

2019-20 PATH

PATH ALLOCATION WORKSHEET

STATE FISCAL YEAR: 2019-2020

FEDERAL CATALOG NO. 93.150

COUNTY: EL DORADO	REVISION NO:
The State Department of Health Care Services (DHCS) provides the Federal Projects For Assistance in Transition From Homelessness (PATH) Formula Grant funds to counties for State Fiscal Year (SFY) 2019-2020. Your Allocation is identified below.	
PATH Funding Base:	\$35,398
Total PATH Expenditure:	\$35,398
PURPOSE: PLANNING ESTIMATE	June 3, 2019

I, the undersigned Director, have accepted the Federal PATH funds for the county under the specific conditions included in the assurances as part of the County Application Package (CAP) as well as those conditions established by other governing federal and state laws, policies regulations, and guidelines. The CAP, as approved by DHCS, will be followed in expending these funds.



County Mental Health Director



Date

Donald Semon, Acting Mental Health Director / Director, Health and Human Services Agency

Printed Name

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

Donald Semon

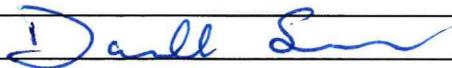
Title

Acting Mental Health Director / Director, Health and Human Services Agency

Organization

County of El Dorado, Health and Human Services Agency

Signature:



Date:

6/20/18

Footnotes:

COMPLIANCE ASSURANCES

The county, as recipient of grant funds, acknowledges and agrees that the county and its subcontractors shall provide services in accordance with all applicable federal and State statutes and regulations.

I hereby certify that the County of El Dorado agrees to the following:

- A. Amounts received under the PATH Formula Grant will be used solely to provide services to persons who have a serious mental illness, or have a co-occurring serious mental illness and substance abuse disorder, and who are homeless or at imminent risk of becoming homeless.
- B. PATH funds must be used to supplement, not supplant, existing services to individuals who have severe mental illness, or who have co-occurring severe mental illness and substance abuse disorders, and who are homeless or at imminent risk of becoming homeless.
- C. At a minimum, providers must provide both Outreach and Case Management. Additional grant funds shall be expended only for the following services:
 - 1. Screening and diagnostic treatment services;
 - 2. Habilitation and rehabilitation services (relating to training and education to improve the individual's functioning in the community);
 - 3. Community mental health services;
 - 4. Alcohol and/or drug treatment services;
 - 5. Staff training (for individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals require homeless services);
 - 6. Supportive and supervisory services in residential settings;
 - 7. Referrals for primary health services, job training, educational services, and relevant housing services; and
 - 8. Housing services including minor renovation, expansion, and repair of housing; planning of housing, technical assistance in applying for housing; improving the coordination of housing services; security deposits; the costs associated with matching eligible homeless individuals with appropriate housing situations; and one-time rental payment to prevent eviction.
- D. Grants will be made pursuant to Section 522(a) of the Public Health Service Act only to entities that have the capacity to provide, directly or through arrangements, the specified service(s) including coordinating the provision of service(s) in order to meet the needs of eligible homeless individuals who are both mentally ill and suffering from substance abuse.

- E. Special consideration will be given to funding entities with a demonstrated effectiveness in serving veterans who are homeless.
- F. Grant funds will not be given to any entity that has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse or which excludes individuals from substance abuse services due to the existence or suspicion of mental illness.
- G. No more than ten percent of Federal PATH funds received shall be expended for administrative expenses. The ten percent administrative expense cap includes both the county's and the subcontractor's administrative costs in aggregate.
- H. None of the funds in this grant shall be used to pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Executive Level II of the Federal Executive Pay Scale. Effective January 6, 2019, the amount is \$192,300.
- I. Not more than 20 percent of the payments will be expended for allowable housing services. The payments will not be expended to support emergency shelters or construction of housing facilities for inpatient psychiatric or inpatient substance abuse treatment costs or to make cash payments to intended recipients of mental health or substance abuse services.
- J. The county 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 one dollar (\$1) for each three dollars (\$3) of federal funds provided in such payments. The amount of the county match is \$11,800.
- K. The description of intended use will be revised throughout the year to reflect substantial changes in the programs and activities funded through the PATH grant. Changes in services will not be provided until the appropriate approval has been received.
- L. The county agrees to provide all reports required by the State Department of Health Care Services (DHCS).
- M. The county 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 USC 290k, et seq., and 42 USC 300x-65 et seq.) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

Assurances - Non-Construction Programs

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §327-333), regarding labor standards for federally assisted construction sub-agreements.
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 Part 75.351-75.352, Subrecipient monitoring and management.

Name

Donald Semon

Title

Acting Mental Health Director / Director, Health and Human Services Agency

Organization

County of El Dorado, Health and Human Services Agency

Signature:

Date:

6-20-19

Footnotes:

**PATH FY 2019-20
COUNTY INTENDED USE PLAN**

County: El Dorado

Address: 768 Pleasant Valley Road, Suite 201
CA 95619

City, Zip Code: Diamond Springs,

County Program Contact: Ren Strong, Program Manager

Telephone: 530-621-6321

Fax: 530-303-1526

Email: ren.strong@edcgov.us

County Fiscal Contact: Matthew LePore

Telephone: 530-295-6909

Fax: 530-295-2580

Email: matthew.lepore@edcgov.us

Indicate which of the following essential services will be provided by this provider with PATH funding:

- Outreach
- Case Management
- Community Mental Health Services
- Habilitation & Rehabilitation Services (relating to training and education to improve the individual's functioning in the community)
- Staff Training
- Screening and Diagnostic Services
- Alcohol or Drug Treatment
- Supportive and Supervisory Services in Residential Settings
- Referrals for Primary Health Services, Job Training, Education Services and Relevant

Housing Services:

- Minor Renovation, Expansion, and Repair of Housing
- Planning of Housing
- Technical Assistance in Applying for Housing Services
- Improving the Coordination of Housing Services
- Security Deposits
- Cost Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations
- One-Time Rental Payments to Prevent Eviction

Indicate which budget categories are funded with PATH funds: Click on Check Box:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Personnel | <input type="checkbox"/> Equipment | <input checked="" type="checkbox"/> Travel |
| <input checked="" type="checkbox"/> Consultants | <input checked="" type="checkbox"/> Supplies | <input checked="" type="checkbox"/> Other |

Description of the flow of federal PATH funds in California: PATH funding in California is allocated to the counties from the California State Department of Health Care Services. Each county has a Mental Health Program that provides services to the public in California; the PATH funds are distributed at the county level to either county or contracted providers.

**PATH FY 2019-20
COUNTY INTENDED USE PLAN**

Directions – County Intended Use Plan –

The County Intended Used Plan should provide a summary of information from providers, as well as County specific information, and should be answered at the county level.

