communities we serve, reflecting a broad range of age groups, genders, and racial/ethnic backgrounds. Valley has a strict policy of non-discrimination & anti-harassment which every staff person receives training on. Valley also adheres to culturally competent practices & fosters an environment where cultural differences are perceived as strengths/opportunities to increase the quality of Valley's client care.

Furthermore, Valley has a Cultural Competency, Diversity, & Inclusion strategic plan that focuses on educating staff & helping them become more aware of the importance of culturally competent services & client inclusion. Valley uses this to reflect those values in our communication & celebrating the inspiring differences among the diverse cultures & lives of our staff & clients. The demographics of our staff serving clients are as follows: 75% identify as white/Caucasian, 8% as African American, 8% as Asian, and 8% as Hispanic.

- How many of your PATH staff are Certified Peer Specialists or Certified Recovery Specialists?

We currently have one Certified Peer Specialist on our PATH staff, and we are actively working towards having two by the year 2024, if feasible.

### **Client Information –**

- Describe the demographics of the client population



Adults (18 years or older) experiencing or at-risk of homelessness with mental health conditions & /or substance use conditions. Current demographics are as follows: 7.2% native American, 2.25%Asian, 7.21%black, 14.86%hispanic, 1.8% Pacific Islander, 3.6%veteran

- Project the number of adult clients to be contacted  
150
- Identify expected number of adult clients to be enrolled  
100
- Give estimated percentage of adult clients to be served using PATH funds who are literally homeless  
55% of our clients as of this time.

### Consumer Involvement –

Describe how individuals who experience homelessness and have serious mental illnesses, 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.

Please note, SAMHSA is now requesting specific numbers for the Client Involvement section. Actual numbers are needed for those who are PATH-eligible that:

1. Are employed as staff  
2
2. Volunteer with provider  
1
3. Serve on governing board  
0
4. Serve on formal advisory board  
2

### Data –

All PATH providers must report Government Performance and Reporting Accountability data into HMIS annually. Refer to Section VI.3.2 of this NOFO for additional information.

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

Please note which HMIS product you are utilizing (ex ClientTrack, Mediware etc). Does your organization or CoC have a written HMIS user manual for reference? If so, how is this made available to new and current employees?

Valley utilizes the ClientTrack system, implementing a comprehensive training approach for staff. Upon hiring, each staff member undergoes onboarding training, followed by bi-quarterly and annual reviews. The organization maximizes the efficiency of HMIS software, employing it for PATH, ACOT, Street Outreach, and Rapid Rehousing project monitoring.

As part of the onboarding process, new end users receive initial HMIS training and complete the necessary HMIS end user forms. Annual certification training is mandatory for all HMIS users, who also attend any additional training sessions as needed. Valley ensures a streamlined system



by regularly reviewing all active users and promptly notifying HMIS administration of any inactive users.

To uphold data accuracy and quality, the organization conducts quarterly internal audits, encompassing all HMIS users.

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

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

The utilization of PATH funds for our services is in direct alignment with the state's strategic plan to End Homelessness in Utah. Our proposal intricately weaves together key objectives and priorities from the state plan, emphasizing increased outreach efforts, expanded housing options, enhanced access to mental health and substance use treatment, and the promotion of employment opportunities. Actively engaging in local planning and coordination activities ensures that our services harmonize with the broader regional initiatives aimed at addressing homelessness.

Moreover, our services, funded through PATH, seamlessly integrate with the State Comprehensive Mental Health Services Plans. By catering to the comprehensive needs of individuals grappling with mental health and substance use disorders, we employ outreach efforts, dayroom services, and open case management to fulfill their basic needs and cultivate a supportive environment. This inclusion of mental health and substance use disorder treatment underscores our commitment to the state's mental health goals.

Enrolling individuals in mainstream benefits forms a crucial component of our comprehensive approach, contributing to their overall stability and recovery. Additionally, our provision of peer support not only fosters a sense of community but also aligns with the state's emphasis on constructing supportive networks.

Furthermore, our commitment extends to offering referrals for employment readiness and skills building, aligning seamlessly with the state's overarching focus on holistic care. Recognizing the significance of empowering individuals through opportunities for personal and professional growth, our services outlined here actively contribute to the broader objectives articulated in the State Comprehensive Mental Health Services Plans.

#### **Other Designated Funds –**

**Indicate whether the federal Community Mental Health Services Block Grant, Substance Abuse Block Grant, or other general revenue funds (state or county) are designated specifically for serving people who experience homelessness and have serious mental illness. Please indicate if any of these funds are earmarked for PATH services specifically.**

We do not have any additional federal, state or county funds earmarked for this purpose .

#### **Programmatic and Financial Oversight –**

**Describe how/when programmatic and financial oversight of PATH-supported providers is achieved on your local level (such as site visits, evaluation of performance goals, audits, etc.) and who conducts this monitoring of the use of PATH funds. – THIS IS ONLY NEEDED IF YOU HAVE PROGRAMS THAT SUB-CONTRACT**

N/A

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

Describe your (provider's) plan to encourage PATH staff to complete the SOAR Online Course and assist consumers with SSI/SSDI applications using the SOAR model and then track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. Please indicate total number of those who have completed the SOAR training overall (not just in the last FY). For the grant year 2020-21, include all of the following data:

- The number of staff trained in SOAR

2 certified right now, 1 in training.

- The number of staff who provided assistance with SI/SSDI applications using the SOAR model

2 who provide assistance

- The number of consumers assisted through SOAR

75 individuals assisted through SOAR

- Application eligibility results (i.e., approval rate on initial application, average time to approve the application)

4% approval, timeframe between 6-12 months

- The number of staff dedicated to implementing SOAR, part- and full-time [If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility, and the outcomes of those applications (i.e., approval rate on initial application, average time to approve the application). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.]

Presently, two full-time staff members are dedicated to implementing SOAR, and a third team member is currently undergoing training to augment our efforts. This encompasses prompt eligibility determinations and ongoing monitoring of application outcomes, encompassing metrics such as the approval rate for initial applications and the average processing time for approval.

In order to ensure proficiency, substantial endeavors are invested in staff training. These training sessions are meticulously designed to acquaint staff with a focus on accurate and timely completion of benefit applications and adept utilization of SOAR data. Furthermore, a continuous system of technical assistance and support mechanisms is firmly established to ensure the consistent generation of high-quality applications. Staff members are equipped with both internal resources and external support tailored to effectively engage and train within this system.

### **Coordinated Entry –**

Indicate if/how your organization engages with the local coordinated-entry process of your CoC. Please describe how PATH-eligible clients fit into the coordinated assessment process. Does your CoC's assessment/prioritization process produce any barriers to housing/treatment for PATH-eligible consumers (transition age, different funding stream, etc.)? If so, please describe.

The Valley Storefront PATH Program is dedicated to assisting adults facing serious mental

illness who are either chronically homeless or at risk of homelessness. The program focuses on engaging these individuals in essential services for prevention, recovery, and support. A key emphasis is placed on street outreach and case management to effectively serve unsheltered populations concentrated in various areas across Salt Lake County, where homelessness is most prevalent.

To ensure the success of our program, we employ a comprehensive approach that includes coordinated entry and the provision of appropriate mental health services, substance use counseling, housing solutions, medical care, job training, education, and other essential support services. Our staff actively participates in monthly CoC network meetings and various core function workgroups, fostering collaboration and a continuum of care with different agencies dedicated to serving the unsheltered population.

Among our collaborators are esteemed organizations such as the Fourth Street Clinic, The Road Home, Housing Authorities of Salt Lake County, YWCA, local law enforcement and courts, Rescue Mission, Utah Food Bank, Crossroads Urban Center, Catholic Community Center, Utah Housing Coalition, Utah Non-Profit, Volunteers of America, Youth Resource, Adults Resource, Street Outreach, The Other Side Village, Utah State Community Services Office, and many others.

Furthermore, our team actively engages in the annual Point in Time Count, visiting different street camps and designated areas to register and count individuals experiencing homelessness. Additionally, we participate in the monthly resource fair organized by the Salt Lake City Corporation, Housing Stability Division. This comprehensive approach underscores our commitment to addressing homelessness and providing crucial support to those in need.

#### **Justice Involved –**

- Specific examples of how the agency plans to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g., jail diversion, active involvement in re-entry), OR specific efforts to minimize the challenges and foster support for PATH clients with a criminal history (e.g. jail diversion, active involvement in reentry)

To enhance the linkage of clients with criminal justice histories to vital services such as health services, housing programs, job opportunities, and other supports, our agency actively collaborates with Homeless Court. Additionally, we closely engage with the Jail Release and Re-entry Program to minimize challenges and foster support for PATH clients with a criminal history.

- Indicate if you are prioritizing this population for services upon release from jail or prison

We prioritize the population upon release from jail or prison by collaborating with JRRP (Justice Reinvestment and Reentry Program) to ensure a seamless continuum of care. Our focus includes assisting individuals with benefits follow-up, securing housing, and addressing other essential needs to support their successful reintegration into the community after incarceration.

#### **Veterans –**

Describe how you will address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

Valley Storefront recognizes the unique needs of veterans experiencing homelessness and is committed to addressing them effectively. Our program has a specialized track dedicated to serving veterans, providing tailored mental health and substance use treatment, case management, and housing support. We collaborate closely with the local Veterans Affairs (VA) Center, and other veteran service organizations to ensure a coordinated and holistic approach to supporting homeless veterans. We are always continuing to improve and engage this area of the community.

#### **Tobacco and Nicotine Free Policy –**

**SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).**

**Describe your agency's tobacco use policy.**

At Valley and with PATH, we are committed to fostering a healthier environment for both our team and the clients participating in our program. As part of our ongoing initiatives, we are actively working towards achieving a tobacco-free campus goal. In collaboration with our valued partner, Volunteers of America, we are jointly dedicated to promoting health and wellness among our community. This includes offering robust support for the cessation of tobacco and vaping, recognizing the importance of creating spaces that encourage and facilitate positive lifestyle choices. Together, we strive to cultivate a campus environment that not only supports the overall well-being of our clients but also reflects our shared commitment to a tobacco-free future

#### **Emergency Planning –**

**When disaster strikes, over-extended systems must work to meet the needs of the impacted population, including individuals experiencing homelessness. Prior planning and a coordinated response which reaches across agencies and systems can advance recovery from disasters. PATH recipients are encouraged to design, review, update, and test their emergency response plans in consideration of continuity of care needs for eligible individuals. PATH recipients are also encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, public health departments, housing agencies, mental health, substance use, and emergency management services - and where not present, propose for inclusion specific provisions that would address and/or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters (see Appendix J).**

**Describe your agency's involvement in local Emergency Planning efforts.**

Engaging proactively in local emergency planning, our agency has established thorough contingency plans and Business Continuity Plans (BCP) with standardized procedures for swift emergency responses. During "Code Blue" nights, we work closely with the county to offer emergency shelter in freezing temperatures. Collaborating with the county's street outreach teams, we conduct proactive outreach to identify and connect with clients facing risks during adverse conditions, ensuring their access to crucial emergency services. Our dedication is rooted in enhancing coordination between homeless and emergency services, fostering resilience in the aftermath of disasters.

## Health Disparities Impact Statement – Limited English Proficiency – on WebBGAS in 2024?

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation.

Based on your HMIS data, please identify subpopulations (i.e. age, racial, ethnic, sexual, and gender minority groups, etc.) vulnerable to behavioral health disparities in your area. This information will be used to reevaluate PATH’s choice in disparate population.

Also, please identify efforts to support the current disparate population of Youth and Young Adult (YYA, ages 18-30) by providing the following:

- The unduplicated number of YYA individuals who are expected to be served using PATH funds
- The total amount of PATH funds expected to be expended on services for the YYA population
- The types of services funded by PATH that are available for YYA individuals
- A data-driven quality improvement plan that implements strategies to decrease the disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population

Based on our analysis of HMIS data, we have identified vulnerable subpopulations in our area, particularly susceptible to behavioral health disparities. These groups include African Americans, especially women, Hispanic individuals, and Transgender individuals, who are deemed at a higher risk of behavioral health disparities due to factors such as language, beliefs, norms, values, and socioeconomic considerations.

In serving Youth and Young Adult (YYA) individuals, aged 18-30, the PATH program anticipates assisting 41 clients, with 45% of total PATH funds specifically allocated for this demographic. PATH-funded services for YYA individuals encompass a range of support, including case management, referrals to long-term residential treatment or supportive housing programs, APRN services, medication management, peer support groups, individual therapy services, and employment services.

To address the existing disparities within the YYA population, we actively coordinate with youth resource centers to prioritize referrals into the PATH program. Additionally, our collaboration with the Youth Coalition Meeting in Salt Lake County specifically targets the unique needs of YYA individuals. Recognizing African Americans, especially women, Hispanic individuals, and Transgender individuals as higher-risk groups, we have developed a data-driven quality

improvement plan. This plan aims to implement targeted strategies to reduce disparities in access, service utilization, and outcomes within the YYA population compared to the general population. This comprehensive approach reflects our unwavering commitment to continuously improving services and addressing behavioral health disparities for vulnerable subpopulations.

### Limited English Proficiency – on WebBGAS in 2024?

Please describe your organization’s ability to comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. Please assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at: <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/index.html?language=es>.

Our organization is fully committed to complying with Executive Order 13166, which mandates that recipients of federal financial assistance ensure meaningful access to programs and activities for limited English proficient (LEP) individuals. In accordance with the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, our assessment recognizes the necessity of language assistance services in our grant programs and the services we provide.

To address the language needs of our clients, we have taken significant measures. We employ Spanish-speaking staff within our organization to facilitate direct communication. Additionally, we utilize interpretation services as a supplementary resource, ensuring that language barriers are effectively addressed. This dual approach allows us to provide comprehensive and meaningful assistance to our diverse clientele, aligning with the requirements outlined in Executive Order 13166 and the HHS Guidance.

### Budget Narrative –

Provide a descriptive budget narrative that includes the local-area provider’s use of PATH funds. Include separated federal allocation, state match and other PATH funds. For example: \$10,000 federal allocation, \$3,333 state match, \$1000 PATH specific base fund match. See Appendix C for more details.

SEE SAMPLE Budget matrix below. Please use this table as an example to complete similar information for your organization.

## Valley Behavioral Health BUDGET

Salt Lake County PATH Program  
FY 2024-2025 Budget

PERSONNEL Position	Annual Salary	PATH- funded FTE	PATH- funded salary	Responsibilities
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APRN	\$104000	.40	\$41600	Manage medications; assess, diagnose, & treat the mental health needs of the patient
RN	\$65520	.40	\$26208	Administer medication with prescriber order; conduct physical, mental, & substance use health assessment within the scope of practice & coordinate services with other mental & physical health providers
Clinical Lead	\$47841	.80	\$38445	Assess mental & behavioral health of the client; provide assessments, diagnoses, prognoses, counseling, & psychotherapeutic treatment for mental health clients
Team Leader	\$39521	.50	\$19760	Provide guidance & educational services to clients; train case managers
PATH Admin/HMIS	\$50520	.50	\$25260	Manage PATH team, oversee HMIS data entry & reporting, & lead out on team strategies, including services the team should provide & funding Valley could apply for this fund those services.

Case Manager (1)	\$35361	100	\$35361	Complete street outreach services; assist clients in connecting to resources that can improve the quality of their lives	
Case Manager (2)	\$35361	100	\$35361	Complete street outreach services; assist clients in connecting to resources that can improve the quality of their lives	
Peer Support Specialist	\$10105	100	\$10105	Help clients develop their own goals, create strategies for self-empowerment for clients, & take concrete steps towards building fulfilling, self-determined lives for themselves	
<b>sub-total</b>			\$232620		
<b>FRINGE BENEFITS</b>					
Calculated for all staff at \$23% of salary expenses.				\$53504	
<b>sub-total</b>				\$53504	
<b>Other</b>					
Contractual staff w/Community partner (VOA) 2 p/t support coordination				\$41000	
Valley non-federal match				\$113129	





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	\$ 232,620	\$ 77,540	\$ 310,160				
Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	35,881.00	100.00 %	1.00	35,881.00	11,960.00	47,841.00	
Case Manager	35,361.00	100.00 %	1.00	35,361.00	11,787.00	47,148.00	
Data Entry	50,520.00	50.00 %	0.50	25,260.00	8,420.00	33,680.00	
PATH Administrator	39,521.00	50.00 %	0.50	19,760.00	6,587.00	26,347.00	
Peer Support Specialist	10,105.00	100.00 %	1.00	10,105.00	3,368.00	13,473.00	
Registered Nurse	65,520.00	40.00 %	0.40	26,208.00	8,736.00	34,944.00	
Social Worker	47,841.00	80.00 %	0.80	38,445.00	12,815.00	51,260.00	Clinical lead
Other (Describe in Comments)	104,000.00	40.00 %	0.40	41,600.00	13,867.00	55,467.00	APRN
b. Fringe Benefits	17.25 %	\$ 53,504.00	\$ 17,835.00	\$ 71,339.00			
c. Travel	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
f. Contractual	\$ 47,938.00	\$ 15,979.00	\$ 63,917.00				
Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments			
Other (Describe in Comments)	\$ 47,938.00	\$ 15,979.00	\$ 63,917.00	Subcontract with Volunteers of America part-time service coordination and housing location services			
g. Housing	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
h. Construction (non-allowable)							
i. Other	\$ 0.00	\$ 0.00	\$ 0.00				
No Data Available							
j. Total Direct Charges (Sum of a-i)	\$ 334,062.00	\$ 111,354.00	\$ 445,416.00				
k. Indirect Costs (Administrative Costs)	\$ 5,326.00	\$ 1,775.33	\$ 7,101.33				
l. Grand Total (Sum of j and k)	\$ 339,388.00	\$ 113,129.33	\$ 452,517.33				