1. Total Federal PATH Dollars Allocated from County: \$35,398
2. Total Match Dollars in Budget: \$11,800
3. Who Provides the Match? El Dorado County Health and Human Services Agency, Behavioral Health Division
4. What funding source is used for Match? Mental Health Services Act (MHSA) (State funds)
5. Please provide the names of each organization you will contract with in FY 2019-20 to provide PATH eligible services in your county, and the amount of Federal PATH funds they will receive. Please also include the county administration costs as a provider.

Expected Contract Amount	Providers Name as Listed on the Provider Intended Use Plan
\$47,198	Tahoe Coalition for the Homeless
\$47,198	Total

6. The purpose of this section is to provide a description of your county plan to provide coordinated and comprehensive services to eligible PATH Clients. Please provide the following information as it relates to activities for FY 2019-20.
 - a. The projected number of adult clients to be contacted county-wide using PATH funds. 50
 - b. The projected number of adult clients to be enrolled county-wide using PATH funds. 8
 - c. The projected percentage of adult clients county-wide served with PATH funds to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than 85

**PATH FY 2019-20
COUNTY INTENDED USE PLAN**

at imminent risk of homelessness).

- d. Identify activities that will occur in the county to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Homeless individuals with mental health issues come to the attention of the community in many ways. Once an engagement has been initiated, the selected PATH Provider, Tahoe Coalition for the Homeless (TCH), coordinates services based on the individual's needs and an attempt is made to address all problematic aspects of the individual's life to provide a comprehensive treatment plan. All individuals and agencies that may be able to meet a need are included whenever possible in treatment planning and intervention. TCH works with service providers throughout El Dorado County who provide mainstream primary health, mental health services, supports and coordination of care to the homeless and at risk of homeless populations including veterans. TCH also coordinates with primary health care providers such as Barton Health, El Dorado County Health and Human Services Agency, Behavioral Health Division (including Telecare), and many Community-Based Organizations to gather and utilize resources related to housing and employment assistance. TCH also partners with groups and organizations for health care for clients, public relations, financial support, Warm Room volunteers, outreach, services, service projects, and supply drives. When the Warm Room is not in operation, the TCH Homeless Advocate outreaches and provides case management to homeless and housing insecure individuals at Bread and Broth, a hot meal and pantry program. TCH also designates times that their staff serve at predetermined locations within the community to be available to serve PATH clients.

Relationships exist with organizations such as: Barton Health, Barton Health Public Relations, Barton Foundation, Lake Tahoe Community Presbyterian Church, Unity at the Lake, Temple Bat Yam, Hope Lutheran, St. Theresa Church, First Baptist Church, Calvary Chapel, First Church of Christ Scientist, Soroptimist International of Tahoe Sierra, Soroptimist International of South Lake Tahoe, Junior Soroptimists, South Lake Tahoe Rotary, Tahoe-Douglas Rotary, Tahoe Women's Community Fund, El Dorado Community Foundation, El Dorado Endow, South Lake Tahoe Endowment, Lake Tahoe Visitors Authority, South Tahoe Association of Realtors, Girl Scouts Tahoe South Shore Services Unit, American Legion Post #795, American Red Cross of Northern Nevada, Barton Health, City of South Lake Tahoe, El Dorado County Health and Human Services, El Dorado County Mental Health, El Dorado County Sheriff, United for Action, Caesars Foundation, Sierra Health Foundation, Lake Tahoe Collaborative, Live Violence Free, Tahoe Youth and Family Services, the Rotary Club of South Lake Tahoe, and all agencies involved in the County's Continuum of Care Program.

- e. Identify strategies the county has planned to ensure PATH dollars are funding programs who provide the minimum services of street outreach and case management as priority services.

The selected PATH Provider, TCH, provides street outreach through partnerships with local law enforcement agencies, faith-based organizations, and other non-profits in the South Lake Tahoe area. Additionally, they fulfill outreach requirements for the local Continuum of Care (CoC) through operating as the CoC's designated Coordinated Entry lead agency. HUD requires local communities receiving federal CoC funding to establish a Coordinated Entry System to identify, assess and prioritize homeless individuals and families for housing and services based upon vulnerability and severity of need. The deadline for the establishment of this system was in January 2018, and TCH offers this community-wide intake that moves the regional homeless system response system from a collection of independent housing and service providers who employ their own referral policies and wait lists to a comprehensive approach intended to coordinate all housing and service resources. In Coordinated Entry, TCH works to match people experiencing homelessness to an appropriate housing placement based upon vulnerability and need.

PATH FY 2019-20
COUNTY INTENDED USE PLAN

PATH funding allows for TCH to utilize their expertise providing Coordinated Entry homeless outreach while adding this valuable funding to support designated times that their staff serve at predetermined locations within the community to be available to serve PATH clients. TCH also operates an emergency winter shelter, the South Lake Tahoe Warm Room, and all guests are literally homeless. Approximately 20% of these guests are chronically homeless. This location is an ideal one in which TCH can maximize serving the most vulnerable adults who are literally and chronically homeless. In addition, PATH funds will support salaries for staff to perform outreach and case management in the summer months to target those living in known homeless encampments in the community.

- f. Please summarize a list of the evidenced-based practices currently used in the county for the target population.

The selected PATH Provider, TCH, continues to explore which evidence-based practices may be appropriate for emergency shelter, street outreach, case management and resource referrals for services and housing. TCH is not providing direct behavioral health services. Through implementing Coordinated Entry on behalf of the CoC, TCH has moved toward a Housing First service model, developing/revising their homeless outreach, prevention, and intake policies with more of a low/no barrier approach. TCH currently tracks and documents Coordinated Entry intakes through their participation in the Bell Data HMIS system. All PATH street outreach contacts, assessments and enrollees will be input into the HMIS data system and, as the Coordinated Entry provider, PATH contacts will have immediate access to CoC intake and supportive housing services and resources.

In regards to the evidenced-based practices (EVPs) utilized by the El Dorado County HHS Behavioral Health Division, the outpatient services are based on a Dialectical Behavior Therapy (DBT) foundation. Additional EVPs are utilized, when appropriate, for individual service needs identified in each Client's Treatment Plan.

7. Describe your organization's participation in the HUD Continuum of Care (CoC) program and any other local planning, coordinating or assessment activities. If you are not currently working with the CoC, briefly explain the approaches to be taken by your agency to collaborate with the local CoC.