Estimated Number of Persons to be Contacted:	250	Estimated Number of Persons to be Enrolled:	100
Estimated Number of Persons to be Contacted who are Literally Homeless:	156		
Number staff trained in SOAR in grant year ending in 2023:	3	Number of PATH-funded consumers assisted through SOAR:	30
FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2			

Footnotes:

II. Executive Summary

Intended Use Plans

**Weber Human Services**  
237 26th Street  
Ogden, UT 84403  
**Contact:** Michelle Walke  
**Email Address:** michellewo@weberhs.org

**Provider Type:** Community mental health center  
**PDX ID:**  
**State Provider ID:**  
**Contact Phone #:** 8017786236

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

**Collaboration with HUD CoC Program** – HUD's **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

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

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

- ⓐ How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- ⓑ Any gaps that exist in the current service systems;
- ⓒ A brief description of the current services available to clients who have a COD; and
- ⓓ A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

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

**Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

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

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

**Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

## 2024-25 PATH IUP Template

*Please note that there are some changes from the 2023 IUP request. Please read each section thoroughly and arrange your IUP in the order provided below.*

### Local Provider Description –

Provide a brief description of the provider organization receiving PATH funds, including:

- Weber Human Services (WHS), located at 237 26<sup>th</sup> Street in Ogden, Utah serves a growing urban population residing in Weber and Morgan Counties. We are an organization dedicated to helping those in need rebuild their lives and reach their full potential. WHS was organized by a cooperative agreement between the Weber and Morgan county governments to serve as the local authority for the provision of their substance abuse, mental health and senior service programs.
- The amount of PATH funds WHS will receive with federal and state amounts will be \$255,903.00. Of that amount, \$60,000 will be provided to Weber Housing Authority (WHA).
- List the provider number and name as it appears in PDX
  - Weber Human Services, UT-004
  - Tammy Manore – Lead Contact
  - 801-778-6232

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

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

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

- WHS has been an active participant in the LHCC ten year plan to end chronic homelessness since the start of that program. WHS staff attend the Weber County Homeless Coordinating Committee and other community meetings designed to address homeless issues. Since 2006, WHS has partnered with Ogden Housing Authority to provide services for Housing First and Shelter Plus Care participants. WHS is widely viewed to have an extremely effective relationship with both local housing authorities.

#### 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
  - o Case managers continue to be the hub of communication between the treatment providers and coordinate services as needed. Community service providers currently being utilized includes, but is not limited to:
    - Lantern House
    - Ogden Rescue Mission
    - Salvation Army
    - Problems Anonymous Action Group (PAAG)
    - Ogden Housing Authority
    - Weber Housing Authority
    - KIER Property Management
    - McKay Dee Hospital
    - Ogden Regional Medical Center
    - Midtown Clinic
    - Porter Clinic
    - Division of Workforce Services (DWS)
    - Your Community Connection (YCC)
    - Catholic Community Services (CCS)
    - The Church of Jesus Christ of Latter Day Saints

- HEAT
- Utah Legal Services
- Cottages of Hope
- Roads to Independence

#### Service Provision –

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

- Describe how the services to be provided using PATH funds will align with PATH goals 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.
  - Services will include outreach linking with potential housing providers, referral and related activities to help the client and obtain and access services in the areas of medical, education and other social services.
  - Outreach: WHS participates in various committees whose focus is serving the homeless population. Referrals are made to WHS through coordination with other agencies. WHS subcontracts with Weber Housing Authority to utilize their case managers with outreach efforts. WHS staff are in regular contact with these case managers to discuss potential clients and need for services.
- Any gaps that exist in the current service systems
  - Current gaps in our community is the lack of an inpatient treatment program for clients with Substance Abuse issues and a lack of affordable and suitable housing for individuals with criminal backgrounds, history of eviction, and poor credit history. A recent change to services for substance use individuals (sometimes homeless as well), is an agreement between McKay Dee hospital and Lantern House to divert some substance use clients to special beds for up to 3 days instead of hospitalizing them.
- Brief description of the current services available to clients who have both a serious mental illness and a substance use disorder
  - Outpatient Services
    - Adult mental health and substance abuse outpatient services are offered to individuals, families and groups. Outpatient services include individual and group therapy, case management, and medication management.

- o Substance Abuse and Mental Health Residential Treatment Services.
  - Inpatient services are offered to adults experiencing an acute need for psychological and/or psychiatric services. A multidisciplinary diagnostic and treatment team will assist the client in identifying and alleviating acute symptoms. WHS has staff working in the psychiatric unit daily and reports of patients with their situation and needs is sent out daily to WHS staff on the Adult Mental Health team.
- o Skills Development Services
  - Adult Skills Development Services (ASD) are rehabilitative services provided to an individual or group in an outpatient setting, day treatment program, residential program or other appropriate setting. These services assist individuals in developing competence in basic living skills such as meal planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of a living environment. In addition to these daily living skills, WHS has partnered with PAAG to provide 'drop in' socialization, activity, and lunch during the day. The socialization component can be significant for homeless individuals suffering from mental illness to help provide connection and a safe place to be during the day.
- o Targeted Case Management
  - Case Management (CM) assists eligible clients not only in gaining access to needed medical, social, and educational, and other services, but also ensures coordination between all agencies and providers involved in a client's treatment. CM also assists clients in attaining and maintaining eligible benefits.
- o Medication Management Services
  - These services are provided to individuals whose psychiatric needs include prescribing, administering, monitoring, or reviewing medication and/or medication regimen. WHS is the only mental health authority in the State to have a pharmacy located in the building. Having a pharmacy also provides access to samples and patient assistance to help pay for meds for persons who otherwise would not be able to afford medications.
- o Emergency Services
  - Agency hours are 8:00 a.m. until 5:00 p.m. Any individual in the community is welcome to walk in to our facility and meet with a crisis worker in person during business hours. WHS relies upon the Utah



State Crisis Line at UNI to manage after-hour phone crisis services. In the event of a psychiatric emergency, clients are encouraged to go directly to McKay-Dee Emergency Department. Licensed professionals provide 24-hour emergency services with consultation available from a psychiatrist. Local emergency services may utilize the crisis services as well to help mitigate a situation they may be dealing with. Again, WHS has staff inside the psychiatric unit 5 days a week to help coordinate needs and discharge plan when these individuals are ready for discharge.

- A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients
  - Clients meet with case management to be evaluated and screened for PATH services. Upon approval, clients will be entered into the HMIS system.
- 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.
  - Case Management: Services will include outreach linking with potential housing providers, referral and related activities to help the client obtain and access needed services in the areas of medical, education and other social services.
- Please provide information on whether or not your agency is required to follow 42 CFR Part 2 regulations. If you do, please explain your system to ensure those regulations are followed.
  - Weber Human Services follows and implements the 42 CFR Part 2 regulations. All staff are trained on 42 CFR annually and policies are in place to ensure regulations are followed.
- Describe your agency's use of Certified Peer Specialists to achieve PATH goals
  - Weber Human Services has 10 PSS employees between different teams. Peer Specialists work with clients on locating stable housing while focusing on recovery.
- Specific examples of how the agency maximizes use of PATH funds by leveraging use of other available funds for PATH client services.

- o PATH funds are used to focus on housing. Funds are available through Weber Human Services Foundation that focus on needs such as physical health or other needs clients may have that PATH does not cover.

#### 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).

- WHS operates a Men's and Women's combined Residential facility for sixteen Seriously and Persistently Mentally Ill SPMI clients (generally 9 male and 7 female) with one (1) of those being a crisis bed available for a client in transitional or hospital diversion/crisis situations. The Residential facility is staffed 24 hours per day and clients are offered comprehensive services including case management, individual and group therapy, individual skills development, psychosocial rehabilitation, and medication management. Clients are often placed in the Residential as a diversion from hospital admits as well as a step-down for hospital discharges. WHS leases facilities for 10 Female and 10 Male clients to live in a Group Home environment that is not staffed but does have staff checking in on a regular basis. WHS also coordinates with many of the major community housing providers, such as, Ogden Housing Authority, Weber Housing Authority, St. Benedicts Manor, Three Links Tower, Bramwell Court and Adams Place many of which have subsidized rents. WHS has a very close working relationship with Problems Anonymous Action Group (PAAG) which has approximately 80 beds in the community. PAAG and WHS meet regularly to discuss the needs of these tenants/clients in an effort to help them maintain their independent living. PAAG has a special housing exemption to provide housing for seriously and Persistently Mentally Ill clients. Currently, all referrals for PAAG housing are going through WHS assigned staff to help create housing availability for mentally ill clients. WHS provides a range of services in various housing resources including instruction of daily living skills, monitoring, medication management, and leisure activities. WHS also has a very close relationship with both the Ogden Housing Authority and the Weber Housing Authority for programs and voucher availability.

#### Staff Information –

- Explain how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual and transgender, racial/ethnic, and differences of clients

- o Staff providing services to the target population will not discriminate due to age, gender and racial or ethnic differences. All clients who are needing assistance will be assessed and considered.
- Describe the extent to which staff receive periodic training in cultural competence and health disparities.
  - o WHS has a Cultural Competency Committee which oversees diversity training for all staff. Community agencies are utilized in this training to provide a more broad exposure to issues for many cultures. Staff attend at least one cultural competency training per year. WHS provides preferential hiring practices to applicants with diverse ethnicity and cultures, particularly multicultural and multilingual abilities.
- Describe the demographics of staff serving your clients.
  - o WHS has two case managers that have been trained to use HMIS and screen individuals for PATH services. WHS also has therapists who have been involved with outreach services and the PATH program. Weber Housing Authority also has staff who complete outreaches and screen individuals for this service.
- How many of your PATH staff are Certified Peer Specialists or Certified Recovery Specialists?
  - o Weber Human Service's PATH staff maintain SSW certification.

#### Client Information –

- Describe the demographics of the client population
  - o WHS and Weber Housing Authority will not discriminate against and be open to assisting any client no matter their gender, age, race or sexual orientation.
- Project the number of adult clients to be contacted.
  - o With the change of funding allocation, approximately 250 individuals will be contacted by staff funded by the PATH grant to obtain needed assistance.
- Identify expected number of adult clients to be enrolled
  - o WHS and Weber Housing Authority are anticipating 150 clients that will need to enroll in PATH services. They are anticipating the numbers could increase as the need continues to increase.
- Give estimated percentage of adult clients to be served using PATH funds who are literally homeless

- o Approximately 30 (20%) of clients who access the PATH funds with be “literally” homeless.

#### Consumer Involvement –

Describe how individuals who experience homelessness and have serious mental illnesses, 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.

Please note, SAMHSA is now requesting specific numbers for the Client Involvement section. Actual numbers are needed for those who are PATH-eligible that:

1. Are employed as staff
  2. Volunteer with provider
  3. Serve on governing board
  4. Serve on formal advisory board
- Weber Human Services has been and will continue to be a strong advocate of NAMI; WHS provides space to house the local NAMI office in our outpatient facility. We encourage our staff to participate in the NAMI Provider Education Program and encourage family members to attend the Family to Family classes. We also make consumers aware of the Bridges Classes taught by consumers for consumers. 20 staff members attended the NAMI provider education class to increase understanding from the consumer and family perspective. WHS does not currently employ any PATH clients, however PATH clients may be eligible to apply as Peer Support specialists. WHS does employ Peer Support Specialist (PSS) and currently has 10 PSS employed between different teams including one employed as part of the AOT team.

#### Data –

All PATH providers must report Government Performance and Reporting Accountability data into HMIS annually. Refer to Section VI.3.2 of this NOFO for additional information.

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

Please note which HMIS product you are utilizing (ex ClientTrack, Mediware etc). Does your organization or CoC have a written HMIS user manual for reference? If so, how is this made available to new and current employees?

- WHS's case manager completed the required yearly training and WHS is looking into training new staff. In addition, Weber Housing Authority has been involved with HMIS and, as part of the subcontract for outreach, are expected to enter data regarding PATH outreach in HMIS.

#### Alignment with State Comprehensive Mental Health Services Plan –

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

- PATH supports the Housing First Initiative which directly aligns directly with the mental health lines. We address immediate client needs first, such as housing, and then ongoing treatment needs.

#### Other Designated Funds –

Indicate whether the federal Community Mental Health Services Block Grant, Substance Abuse Block Grant, or other general revenue funds (state or county) are designated specifically for serving people who experience homelessness and have serious mental illness. Please indicate if any of these funds are earmarked for PATH services specifically.

- Weber Human Services does receive a mental health service block grant and a substance abuse block grant which are designated specifically to people with behavioral health issues. Currently, no funds are earmarked for PATH services.

#### Programmatic and Financial Oversight –

Describe how/when programmatic and financial oversight of PATH-supported providers is achieved on your local level (such as site visits, evaluation of performance goals, audits, etc.) and who conducts this monitoring of the use of PATH funds. – THIS IS ONLY NEEDED IF YOU HAVE PROGRAMS THAT SUB-CONTRACT

- Weber Human Services has regular meetings with Weber Housing Authority, who is sub-contracted. Weber Human Services coordinates with Weber Housing Authority for quarterly reports and data submission.

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

Describe your (provider's) plan to encourage PATH staff to complete the SOAR Online Course and assist consumers with SSI/SSDI applications using the SOAR model and then

track the outcomes of those applications in the SOAR Online Application Tracking (OAT) system. Please indicate total number of those who have completed the SOAR training overall (not just in the last FY). For the grant year 2020-21, include all of the following data:

- The number of staff trained in SOAR
  - The WHS case management department helps individuals access the Social Security Administration to apply for disability income benefits. WHS currently has two case managers that are SOAR certified. These case managers receive referrals and complete a SOAR screening process. If the individual meets criteria, the case manager assists them with completing the application.
- The number of staff who provided assistance with SI/SSDI applications using the SOAR model
  - WHS has one SOAR trained case manager who assists clients in applying for SSI/SSDI on a more frequent basis. This SOAR case manager is not affiliated with the PATH grant.
- The number of consumers assisted through SOAR
  - SOAR applications received are not specific with the PATH program therefore numbers have not been tracked.
- Application eligibility results (i.e., approval rate on initial application, average time to approve the application)
  - SOAR applications have been submitted and are awaiting approval.
- The number of staff dedicated to implementing SOAR, part- and full-time [If the provider does not use SOAR, describe the system used to improve accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI), timely determination of eligibility, and the outcomes of those applications (i.e., approval rate on initial application, average time to approve the application). Also describe the efforts used to train staff on this alternative system and what technical assistance or support they receive to ensure quality applications if they do not use the SAMHSA SOAR TA Center.]
  - Weber Human Services does not employ a full time or part time employee as there are not enough applications being referred for SOAR services. The case manager is assisting as referrals are sent.

Coordinated Entry –

Indicate if/how your organization engages with the local coordinated-entry process of your

CoC. Please describe how PATH-eligible clients fit into the coordinated assessment process. Does your CoC's assessment/prioritization process produce any barriers to housing/treatment for PATH-eligible consumers (transition age, different funding stream, etc.)? If so, please describe.

- Weber Human Services has a coordinated assessment process for all clients. The process is not different for PATH-eligible clients. In short, the coordinated assessment process does not produce any barriers to housing, treatment for PATH-eligible treatment.

Justice Involved –

- Specific examples of how the agency plans to better link clients with criminal justice histories to health services, housing programs, job opportunities and other supports (e.g., jail diversion, active involvement in re-entry), OR specific efforts to minimize the challenges and foster support for PATH clients with a criminal history (e.g. jail diversion, active involvement in reentry)

Indicate if you are prioritizing this population for services upon release from jail or prison

- Clinical leadership on the Addiction & Recovery team are aware of the services offered through the PATH grant. Referrals from case managers, peer supports and/or clinical leadership are made regularly to the PATH program. Individuals who are re-entering from incarceration may be prioritized for PATH funding.

Veterans –

Describe how you will address the behavioral health needs of active duty military service members, returning veterans, and military families in designing and developing their programs and to consider prioritizing this population for services, where appropriate.

- WHS does not have a specific program to address the special needs of veterans experiencing homelessness; however, they are eligible for case management services that can focus on their housing needs. WHS case managers have had success with working directly with the Homeless Veterans Fellowship to find long-term housing options for many veterans. WHS will continue collaborating with the Homeless Veterans Fellowship and Ogden VA Clinic to ensure veteran clients are able to access as many services as possible.

Tobacco and Nicotine Free Policy –

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

Describe your agency's tobacco use policy.

- Weber Human Services is a nicotine/smoke free campus. All parties must smoke/vape 25 feet from any entrance and off the property. Staff members have resources as ways to quit to promote abstinence from all tobacco products.

Emergency Planning –

When disaster strikes, over-extended systems must work to meet the needs of the impacted population, including individuals experiencing homelessness. Prior planning and a coordinated response which reaches across agencies and systems can advance recovery from disasters. PATH recipients are encouraged to design, review, update, and test their emergency response plans in consideration of continuity of care needs for eligible individuals. PATH recipients are also encouraged to review current emergency services plans in collaboration with key stakeholders across shelter providers, public health departments, housing agencies, mental health, substance use, and emergency management services - and where not present, propose for inclusion specific provisions that would address and/or ensure continuity of services during and immediately following a disaster for people experiencing homelessness. Ultimately, the goal is to advance homeless and emergency services coordination and community resiliency following disasters (see Appendix J).

Describe your agency's involvement in local Emergency Planning efforts.