El Dorado County Health and Human Services Agency (HHS) plays a significant role in planning and coordinating the El Dorado CoC. The Public Housing Authority, which falls in the Community Services Division in HHS, is the current Collaborative Applicant for the CoC. As such, the Deputy Director of the Community Services Division facilitates all collaborative applicant responsibilities, such as administering the Notice of Funding Availability (NOFA) competitions and submitting CoC required reports such as the Annual Homeless Assessment Report (AHAR), the Housing Inventory Count and Point in Time Count (HIC/PIT), the Longitudinal Systemwide Assessment (LSA), and the System Performance Measures report (SPM). The Deputy Director is also the Co-Chair of the Continuum of Care Board, ensuring that the CoC Board and General Membership meets annual training requirements and that governance documents and HMIS policies and procedures remain up-to-date and compliant with the HUD Interim Rule.

Beyond general administration, planning, and coordination of the CoC and ensuring compliance requirements have been met, HHS continues to integrate its CalWORKs Programs (TANF) with the CoC. CalWORKs staff have been trained on using HMIS and enter data and facilitate Coordinated Entry access for eligible families in a housing crisis. Behavioral Health staff also have access to HMIS and continue to ensure data entry occurs for clients that are in a housing crisis. Lastly, HHS continues to explore federal and state funding streams to integrate into the CoC, many of which are dependent upon the development of a local homeless strategic plan and conducting the Bi-Annual Point in Time Count. At a June 2018 CoC Board meeting, the Board moved to adopt a 2-year homeless strategy, created by HHS staff with input from community providers. The document

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COUNTY INTENDED USE PLAN**

lays out the current state of providers, resources, and programs available throughout the CoC, concluding with recommendations and strategies on how to maximize those programs while considering program types to pursue first to fill in the largest gaps in El Dorado CoC's system. In addition, HHSa recently received California Emergency Solutions to Housing (CESH) funds through the State. A portion of these funds is earmarked to develop a regional 5-year strategic plan to impact homelessness, where the County, City of Placerville, City of South Lake Tahoe, Barton Hospital, Marshall Hospital, local businesses, and all CoC providers and supporters will come together to develop the most robust strategic plan in the County's history. HHSa looks forward to expanding upon the success of the most recent 2-year strategy by collaboratively improving local data, understanding, and goal coordination between all regional partners that impact homelessness.

The PATH Provider, TCH, has been an active member of the CoC since TCH's inception in 2015. In 2017, TCH's Executive Director became a member of the Governing Board of the CoC. TCH staff have participated as a Coordinated Entry provider since 2018, recently applying for and successfully becoming the CoC Lead Agency for Coordinated Entry in May 2019. They will act as the Coordinated Entry Lead Agency for at least the next 3 years. As such, TCH will lead monthly meetings for the CoC's Coordinated Entry workgroup and collaborate with all members of the CoC as appropriate.

8. Describe the county's participating in the Homeless Management Information System (HMIS) and describe plans for continued training and how the county will support new staff. For any county not fully participating in HMIS, describe plans to complete HMIS implementation.

County HHSa staff participate in the HMIS and are continuing to expand their ability to coordinate HHSa programs with CoC efforts. For example, CalWORKs staff received CoC training on data entry into HMIS and administering the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is the CoC's adopted universal scoring tool that is utilized to administer Coordinated Entry and create a by-name list of homeless individuals. CalWORKs staff administer the tool to help HHSa prioritize eligible families for services, thereafter entering all of this information into HMIS both to prioritize homeless families and individuals for services while also contributing to the CoC's efforts to understand more in-depth information on its homeless population for strategic planning purposes. Behavioral Health staff also have HMIS licenses and are continuing to explore ways to enhance data entry into HMIS. For example, the No Place Like Home program created a Permanent Supportive Housing (PSH) program in El Dorado County to serve the Chronically Homeless. As a requirement, eligible clients are required to go through Coordinated Entry before entering the program, and thereafter Behavioral Health will be providing appropriate supportive services. While serving these clients, Behavioral Health staff will communicate with CoC providers to ensure they each enter client outcome information into HMIS. This not only will allow more in-depth information to be monitored by CoC providers for individual clients, it will also ensure that HHSa staff and programs play an integral role in expanding HMIS and its System Performance Measures (SPM). As the SPM reports are only as good as the information that gets put in, HHSa continuing to enter more information into HMIS will only expand the ability for these reports to give a more accurate picture of how the local CoC system is performing through all of its partners, including HHSa. The CoC offers annual HMIS trainings to CoC providers, and HHSa will continue to participate in these trainings to ensure that new staff get trained and that seasoned staff receive refreshers. As HUD requirements change for HMIS, this ongoing training will ensure that the most current training is available to HHSa, and as Coordinated Entry evolves locally, staff will remain informed as to any policy updates to the intake process.

The Provider selected to administer the PATH program in El Dorado County, TCH, has been a full participant in HMIS since TCH's inception in 2015. TCH performs individual training of all new staff related to HMIS use, and the CoC provides annual training through its HMIS provider, Bell Data. Annually, the CoC applies for grants to obtain funding to continue the use of the HMIS system. Absent grant funding, members of the CoC, including El Dorado County, have provided funding to assist with the costs associated with HMIS.

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9. Provide a detailed budget narrative that provides specifics and calculations used for PATH Administration funds. The narrative should describe the attached DHCS 1779P – Federal Grant Detailed Program Budget.

Staffing will be performed through the contracted provider by three to four individuals for a total of 0.58 FTE dedicated to PATH-related activities. A contracted accountant experienced in grant accounting and reporting will provide administrative oversight. Training funds will be utilized to train staff on cultural competencies and/or best practices. As outreach is performed on the Eastern Slope, but Social Security/Disability offices and some other county services are noted to be 63 miles away, travel funds are set aside to handle transportation within our geographically large county. \$7,080 in funds will be used for direct housing services for PATH-eligible clients. Lastly, a small portion of funding will be used to print required forms and materials. TCH will leverage other grant funds for computer equipment and office space in 2019-20 and therefore no equipment will be required for PATH at this time.

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PROVIDER INTENDED USE PLAN**

County: El Dorado

Legal Name of Business: Tahoe Coalition for the Homeless

Program Name: PATH

Address: PO Box 13514

City, Zip Code: South Lake Tahoe, CA 96151

Service Area (City and Zip Codes):

South Lake Tahoe, CA 96150

Provider Contact: Marissa Muscat

Telephone: 530-600-2822

Fax: _____

Email: tahoewarmroom@gmail.com

Indicate which of the following essential services will be provided by this provider with PATH funding:

- Outreach
- Case Management
- Community Mental Health Services
- Habilitation & Rehabilitation Services (relating to training and education to improve the individual's functioning in the community)
- Staff Training
- Screening and Diagnostic Services
- Alcohol or Drug Treatment
- Supportive and Supervisory Services in Residential Settings
- Referrals for Primary Health Services, Job Training, Education Services and Relevant

Housing Services:

- Minor Renovation, Expansion, and Repair of Housing
- Planning of Housing
- Technical Assistance in Applying for Housing Services
- Improving the Coordination of Housing Services
- Security Deposits
- Cost Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations
- One-Time Rental Payments to Prevent Eviction

Indicate which budget categories are funded with PATH funds: Click on Check Box:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Personnel | <input type="checkbox"/> Equipment | <input checked="" type="checkbox"/> Travel |
| <input checked="" type="checkbox"/> Consultants | <input checked="" type="checkbox"/> Supplies | <input checked="" type="checkbox"/> Other |

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Description of the flow of federal PATH funds in California: PATH funding in California is allocated to the counties from the California State Department of Health Care Services. Each county has a Mental Health Program that provides services to the public in California; the PATH funds are distributed at the county level to either county or contracted providers.