- Weber Human Services is a part of the Norther Utah Healthcare Coalition which is the emergency response team for our area. We also participate in the Weber County Emergency Managers monthly meeting for concerns specially related to Weber County. WHS have a lengthy emergency plan that addresses housing, treatment, and physical healthcare needs in the event of an emergency.

Health Disparities Impact Statement – Limited English Proficiency – *on WebBGAS in 2024?*

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status;



gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation.

Based on your HMIS data, please identify subpopulations (i.e. age, racial, ethnic, sexual, and gender minority groups, etc.) vulnerable to behavioral health disparities in your area. This information will be used to reevaluate PATH’s choice in disparate population.

- Information listed is from application for PATH grant in 2024.

Males	Females	No Single Gender	Transgender
376	273	2	3

18-23	24-30	31-40	41-50	51-61	62 and Over
51	95	172	133	145	57

American Indian	Asian or Asian American	Black, African America	Native Hawaiian	White
47	11	64	18	549

Also, please identify efforts to support the current disparate population of Youth and Young Adult (YYA, ages 18-30) by providing the following:

- The unduplicated number of YYA individuals who are expected to be served using PATH funds
  - o 146 YAA individuals will be expected to be served using PATH funds.
- The total amount of PATH funds expected to be expended on services for the YYA population
  - o \$148, 423 will be used for the services of YYA.

- The types of services funded by PATH that are available for YYA individuals
  - o Services will include outreach linking with potential housing providers, referral and related activities to help the client obtain and access needed services in the areas of medical, education and other social services.
- A data-driven quality improvement plan that implements strategies to decrease the disparities in access, service use, and outcomes both within the YYA population and in comparison to the general population
  - o Weber Human Services is working with the inclusion and diversity committee to address health disparities in access, service use and outcomes.

#### Limited English Proficiency – *on WebBGAS in 2024?*

Please describe your organization's ability to comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. Please assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, available at:

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-VI/index.html?language=es>.

- Weber Human Services will provide an interpreter/interpretive services to anyone considered to be limited in English proficiency.

#### Budget Narrative –

Provide a descriptive budget narrative that includes the local-area provider's use of PATH funds. Include separated federal allocation, state match and other PATH funds. For example: \$10,000 federal allocation, \$3,333 state match, \$1000 PATH specific base fund match. See Appendix C for more details.

SEE SAMPLE Budget matrix below. Please use this table as an example to complete similar information for your organization.

Organization Name: Weber Human Services

*Annual Budget*

PERSONNEL COSTS				
Employee Name & Position	% of time assigned to project	Hourly Rate	Estimat ed Hours	Cost
	21%	\$		\$
Tamara Manore, Case Manager		27.93	446.8	12,477.78
	90%	\$		\$
Jon Flores, Case Manager		23.99	1,879.2	45,082.01
	25%	\$		\$
Rachel Hopkins, LCSW		38.82	522.0	20,264.04
	5%	\$		\$
Matt Waters, Case Manager		23.84	104.4	2,488.90
				\$
Estimated Benefits				54,173.55
				\$
				-
				\$
				-
				\$
Total Personnel Cost				134,486.28

NON-PERSONNEL COSTS: Add expense categories as applicable to your program. Use the extra columns if needed.

Description	Cost
Housing Services (security deposits, one time rental payments to prevent eviction, Coordination of supportive services and other allowable housing services) - 20% limit	\$ 51,180.60
	\$
Weber Housing Authority Case management Services	60,000.00
	\$

Admin Exp 4%

\$

10,236.12

\$

\$

\$

\$

Total Non-Personnel Cost 121,416.72

\$

TOTAL COST FY2024 255,903.00



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
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a. Personnel\$80,313\$26,771\$107,084

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	49,899.20	90.00 %	0.90	45,082.01	15,027.34	60,109.35	
Case Manager	58,094.40	21.00 %	0.21	12,477.78	4,159.26	16,637.04	
Case Manager	49,587.20	5.00 %	0.05	2,488.90	829.63	3,318.53	
Social Worker	80,745.60	25.00 %	0.25	20,264.04	6,754.68	27,018.72	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits50.59 %\$54,173.55\$18,057.85\$72,231.40

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

No Data Available

d. Equipment\$0.00\$0.00\$0.00

No Data Available

e. Supplies\$0.00\$0.00\$0.00

No Data Available

f. Contractual\$0.00\$0.00\$0.00

No Data Available

g. Housing\$51,180.60\$17,060.20\$68,240.80

Line Item Detail *	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
Other (Describe in Comments)	\$51,180.60	\$17,060.20	\$68,240.80	Housing services not to exceed 20% of the award.

h. Construction (non-allowable)

i. Other\$0.00\$0.00\$0.00

No Data Available

j. Total Direct Charges (Sum of a-i)\$185,666.88\$61,888.96\$247,555.84

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)\$10,236.12\$3,412.04\$13,648.16

l. Grand Total (Sum of j and k)\$195,903.00\$65,301.00\$261,204.00

Source(s) of Match Dollars for State Funds:

in kind services  
Estimated Number of Persons to be Contacted: 250  
Estimated Number of Persons to be Enrolled: 175  
Estimated Number of Persons to be Contacted who are Literally Homeless: 175  
Number staff trained in SOAR in grant year ending in 2023: 2  
Number of PATH-funded consumers assisted through SOAR: 10  
FY 2024 PATH FOA Catalog No.: 93.150 FOA No.: SM-24-F2

Footnotes:

II. Executive Summary

Intended Use Plans

**Weber Human Services**  
237 26th Street  
Ogden, UT 84401  
**Contact:** Michelle Walke  
**Email Address:** michellewo@weberhs.org

**Provider Type:** Community mental health center  
**PDX ID:**  
**State Provider ID:**  
**Contact Phone #:** 8017786236

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

**Collaboration with HUD CoC Program** – HUD's **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

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

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

- ⓐ How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- ⓑ Any gaps that exist in the current service systems;
- ⓒ A brief description of the current services available to clients who have a COD; and
- ⓓ A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

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

**Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

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

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

**Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.



2024-2025 PATH IUP  
Weber Housing Authority  
March 4, 2024

### **Local Provider Description-**

Weber Housing Authority  
237 26<sup>th</sup> Street, #E220  
Ogden, Utah 84401

The Weber Housing Authority is a Public Housing Authority serving Weber County, Utah. Weber Housing Authority receives \$60,000 from Weber Human Services for PATH services. Weber Human Services and Weber Housing Authority have partnered to provide PATH services since 2015.

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

The Weber Housing Authority actively participates in the Balance (BoS) of State Continuum of Care and has been a member since 2009. Currently, Weber Housing Authority's Executive Director is the Vice Chair of the BoS CoC and will be the incoming chair in 2 years.

### **Collaboration with Local Community Organizations-**

Weber Housing Authority partners with service providers to ensure that participants are linked to resources. Substance Use and mental health resources are available through Weber Human Services, who Weber Housing Authority partners closely with. As participants identify mental health and Substance Use as a barrier, case managers can accompany the participant to the reception area and schedule an intake. Often participants do not engage in services because they do not know how and where to start, this partnerships helps address this issue. In addition, the partnership with Weber Human Services has aided in homeless outreach crisis situations. The MCOT team is able to assist during severe mental health situations to avoid police arrests and unnecessary and expensive jail time. Weber Housing Authority has set aside vouchers for Weber Human Services participants that need immediate housing assistance. These vouchers allow participants to bypass the regular housing waiting list and access rental assistance quickly.

Another close partnership is between the Lantern House, Northern Utah's only homeless shelter. As homeless households are identified, Lantern House makes referrals to Weber Housing Authority's programs and we make referrals to their programs.

Weber Housing Authority also participates with our community through the Coordinated Entry process. This process is brings together all homeless and housing providers and allows the community to house homeless individuals and families from a shared waiting list. Households are discussed by name, and resources are identified.

Finally, Weber Housing Authority partners with Your Community Connection, Youth Futures Shelter, Homeless Veteran's Fellowship, Department of Workforce Services, Weber County Sheriff's Office, Seager Memorial Clinic, United Way, Ogden City Homeless Advocates, Ogden Rescue Mission and the Division of Child and Family Services. As needs are identified, referrals are made to partnering agencies.

Coordination between outreach teams is achieved through a quarterly unsheltered collaboration meeting. This meeting has been temporarily suspended, as only one outreach worker remains in Weber County. Lantern House is in the process of hiring a street outreach worker, and once they are hired, the meetings

will continue. It is expected that Weber Housing Authority's outreach worker will help train the new hire and that they will conduct street outreach together.

### **Service Provision-**

- Weber Housing Authority provides the housing piece of services offered to PATH eligible clients. Weber Human Services provides the Substance Use and mental health treatment to the same population. In this partnership, we are able to ensure that individuals are linked to housing and treatment options at the same time and utilizing a Housing First model. PATH funding is only utilized on households that are literally and chronically homeless.
- Gaps in the system in regards to housing are the Good Landlord Program. This program incentivizes landlords that do not rent to individuals with criminal histories. Lack of affordable housing options, high rent prices and strict housing standards are all barriers to linking this population with housing resources.
- Treatment is available to those experiencing both Substance Use and mental health through Weber Human Services. Weber Housing Authority links these services, but does not offer them in house.
- Weber Housing Authority determines eligibility based on those identified through the street outreach program and those that identify as being homeless through the Coordinated Entry process.
- Outreach workers and case managers are not privy to Substance Use treatment information. If Weber Human Services shared a confidentiality request that a client had requested be kept confidential, Weber Housing Authority would respect the request as outlined in 42 CFR Part 2 regulations.
- Weber Housing Authority does not employ Certified Peer Support Specialists; we do however heavily utilizes the Peer Support Specialists through Weber Human Services. They are incredible and we utilize their expertise for all programs.
- Rental subsidy programs through HUD are used to leverage PATH funding.

### **Housing-**

Weber Housing Authority provides housing assistance to PATH eligible individuals while Weber Human Services provides Substance Use and mental health treatment. As mentioned, Weber Human Services has set aside units available for PATH eligible households through Weber Housing Authority. In addition, Weber Housing Authority utilizes Mainstream Vouchers for homeless, disabled households and has an MOU with Weber Human Services. This MOU explains that Weber Human Services will continue to provide case management services to this population and in exchange, consumers are moved to the top of the Mainstream Voucher waiting list.

### **Staff Information-**

- Staff providing services are trained in cultural competency and work to ensure that all ethnicities, backgrounds, sexual orientation and differences are met with compassion.
- Staff receive cultural competency training on an annual basis and intermittently throughout the year as they become available through collaborating agencies. In addition, the BoS CoC provides occasional training on cultural competency and during housing conferences, staff participate in this training as well. As an office, we strive to create an environment that is culturally competent.
- Currently, the demographic of the staff providing PATH services is Caucasian, non-Hispanic.

- No staff member with the Weber Housing Authority are Certified Peer Specialists or Certified Recovery Specialist. We rely on Weber Human Services for access to these staff.

#### **Client Information-**

- The demographics of the PATH population are as follows:
  - o 89% identify as Caucasian, non-Hispanic
  - o 7% identify as Black/African American
  - o 1% identify as Asian
  - o 1% identify as American Indian/Alaskan Native
  - o 19% identify as Hispanic
  - o 21% are elderly
  - o 67% are male
- It is projected that 100 consumers will be contacted with this funding source.
- It is projected that 45 consumers will be enrolled in PATH services.
- 100% of adult clients will be literally homeless.

#### **Consumer Involvement-**

While Weber Housing Authority does not have lived expertise on their board currently, we provide administrative support to the Statewide Formerly Homeless Board. This board is comprised entirely of homeless and formerly homeless individuals and meets on a monthly basis to discuss best practice and provide input for programs such as ours. Weber Housing Authority consults this board on many of the projects and activities conducted around homeless programs. They have been a wealth of knowledge in providing their unique perspective.

#### **Data-**

Weber Housing Authority actively participates in HMIS and does input PATH data into HMIS. The Utah HMIS team utilizes Client Track as their software provider. Staff must complete annual recertifications and trainings to ensure ease and use of the HMIS system. The HMIS user manual can be found on the State HMIS website.

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

Unknown

#### **Other Designated Funds-**

Permanent Supportive Housing (PSH) funds through the BoS CoC and Mainstream Voucher Program funds through HUD are used specifically to accompany and compliment PATH funding. PSH provides a rental subsidy linked with case management for chronically homeless, disabled households, the majority of participants have co-occurring Substance Use and mental health diagnosis. The Mainstream Voucher Program is designated for households with a disability and are currently experiencing homelessness. This program does not offer a case management component, however MOU's have been established with local homeless service providers to provide case management for this population. PATH services are utilized in conjunction with both programs to establish eligibility and assist with the documentation and lease up process.

#### **Programmatic and Financial Oversight-**

Financial oversight of PATH funds administered by the Weber Housing Authority is accomplished through Weber County. Weber County Corporation provides financial oversight of all programs. In addition, annual audits are conducted by an independent auditor, the State Office of Homeless Services, and HUD.

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

Currently, there is not an employee housed with the Weber Housing Authority that is SOAR certified. This has been a priority, although with recent staff changes we lost our SOAR certified staff. A new case manager has been hired and will receive the SOAR certification within the first year of employment.

- In 2020-2021 Weber Housing Authority had one employee that was SOAR certified.
- One employee provided assistance with SSI/SSDI applications using the SOAR model.
- In the last FY, zero new applications were completed using the SOAR model. All participants on the PSH program have pending SSI/SSDI applications or already receive SSI/SSDI funding.
- The approval rate on initial applications is unknown and the average time to approve the application is one year.
- The Weber Housing Authority will have one FTE that will be SOAR certified and that will assist the PATH population with the SSI/SSDI application process.

#### **Coordinated Entry-**

The Weber Housing Authority actively participates in the Coordinated Entry process. Matt Jensen, Weber Housing Authority's Deputy Director is the Chair of Weber County's Coordinated Entry system. He and the committee have worked over the last 6 months to establish new policy and procedure and to work with the members of the committee to ensure the process is fair, equitable and available to all homeless households. PATH eligible clients typically score above 41 on the Service Prioritization Decision Assistance Tool (SPDAT), which also qualifies them for all Weber County PSH programs. Barriers to Coordinated Entry do not present in the form of transition age and different funding streams. Barriers are usually manifest in the lack of adherence to policy and community buy-in.

#### **Justice Involved-**

In 2023, the Weber Housing Authority was awarded the Second Chance Grant Act Pay for Success Initiative through the BJA for Permanent Supportive Housing for individuals that are chronically homeless and justice involved. The program is a collaboration between Weber Human Services, Weber County Sheriff's Office and the Weber Housing Authority and will assist 20 new individuals with housing linked with case management, Substance Use and mental health treatment. The program is in the planning phase, but it is expected that PATH eligible clients will utilize this program.

The Weber Housing Authority also participates in the Weber County Re-Entry Fair, offered once per week to justice involved households. The fair is intended to provide resources and support to those involved in the criminal justice system. Weber Housing Authority administers the SPDAT during the fair, assists with housing applications and answers housing related questions.

#### **Veterans-**

PATH eligible veterans are prioritized through the Coordinated Entry process. Dedicated time is reserved to discussing and identifying homeless veterans for local services. A member of the VA attends the meeting and quickly links veterans to housing resources and other services. The Weber Housing Authority

has a strong relationship with the VA and also administers a VASH program for homeless, disabled veterans.

#### **Tobacco and Nicotine Free Policy-**

The Weber Housing Authority has adopted a tobacco and nicotine free policy at all PHA owned facilities and recently began offering smoking cessation classes to PSH participants. Weber County Health Department provides materials and supports to assist with cessation.

#### **Emergency Planning-**

The Weber Housing Authority does not have an emergency plan. We acknowledge the need for one and will work in the upcoming year to address this deficiency.

Weber County Corporation hired an emergency planner in 2023 that is assisting each department with their emergency planning efforts. The Weber Housing Authority has not participated in this resource, as other departments have taken priority. Once this service is offered, we will work with Weber County to complete the emergency planning process.

#### **Health Disparities Impact Statement – Limited English Proficiency-**

Based on data from HMIS and Weber Housing Authority’s software, we are currently serving 19 Youth and Young Adult (YYA) individuals.

- The unduplicated number of YYA that Weber Housing Authority expects to serve using PATH funds in the upcoming year is five.
- The total amount of PATH funds expected to be expended on services for the YYA population is \$3,872.
- The services that are available to YYA individuals is case management, street outreach, housing assistance and housing search. In addition, Weber Housing Authority offers Foster Youth to Independence voucher for youth exiting foster care to homelessness, and Family Unification Vouchers for households that are DCFS involved. This assistance is available to eligible households, and often YYA individuals that are PATH eligible are also eligible for these services.
- In an effort to decrease the disparities in access, service use and outcomes within the YYA population, Weber Housing Authority partners with Youth Futures Shelter, DCFS’s Youth Coordinator and Weber Human Services youth team.

#### **Limited English Proficiency-**

Weber Housing Authority provides all documentation in English and Spanish and utilizes translators through Weber Human Services. In addition, an interpretation app has been installed on our tablet and is used to clarify when interpreters cannot dictate housing lingo.

#### **Budget Narrative-**

##### **FY 2024-2025 Budget**

<b>PERSONNEL Position</b>	<b>Annual Salary</b>	<b>PATH Funded FTE</b>	<b>PATH Funded Salary</b>	<b>Total</b>
Housing Case Manager	\$47,840	90%	\$43,056	\$43,056
Street Outreach Specialist	\$47,840	10%	\$4,784	\$4,784

<b>FRINGE BENEFITS Position</b>				
Housing Case Manager	\$29,592	90%	\$26,633	\$26,633
Street Outreach Specialist	\$34,512	10%	\$3,451	\$3,451
<b>Subtotal</b>				\$77,924
<b>Total PATH Budget</b>				<b>\$60,000</b>

Weber Housing Authority has contracted with Weber Human Services to provide PATH services in the amount of \$60,000.