Directions – Provider Intended Use Plan –

The Provider Intended Use Plan will provide specific information on each organization and program funded with PATH Federal and Match funds, and should be answered at the provider's level.

1. Provider Name (if different from the Legal Name): Tahoe Coalition for the Homeless
2. Total Federal PATH Dollars Allocated from Counties: \$35,398
3. Total Match Dollars in Budget: \$11,800
4. Who Provides the Match? El Dorado County
5. What funding source is used for Match? Mental Health Services Act (MHSA) (State funds)
6. Please provide a brief overview of your organization's history, current existing programs, region served, and services provided.

Tahoe Coalition for the Homeless is a 501(c)3 nonprofit corporation in South Lake Tahoe, California whose mission is to support our neighbors experiencing homelessness by partnering with our community to promote awareness, provide warm beds, and to encourage self-sufficiency. Our vision is to end homelessness in the South Shore. We were incorporated in 2015 and the core of our operations is an overnight emergency winter shelter, the South Lake Tahoe Warm Room. Our operations serve homeless individuals and families in the Eastern Slope of El Dorado County. We have operated the Warm Room for 4 winters, and in that time we have been open 549 nights and provided 10,414 shelter bed nights. In 2018-19 we served 113 guests including 13 veterans. During that time, we assisted 24 people in finding housing. In the summer of 2018, we continued our street outreach program by having staff present to meet with individuals who are homeless at community meals and other public locations frequented by unsheltered individuals. Since 2018, TCH continues to expand our street outreach program and case management services. We entered a contract with El Dorado County to begin offering PATH programs in November of 2018.

7. The purpose of this section is to provide a description of your organization's plan to provide coordinated and comprehensive services to eligible PATH Clients. Please provide the following information as it relates to activities for FY 2019-2020.
 - a. The projected number of adult clients to be contacted using PATH funds. 50
 - b. The projected number of adult clients to be enrolled using PATH funds. 8
 - c. The projected percentage of adult clients contacted using PATH funds to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness.) 85
 - d. Describe how the services to be provided using PATH funds will align with PATH goals to target street outreach and case management as priority services, and maximize serving the most vulnerable adults who are literally and chronically homeless.

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Tahoe Coalition for the Homeless provides street outreach through partnerships with local law enforcement agencies, faith-based organizations, and other non-profits in our area. We have designated times that we serve at predetermined locations within our community to be available to serve PATH clients. Tahoe Coalition for the Homeless operates an emergency winter shelter, the South Lake Tahoe Warm Room, where all guests are literally homeless. In 2018-19, approximately 25% of these guests are chronically homeless. This location is an ideal one in which we can maximize serving the most vulnerable adults who are literally and chronically homeless. In addition, PATH funds will support salaries for staff to perform outreach and case management throughout the year to target those living in known homeless encampments and individuals taking advantage of other social services in the community.

e. List the evidenced-based practices currently used.

TCH continues to explore various evidence-based practices for emergency shelter, street outreach, case management and resource referrals for services and housing. TCH is not currently providing direct behavioral health services. TCH is moving toward a Housing First service model and developing/revising policy with more of a Harm Reduction approach. TCH currently participates in the Bell Data HMIS system. All PATH street outreach contacts, assessments and enrollees will be entered into the HMIS data system and our county's Coordinated Entry system.

f. 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.

Homeless individuals with mental health issues come to the attention of the community in many ways. Once an engagement has been initiated, TCH coordinates services based on the individual's needs and an attempt is made to address all problematic aspects of the individuals' life to provide a comprehensive treatment plan. All individuals and agencies that may be able to meet a need are included whenever possible in treatment planning and intervention. TCH works with service providers throughout El Dorado County who provide mainstream primary health, mental health services, supports and coordination of care to the homeless and at risk of homeless populations including veterans. We coordinate with primary health care providers such as Barton Health, El Dorado County Health and Human Services Agency, Behavioral Health Division (including Telecare), and many community-based organizations to gather and utilize resources related to housing and employment assistance. We partner with groups and organizations for health care for clients, public relations, financial support, Warm Room volunteers, outreach, services, service projects, and supply drives. Our partners include Barton Health, Lake Tahoe Community Presbyterian Church, Unity at the Lake, Temple Bat Yam, Hope Lutheran, St Theresa Church, First Baptist Church, Calvary Chapel, First Church of Christ Scientist, Soroptimist International of Tahoe Sierra, Soroptimist International of South Lake Tahoe, Junior Soroptimists, South Lake Tahoe Rotary, Tahoe-Douglas Rotary, Tahoe Women's Community Fund, El Dorado Community Foundation, El Dorado Endow, South Lake Tahoe Endowment, Lake Tahoe Visitors Authority, South Tahoe Association of Realtors, Girl Scouts Tahoe South Shore Services Unit, American Legion Post #795, American Red Cross of Northern Nevada, Barton Health, City of South Lake Tahoe, El Dorado County Health and Human Services, El Dorado County Mental Health, El Dorado County Sheriff, United for Action, Caesars Foundation, Sierra Health Foundation, Lake Tahoe Collaborative, Live Violence Free, Tahoe Youth and Family Services, Rotary Club of South Lake Tahoe, numerous local businesses, and our dedicated volunteers. When the Warm Room is

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not in operation, TCH staff outreaches and provides case management to homeless and housing insecure individuals at the El Dorado County Public Library, local hot meal and pantry programs including Bread and Broth, The Phoenix, and Live Violence Free. This team also partners with South Tahoe Police Department to provide outreach services in known encampments throughout the community.

- g. Explain the gaps in current service systems that pertain to your PATH client population.

The most critical current gap in service is affordable housing county-wide. Many PATH clients are difficult to place due to no financial resources, poor credit histories, felonies, evictions and/or no rental history which is common for those with a serious mental illness or co-occurring mental illness and substance use disorders. El Dorado County has limited Rapid Rehousing Funds available, but the recipient must be an active Cal Works head of household with children. Only Kindness is a nonprofit in the county who also has funding for Rapid Rehousing, but many PATH-eligible clients will not be eligible. There are many sources of funding, but some clients do not seem to fall into the right category and keeping them sustainable is the long-term challenge. Current primary gaps also include information sharing between the County and providers in both assessment of clients and where services are currently being provided. There is work being done to mitigate this gap through HMIS referral programming that is underway, Coordinated Entry, and through community initiatives such as the Behavioral Health Network's Unite Us program in South Lake Tahoe

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

TCH refers clients to the County for Specialty Mental Health Services for eligibility determination for dual diagnosis groups and individualized treatment for those identified as having a dual diagnosis. The County develops individualized treatment plans for eligible persons and will work in conjunction with TCH to provide support services to those who are and those who are not eligible for services through the County. Our staff and volunteers are encouraged to participate in the evidence-based training as they become available, such as educational courses offered through NAMI. We refer to County Alcohol and Drug Programs that are both direct and contracted through El Dorado County to provide these specialized services. Additionally, TCH provides clients with assistance in obtaining birth certificates and drivers licenses to help them obtain other services. County Health and Human Services perform outreach in our emergency shelter to assist homeless individuals in obtaining benefits such as MediCal and CalFresh, and we continue to have and develop access channels to medical, mental health, insurance benefits and other communication tools. All services available to individuals who are PATH enrollees with SMIs are available to those with a co-occurring substance use disorder.

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

Our county has a significant gap in affordable housing, similar to challenges faced throughout California. Many of our clients have difficulty with housing placement due to lack of financial resources, poor credit histories, felonies, evictions, and/or no rental history which is common for those with serious mental illness or dual diagnoses. El Dorado County has limited Rapid Rehousing Funds available provided through Only

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Kindness (OK), a non-profit organization on the Western Slope. TCH staff have a collaborative relationship with OK to assist in qualifying clients for Rapid Rehousing. Some families are referred to El Dorado County Human Services, as there are programs for housing support available for active Cal Works head of household with children. Homeless veterans can be offered emergency and transitional housing through Victory Village. Transitional Housing and Rapid Rehousing funds will be available to transitional youth age 18-24 in 2019 through Tahoe Youth and Family Services.

- j. Describe how PATH eligibility is determined, when enrollment occurs, and how eligibility is documented for PATH-enrolled clients.

TCH staff at the Warm Room conduct an intake interview on each guest. The intake form will identify PATH eligible clients. TCH staff also provide community outreach services to known homeless camps as well as local food pantries and hot meal programs. These interactions develop rapport and trust where the staff questions, motivational interviewing, and individual storytelling will reveal opportunities for PATH eligibility. TCH refers clients to the County for Specialty Mental Health Services for eligibility determination for dual diagnosis groups and individualized treatment for those identified as having a dual diagnosis. The County develops individualized treatment plans for eligible persons and works in conjunction with OK to provide support services to those who are and those who are not eligible for services through the County. TCH refers to County Behavioral Health and other FQHC providers using all the available tools such as Historical Information Forms (used for both family members and lay persons serving an individual), HIPAA compliant forms and confidential processes for sharing information. TCH staff and volunteers are encouraged to participate in the evidence-based training such as Mental Health First Aid (MHFA) and educational courses offered through NAMI. TCH refers to County Alcohol and Drug Programs that are both direct and contracted through El Dorado County to provide these specialized services. Additionally, TCH provides application assistance for Medi-Cal coverage to help homeless and homeless veterans continue to have and develop access channels to medical, mental health, insurance benefits. Our disability advocacy team concurrently identifies SSI/SSDI eligible clients via street outreach provides assistance with insurance benefit applications along with temporary housing placements when available and ongoing supportive services utilizing every available resource our county and outside counties have to offer. TCH also provides assistance in service provision to AB109 clientele who are unable to find resources such as vouchers for transportation as these individuals do not qualify for CalFresh or are otherwise unable to get to the sites where they can find food on a daily basis. All services that are provided to individuals who are PATH enrollees with SMIs are available to those with a co-occurring substance use disorder.

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

TCH has been an active member of the COC since our inception in 2015. In 2017, our executive director became a member of the governing board of the COC. Our staff participate in monthly meetings for the CoC's Coordinated Entry workgroup. We collaborate with all members of the

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CoC as appropriate. TCH and other county leaders, nonprofit organizations, and faith-based groups continue to work together to develop long term plans to reduce homelessness in El Dorado County.

9. Describe your Coordinated Entry/Assessment program and roles of key partners.

TCH has performed Coordinated Entry since December of 2017 through the Warm Room and via telephone and street outreach since April of 2018. We partner with 2 other organizations to perform Coordinated Entry in our county and are the primary point-of-entry for homeless adults in the Eastern Slope of El Dorado County. Our program manager and at least one staff member participate in the Coordinated Entry workgroup monthly. A full intake and assessment for HMIS is performed on all incoming clients who are homeless or at imminent risk of becoming homeless and those individuals are entered as appropriate into Coordinated Entry. TCH is currently in discussion with El Dorado County about becoming the Lead Agency for Coordinated Entry in our county in mid-to-late 2019.

10. Describe the organization's participation in the Homeless Management Information System (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.

TCH has been a full participant in HMIS since our inception in 2015. We perform individual training of all new staff related to HMIS use, and our COC provides annual training through our provider, Bell Data. Annually the CoC applies for grants to obtain funding to continue the use of the HMIS system. Absent grant funding, members of the CoC, including El Dorado County, have provided funding to assist with the costs associated with HMIS.

11. Describe the organization's plan to ensure that PATH staff have completed the SOAR Online Course and which staff plan to assist consumers with SSI/SSDI applications using the SOAR model and tracking the outcomes of those application in the SOAR Online Application Tracking (OAT) system.

If the organization does not use SOAR, describe the system used to improve the accurate and timely completion of mainstream benefit applications (e.g. SSI/SSDI). 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.

One TCH staff member completed SOAR training in June 2019 and will be utilizing this model and the SOAR Online Application Tracking (OAT) system moving forward with the goal to assist at least two individuals in applying for SSI/SSDI benefits. A second staff member is currently awaiting results from her SOAR final submission completed in June, 2019. While one staff person works most hours on the PATH project, TCH would like to ensure that if there are changes to staffing or an increase in demand, we have overlap in the skillsets of our employees. Therefore, a third staff member will be trained in 2019-20 in the SOAR online course.

12. Describe how staff providing services to the PATH population will be sensitive to age, gender, disability, LGBT, and racial/ethnic differences of clients. Describe the extent to which staff will receive periodic training in cultural competence and health disparities.

TCH staff and board members come from a diverse background. One staff member is bilingual and bicultural in English-Spanish and able to converse with and understand the unique circumstances of clients with these traits. TCH staff attend regular staff meetings where the needs and opportunities for certain clients are discussed. TCH services are available to anyone in the community needing connection to services and programs. The TCH organization has an anti-discrimination policy, which we explain to staff and expect them to uphold during their work with our organization. Cultural competency is also provided through the CoC and staff also participate in

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that training. Further trainings will be provided to staff including specific cultural competencies in LGBTQ communities, racial and ethnic equity, and individuals living with disabilities.

13. Describe the demographics of the client population.

We expect PATH clients could be current/former TCH Warm Room guests, but not all of our clients will be Warm Room guests. The local homeless population is larger than the guests that TCH sees at the Warm Room each winter. In the last winter, 113 unduplicated individuals stayed at the Warm Room (27 women, 85 men, and 2 non-conforming guests). We aided one family with children as well. The winter of 2018-2019 was the fourth season the Warm Room operated. We were open 122 nights, provided 3044 shelter-bed nights and averaged 25 guests (20 men, 5 women) per night. We have found that the Warm Room is utilized as a temporary safety net for folks as an average guest stayed in the Warm Room 19 nights this past season. Most Warm Room guests are white males over the age of 45. 76% of Warm Room guests in the 2018-2019 season were white, 12% Hispanic/Latino, 3% American Indian or Alaskan Native, 2% Native Hawaiian or Other Pacific Islander, and 5% Black or African American. 24% of guests were aged 45-54, 20% between 55-61, 18% over the age of 62, 17% between 35-44, 17% between 25-34, and 4% between the ages of 18-24. 13 of the 113 guests were veterans. 21% of guests were employed during their stay in the Warm Room. Guests also self-reported experiencing issues such as mental health concerns (19%), alcohol abuse (17%), drug abuse (4%), chronic health conditions (22%), developmental disabilities (6%), physical disabilities (21%), and a history of domestic violence (9%). 25% of guests meet the federal definition of chronically homeless.

14. Describe how individuals who experience homelessness and have serious mental illness, and their family members, will be meaningfully involved at the organization 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 Enclosure 11 – Guidelines for Consumer and Family Participation).

TCH strives for meaningful and inclusive involvement in our board, staff, and volunteers. Our board of directors includes a formerly homeless individual. Our board also includes a local psychiatrist with insight into mental illness. Another board member has a first degree relative with serious mental illness. Our Advisory Council includes mental health providers and advocates and family members of formerly homeless individuals. Three prior Warm Room guests (one of whom would have been PATH-eligible) serve as volunteers in the Warm Room, as does a family member of a prior Warm Room guest with serious mental illness. TCH also implements a client satisfaction survey annually that continues to provide vital feedback on our services and to inform policy change. In addition, during winter months we have a specific volunteer assigned as a liaison between our Operations Team and our Warm Room guests.

15. Describe veteran-specific services your organization will provide. Identify community organizations that provide veteran-specific services with which the PATH program collaborates.

TCH has partnerships with and refers clients to services at regional organizations serving veterans such as: El Dorado County Veterans Affairs, Veterans Affairs at Lake Tahoe Community College, Volunteers of America, Victory Village, and the American Legion. In the winter of 2018-2019, TCH saw 13 veterans at the Warm Room. Through the assistance of TCH staff and volunteers, two were reunited and housed with family and one found housing in Carson City.

16. Provide a detailed budget narrative that provides specifics and calculations used for PATH funds. The narrative should describe the attached DHCS 1779P – Federal Grant Detailed Program Budget.

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Staffing will be performed by three to four individuals for a total of 0.6 FTE dedicated to PATH-related activities. A contracted accountant experienced in grant accounting and reporting will provide administrative oversight. Training funds will be utilized to train staff on cultural competencies and/or best practices. One additional staff will be SOAR trained. Training with online resources as available will be performed. As our outreach is performed on the Eastern Slope but Social Security/Disability offices and some other county services are noted to be 63 miles away, travel funds are set aside to handle transportation within our large county, and meal expenses for the clients during transport. \$7,080 in funds will be used for direct housing services for PATH-eligible clients. Lastly, a small portion of funding will be used to print required forms and materials. TCH will leverage other grant funds for computer equipment and office space in 2019-20 and therefore no equipment will be required for PATH at this time.

FEDERAL BUDGET SUMMARY

TYPE OF GRANT: PATH STATE FISCAL YEAR 2019-20

COUNTY: El Dorado

FISCAL CONTACT: Matthew LePore

TELEPHONE NUMBER: (530)295-6909

E-MAIL ADDRESS: matthew.lepore@edcgov.us

BUDGET CATEGORIES		
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY	
	(1) Federal	(2) Non-Federal
a. Personnel	\$ 20,861	\$ 7,541
b. Fringe Benefits	\$ 4,297	\$
c. Travel	\$	\$ 1,400
d. Equipment	\$	\$
e. Supplies	\$	\$ 500
f. Contractual	\$	\$
g. Construction	\$	\$
h. Other	\$ 7,080	\$ 800
i. Total Direct Charges (sum of a -h)	\$ 32,238	\$ 10,241
j. Indirect Charges	\$ 3,160	\$ 1,559
k. TOTALS (sum of i and j)	\$ 35,398	\$ 11,800

DHCS APPROVAL BY:

TELEPHONE:

DATE:

FEDERAL GRANT DETAILED PROGRAM BUDGET

STATE FISCAL YEAR 2019-20

TYPE OF GRANT: PATH

COUNTY: El Dorado

SUBMISSION DATE: 7/3/2019

FISCAL CONTACT: Matthew LePore

PROGRAM CONTACT: Ren Strong

TELEPHONE NUMBER: (530) 295-6909

TELEPHONE NUMBER: (530) 621-6321

EMAIL ADDRESS: matthew.lepore@edcgov.us

E-MAIL ADDRESS: ren.strong@edcgov.us

PROGRAM NAME: PATH Outreach and Engagement

STAFFING			1	2	3
TITLE OF POSITION	ANNUAL SALARY	GRANT FTE	FEDERAL PATH AMOUNT	NONFEDERAL MATCH AMOUNT	TOTAL
1 Contract Provider (TCH Staff Expense)	\$ 39,500.00	0.6	\$ 20,861	\$ 3,921	\$ 24,782.00
2 Accountant (TCH Consultant Expense)	\$ 54,080.00	0.06		\$ 3,120	\$ 3,120.00
3 Staff Benefits			\$ 4,297		\$ 4,297.00
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12 TOTAL STAFF EXPENSES (sum lines 1 thru 11)	\$ 93,580	0.66	\$ 25,158	\$ 7,041	\$ 32,199
13 Consultant Costs (Itemize):					\$ -
14					\$ -
15					\$ -
16					\$ -
17 Equipment (Where feasible lease or rent) (Itemize):					\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22 Supplies (Itemize):					\$ -
23 Printing/Outreach Materials				\$ 500	\$ 500
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28 Travel -Per diem, Mileage, & Vehicle Rental/Lease					
29 Travel				\$ 1,900	\$ 1,900
30 Other Expenses (Itemize):					\$ -
31 Training				\$ 800	\$ 800
32 Housing			\$ 7,080		\$ 7,080
33					\$ -
34					\$ -
35					\$ -
36					\$ -
37 COUNTY ADMINISTRATIVE COSTS (10% PATH)			\$ 3,160	\$ 1,559	\$ 4,719
38 NET PROGRAM EXPENSES (sum lines 12 thru 37)			\$ 35,398	\$ 11,800	\$ 47,198
39 OTHER FUNDING SOURCES: Federal Funds					
40 Non-Federal Funds					
41 TOTAL OTHER FUNDING SOURCES (sum lines 39 & 40)			\$ -	\$ -	\$ -
42 GROSS COST OF PROGRAM (sum lines 38 and 41)			\$ 35,398	\$ 11,800	\$ 47,198

DHCS APPROVAL BY:
TELEPHONE:
DATE:

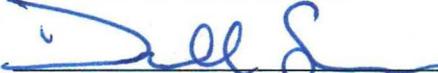
Contract #: 2019-2020 PATH
Org Code: 5320

CONTRACT ROUTING SHEET

Date Prepared: ~~06-03-2019~~ 06-07-2019

Need Date: ~~06-13-2019~~ 06-17-2019
State deadline: 06-20-2019

PROCESSING DEPARTMENT:

Department: Health and Human Svcs Agency
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department Head Signature: 
Don Semon, Director

CONTRACTOR:

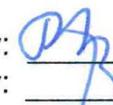
Name: CA Dept. Health Care Services
Address: 1500 Capitol Avenue, MS 2704
Sacramento, CA 95814
Phone: _____

CONTRACTING DEPARTMENT:

Health and Human Services Agency

Service Requested: Review of 2019-2020 PATH Funding and certifications
Contract Term: 07/01/2019 – 06/30/2020 Contract/Grant Value: \$35,398
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: N/A – revenue

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 6/18/19 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 JUN -7 AM 11:07

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: X Disapproved: _____ Date: 6/19/19 By: 
Approved: *Nothing for Risk* Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 CFO Review 6/5/19 Date

 Deputy Director, Administration and Contracts 6/5/19 Date

 A/P or A/R Mgr Approval: 6/3/19 Date

 Contracts ASO Approval: 6/5/19 Date

Please contact hhsa-contracts@edcgov.us for contract pickup.



RESOLUTION NO. 065-2019

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

Authorization for the Health and Human Services Agency Director to Execute and Administer Program-Related Funding/Revenue Agreements, Allocations, and Grants

WHEREAS, in accordance with Board of Supervisors' (hereinafter referred to as the "Board") Policy A-6 "Grant Applications," the "Board of Supervisors is the sole authority for accepting grant awards and approving grant agreements. After acceptance of a grant award and approval of the grant agreement, the Board may delegate authority to execute the grant agreement and other grant related documents; and

WHEREAS, the Health and Human Services Agency (HHSA) receives many opportunities to obtain revenue to help fund program operations in the form of funding agreements, allocations, and grants from Federal, State, and other granting agencies (hereinafter referred to as "Revenue Agreements"); and

WHEREAS, these funding sources are vital to HHSA's ability to provide necessary and in some cases mandated services, to the community and residents of the County; and

WHEREAS, these Revenue Agreements are often received late and the timeline allowed by the funding authority (Federal, State, and other) for execution of the various Revenue Agreements is brief, resulting in a significant workload impact for HHSA, County Counsel, Risk Management, the Chief Administrative Office, and the Board; and

WHEREAS, the additional time required to prepare for and receive approval from the Board to accept the funding and execute Revenue Agreements reduces the period of time costs may be charged against the funding sources and results in costs charged to other funding sources, including General Fund; and

WHEREAS, the funding realized by these Revenue Agreements is included annually in HHSA's operating budget or has been approved individually by the Board; and

WHEREAS, to ensure the timely and efficient processing of revenue agreements thereby safeguarding the continuation of essential services, the Board of Supervisors hereby authorizes the HHSA Director to act on behalf of the County of El Dorado through June 30, 2020, and accept funding and execute all necessary documents required to secure and maintain Revenue Agreements from funding sources or granting agencies, as represented in Attachment A, as represented in the Agency's operating budget, or approved separately by the Board of Supervisors, including any future amendments or subsequent agreements, and contingent upon approval by County Counsel and Risk Management, as applicable.

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of El Dorado does hereby:

- 1) Delegate authority to Health and Human Services Agency Director, on behalf of the County, through

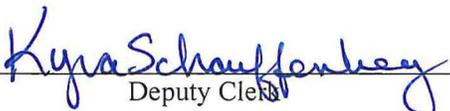
June 30, 2020, in accordance with Board of Supervisors Policy A-6, to accept funding and execute Revenue Agreements from funding sources or granting agencies as represented in Attachment A attached hereto and incorporated by reference herein, including subsequent agreements from funding sources or granting agencies previously approved by the Board, and amendments thereto, if any, that provide the means for the Health and Human Services Agency to operate its various programs, and contingent upon approval by County Counsel and Risk Management as applicable; and

- 2) Approve and authorize the HHSA Director to continue to administer these funding/revenue agreements, allocations, and allotments, and further authorize the HHSA Director, HHSA Assistant Director of Administration and Finance, or the HHSA Chief Fiscal Officer to execute any required fiscal and programmatic reports.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the 14th day of May, 2019, by the following vote of said Board:

Attest:
James S. Mitrison
Clerk of the Board of Supervisors

Ayes: Frentzen, Veerkamp, Hidahl, Novasel, Parlin
Noes: None
Absent: None

By: 
Deputy Clerk


Sue Novasel, Chair
Board of Supervisors

Attachment A

Revenue Agreements - Health and Human Services Agency						
	Granting Agency	Description	Agreement Number	Start Date	End Date	Approximate Amount
1	California Department of Aging	Funding Agreement for Multipurpose Senior Services Program for FY 2018-2019.	MS-1819-35	7/1/2018	6/30/2019	\$257,000
2	California Department of Aging	Funding for certain senior services programs for FY 2018-2019.	AP-1819-29	7/1/2018	6/30/2019	\$1,000,000
3	California Department of Aging	Funding Agreement for Multipurpose Senior Services Program for FY 2019-2020.	MS-1920-35	7/1/2019	6/30/2020	\$257,000
4	California Department of Aging	Funding for certain senior services programs for FY 2019-2020.	AP-1920-29	7/1/2019	6/30/2020	\$1,000,000
5	California Department of Community Services & Development	5220 2018 LIHEAP Funding (CSD 18B-4007)	265-F1811	10/1/2017	12/31/2019	\$1,083,202
6	California Department of Community Services & Development	5220 2019 LIHEAP Funding (CSD)	19B-5007	10/1/2018	6/30/2020	\$1,075,528
7	California Department of Community Services & Development	5210 2019 Community Services Block Grant (CSBG) Agreement	19F-4009	1/1/2019	12/31/2019	\$284,872
8	California Department of Community Services & Development	5210 2019 Community Services Block Grant (CSBG) Agreement- Discretionary funds	19F-4411	6/1/2019	6/30/2020	\$30,000
9	California Department of Health Care Services	2018-19 PATH Allocation	2018-19 PATH	7/1/2018	6/30/2019	\$35,391
10	California Department of Health Care Services	FY 2018-2019 MHBG Allocation	2018-2019 MHBG	7/1/2018	6/30/2019	\$437,948
11	California Department of Health Care Services	5330 Substance Use Disorder Fndng (17-94069)	220-F1811	7/1/2017	6/30/2020	\$2,039,124
12	California Department of Health Care Services	5330 Substance Use Prvntn/Trtmnt (17-94126)	282-F1811	7/1/2017	6/30/2020	\$3,068,181
13	California Department of Health Care Services	5330 Drug Medi-Cal Organized Delivery System Services (DMC-ODS) (18-95146)	18-95146	6/1/2019	6/30/2021	\$26,929,563
14	California Department of Health Care Services	5430 CHDP and CCS allocations from DHCS	CHDP-CCS, 2018-2019	7/1/2018	6/30/2019	\$1,076,198
15	California Department of Health Care Services	Medi-Cal administrative activities (17-94010)	029-F1811	7/1/2017	6/30/2020	\$2,250,000

Attachment A

Revenue Agreements - Health and Human Services Agency						
	Granting Agency	Description	Agreement Number	Start Date	End Date	Approximate Amount
16	California Department of Health Care Services	Medi-Cal Targeted Case Management Provider Participation Agreement (PPA #: 09-17EVRGRN)	477-F1711	7/1/2017	Perpetual	\$125,000/year
17	California Department of Public Health	Funding for HIV/AIDS surveillance activities (CDPH #16-10768)	019-F1811	7/1/2016	6/30/2019	\$37,248
18	California Department of Public Health	Funding for immunization activities	17-10315	7/1/2017	6/30/2022	\$367,820
19	California Department of Public Health	Public Health Preparedness activities (Public Health Emergency Preparedness [PHEP], Hospital Preparedness Program [HPP], and Pandemic Flu). (CDPH #17-10152)	132-F1811	7/1/2017	6/30/2022	\$2,290,195
20	California Department of Public Health	HHSA to provide SNAP-Ed allowable nutrition education and obesity prevention activities and interventions for low-income Californians. (CDPH #16-10168)	078-F1711	10/1/2016	9/30/2019	\$1,158,000
21	California Department of Public Health	5460 Women, Infants and Children (CDPH #15-10081)	089-F1611	10/1/2015	9/30/2019	\$3,297,870
22	California Department of Public Health	Naloxone Distribution Project (CDPH #16-11035)	151-F1811	9/12/2017	6/30/2019	\$10,631
23	California Department of Public Health	5440 Local Oral Health Program	17-10689	1/29/2018	6/30/2022	\$845,147
24	California Department of Public Health	5460 Childhd Lead Poisoning Prvntn (CDPH #17-10220)	179-F1811	7/1/2017	6/30/2020	\$201,915
25	California Department of Public Health	Public health activities to address sexually transmitted diseases with an emphasis on prevention and control. (CDPH 16-10712)	302-F1711	7/1/2016	6/30/2019	\$9,589
26	California Department of Public Health	FY 2018-2019 Tuberculosis prevention and control activities	1809R-TA01	7/1/2018	6/30/2019	\$1,130
27	California Department of Public Health	5430 2018-2019 Agreement Funding Application (AFA) for Maternal, Child and Adolescent Health (MCAH) (CDPH #2018-09)	2018-09 MCAH	7/1/2018	6/30/2019	\$640,160
28	California Department of Public Health	5440 FY 2018-19 Tobacco Control Plan Program (TUPP)	CTCP-17-09	7/1/2018	6/30/2019	\$305,868

Attachment A

Revenue Agreements - Health and Human Services Agency						
	Granting Agency	Description	Agreement Number	Start Date	End Date	Approximate Amount
29	California Department of Resources, Recycling and Recovery (CalRecycle)	5410 -Cal-Recycle funding 18-19 Local Enforcement Agency(LEA) Grant	EA29-18-0047	7/1/2018	10/29/2019	\$16,259
30	California Department of Resources, Recycling and Recovery (CalRecycle)	5410 -Cal-Recycle funding 19-20 Local Enforcement Agency(LEA) Grant	EA30-19-pending	7/1/2019	pending	\$16,000
31	California Department of Social Services	Reimbursement re SSI Interim Assistance Payments to SSI Applicants/Recipients.	08-6045	7/1/2008	Perpetual	\$50,000
32	California Governor's Office of Emergency Services	XC16010900- Cal OES County Victim Services Program Grant (subcontracted out to CASA - 153-S1711)	334-F1711	7/1/2016	12/31/2019	\$470,678
33	California Governor's Office of Emergency Services	XE16010090 - Cal OES Elder Abuse Program	335-F1711	7/1/2016	12/31/2019	\$400,000
34	County Medical Services Program Governing Board (CMSP)	5400 County Medical Services Program (CMSP)	333-F1711	1/1/2017	6/30/2020	\$300,000
35	Del Oro Caregiver Resource Center	Respite care for Del Oro clients using one of the Senior Day Care Centers	AMS-86	7/1/2018	6/30/2021	\$2,300
36	El Dorado Union High School	Public Health Nurse activities/support on site at El Dorado Union High School (Healthy Start)	008-F1711	7/1/2016	6/30/2019	\$90,000
37	El Dorado Union High School	Public Health Nurse activities/support on site at El Dorado Union High School (Healthy Start)	3879	7/1/2019	6/30/2022	\$90,000
38	First 5 El Dorado Children and Families Commission	Access to healthcare for children ages 0 - 5 and families; FY 2016-2017, Revenue Agreement - Community Hub Project (#1617-73010)	066-F1711	7/1/2016	6/30/2021	\$1,187,500
39	United States Department of Housing and Urban Development	Funding of the Public Housing Authority's Family Self-Sufficiency Program Coordinator.	to be issued	1/1/2019	12/31/2019	\$59,900