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
a. Personnel	\$47,840.00	\$15,946.67	\$63,786.67

Category	Percentage	Federal Dollars	Matched Dollars	Total Dollars
b. Fringe Benefits	75.00 %	\$12,160.00	\$4,053.33	\$16,213.33

Category	Federal Dollars	Matched Dollars	Total Dollars
c. Travel	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$0.00	\$0.00
f. Contractual	\$0.00	\$0.00	\$0.00
g. Housing	\$0.00	\$0.00	\$0.00

h. Construction (non-allowable)				
i. Other	\$0.00	\$0.00	\$0.00	

j. Total Direct Charges (Sum of a-i)		\$	\$60,000.00	\$	\$20,000.00	\$	\$80,000.00
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k. Indirect Costs (Administrative Costs)	\$0.00	\$0.00	\$0.00	
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l. Grand Total (Sum of j and k)		\$	\$60,000.00	\$	\$20,000.00	\$	\$80,000.00
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Source(s) of Match Dollars print:

Estimated Number of Persons to be Contacted:	100	Estimated Number of Persons to be Enrolled:	45
Estimated Number of Persons to be Contacted who are Literally Homeless:	100		
Number staff trained in SOAR in grant year ending in 2023:	0	Number of PATH-funded consumers assisted through SOAR:	0

II. Executive Summary

Intended Use Plans

Weber Housing Authority  
237 26th Street  
Ogden, UT 84401  
Contact: Andrea Beadles  
Email Address: abeadles@webercountyutah.gov

Provider Type: Other housing agency  
PDX ID:  
State Provider ID:  
Contact Phone #: 801-399-8691



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

**Collaboration with HUD CoC Program** – HUD's **Continuum of Care (CoC) Program** is designed to promote communitywide commitment to the goal of ending homelessness by providing funding for efforts by nonprofit providers and State and local governments and promoting access to mainstream programs by homeless individuals and families. Describe the organization's participation with local HUD CoC recipient(s) and other local planning activities and program coordination initiatives, such as coordinated entry activities. If the organization is not currently working with the CoC(s), briefly explain the approaches to be taken by the organization to collaborate with the CoC(s) in the areas where PATH operates.

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

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

- Ⓢ How the services to be provided using PATH funds will align with PATH goals and maximize serving the most vulnerable adults who are literally and chronically homeless, including those with COD, to obtain housing and mental/substance use disorder treatment services and community recovery supports necessary to assure success in long-term housing;
- Ⓢ Any gaps that exist in the current service systems;
- Ⓢ A brief description of the current services available to clients who have a COD; and
- Ⓢ A brief description of how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH enrolled clients.

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

**Staff Information** – Describe how staff providing services to the population of focus will be sensitive to age, gender, disability, lesbian, gay, bisexual, and transgender, racial/ethnic, and differences of clients. Describe the extent to which staff receive periodic training in cultural competence and health disparities.

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

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

**Budget Narrative** – Provide a budget and budget narrative that includes the local-area provider's use of PATH funds.

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
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a. Personnel\$ 47,840\$ 15,947\$ 63,787

Position *	Annual Salary *	% of time spent on PATH *	PATH-Funded FTE	PATH-Funded Salary *	Matched Dollars *	Total Dollars	Comments
Case Manager	47,840.00	90.00 %	0.90	43,056.00	14,352.00	57,408.00	
Outreach worker	47,840.00	10.00 %	0.10	4,784.00	1,594.67	6,378.67	

Category	Percentage	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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b. Fringe Benefits19.06 %\$ 12,160.00\$ 4,053.33\$ 16,213.33

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

No Data Available

d. Equipment\$ 0.00\$ 0.00\$ 0.00

No Data Available

e. Supplies\$ 0.00\$ 0.00\$ 0.00

No Data Available

f. Contractual\$ 0.00\$ 0.00\$ 0.00

No Data Available

g. Housing\$ 0.00\$ 0.00\$ 0.00

No Data Available

h. Construction (non-allowable)

i. Other\$ 0.00\$ 0.00\$ 0.00

No Data Available

j. Total Direct Charges (Sum of a-i)\$ 60,000.00\$ 20,000.00\$ 80,000.00

Category	Federal Dollars *	Matched Dollars *	Total Dollars	Comments
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k. Indirect Costs (Administrative Costs)\$ 0.00\$ 0.00\$ 0.00

l. Grand Total (Sum of j and k)\$ 60,000.00\$ 20,000.00\$ 80,000.00

Source(s) of Match Dollars for State Funds:

Estimated Number of Persons to be Contacted:100Estimated Number of Persons to be Enrolled:45

Estimated Number of Persons to be Contacted who are Literally Homeless:100

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

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

Footnotes:

III. State Level Information

A. Operational Definitions

Term	Definition
Individual Experiencing Homelessness:	An individual who lacks housing, 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:	Persons in danger of losing a fixed, regular, and adequate nighttime residence if support from family, a social service agency, or a human service agency is withdrawn. One or more of the following criteria may apply: <ul style="list-style-type: none"><li>• Doubled-up living arrangements where the individual's name is not on a lease</li><li>• Living in a condemned building without a place to move</li><li>• Having arrears in rent/utility payments</li><li>• Receiving an eviction notice without a place to move</li><li>• Living in temporary or transitional housing that carries time limits</li><li>• Being discharged from a healthcare or criminal justice institution without a place to live</li></ul>
Serious Mental Illness (SMI):	Adults, 18 years of age or older, having (within the last year) a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits major life activities
Co-occurring Disorders (COD):	Individuals who have any combination of two or more substance use/mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

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

Footnotes:

### III. State Level Information

#### B. Collaboration

Narrative Question:

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

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

**Footnotes:**

## Collaboration

The State PATH Contact (SPC), collaborates closely with the Utah Office of Homeless Services, all three CoCs, as well as the Public Housing Authorities and the Local Mental Health and Substance Use Authorities to help ensure people with mental illness experiencing homelessness may qualify for Permanent Supportive Housing including supportive housing, community based housing and specific set-aside units. The SPC sits on the board of the Balance of State CoC, the HMIS Steering Committee, and serves on the executive committee of the National Association of State Mental Health Program Directors housing division.

PATH funds contracted to the local agencies provide staff support to help ensure the care and treatment of the target population by coordinating and providing services in the community and to link to affordable housing opportunities.

### III. State Level Information

#### C. Veterans

Narrative Question:

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

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

**Footnotes:**

## Veterans

The State PATH Contact and local providers are committed to serving homeless veterans with mental illness experiencing homelessness and strengthening collaboration at both the state and local levels. Both of the entities receiving the PATH Grant funds have demonstrated effectiveness in working with and identifying Veterans and work to enlist them in full services. Both PATH entities maintain a positive working relationship with the Veteran Affairs Administration and coordinate mental health and substance abuse services.

### III. State Level Information

#### D. Alignment with PATH Goals

Narrative Question:

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

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

**Footnotes:**



### Alignment with PATH Goals

Services to be provided using PATH funds will target street outreach and case management as priority services, serving the most vulnerable adults who are experiencing literal and chronic homelessness. All PATH providers work with the local Continuum of Care and the homeless coordinating committees to prioritize the most vulnerable adults with mental illness. Statewide, Utah utilizes a Housing First approach, and both PATH teams participate in coordinated entry to ensure the most vulnerable populations are being served.

### III. State Level Information

#### E. Alignment with State Comprehensive Mental Health Services Plan

Narrative Question:

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

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

**Footnotes:**

## Alignment with State Comprehensive Mental Health Services Plan

In January 2024, the Utah Behavioral Health Coalition released the Utah Behavioral Health Assessment and Master Plan. PATH services align with the initiatives of the master plan by: increasing system coordination, supporting the behavioral health crisis and stabilization systems, and improving the availability of services and supports for individuals with SMI and complex behavioral health needs and their families. The Utah Department of Health and Human Services, and subsequently the PATH program and its providers are committed to support the master plan and work across communities to ensure it is in alignment with the recommendations.

### III. State Level Information

#### F. Process for Providing Public Notice

Narrative Question:

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

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

**Footnotes:**

## Process for Providing Public Notice

The PATH grant is posted online at a State of Utah public notice website for a minimum of 10 days. The posting includes the grant application packet and the SPC contact information for any members of the public who wish to provide comment.

### III. State Level Information

#### G. Programmatic and Financial Oversight

Narrative Question:

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

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

**Footnotes:**

## Programmatic and Financial Oversight

OSUMH provides active oversight of the providing agencies. This oversight function is integrated into an annual monitoring visit. This monitoring is to assure compliance with all PATH requirements and monitor the use of PATH funds. This review is done on-site or by a desk review in consultation with PATH provider staff and is conducted using the scope of services developed from the initial application to the RFGA, which rates compliance in areas required per PATH federal contract. OSUMH has used TA funding from SAMHSA to contract with Advocates for Human Potential to develop monitoring visit protocols. Monitoring and technical assistance occur following a site visit as identified or request by the providers who are having any difficulties with compliance.

### III. State Level Information

#### H. Selection of PATH Local-Area Providers

Narrative Question:

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

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

**Footnotes:**



## Selection of PATH Local-Area Providers

OSUMH opened PATH funding to Utah's local mental health authorities through a Request for Grant Application (RFGA) in FY23. Each entity responding to the RFGA was asked to describe and document its local homeless need and prepare a plan to provide needed mental health, substance abuse and housing services to homeless mentally ill individuals. An impartial selection committee reviewed the applications and selected two community mental health centers for funding based on the requirements of the RFGA. The decisions of the selection committee were reviewed and confirmed by OSUMH.

### III. State Level Information

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

Narrative Question:

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

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

**Footnotes:**

## Location of Individuals with SMI or COD who are Experiencing Homelessness

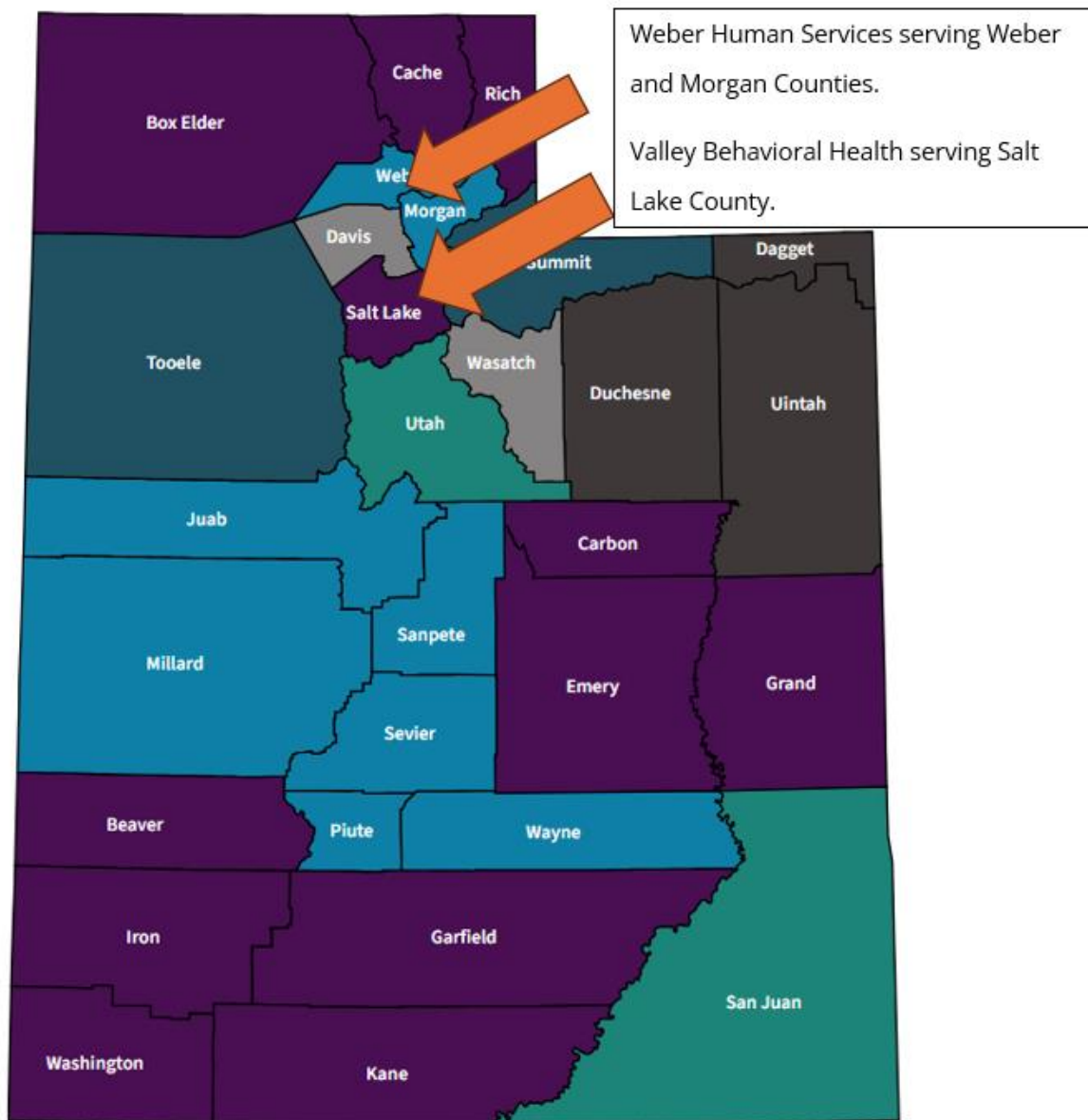
Indicate the number of individuals with SMI/COD experiencing homelessness by each region or geographic area of the entire state. Indicate how the numbers were derived and where the selected providers are located on a map.

The Utah Department of Workforce Services, Office of Homeless Services maintains the Homelessness Data Dashboard for the State of Utah (<https://jobs.utah.gov/homelessness/homelessdata.html>) The data provided on the dashboard is populated from the HMIS database. Utah only has one software provider, ClientTrack, for the HMIS system, which makes it easier to compile data points. Data for this report is taken from the Annual Report on Homelessness, also developed by OHS.

<https://jobs.utah.gov/homelessness/homelessnessreport.pdf>

Utah is divided into three Continuums of Care (CoCs) and 13 Local Homeless Councils (LHCs). These CoCs and LHCs serve as regional and local planning entities, working to align funding, improve data quality, and coordinate housing and homeless services for families and individuals who are experiencing homelessness. Their primary role is to ensure that resources are effectively utilized and that there is a coordinated approach to address homelessness at both the regional and local levels. The two PATH providers in Utah are located in the Balance of State and SLVCEH, respectively.

	Statewide	Balance of State	Weber/Morgan Counties	SLVCEH
Adults with Mental Illness	1,500	373	168	1,027
Percentage of total individuals counted	40.7%	32%	47.6%	44.7%
Adults with Substance Use Disorders	947	205	73	692
Percentage of total individuals counted	25.7%	17.6%	20.7%	30.1%
Total	2,447	578	241	1,719



### III. State Level Information

#### J. Matching Funds

Narrative Question:

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

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

**Footnotes:**

## PATH Matching Funds

Each funded entity provides assurances of the match requirement with local non-federal matching dollars at the beginning of the grant period.

### III. State Level Information

#### K. Other Designated Fundings

Narrative Question:

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

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

**Footnotes:**

### Other Designated Funding

The Mental Health Block Grant, Substance Abuse Block Grant, and General State revenue funds are not specifically targeted to persons with a mental illness experiencing homelessness. The goal of state plan is to assist this population by striving for a comprehensive system of care in which health care, mental health and substance abuse treatment, social services income support, legal services, housing and rehabilitation, and employment services are integrated.



### III. State Level Information

#### L. Data

Narrative Question:

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

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

**Footnotes:**

## Data

All PATH providers are participating with HMIS and are required to report on progress each quarter to the state to help ensure accurate reporting. The state requires annual certification of all HMIS users and provides ongoing training on the PATH Data requirements with providers, as well as provides technical assistance to improve the accuracy of the PATH program.

### III. State Level Information

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

Narrative Question:

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

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

**Footnotes:**

## SOAR

In the past, the state has provided training on SOAR for providers statewide. Those efforts were halted when funding for the SOAR state lead expired. OSUMH is currently working with the Office of Homeless Services to identify funding for a new SOAR program lead.

Utah has at least one trained SOAR staff in each of the three programs and are coordinating efforts with the state to help ensure applications for Social Security Income and Disability Income and completed and a determination is made in a timely manner.

### III. State Level Information

#### N. PATH Eligibility and Enrollment

Narrative Question:

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

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

**Footnotes:**

## Eligibility and Enrollment

PATH staff provide community outreach and engagement with individuals experiencing homelessness to determine PATH eligibility, which is adults experiencing homelessness or at risk of homelessness with Serious Mental Illness and/or a Co-Occurring Substance Use Disorder. Enrollment occurs when the PATH staff determines a person is eligible for the PATH Program and both the individual and the PATH staff mutually agree to engage in services and a PATH clinical chart is developed. Once enrolled, information is entered into HMIS for PATH data requirements and coordinated entry.

PATH Reported Activities

Charitable Choice for PATH

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

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

Expenditure Period Start Date: Expenditure Period End Date:

Notice to Program Beneficiaries - Check all that apply

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

Referrals to Alternative Services - Check all that apply

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

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

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

Footnotes: